



Pharmacy Benefit Updates

DATE: May 11, 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 July 10, 2018.

- **9.127** Asthma/Allergy Monoclonal Antibodies
- **9.141** Respiratory Medications (Oral)
- **9.140** Respiratory Medications (Inhaled)
- **9.110** Antihistamines (oral)
- **9.146** Nasal Corticosteroids
- **9.053** Sublingual Immunotherapy (SLIT) Medications
- **9.168** Antidiabetic Agents
- **9.036** Cystic Fibrosis Agents
- **9.021** Hereditary Angioedema
- **9.129** Immune Globulin Intravenous, Subcutaneous (IVIG, SCIG)
- **9.162** Vaccines

The following drug(s) will require prior authorization under specific clinical pharmacy policies, effective July 10, 2018.

- Airduo™ Respiclick®
- alogliptin
- Breo Ellipta **
- Bydureon® BCise
- Carbinoxamine 6mg
- Fasentra™
- Haegarda®
- Odactra™
- Ozempic®
- Qtern®
- Ryvent
- Segluromet™
- Steglatro™
- Steglujan,™
- Symdeko
- Trelegy Ellipta
- Xhance™
- Xultophy®

**Indicates currently covered drugs that will now require prior authorization

The following drug(s) will be covered without a prior authorization, effective July 10, 2018.

- ArmonAir™ Respiclick®
- Fluticasone-Salmeterol (55-14 MCG/ACT, 113-14 MCG/ACT, 232-14 MCG/ACT)
- Seebri™ Neohaler®
- Shingrix (covered for members over 50 years of age)
- Triamcinolone nasal spray (Rx)
- Utibron Neohaler ®

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 July.