

UPDATE
Staywell Kids Medicaid
Preferred Drug List

12/06/2018

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 **2/19/2019**. Please carefully review these changes:

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

Effective date of change: **2/19/2019**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
UTILIZATION MANAGEMENT CHANGES			
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

