



Pharmacy Benefit Updates

DATE: July 7, 2017

TO: All Well Sense Health Plan Providers

PRODUCT: New Hampshire Medicaid

Policy and Prior Authorization Program Changes

Update to Vivitrol and Probuphine Implant, effective August 1 2017: Well Sense Health Plan has increased the duration of approval to 12 months for initial therapy of Vivitrol and Probuphine implant. Prior Authorization criteria will remain unchanged. Please see Policy 9.134 Vivitrol and Policy 9.153 Buprenorphine and Naloxone Products for details.

The following clinical policies have been updated; these changes are effective September 7, 2017.

- 9.039 Homozygous FH
- 9.054 Northera
- 9.059 PCSK9 Inhibitors
- 9.074 Epinephrine Autoinjectors (*new policy*)
- 9.075 Spinraza (*new policy*)
- 9.076 Vemlidy (*new policy*)
- 9.099 Forteo-Prolia-Xgeva
- 9.114 Insomnia Agents
- 9.121 Ranexa
- 9.131 ACEIs and ARBs
- 9.144 Cholesterol Absorption Inhibitors
- 9.145 HMG CoA Reductase Inhibitors
- 9.164 Beta Blockers
- 9.167 Bile Acid Sequestrants, Fibric Acid Derivatives

The following drug(s) will require prior authorization under specific clinical pharmacy policies, effective September 7, 2017. Note: *Indicates currently covered drugs that will now require prior authorization.***

- Epipen®**
- Auvi-Q®
- Adrenaclick®**
- Spinraza®
- Vemlidy®
- Qbrelis™
- Byvalson®

The following drug(s) will be covered without a prior authorization, effective September 7, 2017.

- Rosuvastatin

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 by the first week of September](http://wellsense.org).