



MISSOURI | 2010 | ISSUE III

PROVIDER

Newsletter

CELEBRATING 25 YEARS OF SERVICE AND PARTNERSHIP



This year, we at WellCare Health Plans celebrate our silver anniversary. Over our first 25 years, we have touched many lives in many different and meaningful ways. Our success would not be possible without your steadfast commitment to the highest standards of service.

Our relationship with providers runs deep; WellCare was founded by a group of physicians. Since the beginning, we have provided quality, cost-effective managed health care solutions in partnership with you and the members, governments and communities we serve. Today, more than 2 million people count on us for their health care and prescription drug needs.

As we continue to focus our energies on enhancing our members' wellness and quality of life, we remain dedicated to strengthening our partnership with you. We value and thank you for the quality care and services you provide, and look forward to a long and healthy future together.

DON'T FORGET TO COMPLETE YOUR RECREDENTIALING PACKET!

Recredentialing is a state, federal and accreditation requirement for all providers. Be on the lookout for your re-credentialing packet in the mail approximately four months in advance of your recredentialing due date.

PROVIDER MATERIALS UPDATE

Since our last newsletter was published, the following correspondence was sent to providers via fax, mail or was posted in the secure sections of the WellCare Web site or the Harmony Health Plan Web site:

- Harmony Behavioral Health Network Change
- Text4baby Program—Medicaid
- Case and Disease Management Program Descriptions
- MO 2010 Issue II Provider Newsletter
- Health Dialog Notice

You can find copies of some of these correspondences when you log in to the secure area of www.wellcare.com (Medicare) or www.harmonyhpm.com (Medicaid) via the sign-in on the right that says "Member / Provider Secure Sign-In." Click on the Provider tab and you will see *Messages from WellCare* located in the right-hand column. Remember to check the messages regularly to receive new and updated information.

ENCOURAGE YOUR PATIENTS TO EAT WELL AND EXERCISE FOR GOOD HEALTH

The number of obese and overweight adults and children continues to increase. Being overweight can be harmful to your patients' health. It can lead to serious problems such as:

- Heart disease or stroke
- Cancer
- Diabetes
- High blood pressure
- High cholesterol
- Asthma

Encouraging your patients to eat well is especially important for children patients and their parents. Some adult diseases, like Type 2 diabetes and heart disease, are now beginning in childhood. Encourage your patients to exercise for at least 30 minutes a day, five times a week. Children and teenagers should exercise 60 minutes every day. Talk to your patients about diet and exercise plans to fit their needs.



HARMONY HEALTH PLAN OF MISSOURI

QUALITY MANAGEMENT PROGRAM AND EVALUATION

To help improve our members' health care benefit experience, Harmony Health Plan of Missouri has a Quality Improvement program. The program focuses on various aspects of quality, including:

- Access to health care providers;
- Evaluating member's satisfaction with Plan services;
- Supporting members and their health care providers;
- Helping members stay healthy; and
- Providing responsive customer service.

Harmony contracts with independent physicians, hospitals and other health care clinicians to support the provision of quality care and works with them to achieve continuous improvement in the processes. The overall Quality Improvement program is regularly monitored by the local and corporate Quality Improvement committees and is based on a systematic, objective and multidisciplinary approach.

The goals of the Quality Improvement program at Harmony Health Plan are:

- To develop and maintain a system to continuously measure, assess and improve quality outcomes through standard and collaborative activities;
- To maintain compliance with regulatory requirements;
- To promote processes that reduce medical errors and improve patient safety;
- To promote high quality of care and service and effective utilization of services for all members;
- To identify the education needs of members, practitioners and other health care professionals; and
- To seek and maintain accreditation from nationally recognized organizations that set standards of quality and safety for health care organizations.

If you would like a more detailed description of the Quality Improvement programs, goals, processes and outcomes, please contact:

Manager, Accreditation and HEDIS
Harmony Health Plan
13 Wolf Creek Drive, Suite 4
Swansea, Illinois 62226

SILVERSNEAKERS® FITNESS PROGRAM HELPS PATIENTS IMPROVE OVERALL FITNESS

Help your patients unlock the door to greater independence and a healthier life with the SilverSneakers® Fitness program. Offered to group retirees and all patients who are eligible for Medicare, SilverSneakers is a fun and energizing program that helps older adults take control of their health by encouraging physical activity.

In addition to offering a plethora of health education seminars and fun social events with others who share interest in a healthy lifestyle, all SilverSneakers participants are provided with a free gym membership to any participating location across the country. Participants will also enjoy the following:

- Access to conditioning classes, exercise equipment, pool, sauna and other available amenities
- Customized SilverSneakers classes designed exclusively for older adults who want to improve their strength, flexibility, balance and endurance
- A specially trained Senior AdvisorSM at the fitness center to introduce your patients to the program and help them get started
- Member-only access to online support that can help your patients lose weight, quit smoking or even reduce stress
- SilverSneakers Steps, a self-directed, pedometer-based physical activity and walking program for members residing 15 miles or more from a participating location.

We encourage you to have your patients sign up for this terrific program. Joining is as easy as 1-2-3! Here are the steps your patients should follow:

1. **Choose their location.** Have your patients find the participating location that's most convenient for them. Once they've enrolled, they can visit any participating location in the country. That way, traveling can never be an excuse for missing a workout! Your patients can view locations by ZIP code on www.silversneakers.com or call toll-free at 1-888-423-4632.
2. **Enroll in person.** Once the program has captured your patients' attention, they should present their health plan membership ID card at the front desk to register. And remember: The sooner they start, the sooner they can take part in the fitness fun!
3. **Take a tour.** Words can only scratch the surface of the value of this program. Therefore, encourage your patients to visit a local gym to check out the fitness equipment and all the amenities they'll enjoy as a SilverSneakers member. They should take this opportunity to learn as much as they can about the location.

Participating in the SilverSneakers program can help your patients get the amount of physical activity they need to stay healthy, maintain their independence and live their life to the fullest.

SilverSneakers® is a registered mark of Healthways, Inc.





DUAL SPECIAL NEEDS PLANS (D-SNP) MODEL OF CARE PROCESSES

To improve access to medical, social and mental health services, WellCare completes the following for Dual Special Needs Plans (D-SNP) members:

1. Health risk assessment (HRA) to identify the member's acuity related to utilization, functional ability, depression scale and overall health status
2. Comprehensive assessment with the member's/caregiver's participation to assist the interdisciplinary care team (ICT) in developing an individualized care plan (ICP) that identifies measurable goals and changes as the member's needs change
3. Help for the member in obtaining a primary care physician (PCP)
4. Utilization of the Case Management social worker (CMSW) and Behavioral Health Case Management for community referrals.

To improve coordination of care, D-SNP case managers:

1. Identify all members of the interdisciplinary care team and coordinate care through a central point of contact, i.e., the PCP
2. Maintain professional collaboration and communication with members of the ICT

To improve transitions of care, D-SNP case managers:

1. Communicate with members across each point of the health care setting, i.e., hospital, SNF-rehab and home.
2. Assist in the facilitation of medical equipment needs and services.

To improve access to affordable, quality care and preventive health services, D-SNP case managers and/or Health Services associates:

1. Credential all providers.
2. Encourage the use of in-network providers in an effort to reduce financial burden to the member.
3. Utilize quality reports to address concerns on any reportable information from members regarding experiences with providers and/or facilities.

To ensure appropriate utilization of services and cost-effective service delivery, D-SNP case managers and/or Health Services associates:

1. Identify and contact members meeting the Case Management criteria.
2. Facilitate medically necessary and appropriate accesses to care such as referrals to specialists, home health care, etc.

To improve member health measurable data, D-SNP case managers:

1. Provide members with preventive health information and educational material as appropriate.
2. Foster compliance by providing contact times with the member/family based on their needs (weekly, monthly, etc.).
3. Discuss identified health needs and/or concerns with the medical director, and request referrals to internal area specialists that the pharmacy, the case manager and medical director deem appropriate.

In short, with partnership and the full participation of all ICT members (primary care physician, specialists, case manager, social worker, behavioral health, pharmacy, member, family members and caregivers/POA), WellCare D-SNP Model of Care assists members in reaching and maintaining the highest level of health and functioning possible.

We're here to help your patients! If you would like to refer patients to our program, they should contact the number below. A WellCare staff member will inform them about the program, including how to opt-in and to opt-out if they no longer want to participate, and will explain the benefits of the free program. Your patient will have access to an RN case manager during the hours listed below.

If you would like to refer your WellCare D-SNP patients to Case Management services to benefit from the above Model of Care, please contact the Referral Line at **1-866-635-7045** between the hours of 8am and 5pm Eastern.

CHANGES TO BEHAVIORAL HEALTH NETWORK

Harmony Health Plan of Missouri (“Harmony”) and WellCare Health Plans, Inc. (“WellCare”) have entered into agreements with Magellan Behavioral Health, Inc., (“Magellan”) whereby Magellan will administer all behavioral health benefits for all WellCare/Harmony members in the State of Missouri beginning **September 1, 2010**.

Please note that this does not change the behavioral health services covered by WellCare/Harmony.

- To obtain behavioral health authorizations and referrals for WellCare/Harmony members for dates of service on and after **September 1, 2010**, you must call Magellan at **1-888-684-2026**.
- Claims for authorized behavioral health services provided to WellCare/Harmony members for dates

of service on **September 1, 2010** and later must be submitted directly to Magellan.

You should visit the Magellan Provider Welcome Web site at www.magellanhealth.com/provider for additional information such as services requiring prior authorization and how to submit claims to Magellan.

We thank you for your continued participation and cooperation in our ongoing efforts to arrange quality health care services to our members.

For questions, please contact your Provider Relations representative or call our Customer Service team at one of the following numbers:
Medicare – **1-866-687-8994**;
Medicaid – **1-866-822-1340**.

MEDICAID

EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT PROGRAM

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) program is a comprehensive child health program for Medicaid recipients from birth through age 20. The program recommends health screenings be provided to children at age-appropriate intervals, and that these periodic examinations contain essential screening components, including:

- Comprehensive health and developmental history (physical health and mental health to include social, emotional and behavioral issues)
- Comprehensive unclothed physical examination
- Height, weight and growth charting
- Nutritional assessment
- Immunizations

- Laboratory procedures
- Developmental screenings using a recognized standardized tool
- Hearing screenings
- Vision screenings

Primary care providers (PCPs) are encouraged to incorporate the EPSDT components into well-child visits and to document these components within the medical record. PCPs should also take advantage of opportunities to provide EPSDT services when hard-to-reach members present themselves to the office.

*Source: Handbook for Providers of Healthy Kid Services IL
Department of Healthcare and Family Services: March, 2008*

UPDATED CLINICAL PRACTICE GUIDELINES

WellCare/Harmony strives to supply our providers with the most up-to-date clinical practice recommendations. The following Clinical Practice Guidelines were updated in early 2010:

- Adult preventive health (including updated immunization schedules)
- Pediatric preventive health (including updated immunization schedules)
- Asthma
- Chronic kidney disease
- Diabetes

Also, please remember that all Clinical Coverage Guidelines, detailing medical necessity criteria for several medical procedures, devices and tests, are available via the provider resources links at www.wellcare.com (Medicare) or www.harmonyhpm.com (Medicaid).

HOW TO CODE FOR A WELL-CHILD VISIT WITH A SICK VISIT

The key to adding an Evaluation/Management (E/M) service to a preventive service is the significance of the problem, the amount of work required at that visit to deal with the problem, and how clearly this is documented in the patient's chart.

1. ACUTE VISIT WITH MINOR PROBLEM COMBINED WITH WELL-CHILD VISIT.

Bill only the preventive well-child visit:

Documentation is the key to whether or not the additional work during the preventive visit qualifies for an additional E/M visit code. Keep in mind: Insignificant or minor problems that do not require additional work-up should not be reported separately.

Example of when not to use the E/M code with modifier 25:

During an acute visit for a 12-month-old child, the physician notes diaper rash in the chart and writes a prescription for the rash. During that visit, he/she also becomes aware that the child has not been in for a well-child visit since the child was 6 months old. The physician decides to conduct a well-child visit during the acute visit. Be aware, however, that you should not count this visit as a sick visit since the problem (diaper rash) was an insignificant or minor problem. Therefore, code the visit as a well-child visit only. The well-child visit will go toward the pay-for-quality program.

Diagnosis Code:

V20.2 (Routine infant or child health check)

CPT Code:

99392 (Established Preventive Medicine Services Code for child age 1 through 4)

Documentation requirements:

Must document all components for well-child visit during the above visit:

1. A comprehensive health and developmental history – physical health, mental health, development and nutrition
2. An unclothed physical exam with height, weight and head circumference
3. Health education or anticipatory guidance

2. ACUTE VISIT WITH SIGNIFICANT PROBLEM COMBINED WITH WELL-CHILD VISIT.

Bill both the preventive well-child visit and all services rendered during the sick visit:

If the physician encounters a significant new problem or a pre-existing problem that requires a significant work-up, including the ordering of additional tests, consultation with other specialists and/or further follow-up care, then the appropriate level of E/M for the additional work should be coded.

Example of when to use an E/M code with modifier 25:

A 4-year-old child comes in for a follow-up visit for asthma, and the physician notes that the child is still wheezing. The doctor sends the child for an X-ray and gives nebulizer treatment. While reviewing the chart, the physician also notes that the member has not been in for a well-child visit since age 2. As a result, the physician decides to



Continued on page 7

conduct a well-child visit during the acute visit. Because the **problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service**, then the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable Evaluation and Management service was provided by the same physician on the same day as the preventive medicine service.

Diagnosis Code:

V20.2 (Routine infant or child health check)

493.00 (Asthma, unspecified)

CPT Code:

99392 (Established Preventive Medicine Services Code for child age 1 through 4)

99214 (E/M for established patient), **with modifier 25**

71010 (Chest, single view)

Code for nebulizer treatment

Documentation requirements:

Must document all components for well-child visit during the above visit:

1. A comprehensive health and developmental history – physical health, mental health, development and nutrition
2. An unclothed physical exam with height, weight and head circumference
3. Health education or anticipatory guidance

In addition to the well-child visit, the additional work that was conducted for the asthma follow-up visit must also be documented.

Source: Handbook for Providers of Healthy Kid Services IL Department of Healthcare and Family Services: March, 2008.

From a pure coding perspective, the guidelines for billing an E/M service in addition to a preventive service are spelled out under the Preventive Medicine Services section in the CPT book. The guidelines state: “If an abnormality/ies is encountered or a pre-existing problem is addressed in the process of performing this preventive medicine evaluation and management service, and if the problem/abnormality is significant enough to require additional work to perform the key components of a problem-oriented E/M service, then the appropriate Office/Outpatient code 99201-99215 should also be reported. Modifier 25 should be added to the Office/Outpatient code to indicate that a significant, separately identifiable Evaluation and Management service was provided by the same physician on the same day as the preventive medicine service.”



TEXT4BABY – NEW FREE MOBILE INFORMATION SERVICE

We want you to know about a new, free mobile information service called Text4baby, an educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB). This program provides pregnant women and new moms with information to help them care for their health and give their babies the best possible start to life.

Topic areas derived from evidenced-based best practices include:

- Health care access
- Immunizations
- Nutrition
- Prenatal care
- Drugs and alcohol
- Emotional well-being
- Smoking cessation
- Labor and delivery
- Breastfeeding
- Mental health
- Car seat safety
- Safe sleep
- Oral health
- Pregnancy symptoms and warnings
- Exercise and developmental milestones

We would appreciate your help in spreading the word about Text4baby to your patients by providing them with the following information:

- Register by:
 - Texting **BABY** to **511411** (or **BEBE** for Spanish)
 - Visiting the Text4baby Web site at www.text4baby.org
- The expectant or new mom will need to enter her ZIP code and due date or the baby’s date of birth
- The program ends when the expectant or new mom texts **STOP** to **511411** or upon the baby’s first birthday

If you would like more information on the Text4baby service, visit the program Web site at www.text4baby.org.

EYE EXAMS FOR DIABETIC PATIENTS

An annual dilated eye exam by an eye care professional is an important component of a diabetic patient’s care regimen. The dilated eye exam may detect early stages of diabetic retinopathy before a patient notices any vision changes. Most diabetic patients will develop some form of diabetic retinopathy, and early diagnosis may be a factor in treatment success.

Referral to an eye care professional for a dilated eye exam should be part of a primary care physician’s (PCP) routine care for a diabetic patient. It is also important for the PCP to coordinate with the eye care professional to obtain a copy of the exam result for his/her review and chart record.

An annual dilated eye exam by an eye care professional for a diabetic patient is a covered benefit for eligible members.

Source: American Diabetes Association: www.diabetes.org

FREQUENCY OF PRENATAL AND POSTPARTUM VISITS

Early and effective prenatal care is essential to ensuring healthy pregnancies and healthy babies. It can also serve to identify at-risk pregnancies, and enable medical and educational interventions.

During every visit, the health care practitioner should evaluate blood pressure, weight, urine protein and glucose levels, uterine size and fetal heart rate. The initial prenatal visit should occur within the first trimester of pregnancy.*

The following is a guide to frequency of subsequent perinatal visits:

PRENATAL VISITS

- 0–28 weeks: One visit every four weeks
- 29–36 weeks: One visit every two weeks
- 37+ weeks: One visit every week

**If the member was not enrolled with Harmony for the entire pregnancy, a prenatal visit should occur within 42 days of enrollment.*

POSTPARTUM VISIT

The goal of postpartum care is to assess maternal recovery from childbirth and to promote health maintenance. Although patients are routinely instructed to schedule

a postpartum visit within two weeks of delivery, the postpartum visit should occur within 21–56 days. For normal vaginal deliveries, Harmony asks the providers to have the members come in for their postpartum visit no earlier than three weeks.

Documentation in the chart should include the following:

- An interval history;
- Physical exam, including weight, blood pressure, breast and abdomen and pelvic exams;
- Nutrition counseling with vitamin and mineral supplementation, as needed; and
- Assessment of breastfeeding, psychosocial needs and family planning.

Testing during the postpartum visit should include:

- Pap test
- Depression screening

Sources:

WellCare Clinical Practice Guidelines

National Committee on Quality Assurance

WELLCARE CLAIMS INFORMATION

From time to time, WellCare/Harmony (the Plan) reviews its reimbursement policies to maintain close alignment with industry standards and coding updates released by health care industry sources like the Centers for Medicare and Medicaid Services (CMS), as well as nationally recognized health and medical societies.

Please note that the Plan publishes periodic reimbursement policy updates. To obtain a copy of our current policies, please visit the Provider Resources area of our Web sites at www.wellcare.com (Medicare) or www.harmonyhpm.com (Medicaid) and select the *Claims Updates* link.



TIPS FOR IMPROVING CHRONIC DISEASE CARE

Mrs. Jones, a 54-year-old established patient, comes to see you about her seasonal allergies. Mrs. Jones has not been in your office for a visit in a while. You examine Mrs. Jones, prescribe a medication for her allergies and, in the last few minutes of the visit, ask her about her diabetes. She says she's taking care of herself, so you end the visit with some brief education on the importance of diabetes care. You then leave the room, and Mrs. Jones leaves your office. What you do not know is that Mrs. Jones has not had an A1c test in over one year, and you will not see her for another six months.

The problem was not that the physician in this imaginary scenario did not know how to treat diabetes. Instead, it was largely a process problem. The practice did not know how to keep track of patients with chronic diseases and make sure they were receiving the care they need. One solution to this situation is to develop and put into practice flow sheets for chronic diseases.

A flow sheet is a one- or two-page form that gathers all the important data regarding a patient's condition, such as in the above case – diabetes. The flow sheet is housed in the patient's chart and serves as a reminder of care and a record of whether care expectations have been met.

The goal is that every time a patient walks in the door of the practice, the staff and doctor(s) will look at the flow sheet and address the chronic condition in addition to the reason for the patient's visit. When an appropriate piece of lab work or test result is provided, the staff and/or doctors should enter the data in its slot in the flow sheet so this information is available at a glance.

You should also refer patients to WellCare's Disease Management Program by calling **1-866-635-7045**.

If you would like flow sheets for EPSDT visits, asthma visits, diabetes visits and adult preventive care visits, please call **1-866-635-7045**.

PROVIDE UPDATED INFORMATION TO WELLCARE/HARMONY

As a reminder, please provide WellCare/Harmony with any updated information or changes that could affect your status with the Plan.

For example, be sure to inform the Plan in writing within 24 hours of:

- Any revocation or suspension of your DEA number
- Suspension, limitation or revocation of your license, certification or other legal credential authorizing you to practice in the state of Missouri

In addition, please inform the Plan in writing immediately of changes to:

- Licensure status

- Tax identification numbers
- Telephone numbers
- Addresses
- Status at participating hospitals
- Loss of liability insurance

By keeping your information up to date, you are helping to improve member accessibility. You will also help to ensure all correspondence, claim payments and notifications the Plan sends will get to your correct location.

CASE MANAGEMENT PROGRAM

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors and evaluates the options and services required to meet the member's health needs. Our Case Management program is used to facilitate care of individual members in order to achieve optimal outcomes and quality of care. Case managers are registered nurses who assist members with multiple complex health problems. They serve as an important link between the member, the health care team, the payer and the community. By providing case management services, WellCare/Harmony case managers work with the PCP and specialist to facilitate timely access to—and utilization of—appropriate services, thus reducing unnecessary services such as emergency room usage and hospital admissions.

Case management occurs across a continuum of care, is individually focused and member-centric. Thus, a case manager's workload can include, but is not limited to, the following:

- High-cost or complex medical needs
- Solid organ and tissue transplants
- Chronic illness
- Catastrophic illness or injuries
- High-risk pregnancy
- Children with special needs
- Lead poisoning

DISEASE MANAGEMENT PROGRAM

Disease management is a system of coordinated health care interventions and communications that seek to proactively identify populations with or at risk for established medical conditions. WellCare offers a telephonic Disease Management program that focuses on the following: supporting the physician/patient relationship and plan of care; emphasizing prevention of exacerbations and complications using cost-effective, evidence-based practice guidelines; and patient empowerment strategies such as self-education.

Disease managers manage the following disease states:

- Asthma
- Childhood obesity
- Chronic obstructive pulmonary disease (COPD)
- Congestive heart failure (CHF)
- Coronary artery disease (CAD)
- Diabetes
- Hypertension
- HIV/AIDS

If you would like to refer your WellCare/Harmony patients to the Case or Disease Management program, please call 1-866-635-7045 between the hours of 8am and 5pm Eastern.





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WELLCARE ACCESS (HMO) 20 PERCENT COST-SHARE

Providers are responsible for billing Medicaid for the 20 percent coinsurance for applicable services for Access Plan members.

- Refer to the front of the member's ID card to determine the co-payment amount and to the back of the ID card for the reminder that "Member not responsible for cost-share. Do not balance bill."
- Access members have a \$0 cost-share responsibility.
- You should not bill a member for the 20 percent cost-share or deny the member access to care.
- If you have questions, please call Customer Service at **1-866-687-8994** (Medicare) or **1-866-822-1340** (Medicaid) to speak with a representative on the Special Needs Plan team.

Note: The state is responsible for the member cost-sharing in the Access Plan. However, the state is not required to provide payment for services under Medicare that would exceed the payment that the state Medicaid plan would have otherwise made.

SUMMER PROVIDER FORMULARY UPDATE 2010

GENERIC NEWS

The generic drugs listed below are now available to WellCare's **Medicare** members at the lowest cost-sharing benefit:

BRAND NAME	GENERIC NAME	THERAPEUTIC CLASS
Aldara® 5% Topical Cream	Imiquimod 5% Topical Cream (PA)	Topical Immunomodulator
Cozaar® 25mg, 50mg, 100mg Tablets	Losartan Potassium 25mg, 50mg, 100mg Tablets	Angiotensin II Receptor Antagonists
Flomax® 0.4mg Capsules	Tamsulosin 0.4mg Capsules	Benign Prostatic Hyperplasia (BPH) Agents
Hyzaar® 50/12.5mg, 100/12.5mg, 100/25mg Tablets	Losartan Potassium & Hydrochlorothiazide 50/12.5mg, 100/12.5mg, 100/25mg Tablets	Angiotensin II Receptor Antagonist/Diuretic Combinations
Mirapex® 0.125mg, 0.25mg, 0.5mg, 1mg, 1.5mg Tablets	Pramipexole Dihydrochloride 0.125mg, 0.25mg, 0.5mg, 1mg, 1.5mg Tablets	Antiparkinsonian Agent
Trileptal® 300mg/5mL Oral Suspension	Oxcarbazepine 300mg/5ml Oral Suspension	Anticonvulsants

PA = Prior Authorization

The following additions have been made to the WellCare **Medicare Formulary**:

ADDITIONS	
AK-Con™ Ophthalmic Solution	Norvir® 100mg Tablets
Brimonidine Tartrate 0.15% Ophthalmic Solution	Oxaliplatin 50mg and 100mg Vials (Part B)
BioThrax® (Anthrax Vaccine Adsorbed) Suspension for Intramuscular Injection	Promacta® 75mg Tablets (PA)
Carac® 0.5% Topical Cream (PA)	Renagel® 400mg, 800mg Tablets (PA)
Carimune® NF 6gm, 12gm Vials (PA)	Renvela® 800mg Tablet
Cyclosporine 50mg Soft Gelatin Capsules (PA)	Sodium Bicarbonate 8.4mg Syringe
Fanapt™ 1mg, 2mg, 4mg, 6mg, 8mg, 10mg, 12mg Tablets (PA)	Soriatane® 10mg, 17.5mg, 22.5mg, 25mg Capsules (QL: 10mg capsules ONLY 31 capsules /31 days)
Fanapt™ Titration Pack (PA)	Valcyte® 50mg/mL Powder for Solution (PA)
Fluconazole-NS 100mg/50ml Vial	Zenpep® 5,000 USP units of lipase, 10,000 USP units of lipase, 15,000 USP units of lipase, 20,000 USP units of lipase Delayed-Release Capsules
Humira® 20mg/0.4mL Pediatric Pre-Filled Syringe (PA)	Zyprexa® Relprevv™ 210mg, 300mg, 405mg Vials (PA)
Menveo® Solution for Intramuscular Injection	

PA = Prior Authorization QL = Quantity Limit

The prior authorization associated with the following medication has been removed for the WellCare Medicare Formulary:

DRUG NAME
Ciclopirox 8% Topical Solution

Planned Market Drug Withdrawal:

COMPANY NAME	DRUG NAME	DATE OF REMOVAL	COMMENTS
Endo Pharmaceuticals Inc.	Moban® (molindone HCl) 5mg, 10mg, 25mg, 50mg Tablets	June 30, 2010	Endo has been unable to obtain an alternate supplier after the current supplier notified Endo of their intent to discontinue manufacturing molindone hydrochloride. Prescriptions will continue to adjudicate until supplies are exhausted.

Please visit www.wellcare.com to view the formulary and pharmacy updates.

INFLUENZA: WHAT'S NEW FOR 2010

Now that influenza season has arrived, we are encouraging providers to ensure that each of their members receives a flu vaccine.

Here are some important things to remember as you encourage your patients to fight off the flu bug this upcoming season:

- Vaccination recommendations for adults have been expanded to include **all adults** beginning in the 2010–2011 influenza season. Therefore, it is important that all people ages 6 months and older receive the annual influenza vaccination.
- This year's vaccines, which will also provide protection against H1N1, include the same strain that was in the pandemic influenza A (H1N1) 2009 monovalent vaccines.
- A higher-dose formulation of an inactivated seasonal influenza vaccine, Fluzone® High-Dose*, will be available in the 2010–2011 influenza season for use in people ages 65 and older. Fluzone High-Dose, which contains four times the amount of influenza antigen compared with other inactivated seasonal influenza vaccines, produces higher antibody levels. Studies are under way to assess the relative effectiveness of Fluzone High-Dose compared with the standard-dose inactivated influenza vaccine. However, results from those studies will not be available before the 2010–2011 influenza season. The Advisory Committee on Immunization Practices (ACIP) has not expressed a preference for Fluzone High-Dose or any other licensed inactivated influenza vaccine for use in people 65 years of age and older.

WellCare offers free flu vaccinations for its members. Please encourage our members to receive the flu vaccine either in your office or have them call the Customer Service number located on the back of their member ID cards.

They can also visit www.wellcare.com to locate a network provider near them to receive a free flu vaccination.

*WellCare will not pay for the Fluzone High-Dose vaccine.

Source: Centers for Disease Control and Prevention