

DATE: August 13, 2020
TO: All Well Sense Health Plan Providers
FROM: Well Sense Health Plan
SUBJECT: **Policy and Prior Authorization Program Changes**
PRODUCT: *Well Sense*

Pharmacy Benefit Updates

The following drug(s) will require prior authorization under specific clinical pharmacy policies effective October 1, 2020:

- Adakveo
- Oxbryta
- Reblozyl
- Givlaari
- Brukinsa
- Vyondys 53
- Tazverik
- Tepezza
- Enhertu
- Padcev
- Truxima
- Ultomiris
- Soliris
- Sunosi
- Signifor LAR
- Ruxience

The following drug will be covered without a prior authorization effective October 1, 2020:

- Ranolazine ER

The following drugs will be Non-Preferred effective October 1, 2020

- Rectiv
- Caplyta
- Ubrelvy
- Asceniv
- Rituxan
- Rituxan Hycela
- EpiPen

The following clinical policies have been updated; these changes are effective October 1, 2020:

- Quantity Limit Policy
- Spinal Muscular Dystrophy
- Narcolepsy
- Synagis
- *Vaccines
- *Epinephrine Auto Injectors
- *Rectiv
- Gattex
- **Idiopathic Pulmonary Fibrosis Agents
- Signifor
- Promacta
- Otezla

- Stelara
- ACEis and ARBs
- Kanuma
- Mepsevii
- Trientine
- Samsca
- Increlex
- Anabolic Steroids
- Benlysta
- Kineret
- Methotrexate
- Strensiq

**These policies have been discontinued*

*** Policy split into individual policies for Ofev and Esbriet*

Please visit the Pharmacy section of wellsense.org for complete policies and forms.

The updated policies will be available in drug search section of the Pharmacy page at www.wellsense.org 30 days prior to the effective date

Provider Communication

