



NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



New Hampshire

TO: New Hampshire Medicaid Providers
FROM: New Hampshire Department of Health and Human Services/ Magellan Medicaid Administration
DATE: February 21, 2011
SUBJECT: NH Medicaid Preferred Drug List (PDL)/Clinical Prior Authorization (PA) Updates/
E-mail Notifications

The purpose of this notice is to provide a thirty (30) day notice of changes being made to the New Hampshire Medicaid Pharmacy program. These changes are effective **April 4, 2011**.

NH Medicaid Preferred Drug List (PDL)/ Clinical Prior Authorization (PA) Update

PREFERRED DRUG LIST CHANGES:

Effective **April 4, 2011**, the following additions have been made to existing therapeutic drug classes on the NH Medicaid PDL as **preferred agents**.

- **CARDIOVASCULAR** - Angiotensin II Receptor Blockers & Combinations – losartin (generic for Cozaar®), losartin/HCTZ (generic for Hyzaar®)
- **RESPIRATORY** – Leukotriene Modifiers - zafirlukast (generic for Accolate®)
- **RESPIRATORY** – Nasal Corticosteroids – Nasonex®
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics & Combos – risperidone M (generic for Risperdal MT®)
- **BEHAVIORAL HEALTH** – Alzheimer’s Agents – rivastigmine (generic for Exelon®)
- **OPHTHALMIC** – Nonsteroidal Antiinflammatory – diclofenac drops (generic for Voltaren oph drops®)
- **ANTIPARKINSON’S AGENTS** – Dopamine Receptor Agonists- pramipexole (generic for Mirapex®)
- **ANTICONVULSANTS** – Second Generation – lamotrigine (generic for Lamictal®)

The following medications have been added to the NH Medicaid PDL as **non-preferred agents**. Patients currently taking a non-preferred drug should be considered for a transition to a preferred drug. Non-preferred drugs will require **prior authorization**.

- **CARDIOVASCULAR** - Angiotensin II Receptor Blockers & Combinations – Cozaar®, Hyzaar®, Tribenzor®
- **CARDIOVASCULAR** - Calcium Channel Blockers (DHP) & Combinations – Tekamlo® (requires additional clinical PA), Tribenzor®
- **GASTROINTESTINAL** – Proton Pump Inhibitors & Combinations – omeprazole/sodium bicarbonate (generic for Zegerid®)
- **GASTROINTESTINAL** – Antiemetics – Zuplenz®
- **ENDOCRINOLOGY** – Biguanides & Combos – ACTOplusmet XR®
- **ANALGESICS**- Long Acting Narcotics – Exalgo®
- **RESPIRATORY** – Leukotriene Modifiers – Accolate®
- **RESPIRATORY** – Long Acting Beta Adrenergics & Combinations Inhalers/Nebs – Dulera®
- **RESPIRATORY** – Low Sedating Antihistamines & Combinations – levocetirizine (generic for Xyzal®)
- **OPHTHALMIC/GLAUCOMA** – Prostaglandin Agonists- Lumigan 0.01%®
- **OPHTHALMIC/ANTIBIOTICS**- Quinolones – Zymaxid®
- **BEHAVIORAL HEALTH** – Alzheimer’s Agents – Exelon®
- **BEHAVIORAL HEALTH** – Novel Antidepressants – Oleptro®, venlafaxine ER (generic for Effexor XR®/Venlafaxine XR®)

- **BEHAVIORAL HEALTH** – Serotonin Reuptake Inhibitors & Combos – fluoxetine (weekly) (generic for Prozac Weekly®)
- **BEHAVIORAL HEALTH** – Sedative Hypnotics – Silenor®
- **CENTRAL NERVOUS SYSTEM** – Triptans- naratriptan (generic for Amerge®)
- **GENITOURINARY/RENAL** – Alpha Blocers for Benign Prostatic Hyperplasia – Jalyn®
- **HEMATOLOGIC** – Low Molecular Weights Heparin – enoxaprin (generic for Lovenox®)
- **TOPICAL** – Topical Retinoids – adapalene (generic for Differin®), Veltin®
- **ANTICONVULSANTS** – Second Generation – Lamictal tab®
- **MISCELLANEOUS** – Skeletal Muscle Relaxants – metaxalone (generic for Skelaxin®)

New clinical Prior Authorizations will be implemented effective **April 4, 2011**. Prior Authorization fax forms will be available on the DHHS Medicaid or the Magellan Medicaid Administration websites.

NEW CLINICAL PRIOR AUTHORIZATIONS:

- Oral Multiple Sclerosis Medications
- Huntington’s Disease Medications

Changes to current clinical Prior Authorizations have also been made. To access the new fax forms for the following prior authorizations, please see the websites listed below.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

- Hematopoietic Agents Criteria
- Symlin® Criteria
- Transmucosal Analgesic Criteria

The most recent version of the NH Medicaid PDL is available on line, and may be obtained by visiting the DHHS Medicaid PDL website or the Magellan Medicaid Administration website at:

<http://www.dhhs.nh.gov/ombp/pharmacy/preferred.htm> OR
<http://newhampshire.magellanmedicaid.com>

We hope this information will be helpful to you. Please remember, these changes are effective **April 4, 2011**. If you have questions regarding the content of this notice, please contact the Magellan Medicaid Administration Clinical Manager at (603) 892-2060. In addition, the Magellan Medicaid Administration Clinical Call Center is available at (866) 675-7755.

E-mail Notifications

The New Hampshire Medicaid Pharmacy Program can now send you e-mail notifications of changes being made to the program. If you wish to receive e-mail notifications please enter your e-mail address at <http://newhampshire.magellanmedicaid.com> under the documentation tab, notifications, e-mail notification.