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State/Territory Name: New Hampshire

State Plan Amendment (SPA) #: 19-0002

This file contains the following documents in the order listed:

1) Approval Letter
2) CMS 179 Form/Summary Form (with 179-like data)
3) Approved SPA Pages
March 15, 2019

Mr. Jeffrey A. Meyers
Commissioner
State of New Hampshire
Department of Health and Human Services
125 Pleasant Street
Concord, NH 03301-3857

Dear Mr. Meyers:

We have reviewed New Hampshire’s State Plan Amendment (SPA) 19-0002, Prescribed Drugs, received in the Boston Regional Operations Group on January 14, 2019. This SPA proposes to allow for the coverage of up to a 12-month supply of oral contraceptives.

Based on the information provided and consistent with the regulations at 42 CFR 430.20, we are pleased to inform you that SPA 19-0002 is approved with an effective date of January 1, 2019. A copy of the signed CMS-179 form, as well as the pages approved for incorporation into New Hampshire’s state plan will be forwarded by the Boston Regional Operations Group.

If you have any questions regarding this amendment, please contact Lisa Shochet at (410) 786-5445 or lisa.shochet@cms.hhs.gov.

Sincerely,

/s/

John M. Coster, Ph.D., R.Ph.
Director, Division of Pharmacy

cc: Dawn Landry, New Hampshire, Division of Medicaid Services
Francis T. McCullough, Director, Division of Medicaid Field Operations East (Boston), Regional Operations Group
Joyce Butterworth, Boston Regional Operations Group
Prescribed Drugs - Allow 12 Month Supply for Oral Contraceptives
12a. Prescribed Drugs

Co-payments for prescribed drugs are described in Section G, “Medicaid Premiums and Cost Sharing,” of the state plan.

Maintenance medication, which is defined as legend or non-legend medication to be used for routine, continuous therapy for at least 120 days, shall be dispensed as follows:

- Solid oral drugs shall be dispensed as a minimum supply of 30 days and a maximum supply of 90 days with the exception of oral contraceptives as described below; and
- Solid oral contraceptive drugs shall be dispensed as a minimum supply of 28 days and a maximum supply of 12 months.

Prior authorization is required for certain drugs appearing on a list maintained by the New Hampshire Department of Health and Human Services and updated as necessary.

Per Section 1927(d)(5) of the Act, the prior authorization program provides a response by telephone or other telecommunication device within 24 hours of a request. In an emergency situation, the prior authorization program provides for the dispensing of at least a 72-hour supply of a covered drug.
11. Physical Therapy and Related Services

When provided by a home health agency, visiting nurse association, or independent therapist, these services are limited to eighty (80) 15-minute units per recipient per state fiscal year. The eighty (80) units may be used for one type of therapy or in any combination of therapies in an outpatient setting. Prior authorization from the Medicaid Administration Bureau is required when therapy services are prescribed over the service limit.

Services provided by a rehabilitation center are limited to twelve (12) visits per recipient per fiscal year for all types of services except therapies which are subject to the above limits.

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