



NEW HAMPSHIRE MEDICAID PHARMACY PROGRAM



New Hampshire

TO: New Hampshire Medicaid Providers

FROM: New Hampshire Department of Health and Human Services/ Magellan Medicaid Administration

DATE: August 13, 2010

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 **September 21, 2010**.

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

PREFERRED DRUG LIST CHANGES:

Effective **September 21, 2010**, the following additions have been made to existing therapeutic drug classes on the NH Medicaid PDL as **preferred agents**.

- **GENITOURINARY/RENAL** – Alpha Blockers for Benign Prostatic Hyperplasia – tamsulosin (generic for Flomax®)
- **ANTIBIOTIC**- Herpetic Antivirals – valacyclovir (generic for Valtrex®)

The following medications have been added to 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** – High Potency Statins & Combinations – Livalo®
- **GASTROINTESTINAL** – Proton Pump Inhibitors & Combinations –lansoprazole (generic for Prevacid Rx®)
- **ANALGESICS** – Long Acting Narcotics – Embeda®
- **GENITOURINARY/RENAL** – Alpha Blockers for Benign Prostatic Hyperplasia – Flomax®
- **IMMUNOLOGIC**-Systemic Immunomodulators – Actemra®
- **ANTIPARKINSON’S AGENTS** – Dopamine Receptor Agonist – Mirapex ER®
- **ANTIBIOTIC**- Herpetic Antivirals – Valtrex®

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.**

- **ENDOCRINOLOGY**- Dipeptidyl Peptidase 4 Inhibitors and Combinations
Additional Prior Approval is required for the therapeutic class, including when using preferred product.

Preferred	Non-Preferred
Januvia®	Janumet® Onglyza®

▪ **ANALGESICS- Tramadol & Tramadol Like Derivatives**

Preferred	Non-Preferred
tramadol (generic for Ultram®) tramadol SR (generic for Ultram ER®) tramadol/acetaminophen (generic for Ultracet®)	Nucynta® Rybix ODT® Ryzolt ER® Ultracet® Ultram ER® Ultram®

▪ **ANTIVIRALS- Treatment/Prophylaxis of Influenza**

Preferred	Non-Preferred
amantadine (generic for Symmetrel®) Relenza® rimantadine (generic for Flumadine®) Tamiflu®	Flumadine®

▪ **GENITOUINARY/RENAL- Androgen Hormone Inhibitors**

Preferred	Non-Preferred
Avodart® finersteride (generic for Proscar®)	Proscar®

▪ **TOPICAL- Topical Antivirals**

Preferred	Non-Preferred
Denavir® Zovirax ointment®	Zovirax cream®

▪ **TOPICAL- Topical Antibiotics**

Preferred	Non-Preferred
Altabax® Bactroban cream® mupirocin ointment (generic for Bactroban oint®)	Bactroban nasal® Bactroban ointment® Centany®

Changes to current clinical Prior Authorizations have also been made. To access the new fax forms for the following prior authorizations, please see the websites listed below.

CLINICAL PRIOR AUTHORIZATION REVISIONS:

- Growth Hormone
- Oxycontin®
- Receptor Selective NSAID or NSAID medications and combinations
- Proton Pump Inhibitors

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 Magellan Medicaid Administration 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 **September 21, 2010**. If you have any questions regarding the content of this notice, please contact Magellan Medicaid Administration' Clinical Manager at (603) 892-2060. In addition, the Magellan Medicaid Administration 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.