



TO: New Hampshire Medicaid Providers
FROM: New Hampshire Department of Health and Human Services/ First Health Services
DATE: February 15, 2010
SUBJECT: NH Medicaid Preferred Drug List (PDL) 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 **March 15, 2010**.

NH Medicaid Preferred Drug List (PDL) Update

- **PREFERRED DRUG LIST CHANGES:** Effective **March 15, 2010**, the following additions have been made to existing therapeutic drug classes on 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.

Added as Preferred:

- **CARDIOVASCULAR** – Beta Blockers & Combinations – nadolol/bendroflumethiazide (generic for Corzide®)
- **CARDIOVASCULAR** - Oral Pulmonary Hypertension Agents - Letairis®
- **GASTROINTESTINAL** –Proton Pump Inhibitors & Combinations – Prevacid ® capsule (RX) clarified
- **OSTEOPOROSIS** – Nasal Calcitonins – calcitonin salmon (generic for Miacalcin®)
- **ENDOCRINOLOGY** – Meglitines – nateglinide (generic for Starlix®)
- **RESPIRATORY**– Short Acting Beta Adrenergics & Combinations – ProAir HFA®, Proventil HFA®
- **OPHTHALMIC/GLAUCOMA** – Carbonic Anhydrase Inhibitors – dorzolamine (generic for Trusopt®), dorzolamine/timolol (generic for Cosopt®)
- **OPHTHALMIC** – Non-Steroidal Anti-inflammatory – ketorolac 0.5% (generic for Acular®), ketorolac 0.4% (generic for Acular LS®)
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics & Combinations – Seroquel XR®
- **BEHAVIORAL HEALTH** – Alzheimer’s Agents – Exelon® patch
- **BEHAVIORAL HEALTH** – Novel Antidepressants – venlafaxine (generic for Effexor®)
- **CENTRAL NERVOUS SYSTEM** - Triptans – sumatriptan (generic for Imitrex®)
- **GENITOURINARY/RENAL** – Electrolyte Depleters – calcium acetate (generic for Phoslo®)
- **ANTICONVULSANTS** – Carbamazepine Derivatives – carbamazepine XR (generic for Tegretol XR®)
- **ANTICONVULSANTS** – First Generation – divalproex sprinkles – (generic for Depakote Sprinkles®)
- **ANTICONVULSANTS** – Second Generation – topiramate – (generic for Topamax®)

Added as Non-Preferred:

- **CARDIOVASCULAR** - Angiotensin II Receptor Blockers & Combinations - Valturna®
- **CARDIOVASCULAR** - Calcium Channel Blockers (DHP) & Combinations – Exforge HCT®
- **CARDIOVASCULAR** - Triglyceride Lowering Agents - Fibracor®
- **CARDIOVASCULAR** - Platelet Inhibitors - Effient®
- **CARDIOVASCULAR** - Oral Pulmonary Hypertension Agents - Adcirca®, Tyvaso®, Ventavis®
- **GASTROINTESTINAL** –Ulcerative Colitis – Asacol HD®
- **OSTEOPOROSIS** – Nasal Calcitonins –Miacalcin®
- **ENDOCRINOLOGY** – Biguanides & Combinations – Glumetza®
- **ENDOCRINOLOGY** – Meglitines – Starlix®
- **ANTIBIOTICS** – 2ND generation quinolones – ciprofloxacin ER (generic for Cipro XR®)
- **ANTIFUNGAL** – Onychomycosis
- **RESPIRATORY** – Short Acting Beta Adrenergics & Combinations- levalbuterol (generic for Xopenex®)
- **RESPIRATORY** – Low Sedating Antihistamines & Combinations – fexofenadine D

- **OPHTHALMIC/GLAUCOMA** – Carbonic Anhydrase Inhibitors – Trusopt®
- **OPHTHALMIC/ANTIHISTAMINE** – Antihistamine – Bepreve®
- **OPHTHALMIC/ANTIBIOTIC** – QUINOLONES – Besivance®
- **OPHTHALMIC** – Non-Steroidal Anti-inflammatory – Acular®, Acular LS®, Acuvail®
- **BEHAVIORAL HEALTH** – Atypical Antipsychotics & Combinations – Invega Sustenna®, Saphris®
- **BEHAVIORAL HEALTH** – Alzheimer’s Agents – galantamine ER (generic for Razadyne®), Razadyne ER®
- **BEHAVIORAL HEALTH** – Sedative Hypnotics – Edluar®
- **BEHAVIORAL HEALTH** – Antihyperkinesis – Intuniv®
- **CENTRAL NERVOUS SYSTEM** - Triptans – Imitrex®
- **GENITOURINARY/RENAL** – Urinary Antispasmodics – Gelnique®
- **GENITOURINARY/RENAL** – Electrolyte Depleters – Eliphos®, Fosrenol®, PhosLo®
- **TOPICAL** – Topical Agents for Psoriasis – calcipotriene (generic for Dovonex®)
- **TOPICAL** – Topical Combination Benzoyl Peroxide & Clindamycin Products – clindamycin/benzoyl peroxide (generic for Benzaclin®)
- **TOPICAL** – Topical Retinoids – Ziana®
- **IMMUNOLOGIC** – Systemic Immunomodulators – Simponi®, Stelara®
- **ANTICONVULSANTS** – Carbamazepine Derivatives – Tegretol XR®
- **ANTICONVULSANTS** – Second Generation – Banzel®, Lamictal XR®, Sabril®, Topamax®, Vimpat®

In addition, the following therapeutic drug class is being added to the NH Medicaid PDL:

- Respiratory – Nasal Antihistamines

Preferred	Non-Preferred
Astelin® Astepro®	Patanase®

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 **March 15, 2010**. If you have any questions regarding the content of this notice, please contact First Health Services’ Clinical Manager, Raquel Holmes, RPh. at (603) 892-2060. 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.