

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

**02/19/2019**

Dear Provider:

At the **December 6, 2019** WellCare Pharmacy & Therapeutics Committee meeting, it was decided that the following changes will be made to the **Staywell Kids Preferred Drug List (PDL)**, effective **2/19/2019**. 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: **2/19/2019**

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

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





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

