



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: June 17, 2011

SUBJECT: NH Medicaid Preferred Drug List (PDL)/Clinical Prior Authorization (PA) Updates/ Web Portal Information/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 **July 20, 2011**.

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

PREFERRED DRUG LIST CHANGES:

Effective **July 20, 2011**, the following additions have been made to existing therapeutic drug classes on the NH Medicaid PDL as **preferred agents**.

- **CARDIOVASCULAR** - Oral Pulmonary Hypertension Agents – Adcirca®, Revatio® (quantity limits still apply)
- **GASTROINTESTINAL** – Proton Pump Inhibitors & Combinations – omeprazole (generic for Prilosec® RX), pantoprazole (generic for Protonix®)
- **ENDOCRINOLOGY** - Dipeptidyl Peptidase-4 (DPP4) Inhibitors and Combinations – Janumet®, Kombiglyze XR®, Onglyza®
- **OPHTHALMIC/GLAUCOMA** – Alpha 2 Adrenergics Agents – apraclonidine (generic for Iopidine®)
- **OPHTHALMIC/ANTIBIOTICS** – Quinolones – levofloxacin (generic for Quixin®)
- **GENITOURINARY/RENAL** – Urinary Antispasmodics – Toviaz®, Vesicare®
- **ANTICONVULSANTS** – Second Generation – levetiracetam (generic for Keppra tab/sol®)

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** - ACE Inhibitors and Combinations – trandolapril/verapamil (generic for Tarka®)
- **CARDIOVASCULAR** - Calcium Channel Blockers (DHP) & Combinations – Amlturnide® (requires additional clinical PA)
- **GASTROINTESTINAL** – Proton Pump Inhibitors & Combinations – lansoprazole solutab (generic for Prevacid® RX)
- **GASTROINTESTINAL** – Antiemetics – Metozolv ODT®
- **OSTEOPOROSIS** – Biphosphonates – Atelvia®
- **ENDOCRINOLOGY** – Biguanides & Combos, 2nd generation Sulfonylureas & Combos – metformin-glipizide (generic for Metaglip®), metformin-glyburide (generic for Glucovance®)
- **ENDOCRINOLOGY** – 2nd generation Sulfonylureas & Combos – Metaglip®
- **ENDOCRINOLOGY** – Thiazolidinediones and Combinations – ACTOSplusmet XR®
- **ANALGESICS**- Long Acting Narcotics – Butrans®
- **ANALGESICS** – Analgesics-Anti-inflammatory – Non selective NSAIDS – Vimovo®
- **ANTIBIOTICS** – 3rd Generation Cephalosporins – Teflaro®
- **ANTIFUNGALS** – Onychomycosis – Nuzole®
- **OPHTHALMIC/GLAUCOMA** – Alpha 2 Adrenergics Agents – Iopidine®
- **OPHTHALMIC/GLAUCOMA** – Prostaglandin Agonists – latanoprost (generic for Xalatan®)
- **OPHTHALMIC/ANTI-HISTAMINES** – Antihistamines – Lastacaft®
- **OPHTHALMIC/ANTIBIOTICS** – Quinolones – Moxeza®

- **OPHTHALMIC** – Nonsteroidal Anti-inflammatory – Bromday®
- **BEHAVIORAL HEALTH** – Alzheimer’s Agents – Aricept 23mg®, donepezil (generic for Aricept®)
- **BEHAVIORAL HEALTH** – Sedative Hypnotics – zolpidem ER (generic for Ambien CR®), Zolpimist®
- **BEHAVIORAL HEALTH** – Antihyperkinesia – Kapvay®
- **CENTRAL NERVOUS SYSTEM** – Triptans – Sumavel®
- **CENTRAL NERVOUS SYSTEM** – Interferons used to treat Multiple Sclerosis – Rebif®
- **GENITOURINARY/RENAL** – Urinary Antispasmodics – Detrol LA®, Enablex®
- **HEMATOLOGIC** – Low Molecular Weights Heparin – Innohep®
- **TOPICAL** – Topical Antivirals – Xerese®
- **IMMUNOLOGIC** - Systemic Immunomodulators – Amevive®
- **ANTICONSULSANTS** – Carbamazepine Derivatives – oxcarbazepine suspension (generic for Trileptal susp®)
- **ANTICONSULSANTS** – Second Generation – Kepra tablets/solutions®
- **MISCELLANEOUS** – Topical Androgenic Agents – Fortesta®

Changes to current clinical Prior Authorizations have also been made and will be implemented effective **July 20, 2011**. Prior Authorization fax forms will be available on the DHHS Medicaid or the Magellan Medicaid Administration websites.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

- Legend Topical NSAIDS
- Systemic Immunomodulators
- Antihyperkinesia
- Cymbalta®

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 **July 20, 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.

New Hampshire Medicaid Web Portal

The New Hampshire Medicaid web portal is now available. Prescribers and pharmacies have access to NH Medicaid drug specific data including coverage, prior authorization required, preferred drugs, quantity limits, dose optimization and the pharmacy provider manual. You can access this information at <https://newhampshire.magellanmedicaid.com>

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.