



New Hampshire

NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



First Health
Services Corporation®
A Coventry Health Care Company

TO: New Hampshire Medicaid Providers

FROM: New Hampshire Department of Health and Human Services/ First Health Services

DATE: August 1, 2008

SUBJECT: NH Medicaid Preferred Drug List (PDL)/Clinical Prior Authorization (PA) Updates

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

➤ **PREFERRED DRUG LIST CHANGES:** Effective **September 2, 2008**, the following therapeutic drug classes are being added to the NH Medicaid PDL. Patients current taking a non-preferred drug should be considered for a transition to a preferred drug. Non-preferred drugs will require prior authorization.

- Cardiovascular- Niacin Derivatives

Preferred	Non-Preferred
Niaspan®	Niacor®

- Anticonvulsants-First Generation

Preferred		Non-Preferred	
Celontin®	Mebaral®	Depakene caps/syrup®	
Depakote®	Phenytek®	Depakote ER®	
Depakote Sprinkle®	Phenytoin caps/susp (generic for Dilantin®)	Dilantin cap/susp®	
Dilantin Chew tab®	Primidone (generic for Mysoline®)	Mysoline®	
Ethosuximide caps/syrup (generic for Zarontin®)	Valproic acid caps/syrup (generic for Depakene®)	Zarontin cap/syrup®	
Felbatol®			

- Anticonvulsants-Second Generation

Preferred		Non-Preferred
Gabapentin (generic for Neurontin®)	Lamotrigine ODT (generic for Lamictal ODT®)	Lamictal ODT®
Gabitril®	Topamax®	Lyrica® (requires additional clinical PA)
Keppra tab/sol®	Zonisamide (generic for Zonegran®)	Neurontin®
Lamictal tab®		Zonegran®

- Gastrointestinal-Ulcerative Colitis

Preferred	Non-Preferred
ORAL	
Asacol®	Azulfidine®*
Balsalazide (generic for Colazol®*)	Colazol®*
Pentasa®	Dipentum®
Sulfasalazine (generic for Azulfidine®)	Lialda®
RECTAL	
Canasa supp.®	Rowasa®
Mesalamine enema (generic for Rowasa®)	

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 First Health website at:

<http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/LIBRARY/Policy-Guideline/preferred-drug.htm>

OR

<http://newhampshire.fhsc.com>

Changes to a current clinical Prior Authorization have been made along with three new clinical prior authorizations.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

- Hematopoietic Agents

NEW CLINICAL PRIOR AUTHORIZATIONS:

- Oxycontin®
- Long Acting Guaifenesin
- Combination Benzoyl Peroxide and Clindamycin Products

We hope this information will be helpful to you. Please remember, these changes are effective **September 2, 2008**. If you have any questions regarding the content of this notice, please contact First Health Services' Clinical Manager or Account Manager at (603) 224-2083. In addition, the First Health Clinical Call Center is available at (866) 675-7755.