



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: November 10, 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 **December 14, 2011**.

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

PREFERRED DRUG LIST CHANGES:

Effective **December 14, 2011**, the following additions have been made to existing therapeutic drug classes on the NH Medicaid PDL as **preferred agents**.

- **ANTICONVULSANTS** – Rectal – Diastat®
- **TOPICAL** – Antiparasitics – Eurax®, Permethrin® (OTC/RX)
- **TOPICAL** – Steroids (very high potency) – clobetasol (generic for Clobex®, Temovate®), halobetasol propionate (generic for Halac®, Ultravate®, Halonate®), Halonate PAC®
- **TOPICAL** – Steroids (high potency) – betamethasone, fluocinonide, triamcinolone
- **TOPICAL** – Steroids (medium potency) – fluocinolone, fluticasone, hydrocortisone, mometasone, Prednicarbate®
- **TOPICAL** – Steroids (low potency) – aloclometasone, desonide, hydrocortisone
- **PANCREATIC ENZYMES** - Creon®, Pancrelipase®
- **ANTICOAGULANTS** – Arixtra®, Fragmin®, Lovenox®, warfarin (generic for Coumadin®)
- **SMOKING CESSATION** – bupropion SR (generic for Zyban®), nicotine

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 and Combinations – Edarbi®
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics and Combinations – Latuda®
- **BEHAVIORAL HEALTH** – Novel Antidepressants – Viibryd®
- **ANTICONVULSANTS** – Second Generation – Fanatrex®
- **MISCELLANEOUS** – Topical Androgenic Agents – Axiron®
- **ANTICONVULSANTS** – Rectal – diazepam (generic for Diastat®)
- **TOPICAL** – Antiparasitics – Lindane®, Malathion®, Natroba®, Ovide®, Ulesfia®
- **TOPICAL** – Steroids (very high potency) – Clobex®, Halac®, Halonate®, Olux-E®, Temovate®, Ultravate®
- **TOPICAL** – Steroids (high potency) – amcinonide, desoximetasone, diflorasone diacetate, Halog®, Kenalog aerosol®, Vanos®
- **TOPICAL** – Steroids (medium potency) – Cloderm®, Cordran tape, Cutivate lotion®, Luxiq®, Momexin®, Pandel®
- **TOPICAL** – Steroids (low potency) – Capex shampoo®, Derma-Smoothe FS®, Desonate®, Desonil + Plus®, PEDIADERM HC®, Verdeso®
- **PANCREATIC ENZYMES** - Pancreaze®, Zenpap®
- **ANTICOAGULANTS** – Coumadin®, enoxaprin (generic for Lovenox®), Innohep®, Pradexa®
- **SMOKING CESSATION** – Chantix®, Nicotrol®, Zyban®

Changes to current clinical Prior Authorizations have also been made and will be implemented effective **December 14, 2011**. Prior Authorization fax forms will be available on the DHHS Medicaid or the Magellan Medicaid Administration websites.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

- Bowel Disorder Medications
- Suboxone/Subutex®
- Multiple Sclerosis Medications
- Transmucosal Analgesic Medications
- Direct Renin Medications
- COPD Medications

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 **December 14, 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 <http://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.