



Pharmacy Benefit Updates

DATE: September 1, 2018

TO: All Well Sense Health Plan Providers

PRODUCT: New Hampshire Medicaid ☒

Policy and Prior Authorization Program Changes

The following clinical policies have been updated, effective November 1, 2018.

- **9.083** Sublocade™
- **9.125** Genotropin®
- **9.085** Increlex®
- **9.126** Systemic Immunomodulators
- **9.041** Antineoplastic Agents
- **9.084** Ampyra™
- **9.170** Gilenya™, Tecfidera™, Ocrevus™
- **9.106** Botox®
- **9.065** Trientine (Syprine®)
- **9.102** Nplate® (romiplostim)
- **9.102** Promacta® (eltrombopag)
- **9.049** Signifor®
- **9.047** Mytesi®
- **9.171** Samsca®
- **9.046** Gattex®
- **9.067** Kanuma®
- ***9.056** Biologics with Biosimilar Products
- ***9.066** Transplant Agents
- ***9.050** Procysbi®
- ***9.048** Inflammatory Bowel Agents-
Asacol® HD, Mesalamine Delayed Release,
Delzicol®, Dipentum®, Giazol®, Pentasa®

**These policies have been discontinued.*

The following drug(s) will require prior authorization under specific clinical pharmacy policies, effective November 1, 2018.

- Erleada™
- Idhifa®
- Lynparza® tablets
- Nerlynx®
- Renflexis®
- Rituxan Hycela®
- Sublocade™
- Verzenio™

The following drug(s) will be non-preferred effective, November 1, 2018.

- Humatrope®
- Norditropin® FlexPro
- Nutropin AQ® NuSpin
- Nutropin AQ® Pen
- Omnitrope®
- Saizen®
- Serostim®
- Zomacton®
- Neupogen®
- Astagraf XL®
- Envarsus XR®
- Procysbi®
- Mesalamine Delayed Release authorized generic
- Asacol® HD
- Delzicol®
- Dipentum®

- Zorbtive®
- Kevzara®
- Siliq™
- Tremfya®
- Plegridy™
- Lemtrada®
- Rebif®
- Pentasa®
- Giaso®
- Dysport®
- Myobloc®
- Xeomin®
- Cuprimine® (penicillamine capsule)
- Signifor LAR®

The following drug(s) will be covered without a prior authorization effective November 1, 2018

- Adcetris®
- Bavencio®
- Beleodaq™
- Bendeka®
- Blincyto®
- Bortezomib
- Cynamza™
- Darzalex®
- Depen® Titratabs
(penicillamine)
- Empliciti™
- Erwinaze™
- Glatiramer 40mg
- Imfinzi®
- Imlygic®
- Kadcyla®
- Keytruda®
- Kyprolis®
- Lartruvo™
- Marqibo®
- Onivyde®
- Opdivo®
- Parsabiv™
- Sylvant®
- Synribo™
- Tecentriq®
- Tepadina®
- Treanda®
- Yondelis®
- Zaltrap®

Please visit the [Pharmacy section of wellsense.org](http://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](http://wellsense.org) by the first week of November.