



New Hampshire

NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



TO: New Hampshire Medicaid Pharmacy Providers
FROM: New Hampshire Department of Health and Human Services/ First Health Services
DATE: February 15, 2010
SUBJECT: Implementation of Dose Optimization Program effective March 15, 2010

Beginning on March 15, 2010, the New Hampshire Department of Health and Human Services (DHHS) will implement a Dose Optimization program applicable for Medicaid Pharmacy Services claims. While dose optimization should achieve some cost savings, it may also improve patient compliance with drug therapy regimens.

Dose Optimization is an enhancement to the current Quantity Limits program (http://newhampshire.fhsc.com/Downloads/provider/NHRx_Quantity_Limits.pdf). Prescribers are asked to consider Dose Optimization guidelines when higher strengths of the drug are commercially available. For example, prescriptions authorized for *two* Aricept® 5 mg tablets once daily should instead be authorized for the commercially available Aricept® 10 mg tablet with instructions of one tablet once daily. This editing process will **not** request pill splitting to obtain the correct dose.

Pharmacy claims submitted for quantities that exceed the daily dosing limit will deny for NCPDP 76 - Plan Limitations Exceeded. Also, dependent upon the established dosing limitations, additional Dose Optimization messages may include:

- 1.00 Quantity Per Day Exceeded
- 2.00 Quantity Per Day Exceeded
- Quantity of 1.00 Per Week Exceeded

For those patients who require unique dosing regimens, pharmacy providers should ask the prescriber or the prescriber's designated office personnel to contact the First Health Services Clinical Call Center at 1-866-247-1181 (toll-free) to request prior authorization (PA). Those products subject to Dose Optimization may be found at <http://newhampshire.fhsc.com>. The Dose Optimization listing will be updated periodically; therefore, providers may find it beneficial to refer to the web site for the most current information. Appropriate, cost-effective prescribing is encouraged, and the cooperative efforts of health care providers toward the achievement of this objective are greatly appreciated.

Should you have any questions regarding this notice please do not hesitate to contact First Health Services' Clinical Manager, Raquel Holmes, RPh at 603-892-2060.

**New Hampshire Medicaid
Dose Optimization Program**

Brand Name	Daily Dose Limitation	Generic Name
ABILIFY®	1	Aripiprazole
ACEON®	2	Perindopril Erbumine
ACTOS ®	1	Pioglitazone
ADDERALL XR®	1	Amphetamine Salt Combination
ALLEGRA®	1	Fexofenadine
ALTACE ®	2	Ramipril
AMBIEN ®	1	Zolpidem
AMBIEN CR ®	1	Zolpidem
ARAVA ®	1	Leflunomide
ARICEPT ®	1	Donepezil HCl
ATACAND ®	2	Candesartan
AVAPRO ®	1	Candesartan/HCTZ
BENICAR ®	1	Olmesartan
BENICAR HCT ®	1	Olmesartan/HCTZ
CADUET ®	1	Amlodipine/Atorvastatin
CELEBREX ®	2	Celecoxib
CELEXA ®	1	Citalopram
CLARITIN ®	1	Loratadine
CONCERTA ® (36mg tab excluded)	1	Methylphenidate
COZAAR ®	2	Losartan
CRESTOR ®	1	Rosuvastatin
DETROL ®	2	Tolterodine
DETROL LA ®	1	Tolterodine
DIOVAN ®	2	Valsartan
DIOVAN HCT ®	1	Valsartan/HCTZ
DITROPAN XL ®	1	Oxybutynin
EFFEXOR XR ®	1	Venlafaxine HCl
FOCALIN XR ®	1	Dexmethylphenidate
HYZAAR ®	1	Losartan/HCTZ
LESCOL ®	2	Fluvastatin
LEXAPRO ®	1	Escitalopram Oxalate
LIPITOR ®	1	Atorvastatin
LUNESTA ®	1	Eszopiclone
LUVOX ®	2	Fluvoxamine
METADATE CD ®	1	Methylphenidate
METHYLIN ER ®	1	Methylphenidate
MICARDIS ®	1	Telmisartan
NORVASC ®	1	Amlodipine
PAXIL ®	1	Paroxetine
PRAVACHOL ®	1	Pravastatin
PREMARIN ®	1	Conjugated Estrogens
REMERON ®	1	Mirtazapine
RISPERDAL ®	2	Risperidone
RITALIN LA ®	1	Methylphenidate
SINGULAIR ®	1	Montelukast
STRATTERA ®	1	Atomoxetine
SULAR ®	1	Nisoldipine
SYMBYAX ®	1	Olanzapine/Fluoxetine
VYTORIN ®	1	Ezetimibe/Simvastatin
ZESTORETIC ®	1	Lisinopril/hctz
ZOCOR ®	1	Simvastatin
ZOLOFT ®	1	Sertraline
ZYPREXA ®	1	Olanzapine
ZYRTEC ®	1	Cetirizine