



Pharmacy Benefit Updates

DATE: April 26, 2019

TO: All Well Sense Health Plan Providers

PRODUCT: New Hampshire Medicaid ☒

Effective Date: May 1, 2019

Changes to Neulasta: Effective May 1, 2019, the biosimilar UDENYCA INJ 6MG/.6ML and FULPHILA INJ 6/0.6ML will be covered under Well Sense Health Plan's formulary. **Neulasta Inj 6 mg / 0.6 ml and Neulasta kit 6 mg / 0.6 ml** will be non-preferred and will require prior authorization.

To avoid any interruption in your patient's care, please visit our [formulary, available on the Pharmacy page our website, WellSense.org](#). If you feel that Neulasta is medically necessary, you must complete a [Prior Authorization Request Form available on the Prior Authorization Forms page of our website](#) and send it to us for a clinical review.

For assistance with our prescription drug benefits or for instructions on how to request prior authorization, please visit our website or contact us at 877-957-1300 (option 3) from 8:00 a.m. to 6:00 p.m., Monday through Friday. You may also contact your dedicated Provider Relations Consultant for assistance.