



## New Hampshire Tuberculosis Pharmacy Program Medication Lists

### Covered Medication List

The following medications are covered without the requirement of a Prior Authorization:

Tuberculosis Drugs		
Amikacin	Isoniazid	Pyrazinamide
Amoxicillin/clavulanate	Kanamycin	Rifabutin
Capreomycin	Levofloxacin	Rifamate
Clarithromycin	Linezolid	Rifampin
Ethambutol	Meropenem	Rifapentine
Ethionamide	Moxifloxacin	Rifater
Imipenem	Para-Aminosalicylate	Streptomycin
Other Drugs		
Histamine H2 blockers	Proton Pump Inhibitors	Reglan
Prednisone	Pyridoxine (B6)	Zofran
Prochlorperazine		

\*\*OTC medications on the covered item list will require the initial copy of the prescription faxed for authorization.

### Prior Authorization Medications

The following medications will require Prior Authorization from the NH TB program staff.

bedaquiline	cycloserine
clofazamine	delamanid

Medications required for the treatment of Tuberculosis affecting certain parts of the body may be considered for coverage. Providers can complete a PA request fax form which can be located at: <https://nhadap.magellanmedicaid.com/>, under the Tuberculosis tab, fax forms for consideration.