



Pharmacy Benefit Updates

DATE: January 1, 2017

TO: All Well Sense Health Plan Providers

PRODUCT: New Hampshire Medicaid ☒

Policy and Prior Authorization Program Changes

➤ **Coverage of Proton Pump Inhibitors, effective March 1, 2017:** Omeprazole-bicarbonate capsule (generic for Zegrid®) will now require a trial of 4 alternative Proton Pump Inhibitors with one being the OTC version. Please refer to policy for additional details.

➤ **The following clinical policies will be updated with changes effective March 1, 2017:**

- 9.002 Mandatory Generic Substitution Program
- 9.004 Anti-Herpes Agents
- 9.022 Restasis, Xiidra
- 9.023 Ophthalmic Antibiotics
- 9.026 Metoclopramide ODT
- 9.027 Topical Immunomodulators
- 9.043 Topical Corticosteroids
- 9.070 Ocaliva (*new policy*)
- 9.071 Impavido (*new policy*)
- 9.104 Antiemetics
- 9.108 Antibiotics (Systemic)
- 9.109 Proton Pump Inhibitors
- 9.111 Topical Medications (Misc)
- 9.122 Gastrointestinal Agents
- 9.142 Antifungal Agents
- 9.147 Ophthalmic Anti-Allergy-Anti-Inflammatory
- 9.155 Acne and Rosacea Agents

➤ **The following drug(s) will require prior authorization under specific clinical pharmacy policies, effective March 1, 2017. Note: **Indicates currently covered drugs that now require prior authorization.**

<ul style="list-style-type: none"> • Impavido® • Ocaliva® • Viberzi® • Aczone 7.5% gel 	<ul style="list-style-type: none"> • Tolak® • Xiidra® • Sernivo® 	<ul style="list-style-type: none"> • Varubi® • Sustol® SQ • Enstilar®
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➤ **The following drug will be covered without a prior authorization, effective March 1, 2017.**

- Lindane

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 January.