



New Hampshire

NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



TO: New Hampshire Medicaid Prescribers and Pharmacists
FROM: New Hampshire Department of Health and Human Services/First Health Services
DATE: November 30, 2006
SUBJECT: NH Medicaid Pharmacy Changes Effective January 2, 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 **January 2, 2007**, the following drugs will require clinical prior authorization:

Transmucosal Fentanyl Agents:	PA Criteria and Authorization Form
Growth Hormones:	PA Criteria and Authorization Form
	<ul style="list-style-type: none">• <i>Patients taking a growth hormone agent at this time will be allowed to continue their current regime without PA for a period of three months, until April 1, 2007.</i>
Synagis®	PA Criteria and Authorization Form
	<ul style="list-style-type: none">• <i>Patients already started on therapy will not require PA this season.</i>
Topical Immunomodulators	PA Criteria and Authorization Form
Inhaled Insulins	PA Criteria and Authorization Form
Isotretinoin	PA Criteria and Authorization Form
Hematopoietic Agents	PA Criteria and Authorization Form
	<ul style="list-style-type: none">• <i>Patients already taking EPO will be allowed to continue their current regime without PA for a period of three months, until April 1, 2007.</i>

We hope this information will be helpful to you. If you have any questions regarding the content of this notice, please contact: Rob Coppola, Pharm D, MBA, First Health Services' Account Director 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 NH Medicaid Pharmacy Program updates, notices, forms, PDL, etc.: <http://www.dhhs.state.nh.us/DHHS/MEDICAIDPROGRAM/PBM.htm> or <http://newhampshire.fhsc.com>