

**UPDATE**  
**Staywell Kids Medicaid**  
**Preferred Drug List**

**01/08/2019**

Dear Provider:

At the **December 6, 2018** WellCare Pharmacy & Therapeutics Committee meeting, it was decided that the following changes will be made to the **Staywell Kids Preferred Drug List (PDL)**, effective **1/08/2019**. Please carefully review these changes:

<b>Key</b>	
<b>UPPER CASE</b> = Brand Name Drugs	<b>QL</b> = Quantity Limit
<b>Lower case italics</b> = Generic Drugs	<b>ST</b> = Step Therapy
<b>PDL</b> = Preferred Drug List	<b>AL</b> = Age Limit
<b>PA</b> = Prior Authorization	<b>YOA</b> = Years of Age
<b>SC</b> = Safety Concerns	<b>LU</b> = Low Utilization
<b>PC</b> = Pharmacoeconomic Considerations	<b>DD</b> = Discontinued Drug
<b>GA</b> = Generic Available	<b>CR</b> = Clinical Removal

Effective date of change: **1/08/2019**

<b>Drug Name</b>	<b>Therapeutic Class</b>	<b>Change</b>	<b>PDL Alternative (if applicable)</b>
<b>UTILIZATION MANAGEMENT CHANGES</b>			
CERVARIX 0.5 prefilled syringe for injection	vaccines	Update AL members 9 years old to 25 years old: covered  members below 9 years and above 25 years: not covered	

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<p>GARDASIL 9 0.5 prefilled syringe and single dose vial</p>	<p>vaccines</p>	<p>Update AL members 9 years old to 45 years old: covered</p> <p>members 8 years old and younger: plan limitations exceeded; minimum patient age of 9 years</p> <p>members 46 years old and older: plan limitations exceeded: maximum patient age of 45 years</p>	
<p>HEPATITIS A vaccine</p>	<p>vaccines</p>	<p>Update AL members 12 months and older: covered</p> <p>members 11 months old and younger: plan limitations exceeded; minimum patient age of 12 months</p>	
<p>PNEUMOVAX 23 25 mcg/0.5ml single dose prefilled syringe injection</p>	<p>vaccines</p>	<p>Update AL members 2 years and older: covered</p> <p>members 1 years old and younger: plan limitations</p>	





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		exceeded; minimum patient age of 2 years	
PREVNAR 13 single dose prefilled syringe injection	vaccines	Update AL members 6 weeks and older: covered  members 5 weeks old and younger: plan limitations exceeded; minimum patient age of 6 weeks	

If you have questions, our Pharmacy Help Desk is available to help you at **1-866-698-5437**.

Thank you for providing excellent care to Staywell Kids Medicaid members.

Sincerely,

Staywell Kids

