



NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



TO: New Hampshire Medicaid Prescribers and Pharmacists

FROM: New Hampshire Department of Health and Human Services/First Health Services Corp./Schaller Anderson, Inc.

DATE: July 1, 2007

SUBJECT: NH Medicaid Pharmacy Changes Effective August 1, 2007

The purpose of this mailing is to provide a thirty (30) day notice of changes being made to the New Hampshire Medicaid Clinical Prior Authorization (PA) program.

CLINICAL PRIOR AUTHORIZATION CHANGES

- ◆ Effective **August 1, 2007**, the following drug will require clinical prior authorization:
 - Dipeptidyl Peptidase-4 Inhibitors and Combinations
 - Botulinium Toxins
 - Orenzia®
 - Remicade®

Included in this mailing are the Prior Authorization criteria and the Prior Authorization fax forms.

Fax or call First Health if the medication is to be dispensed from a pharmacy:

First Health: Fax: 1-888-603-7696 Phone: 1-866-675-7755

Fax or call Schaller Anderson if the medication is to be dispensed and administered by a physician:

Schaller Anderson: Fax: 1-866-499-9334 Phone: 1-866-499-9335

For additional information, please contact:

Rob Coppola, Pharm.D., MBA, First Health Account Director 1-603-224-2083
or John Robinson, M.D., Schaller Anderson Chief Medical Officer 1-866-499-9335

Visit the following web site periodically for NH Medicaid Pharmacy Program updates, notices, forms, PDL, etc.: <http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/PBM.htm>