



Pharmacy Benefit Updates

DATE: May 5, 2017

TO: All Well Sense Health Plan Providers

PRODUCT: New Hampshire Medicaid ☒

Policy and Prior Authorization Program Changes

The following clinical policies have been updated; these changes are effective July 7, 2017.

- 9.008 Drug Use Evaluation
- 9.021 Hereditary Angioedema
- 9.035 Oral Corticosteroids
- 9.036 Cystic Fibrosis Agents
- 9.037 Korlym
- 9.053 SLIT Medications
- 9.062 Cholbam
- 9.063 Natpara
- 9.107 Opioids
- 9.110 Antihistamines
- 9.116 Levalbuterol
- 9.073 Rayaldee (*new policy*)
- 9.127 Asthma-Allergy Monoclonal Antibodies
- 9.129 IVIG, SCIG
- 9.139 Nasal Antihistamines
- 9.140 Respiratory Medications (Inhaled)
- 9.141 Respiratory Medications (Oral)
- 9.146 Nasal Corticosteroids
- 9.153 Buprenorphine and Naloxone Products
- 9.162 Vaccines
- 9.168 Antidiabetic Agents
- 9.169 Xiaflex

The following drug(s) will require prior authorization under specific clinical pharmacy policies, effective July 7, 2017. Note: *Indicates currently covered drugs that will now require prior authorization.***

<ul style="list-style-type: none"> • Rayaldee® • Probuphine • Adlyxin™ 	<ul style="list-style-type: none"> • Soliqua™ • Invokamet XR™ • Synjardi XR™ • Jentadueto XR™ 	<ul style="list-style-type: none"> • Cetirizine Chewable Tablets • Cuvitru
---	---	--

The following drug(s) will be covered without a prior authorization effective July 7, 2017.

<ul style="list-style-type: none"> • Azelastine 0.1% • Bevespi Aerosphere™
--

Please visit the Pharmacy section of wellsense.org for complete policies and forms. The updated policies will be available in the provider notification section of the Pharmacy page at www.wellsense.org by the first week of July.