

1 NEW HAMPSHIRE MEDICAID FEE-FOR-SERVICE

2 COVID-19 Medication Preparedness: Prior Authorization and Drug Shortage

3 Medicaid Fee-for-Service (FFS) has temporarily removed both the clinical prior authorization (PA) and
4 non-preferred drug PA from the following drugs that may be used to treat COVID-19 pneumonia:

- 5 • Actemra
6 • Kevzara
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8 For behavioral health prior authorizations, due to lower staffing levels NH Medicaid recommends:

- 9 • Removal of prior authorization on all generics for non-controlled drugs,
10 • For controlled drugs we recommend leaving clinical safety PAs in place,
11 • Aristada will be listed as Preferred on 7/1/20; DHHS suggests plans list it Preferred now
12

13 Extension of existing drug PAs

- 14 • With health care providers canceling routine office visits and moving towards telehealth, DHHS
15 encourages plans to extend all existing drug prior authorizations for PAs that expire between now
16 and May 4th by 60-90 days.
17

18 The Department has worked with the Office of Professional Licensure and Certification (OPLC) on
19 guidelines to help prevent critical drug shortages. At this time, DHHS and OPLC are concerned about
20 chloroquine, hydroxychloroquine, and albuterol inhalers. Some manufacturers of these products are
21 already experiencing shortages. DHHS anticipates guidance may be forthcoming.

22 Recommendations include:

23 For chloroquine and hydroxychloroquine:

- 24 • Prescribing providers are encouraged to document diagnosis/indication for patients already
25 established on these medications for conditions such as lupus or rheumatoid arthritis, so patients
26 do not experience disruptions in their treatments.
27 • Since there are no FDA approved treatments for COVID-19, chloroquine and
28 hydroxychloroquine should be restricted to hospitalized patients with COVID-19 or those patients
29 enrolled in a clinical trial.
30 • Outpatient prescriptions for patients not already established on these medications for an FDA
31 approved indication should be limited to a 14-day supply.
32 • No prescriptions should be issued or dispensed as prophylaxis treatment for COVID-19.

33 For albuterol inhalers:

- 34 • For new prescriptions to treat respiratory symptoms of COVID-19, limit the prescription to one
35 inhaler with up to three (3) refills.
36 • Pharmacists should conduct prospective DUR and ensure adherence to asthma controller or
37 maintenance medications, and counsel patients who are non-compliant and over-utilizing rescue
38 inhalers.