



TO:	New Hampshire Medicaid Providers
FROM:	New Hampshire Department of Health and Human Services/ Magellan Medicaid Administration
DATE:	July 25, 2012
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 **August 30, 2012.**

PREFERRED DRUG LIST CHANGES:

Effective **August 30, 2012**, the following additions of **preferred agents** have been made to existing therapeutic drug classes on the NH Medicaid PDL.

- CARDIOVASCULAR High Potency Statins & Combinations atorvastatin (generic for Lipitor®)
- **CARDIOVASCULAR** Platelet Inhibitors clopidogrel (generic for Plavix®)
- GASTROINTESTINAL Hepatitis C Agents Protease Inhibitors Incivek®, Victrelis®
- **RESPIRATORY** Long Acting Beta Adrenergics and Combinations Dulera®, Foradil®
- **RESPIRATORY** Inhaled Corticosteroids Adrenergic & Combinations Dulera®
- **OPHTHALMIC/GLAUCOMA** Prostaglandin Agonist latanoprost (generic for Xalatan®)
- **OPHTHALMIC/ANTIBIOTICS** Quinolones Moxeza®, ofloxacin
- **BEHAVIORAL HEALTH** Atypical Antipsychotics and Combinations quetiapine (generic for Seroquel®), ziprasidone (generic for Geodon®)
- **BEHAVIORAL HEALTH** Alzheimer's Agents donepezil (generic for Aricept®)
- **GENITOURINARY/RENAL** Electrolyte Depleters Renvela®
- **ANTICONVULSANTS** Carbamazepine derivatives oxcarbazepine susp (generic for Trileptal susp®)
- ANTICONVULSANTS First generation divalproex ER (generic for Depakote ER®)
- MISCELLANEOUS Pancreatic Enzymes- Zenpap®

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 Edarbyclor®, eprosartan (generic for Teveten®), irbesartan (generic for Avapro®), irbesartan/HCTZ (generic for Avalide®)
- CARDIOVASCULAR- Beta Blockers & Combinations Dutoprol®
- CARDIOVASCULAR- Statins & Combinations fluvastatin (generic for Lescol®)
- **CARDIOVASCULAR-** High Potency Statins & Combinations amlodipine/atorvastatin (generic for Caduet®), Crestor®, Simcor®
- CARDIOVASCULAR Platelet Inhibitors Brilinta®, Plavix®
- CARDIOVASCULAR Oral Pulmonary Hypertension Agents Revatio®
- GASTROINTESTINAL- Proton Pump Inhibitors & Combinations Nexium®
- ENDOCRINOLOGY- Dipeptidyl Peptidase 4 Inhbitors and Combinations Jentadueto®, Janumet XR®
- **OSTEOPOROSIS** Biphosphonates- ibandronate (generic for Boniva®)
- ANALGESIC Tramadol and Tramadol Like Derivatives tramadol ER (generic for Ultram ER®, Ryzolt ER)
- **RESPIRATORY** Short Acting Beta Adrenergics and Combinations Ventolin HFA®
- **RESPIRATORY** Nasal Antihistamine azelastine (generic for Astelin®), Dymista®
- **RESPIRATORY** Nasal Corticosteroids Dymista®, QNASL®, Zetonna®

- **OPHTHALMIC** Alpha 2 Adrenergic Agents apraclonidine (generic for Iopodine®)
- **OPHTHALMIC/GLAUCOMA** Beta Blocker Agents Betoptic S®, metipranolol (generic for OptiPranolol®)
- **OPHTHALMIC/GLAUCOMA** Carbonic Anhydrase Inhibitors Cosopt PF®
- **OPHTHALMIC/GLAUCOMA** Prostaglandin Agonist Lumigan®, Zioptan®
- **OPHTHALMIC** Antihistamine Alocril®, Alomide®, Alrex®, Cromolyn®, Patanol® **OPHTHALMIC/ANTIBIOTICS** Quinolones Azasite®
- **BEHAVIORAL HEALTH** Alzheimer's Agents Aricept®
- BEHAVIORAL HEALTH Antihyperkinesis methylphenidate ER (generic for Ritalin LA®)
- **BEHAVIORAL HEALTH** Serotonin Reuptake Inhibitors & Combinations escitalopram (generic for Lexapro®), olanzepine/fluoxetine (generic for Symbyax®)
- **BEHAVIORAL HEALTH** Atypical Antipsychotics and Combinations olanzepine/fluoxetine (generic for Symbyax®)
- **GENITOURINARY/RENAL** Electrolyte Depleters Magnebind 400®
- TOPICAL Topical Immunomodulators Protopic®
- ANTIPARKINSON'S AGENT Dopamine Receptor Agonist ropinirole ER (generic for Requip XL®)
- ANTICONVULSANTS Carbamazepine derivatives carbamazepine ER (generic for Cabatrol®), Trileptal susp®
- **ANTICONVULSANTS** First generation felbamate (generic for Felbatol®), Phenytek®, phenytoin (generic for Phenytek®)
- MISCELLANEOUS Pancreatic Enzymes- Pertzye®

New clinical Prior Authorizations will also be implemented effective August 30, 2012.

NEW CLINICAL PRIOR AUTHORIZATIONS:

• Benign Prostatic Hyperplasia

CLINICAL PRIOR AUTHORIZATION REVISIONS:

- Suboxone®/Subutex®
- Glucagon Like Peptide (GLP-1) Receptor Agonist
- Oral NSAIDS legend Medications
- Direct Renin Inhibitor & Combinations Criteria

The most recent version of the NH Medicaid PDL and Prior Authorization fax forms are 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

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

Prescribers and pharmacies have access to enhanced e-prescribing, 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 <u>http://newhampshire.magellanmedicaid.com</u>

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.