

## 2018 Provider Formulary Reference Guide – Medicare

### Drug Formulary Removals and Alternatives

Below are the most commonly prescribed medications that were on the 2017 formulary and their preferred 2018 alternatives. The list below is not the full formulary; to reference the full listing, please visit our website at [www.wellcare.com](http://www.wellcare.com).

2017 FORMULARY		2018 FORMULARY ALTERNATIVES	
<b>EFFIENT TAB</b>		<b>BRILINTA TAB</b>	
<b>EPIPEN*</b>		<b>epinephrine Inj</b>	
<b>EXJADE</b>		<b>JADENU</b>	
<b>LANTUS INJ</b>		<b>BASAGLAR INJ, LEVEMIR, TRESIBA</b>	
<b>OPANA ER (FDA removal)</b>		<b>NUCYNTA ER</b>	
<b>PRISTIQ*</b>		<b>desvenlafaxine succinate</b>	
<b>STRATTERA*</b>		<b>atomoxetine</b>	
<b>TOUJEO SOLO</b>		<b>BASAGLAR INJ, LEVEMIR, TRESIBA</b>	
<b>UPTRAVI</b>		<b>sildenafil, ADCIRCA</b>	
TIER INCREASE		TIER DECREASE	
alprazolam	T1 to T2	<b>duloxetine</b>	<b>T4 to T2</b>
clonazepam	T1 to T2	<b>ELIQUIS TAB</b>	<b>T4 to T3</b>
DEXILANT CAP	T3 to T4	fenofibrate	T4 to T3
diazepam	T1 to T2	<b>hydroxychloroquine</b>	<b>T4 to T2 MAPD</b>
esomeprazole mag	T2 to T4	<b>hydroxychloroquine</b>	<b>T4 to T3 PDP</b>
hydroco/apap	T2 to T3	<b>methotrexate tab</b>	<b>T4 to T2 MAPD</b>
lorazepam	T1 to T2	<b>methotrexate tab</b>	<b>T4 to T3 PDP</b>
LORCET HD/PLUS TAB	T2 to T3	quetiapine	T3 to T2
PRADAXA CAP	T3 to T4	<b>TRULICITY INJ</b>	<b>T4 to T3</b>

CVS Caremark Mail Service Pharmacy accepts e-scripts through SureScripts.  
9501 E. Shea Blvd, Scottsdale, AZ 85260  
Pharmacy NABP or NCPDP#: 0322038

Branded medications are CAPITALIZED/Generic medications are in lowercase.  
Brands with new generics available\*  
**BOLD**=Notable changes

### Pharmacy Network for 2018

WellCare Health Plans members can fill their prescriptions at any network pharmacy. Please also note that our preferred mail service pharmacy is CVS Caremark, which offers a reduced cost share for extended 90 day supplies.

Preferred Mail Service Pharmacy for 2018:

Specialty Pharmacy for 2018:



If members are taking certain drugs on a regular basis, for chronic or long-term medical conditions, they can use the preferred mail service. Only the drugs that are not available through the plan's mail service are marked in the formulary/drug list. The preferred mail service allows providers to prescribe **up to a 90-day supply**.

### Preferred Diabetic Supplies

- LifeScan (J&J) One Touch products will continue to be the sole preferred brand in 2018
- Meters can be sent via mail or picked up from providers or pharmacies for \$0 for all Medicare MAPD LOBs
- Test strips and lancets for the preferred machines will have quantity limitations of #100 per 25 days. Meters have a quantity limit of 1 meter per 365 days
- Test strips require a prescription

