



NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



New Hampshire

TO: New Hampshire Medicaid Prescribers and Pharmacists

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

DATE: September 29, 2006

SUBJECT: NH Medicaid Pharmacy Changes Effective November 1, 2006

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 **November 1, 2006**, the following drugs will require clinical prior authorization:

Byetta®.....PA Criteria and Authorization Form
 Symlin®.....PA Criteria and Authorization Form
 Cymbalta®.....PA Criteria and Authorization Form
 Lyrica®.....PA Criteria and Authorization Form
 Xolair®.....PA Criteria and Authorization Form

- ◆ Cymbalta® is a non-preferred drug on the PDL, and therefore also subject to the non-preferred drug approval process.

We hope this information will be helpful to you. If you have any questions regarding the content of this notice, please contact First Health Services' Provider Education Specialist or Account Manager at (603) 224-2083. In addition, the First Health Clinical Call Center is available at (866) 675-7755.

Visit the following web site periodically for all NH Medicaid Pharmacy Program updates, notices, forms, PDL, etc.:

<http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/PBM.htm>