

NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



TO: New Hampshire Medicaid Pharmacy Providers

FROM: New Hampshire Department of Health and Human Services, Well Sense Health Plan, New

Hampshire Healthy Families

DATE: August 24, 2015

SUBJECT: Preferred Drug List (PDL) Transition

August 24, 2015

Effective October 1, 2015, New Hampshire Medicaid's two managed care organizations (MCOs) will use their own drug formularies. The Department of Health and Human Services (DHHS) has approved each MCO's drug formulary, policies and prior authorization requirements. There is no change in prescription co-pays.

If a Medicaid MCO member is currently taking a prescription drug that may be switched to a preferred alternative that is clinically appropriate for the condition being treated under the MCO's drug formulary, the member will be notified in writing of the pending drug change, along with their prescriber. There will be a transition period for members who are switched to an alternative drug. The MCOs will assure that their claims processing system will provide for the approval of members' current drugs consistent with the transition period.

For assistance with the MCOs' drug benefits, please refer to the contact information below.

New Hampshire Healthy Families: call US Script Help Desk at 866-862-8615. Well Sense Health Plan: call EnvisionRx Help Desk at 877-957-1300.

DHHS staff is working closely with the MCOs to assure the transition to the MCOs' drug formularies will be clearly outlined for providers and patients.

Emergency Drug Coverage

Pharmacies are reminded that federal statute requires Medicaid programs (Fee-for-Service and managed care) provide payment for dispensing of at least a 72-hour supply for any drugs requiring prior authorizations if prior authorization cannot be obtained outside of Medicaid business hours. (Section 1927 of the Social Security Act. Codified as Section 1396r-8 of Title 42.(d)(5) (B))

Pharmacies must request payment for the 72 hour supply from the client's prescription plan, either Fee-for-Service or the appropriate Medicaid MCO.