



03/01/2018

UPDATE
WellCare's New York Medicaid
Preferred Drug List

Dear Provider:

At the **March 1, 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 **05/15/2018**. 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: **05/15/2018**

Drug Name	Therapeutic Class	Change/Reason for Change	PDL Alternative (if applicable)
ADDITIONS TO THE PDL			
<i>acetazolamide</i> 500 mg extended-release capsule	Diuretics	Added to the PDL	
ADMELOG 100unit/ml vial solution for injection	Antidiabetics	Added to the PDL	
ADMELOG SOLOSTAR 100unit/ml pre-filled pen solution for injection	Antidiabetics	Added to the PDL	
<i>amlodipine besylate-valsartan</i> 10-160 mg tablet	Antihypertensives	Added to the PDL	

<i>amlodipine besylate-valsartan</i> 10-320 mg tablet	Antihypertensives	Added to the PDL	
<i>amlodipine besylate-valsartan</i> 5-160 mg tablet	Antihypertensives	Added to the PDL	
<i>fenofibrate</i> 48 mg tablet	Antihyperlipidemics	Added to the PDL	
<i>fenofibric</i> 135 mg delayed-release capsule	Antihyperlipidemics	Added to the PDL	
PROPRANOLOL HCL 20 mg/5ml oral solution	Beta Blockers	Added to the PDL w/ QL: 240 ml / 31 days	
TAMIFLU 30 mg capsule	Antivirals	Added to the PDL	
TAMIFLU 45 mg capsule	Antivirals	Added to the PDL	
TAMIFLU 75 mg capsule	Antivirals	Added to the PDL	
TAMIFLU 6 mg/ml suspension	Antivirals	Added to the PDL	
XELJANZ 5 mg tablet	Analgesics-Anti-Inflammatory	Added to the PDL w/ PA & QL: 62 tablets / 31 days	
XELJANZ XR 11 mg tablet	Analgesics-Anti-Inflammatory	Added to the PDL w/ PA & QL: 31 tablets / 31 days	
UTILIZATION MANAGEMENT CHANGES			

<i>calcipotriene</i> 0.005 % cream & ointment	Dermatologicals	QL added: 120 grams / 31 days	
<i>calcipotriene</i> 0.005 % solution	Dermatologicals	QL added: 120 mls / 31 days	
<i>gabapentin</i> 600 mg tablet	Anticonvulsants	QL added: 186 tablets / 31 days	
<i>gabapentin</i> 800 mg tablet	Anticonvulsants	QL added: 124 tablets / 31 days	
<i>oseltamivir phosphate</i> 30 mg capsule	Antivirals	QL removed	
<i>oseltamivir phosphate</i> 45 mg capsule	Antivirals	QL removed	
<i>oseltamivir phosphate</i> 75 mg capsule	Antivirals	QL removed	
<i>oseltamivir phosphate</i> 6 mg/ml suspension	Antivirals	QL removed; AL added: Members 18 YOA & younger: Covered Members 19 YOA & older: Plan limitations exceeded; Maximum patient age of 18 years	
REMOVALS FROM THE PDL			
HUMALOG 100unit/ml vial solution for injection	Antidiabetics	Removed from the PDL/PC: (Existing users	ADMELOG 100unit/ml vial solution for

		of Humalog will be grandfathered for 90 days)	injection, ADMELOG SOLOSTAR 100unit/ml pre-filled pen solution for injection
HUMALOG 100unit/ml cartridge solution for injection	Antidiabetics	Removed from the PDL/PC: (Existing users of Humalog will be grandfathered for 90 days)	ADMELOG 100unit/ml vial solution for injection, ADMELOG SOLOSTAR 100unit/ml pre-filled pen solution for injection
HUMALOG KWIKPEN 100unit/ml pre-filled pen solution for injection	Antidiabetics	Removed from the PDL/PC: (Existing users of Humalog will be grandfathered for 90 days)	ADMELOG 100unit/ml vial solution for injection, ADMELOG SOLOSTAR 100unit/ml pre-filled pen solution for injection
NOVOLOG 100unit/ml cartridge solution for injection	Antidiabetics	Removed from the PDL/PC: (Existing users of Novolog will be grandfathered for 90 days)	ADMELOG 100unit/ml vial solution for injection, ADMELOG SOLOSTAR 100unit/ml pre-filled pen solution for injection
NOVOLOG 100unit/ml vial solution for injection	Antidiabetics	Removed from the PDL/PC: (Existing users of Novolog will be grandfathered for 90 days)	ADMELOG 100unit/ml vial solution for injection, ADMELOG SOLOSTAR 100unit/ml pre-filled



			pen solution for injection
NOVOLOG FLEXPEN 100unit/ml pre-filled syringe solution for injection	Antidiabetics	Removed from the PDL/PC: (Existing users of Novolog will be grandfathered for 90 days)	ADMELOG 100unit/ml vial solution for injection, ADMELOG SOLOSTAR 100unit/ml pre-filled pen solution for injection

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.