



P.O. Box 31577
Tampa, FL 33631-3577

UPDATE
Staywell Kids Medicaid
Preferred Drug List

12/06/2018

Dear Provider:

At the **December 06, 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 **02/19/2019**. 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: **02/19/2019**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
ADDITIONS TO THE PDL			
<i>childrens</i> chewable multivitamin	Multivitamins	Added to the PDL	
UTILIZATION MANAGEMENT CHANGES			
EMTRIVA 10 mg/ml solution	Antivirals	QL updated: QL: 744 ml / 31 days	



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VIREAD 150 m tablet	Antivirals	QL added: QL: 31 tablets / 31 days	
REMOVALS FROM THE PDL			
EPIVIR HBV 5 mg/ml solution	Antivirals	Removed from the PDL/CR	<i>lamivudine</i> 10mg/ml oral solution
<i>lamivudine</i> 100 mg tablet	Antivirals	Removed from the PDL/CR	<i>lamivudine</i> 150 mg & 300 mg tablet & <i>lamivudine</i> 10mg/ml oral solution

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

