



06/07/2018

UPDATE
WellCare's New York Medicaid
Preferred Drug List

Dear Provider:

At the **June 7, 2018** WellCare Pharmacy & Therapeutics Committee meeting, it was decided that the following changes will be made to **WellCare's New York Medicaid Preferred Drug List (PDL)**, effective **08/21/2018**. Please carefully review these changes.

Key	
UPPER CASE = Brand Name Drugs	PA = Prior Authorization
Lower case italics = Generic Drugs	QL = Quantity Limits
PDL = Preferred Drug List	ST = Step Therapy
YOA = Years of Age	AL = Age Limit
SC = Safety Concerns	LU = Low Utilization
PC = Pharmacoeconomic Considerations	DD = Discontinued Drug
GA = Generic Available	

Effective date of change: **08/21/2018**

Drug Name	Therapeutic Class	Change/Reason for Change	PDL Alternative (if applicable)
ADDITIONS TO THE PDL			
<i>entacapone</i> 200mg tablet	AntiParkinson agents	Added to the PDL	
<i>ondansetron</i> 4mg, 8mg tablet	Antiemetics	Added to the PDL	
UTILIZATION MANAGEMENT CHANGES			
ADMELOG 100unit/ml solution for injection	Antidiabetics	QL added: QL: 60 ml / 31 days	
<i>all opioid products</i>	Analgesics-Opioid	<ul style="list-style-type: none"> 7 day initial fill limit for short-acting opioids for naïve patients 	

		<ul style="list-style-type: none"> PA required for Long acting opioids 	
ARISTADA 882mg/3.2 ml pre-filled syringe	Antipsychotics/Antimanic agents	QL updated: QL: 3.2 ml / 28 days	
<i>celecoxib</i> 50mg, 100mg capsule	Analgesics-Anti-Inflammatory	QL updated: QL: 62 capsules / 31 days	
<i>fentanyl</i> transdermal patch 72hr- all strengths	Analgesics-Opioid	PA added	
<i>morphine sulfate</i> 15mg, 30mg, 60mg, 100mg, 200mg tablet extended-release	Analgesics-Opioid	PA added	
<i>oxycodone</i> 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, 80 mg tablet extended-release	Analgesics-Opioid	PA added	
QUFLORA PEDIATRIC 0.25mg/ml, 0.5mg/ml solution	Multivitamins	<p>AL added: AL: Members 17 YOA & younger: Covered</p> <p>Members 18 YOA & older: Product/service not covered for patient age; excluded for patient age; Minimum patient age of 17 years.</p>	

<p>QUFLORA PEDIATRIC 0.25mg, 0.5mg, 1 mg chewable tablet</p>	<p>Multivitamins</p>	<p>AL added: AL: Members 17 YOA & younger: Covered</p> <p>Members 18 YOA & older: Product/service not covered for patient age; excluded for patient age; Minimum patient age of 17 years.</p>	
REMOVALS FROM THE PDL			
<p>INVOKAMET 150- 1000mg, 150-500mg, 50-500mg, & 50- 1000mg tablet</p>	<p>Antidiabetics</p>	<p>Removed from the PDL/PC</p>	<p>SEGLUROMET tablet, STEGLATRO tablet, <i>alogliptin-metformin hcl</i> tablet, & <i>alogliptin benzoate hcl</i> tablet</p>
<p>INVOKANA 100mg, 300mg tablet</p>	<p>Antidiabetics</p>	<p>Removed from the PDL/PC</p>	<p>SEGLUROMET tablet, STEGLATRO tablet, <i>alogliptin-metformin hcl</i> tablet, & <i>alogliptin benzoate hcl</i> tablet</p>
<p>JARDIANCE 10mg, 25mg tablet</p>	<p>Antidiabetics</p>	<p>Removed from the PDL/PC</p>	<p>SEGLUROMET tablet, STEGLATRO tablet, <i>alogliptin-metformin hcl</i> tablet, & <i>alogliptin benzoate hcl</i> tablet</p>



<i>morphine sulfate</i> 2mg/ml solution for injection	Analgesics-Opioid	Remove from the PDL/LU/PC	<i>morphine sulfate</i> (<i>pf</i>) solution 0.5 mg/ml <i>morphine sulfate</i> solution injection 5 mg/ml, 8 mg/ml, 10 mg/ml
TAMIFLU 30mg, 45mg, 75mg, capsules	Antivirals	Removed from the PDL/PC	<i>oseltamivir</i> capsule
TAMIFLU 6mg/ml suspension	Antivirals	Removed from the PDL/PC	<i>oseltamivir</i> suspension

If you have questions, WellCare of New York’s Health Plan’s Pharmacy Help Desk is available to assist providers at **1-800-288-5441**.

Thank you for your care of WellCare’s New York Medicaid members.

Sincerely,
WellCare Health Plans, Inc.