

DATE: October 21, 2019
TO: All Well Sense Health Plan Providers
FROM: Well Sense Health Plan
SUBJECT: **UPDATED**-Policy and Prior Authorization Program Changes

Pharmacy Benefit Updates

The following clinical policies have been updated; these changes are effective Nov 1, 2019:

- 9.175 SMA
- 9.600 Inbrija
- 9.650 Lambert Eaton Myasthenic Syndrome
- 9.036 Cystic Fibrosis Agents
- 9.160 ADHD
- 9.153 Buprenorphine and Naloxone Products
- 9.089 Lucemyra
- 9.088 Lyrica
- 9.123 Hepatitis C
- 9.036 Cystic Fibrosis Agents

The following drugs will move to step therapy requirement effective Nov 1, 2019:

- Olanzapine ODT

The following drug(s) will require prior authorization under specific clinical pharmacy policies effective November 1, 2019:

- Inbrija
- Firdapse
- Ruzurgi
- Kalydeco paket 25mg
- Symdeko Pack 50/75mg & 75mg
- Promacta packet 12.5mg
- Rhopressa
- Methylphenidate chewable

The following drug(s) will be Non-Preferred effective November 1, 2019:

- Ingrezza

The following drug(s) will be covered without a prior authorization effective November 1, 2019:

- FreeStyle Libre

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 www.wellsense.org by the first week of September