



## Pharmacy Benefit Updates

**DATE:** February 27, 2019

**TO:** All Well Sense Health Plan Providers

**PRODUCT:** New Hampshire Medicaid ☒

### Policy and Prior Authorization Program Changes

**The following clinical policies have been updated, effective May 1, 2019:**

- **9.181** Dupixent
- **9.125** Norditropin
- **9.085** CGRP
- **9.030** Anticoagulants
- **9.060** Antiplatelet Agents
- **9.161** Erythropoiesis Stimulating Agents
- **9.136** GnRH Agents
- **9.128** Pulmonary Hypertension
- **9.064** Entresto
- **9.135** BPH Medications
- **9.029** Urinary Antispasmodics
- **9.127** Asthma-Allergy Monoclonal Antibodies
- **9.133** Mozobil
- **9.141** Daliresp
- **9.033** Tranexamic Acid
- **9.052** Myalept
- **9.072** Duschene Muscular Dystrophy
- **9.069** Cerdelga
- **9.032** Egrifta
- **9.079** Brineura
- **9.061** Daraprim
- **\*9.028** Iprivask
- **\*9.119** Dopamine Agonists/Antiparkinsonian Agents
- **\*9.157** Skeletal Muscle Relaxants
- **\*9.116** Levalbuterol Nebulizer Solution
- **\*9.140** Respiratory Medications Inhaled

*\*These policies have been discontinued.*

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

- Prasugrel
- Brillinta
- levalbuterol Nebulizer
- Airduo
- Trelegy
- pramiprexol ER
- ropinirole ER
- montelukast packet
- Advair Diskus/HFA
- Breo Ellipta
- Myrbetriq
- Vesicare
- Zafirlukast
- Dulera
- Symbicort

**The following drugs will require prior authorization under specific clinical pharmacy policies, effective May 1, 2019:**

- Orilissa
- Emgality\*\*
- Xolair syringes
- Ajoovy\*\*
- Retacrit

*\*\* Non-preferred for Qualified Heath Plan*

**The following drugs will be Non-Preferred, effective May 1, 2019:**

- Gocovri (amantadine) ER capsule
- Zelapar (selegiline ODT)
- Zontivity
- Yosprala
- Durlaza
- Hemlibra
- rasagiline
- Amrix

- tolcapone tablet
- carbidopa/levodopa dispersible tablet
- Duopa (carbidopa/levodopa) enteral suspension
- Rytary (carbidopa/levodopa) ER capsule
- Stalevo (carbidopa/levodopa/entacapone)
- Neupro (rotigotine transdermal system)
- Osmolex ER
- Gelnique
- zileuton ER
- Savaysa
- Bevyxxa
- Orenitram
- Remoduline
- Ravatio oral suspension
- Tyvaso
- Veletri
- Ventavis
- Corlanor
- Oxytrol Rx
- Zyflo
- carisoprodol 250mg
- chlorzoxazone 250mg
- cyclobenzaprine 7.5mg
- Lorzone (chlorzoxazone 375mg and 750mg)
- Metaxall 800mg
- metaxalone 400mg and 800mg tablet
- tizanidine capsules
- darifenecin
- Toviaz
- Neulasta

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

- Udenyca
- Fulphila

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 May.