



TO: New Hampshire Medicaid Providers

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

DATE: May 10, 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 **June 14, 2010**.

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

PREFERRED DRUG LIST CHANGES: Effective **June 14, 2010**, the following additions have been made to existing therapeutic drug classes on the NH Medicaid PDL as **preferred agents**.

- **GASTROINTESTINAL -ULCERATIVE COLITIS** – Apriso®
- **RESPIRATORY – INHALED CORTICOSTEROIDS** – Symbicort®
- **BEHAVIORAL HEALTH – ANTIHYPERKINESIS** – Vyvanse®
- **TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN** – Benzaclin®

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 – ANGIOTENSIN II RECEPTOR BLOCKERS & COMBINATIONS** – Twynsta®
- **GASTROINTESTINAL – PROTON PUMP INHIBITORS & COMBINATIONS** – Prevacid capsule (Rx)®
- **ANTIBIOTICS -3RD GENERATION CEPHALOSPORINS** – Cedax®, Cedax Susp®, cefditoren (generic for Spectracef®)
- **RESPIRATORY – NASAL CORTICOSTEROIDS** –flunisolode (generic for Nasarel®), Nasonex®
- **OPHTHALMIC/ANTIHISTAMINE – ANTIHISTAMINE-** azelastine (generic for Optivar®)
- **BEHAVIORAL HEALTH – ATYPICAL ANTIPSYCHOTICS & COMBOS** – Fanapt®, Zyprexa Relprevv®
- **CENTRAL NERVOUS SYSTEM- TRIPTANS-** Maxalt® tab, Relpax
- **CENTRAL NERVOUS SYSTEM – INTERFERONS USED TO TREAT MULTIPLE SCLEROSIS** – Extavia®
- **TOPICAL – TOPICAL AGENTS FOR PSORIASIS-** Vectical®
- **TOPICAL – TOPICAL COMBINATION BENZOYL PEROXIDE & CLINDAMYCIN** –Acanya®, Duac CS®
- **ANTIPARKINSON’S AGENTS- DOPAMINE RECEPTOR AGONIST** – Mirapex®

Changes to current clinical Prior Authorizations have been made as well as the initiation of 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:

- Synagis®
- Byetta® (now Glucagon-like Peptide Receptor Agonist)
- Lyrica®
- Cymbalta®
- Suboxone®/Subutex®
- Systemic Immunomodulators
- Antifungal for Onychomycosis Medications
- Dipeptidyl Peptidase-4 Inhibitors and Combination
- Hyaluronic Acid Derivatives- Injection
- Direct Renin Inhibitor & Combination

NEW CLINICAL PRIOR AUTHORIZATION:

- Fibromyalgia
- Gout medication criteria
- Oral NSAIDS Legend (RX Required)

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 **June 14, 2010**. If you have any questions regarding the content of this notice, please contact First Health Services' Clinical Manager 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.