

**New Hampshire CARE Program Formulary
Effective March 1, 2009**

**Division of Public Health Services
29 Hazen Drive, Concord NH 03301-6504
Tel: 603-271-4480 or 1-800-852-3345 x4480
TDD Access: 1-800-735-2964**

The NH CARE Program formulary covers all FDA approved antiretroviral and opportunistic infection-related medications. **Fuzeon® (Enfuvirtide, ENF), Selzentry® (Maraviroc), Isentress® (Raltegravir), and Tropism Testing® (Trofile) require prior approval.**

For all other classes of drugs, the program matches the NH Medicaid Preferred Drug List (PDL) with the exceptions that Pravachol® (pravastatin) and Lipitor® (atorvastatin) are preferred. Additional exclusions are listed below.

If you do not have a copy of the NH Medicaid PDL, please call the CARE program at 603-271-4480 for a faxed copy or you can download one from the DHHS web site at:

<http://www.dhhs.nh.gov/DHHS/MEDICAIDPROGRAM/LIBRARY/Policy-Guideline/preferred-drug.htm>

The following exclusions apply:

Drug Class Exclusions	Brand name	Specific Open Formulary Exclusions	Brand name
Cosmetics	e.g. Botox, Mylobloc	Active medication containing more than one ingredient	i.e. compound medications
Erectile dysfunction Medications	e.g. Viagra, Levitra, Cialis	Antirheumatic injectables	e.g. Enbrel
Fertility drugs		Botulinum toxin compounded medications for infusion	e.g. Botox, Mylobloc
Hair growth stimulants	e.g. Propecia, Rogaine	Contraceptives	e.g. Ortho-Novum
Herbal medications		Finasteride	e.g. Propecia
Immunizing biologicals		Hyaluronic acid derivatives	e.g. Hyalgan, Synvisc
Less than effective drugs		Immune globulin intravenous (IGIV)	e.g. Sandoglobulin, Venoglobulin
Over the counter drugs		Injectable muscle relaxants	e.g. Lioresal
Sex reassignment drugs		Medroxyprogesterone	e.g. Depo Provera
Vitamins and minerals	e.g. Iron	Mifepristone	e.g. Mifeprex
		Propoxyphene	e.g. Darvon
		Recombinant human growth hormone (HGH)	e.g. Geref, Humatrop
		Hepatitis C treatments	e.g. Peginterferon, interferon, Ribivirin, Pegasys, Copegus, Peg-Intron, Rebtron

Dosage and administration shall follow FDA approved guidelines as indicated in the Physician's Desk Reference® (PDR). All drugs are covered in any dose form. Generic interchange is required when available unless otherwise prescribed.