



New Hampshire

# NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



**TO:** New Hampshire Medicaid Providers

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

**DATE:** December 2, 2008

**SUBJECT:** Coverage of Over-the-Counter and Cough and Cold Preparations/ NH Medicaid Preferred Drug List (PDL)/Clinical Prior Authorization (PA) Updates/ E-mail Notifications

The purpose of this notice is to provide a thirty (30) day notice of changes being made to the New Hampshire Medicaid Pharmacy program. These changes are effective **January 5, 2009**.

## **Change in Coverage for Over-The-Counter (OTC) Preparations and Prescription Cough and Cold Products.**

Effective **January 5, 2009**, the Office of Medicaid Business and Policy will no longer cover medications not listed on the Non-Legend (OTC) Drug List and all cough and cold preparations, both legend and non-legend. The exception form will no longer be valid.

The following non-legend medications will continue to be covered only when prescribed and dispensed as generic drugs:

- |   |                                     |
|---|-------------------------------------|
| (1) Antihistamines                            | (7) Hyperglycemics                  |
| (2) Antacids and H2-Receptor Agonists         | (8) Topical steroids                |
| (3) Analgesics, salicylates, and antipyretics | (9) Vaginal and topical antifungals |
| (4) Magnesium, iron, niacin and calcium       | (10) Topical antimicrobials         |
| (5) Ganglionic stimulants                     | (11) Lice Treatments                |
| (6) Laxatives and cathartics                  |                                     |

Changes to three current clinical Prior Authorizations have been made as well as the initiation of two new clinical prior authorizations. To access the new fax forms for the following prior authorizations, please see the websites listed on page 2.

### **CLINICAL PRIOR AUTHORIZATION REVISIONS:**

- Cymbalta®
- Direct Renin Inhibitors
- Dipeptidyl Peptidase 4 Inhibitors

### **NEW CLINICAL PRIOR AUTHORIZATIONS:**

- Systemic Immunomodulators (To replace Rheumatoid Arthritis Medications criteria and Irritable Bowel Syndrome Medication criteria)
- Legend Topical NSAIDS

- **PREFERRED DRUG LIST CHANGES:** Effective **January 5, 2009**, the following therapeutic drug classes are being added to the NH Medicaid PDL. Patients currently taking a non-preferred drug should be considered for a transition to a preferred drug. Non-preferred drugs will require prior authorization.

- Genitourinary Renal – Alpha Blockers for Benign Prostatic Hyperplasia

Preferred	Non-Preferred
Flomax® Uroxatral®	

- Miscellaneous - Topical Androgenic Agents

Preferred	Non-Preferred
Androderm® Androgel®	Testim®

- Cardiovascular - Oral Pulmonary Hypertension Agents

Preferred	Non-Preferred
Tracleer®	Letairis® Revatio®

- Miscellaneous - Skeletal Muscle Relaxants

Preferred		Non-Preferred	
Baclofen	Methocarbamol	Amrix®	Parafon Forte®
Carisoprodol (generic for Soma®)	(generic for Robaxin®)	Dantrium®	Robaxisal®
Carisoprodol	Methocarbamol with	Fexmid®	Robaxin®
Compound (generic for Soma® Compound)	aspirin (generic for Robaxisal®)	Flexeril®	Skelaxin®
Chlorzoxazone (generic for Parafon Forte®)	Orphenadrine citrate (generic for Norflex®)	Norflex®	Soma®
Cyclobenzaprine (generic for Flexeril®)	Orphenadrine	Norgesic Forte®	Soma compound® Zanaflex®
Dantrolene sodium (generic for Dantrium®)	Compound (generic for Norgesic Forte®)		
	Tizanidine (generic for Zanaflex®)		

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>

We hope this information will be helpful to you. Please remember, these changes are effective **January 5, 2009**. 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.

## E-mail Notifications

The New Hampshire Medicaid Pharmacy Program can now send you e-mail notifications of changes being made to the program. If you wish to receive e-mail notifications please enter your e-mail address at [newhampshire.fhsc.com](http://newhampshire.fhsc.com) under the provider tab, e-mail notification.