



Pharmacy Benefit Updates

DATE: November 9, 2017

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 January 9, 2018

- **9.077** Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors (*new policy*)
- **9.078** Xermelo (*new policy*)
- **9.051** Anti-Glaucoma Agents
- **9.107** Opioids
- **9.113** Non-steroidal Anti-inflammatory Drugs (NSAIDs)
- **9.120** Migraine-Specific Medications
- **9.137** Anticonvulsants
- **9.151** Antidepressants
- **9.152** Antipsychotics
- **9.158** Viscosupplements
- **9.160** ADHD Medications
- **9.301** Anti-Obesity Medications
- **9.304** Prescription Compounds

The following drug(s) will require prior authorization under specific clinical pharmacy policies effective January 9, 2018. Note: ****Indicates currently covered drugs that will now require prior authorization**

<ul style="list-style-type: none"> • Arymo ER • Austedo • Codeine (<i>under 12 years old</i>)** • Cotempla XR ODT • Fluoxetine Tablets** (<i>18 years and older</i>) • Ingrezza 	<ul style="list-style-type: none"> • Ketamine Bulk Powder • Lamictal XR Starter Kit • Lamotrigine ODT Starter Kit • Lomaira • Methadone Tablets** • Morphabond ER 	<ul style="list-style-type: none"> • Quillichew • Tramadol (<i>under 12 years old</i>)** • Venlafaxine ER Tablets** • Vivlodex • Xermelo • Xtampza ER
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The following drug(s) will be covered without a prior authorization effective January 9, 2018:

<ul style="list-style-type: none"> • Aripiprazole tablets • Methylphenidates tablets • Leucovorin • Levetiracetam XR 	<ul style="list-style-type: none"> • Nifedipine powder • Pyrimethamine • Vyvanse Chewable
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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](http://wellsense.org) by the first week of January.