



Pharmacy Benefit Updates

DATE: November 1, 2018

TO: All Well Sense Health Plan Providers

PRODUCT: New Hampshire Medicaid

The following clinical policies have been updated, effective January 1, 2019.

- 9.024 Savella
- *9.025 Qutenza
- *9.051 Anti-Glaucoma Agents
- 9.077 Vesicular Monoamine Transporter 2 (VMAT2) Inhibitors
- 9.085 Aimovig (new policy)
- 9.088 Lyrica (previously on 9.137 Anticonvulsants)
- 9.089 Lucemyra (new policy)
- 9.090 Tramadol ER (previously on 9.107 Opioids)
- 9.105 Anti-Gout
- 9.107 Opioids
- *9.113 Non-steroidal Anti-inflammatory Drugs (NSAIDs)
- *9.120 Migraine-Specific Medications
- *9.134 Vivitrol
- *9.137 Anticonvulsants
- 9.151 Antidepressants
- 9.152 Antipsychotics
- 9.153 Buprenorphine and Naloxone Products
- 9.158 Viscosupplements
- 9.160 ADHD Medication
- *9.173 Brand Name Bowel Prep Agents
- *9.174 Brand Name Prescription Vitamins
- 9.301 Anti-Obesity Medication

**These policies have been discontinued.*

The following drug(s) will move to step therapy requirement, effective January 1, 2019.

- almotriptan
- Aptom
- Banzel
- Betimol
- Briviact
- Celecoxib
- desvenlafaxine succinate ER (Pristiq)
- Diclofenac gel
- eletriptan
- Fetzima
- fluvoxamine ER
- frovatriptan
- Fycompa
- Istalol
- lamotrigine ODT
- lamotrigine XR
- Onfi
- Sabril
- Spritam
- topiramate ER
- Travatan Z
- Trintellix
- Uloric
- Viibryd
- Vimpat

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

- Adzenys ER
- Aimovig
- Duzallo
- Lucemyra
- Nuplazid 10 mg tablet
- Nuplazid 34mg capsule
- Oxaydo
- Zurampic

(continued)

The following drug(s) will be non-preferred, effective January 1, 2019.

- Abstral
- Aplenzin
- Brand Name PEG Bowel Prep Agents
- Brand Name Vitamins
- Butalbital/acet/caff/codeine
- Cambia powder packet
- Tramadol ER (Conzip)
- Cosopt PF
- Desvenlafaxine ER
- Diclofenac solution 1.5%
- Dihydroergotamine spray
- Duexis
- Epidiolex
- Evekeo
- Evzio
- Fentora
- Flector
- Fluoxetine DR
- Fluoxetine PMDD
- Forfivio XL
- Gel-One
- Gensyn 3
- Genvisc 850
- Gralise
- Horizant
- Hymosvis
- Ketoprofen ER
- Khedezla
- Lazanda
- Lyrica CR
- Mefanmic acid 250mg
- Naprelan 750mg tablet
- Naproxen CR
- Onzentra Xsail
- Oxtellar XR
- Pennsaid solution
- Pexeva
- Primlev
- Quedexy XR
- Qutenza
- Rexaphenac
- Sprix Nasal solution
- Subsys
- Sumavel
- Supartz
- Timoptic Ocudose
- Tivorbex
- Treximet
- Trezix
- Trokendi XR
- Vimovo
- Vivlodex
- Zembrace
- Zenedi
- Zipsor
- Zorvolex

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

- atomoxetine
- dexmethylphenidate ER
- Vivitrol

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 after January 1, 2019.