



Wednesday, December 21, 2016

**Formulary Changes for NH Healthy Families Preferred Drug List**

Beginning on March 1st, 2017 the below medications have been removed from our Preferred Drug List (PDL) and will require a prior authorization:

Non-Preferred Agent	Preferred Agent
Ciprodex Otic Suspension	Ofloxacin Otic
Pentasa	Delzical
Neupogen	Zarxio

Also effective on March 1, 2017 the quantity limits for the medication below have changed and will now require a prior authorization in excess of the below limit:

Medication Name	Change to Medication
Sumatriptan 6mg/0.5ml	Quantity Limit – 2 ml per 30 days
Omeprazole 20mg Tablet	Quantity Limit – 1 tablet per day
Albuterol Inhaler	Limit 1 inhaler per claim
Efinaconazole 10% Solution	Quantity Limit – 8 ml per 30 days

If you have any questions, concerns, or would like to begin the prior authorization process to prevent disruption of care for your member you may contact NH Healthy Families at 1-866-769-3085.

Thank you for your continued support of our members and your cooperation with this requirement.

***NH Healthy Families thanks you for being a partner in our network.***