



NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM

TO: New Hampshire Medicaid Providers

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

DATE: May 27, 2009

SUBJECT: 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 **July 1, 2009**.

NH Medicaid Preferred Drug List (PDL)/ Clinical Prior Authorization (PA) Update

PREFERRED DRUG LIST CHANGES: Effective **July 1, 2009**, the following additions have been made to existing therapeutic drug classes on the NH Medicaid PDL as non-preferred agents. Patients currently taking a non-preferred drug should be considered for a transition to a preferred drug. Non-preferred drugs will require prior authorization.

- **CARDIOVASCULAR** – TRIGLYCERIDE LOWERING AGENTS – Trilipix®
- **GASTROINTESTINAL** – PROTON PUMP INHIBITORS & COMBINATIONS – Kapidex®
- **GASTROINTESTINAL** -ULCERATIVE COLITIS – Apriso®
- **GASTROINTESTINAL** -ULCERATIVE COLITIS – SFRowasa®
- **GASTROINTESTINAL** – ANTIEMETICS – Sancuso®
- **ENDOCRINOLOGY** – MEGLITINIDES – PrandiMet®
- **BEHAVIORAL HEALTH** – ANTIHYPERKINESIS – Dextroamphetamine/amphetamine ER (generic for Adderall XR®)
- **BEHAVIORAL HEALTH** – ANTIHYPERKINESIS – Procentra®
- **BEHAVIORAL HEALTH** – NOVEL ANTIDEPRESSANTS – Aplenzin®
- **GENITOURINARY/RENAL** - URINARY ANTISPASMODICS – Toviaz®
- **GENITOURINARY/RENAL** –ALPHA BLOCKERS FOR BENIGN PROSTATIC HYPERPLASIA – Rapaflo®
- **TOPICAL** – TOPICAL RETINOIDS – Epiduo®

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

CLINICAL PRIOR AUTHORIZATION REVISIONS:

- Amitiza® - Bowel Disorder Medications
- Growth Hormone
- Synagis®
- Weight Loss Medications
- Xolair®

NEW CLINICAL PRIOR AUTHORIZATION:

- Suboxone®

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 **July 1, 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 <http://newhampshire.fhsc.com> under the provider tab, e-mail notification.