

UPDATE
WellCare of Nebraska
Supplemental Drug List

09/13/2018

Dear Provider:

At the **September 13, 2018** WellCare of Nebraska Pharmacy & Therapeutics Committee meeting, it was decided that the following changes will be made to the **WellCare of Nebraska Supplemental Drug List (DL)**, effective **11/27/2018**. 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	

Effective date of change: **11/27/2018**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
ADDITIONS TO THE PDL			
ARISTADA INITIO vial	Antipsychotic	Added to the PDL w/ PA & QL: QL: 2.4 ml / 365 days	

If you have questions, our Pharmacy Help Desk is available to help you at **1-855-599-3814**.

Thank you for providing excellent care to WellCare of Nebraska members.

Sincerely,

WellCare