



Pharmacy Benefit Updates

DATE: July 10, 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; these changes are effective September 10, 2018:

- **9.031** Makena
- **9.059** PCSK9 Inhibitors
- **9.074** Epinephrine Autoinjectors
- **9.080** Non Preferred Policy
- **9.081** Luxturna
- **9.082** Mepsevii
- **9.099** Forteo-Prolia-Xgeva
- **9.100** Bisphosphonates
- **9.101** Armodafinil-Modafinil,
- **9.115** Omega-3 Fatty Acids
- **9.131** ACEIs and ARBs
- **9.164** Beta Blockers
- **9.167** Welchol
- ***9.007** New-to-Market Medication Program
- ***9.002** Mandatory Generic Substitution Program
- ***QHP 9.302** Non-Formulary Medications
- ***9.130** Polypills-Convenience Packaging Medications
- ***9.145** HMG CoA Reductase Inhibitors
- ***9.144** Cholesterol Absorption Inhibitors
- ***9.076** Vemlidy

**These policies have been discontinued. All products under New-to-Market and Mandatory generic will now fall under 9.080 Non Preferred Policy*

The following drug(s) will require prior authorization under specific clinical pharmacy policies, effective September 11, 2018:

- Mepsevii®
- Luxturna®
- Triкло
- Tymlos

The following drug(s) will be non-preferred, effective September 11, 2018:

- Auvi-Q®
- Binosto®
- risedronate delayed-release tablet
- Fosamax D
- Vascepa
- fenofibric acid DR (Trilipix®)
- fenofibrate (Lipofen®)
- fenofibrate 43mg, 130mg (Antara®)
- Antara® 30mg, 90mg
- fenofibrate (Fenoglide®),
- Lipofen®
- Triglide®
- Metoprolol/HCT 12.5mg (authorized generic of Dutoprol)
- Innopran XL
- Inderal XL
- metoprolol 37.5 and 75mg tablets
- Edarbi
- Edarbyclor
- Amlodipine/Valsartan
- Olmesartan/Amlodipine/HCT
- Ezetimibe/Simvastatin
- Altoprev®
- Amlodipine/Atorvastatin
- Zypitamag™

The following drug(s) will be covered without a prior authorization, effective September 11, 2018:

- ezetimibe
- Vemlidy®

The following drug(s) will require step therapy, effective September 10, 2018:

- Livalo®
- fluvastatin
- fluvastatin ER
- risedronate tablet
- ibandronate oral formulation

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