



# Pharmacy Benefit Updates

**DATE:** August 22, 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 November 9, 2017:

- 9.072 Duchene Muscular Dystrophy Agents
- 9.124 Synagis
- 9.125 Growth Hormones and IGF-1
- 9.126 Systemic Immunomodulators
- 9.041 Antineoplastic Agents
- 9.170 Multiple Sclerosis
- 9.046 Gattex
- 9.157 Acthar H.P. Gel
- 9.102 Platelet Stimulating Agents – Nplate, Promacta
- 9.048 Inflammatory Bowel Agents – Asacol HD, Mesalamine Delayed Release, Delzicol, Dipentum, Giazio, Pentasa
- 9.106 Botulinum Toxins – Botox, Mybloc, Xeomin

The following drug(s) will require prior authorization under specific clinical pharmacy policies, effective November 9, 2017. Note: **\*\*Indicates currently covered drugs that will now require prior authorization**

<ul style="list-style-type: none"> <li>• Emflaza®</li> <li>• Kisqali®</li> <li>• Alunbrig™</li> <li>• Barencio®</li> <li>• Lartruvo™</li> </ul>	<ul style="list-style-type: none"> <li>• Odomzo®</li> <li>• Rubraca®</li> <li>• Rydapt®</li> <li>• Tecentriq®</li> <li>• Zejula™</li> </ul>	<ul style="list-style-type: none"> <li>• Siliq™</li> <li>• Kevzara®</li> <li>• Zinbryta®</li> <li>• Ocrevus™</li> </ul>
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The following drug(s) will be covered without a prior authorization for members under 18 years of age:

<ul style="list-style-type: none"> <li>• Culturelle®</li> </ul>	
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[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 wellsense.org by the first week of November.](http://wellsense.org)