



UPDATE

September 27, 2019

Staywell Medicaid Preferred Drug List

Dear Provider,

At the **September 12th, 2019** WellCare Pharmacy & Therapeutics Committee meeting, it was decided that the following changes would be made to the **Staywell Medicaid Preferred Drug List (PDL)**. These changes will be effective **October 1, 2019**. Please review them carefully.

Key	
UPPER CASE = Brand Name Drugs	QL = Quantity Limit
<i>Lower case italics</i> = 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	

Effective date of change: **October 1, 2019**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
ADDITIONS TO THE PDL			
HAVRIX 1440 ELISA UNITS/ML SUSP	Hepatitis A vaccine	Hepatitis A vaccine is used to confer immunity against the hepatitis A virus	N/A
HAVRIX 720 ELISA UNITS /0.5 ML SUSP			
VAQTA 25 UNIT/ 0.5 ML SUSP			
VAQTA 50 UNIT/ ML SUSP			

If you have any questions, please call our Pharmacy Help Desk. The toll-free number is **1-866-334-7927**. Monday-Friday, 8 a.m. to 7 p.m.

Thank you for your care of Staywell Medicaid members.

Sincerely,
Staywell Health Plan

