

# Harmony Health Plan Preferred Drug List Update

This is a list of changes to our preferred drug list. These are a result of the latest WellCare Pharmacy & Therapeutics meeting held on 10/24/2018.

Please look at these changes. Call Harmony Health Plan Customer Service at **1-800-608-8158** if you have any questions.

You can view an updated version of the complete preferred drug list. It is on our website at

<https://www.harmonyhpi.com/member/preferreddruglist>. You can ask for a printed copy to be mailed to you. Just call customer service. They are happy to help.

**Date of Change: 01/01/2019**

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/Alternatives
AMITIZA 8 mcg & 24 mcg capsule	Added to the PDL w/ PA	General PDL Update	PA
ASMANEX metered dose twister- all strengths	Removed from the PDL	General PDL Update	ARNUITY ELLIPTA 50 mcg/act, 100 mcg/act & 200 mcg/act powder for inhalation, QVAR REDHALER 40 mcg/act & 80 mcg/act aerosol
ASMANEX HFA 100 mcg/act inhalation aerosol	Removed from the PDL	General PDL Update	ARNUITY ELLIPTA 50 mcg/act, 100 mcg/act & 200 mcg/act powder for inhalation, QVAR REDHALER 40 mcg/act & 80 mcg/act aerosol
FLOVENT DISKUS 50 mcg/act 100 mcg/act/ & 250 mcg/act powder for inhalation	Removed from the PDL	General PDL Update	ARNUITY ELLIPTA 50 mcg/act, 100 mcg/act & 200 mcg/act powder for inhalation,

			QVAR REDHALER 40 mcg/act & 80 mcg/act aerosol
FLOVENT HFA 44 mcg/act, 110 mcg/act & 220 mcg/act inhalation aerosol	Removed from the PDL	General PDL Update	ARNUITY ELLIPTA 50 mcg/act, 100 mcg/act & 200 mcg/act powder for inhalation, QVAR REDHALER 40 mcg/act & 80 mcg/act aerosol
QVAR 40 mcg/act & 80 mcg/act inhalation aerosol	Removed from the PDL	General PDL Update	ARNUITY ELLIPTA 50 mcg/act, 100 mcg/act & 200 mcg/act powder for inhalation, QVAR REDHALER 40 mcg/act & 80 mcg/act aerosol
SPIRIVA RESPIMAT 1.25 mcg/act & 2.5 mcg/act inhalation solution	Removed from the PDL	General PDL Update	INCRUSE ELLIPTA 62.5 mcg/act powder for inhalation

**Generic Drugs**   *italics*

**BRAND DRUGS**   **CAPS**

**PDL**   **Preferred Drug List**

**PA**   **Prior Authorization**

**QL**   **Quantity Limit**

**ST**   **Step Therapy**

**AL**   **Age Limit**

**YOA**   **Years of Age**