

WellCare New York Signature and Classic Formulary Addendum



The following medications have been added to the WellCare formulary as of June 2009.

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|---------------------------------------|----------------------------------|---------------------|---------------------|--------------|
| <i>acetazolamide 500mg cp12</i> | Diuretics | Generic | | Drug Added |
| AFINITOR 10MG TABS | Molecular Target Inhibitors | Specialty | PA | Drug Added |
| AFINITOR 5MG TABS | Molecular Target Inhibitors | Specialty | PA | Drug Added |
| ALBENZA 200MG TABS | Anthelmintics | Preferred Brand | | Drug Added |
| ALOCRIL 2% SOLN | Ophthalmic Anti-allergy Agents | Preferred Brand | | Drug Added |
| <i>amantadine hcl 50mg/5ml syrp</i> | Antiparkinson Agents | Generic | | Drug Added |
| <i>anaspaz 0.125mg tabs</i> | Antispasmodics, Gastrointestinal | Generic | | Drug Added |
| <i>atropine sulfate 0.4mg/ml soln</i> | Antispasmodics, Gastrointestinal | Generic | | Drug Added |
| <i>atropine sulfate 1% oint</i> | Ophthalmic Agents, Other | Generic | | Drug Added |
| <i>atropine sulfate 1% soln</i> | Ophthalmic Agents, Other | Generic | | Drug Added |
| <i>atropine sulfate 1mg/ml soln</i> | Antispasmodics, Gastrointestinal | Generic | | Drug Added |
| AZASITE 1% SOLN | Macrolides | Preferred Brand | | Drug Added |
| BANZEL 200MG TABS | Anticonvulsants, Other | Non-Preferred Brand | PA | Drug Added |
| BANZEL 400MG TABS | Anticonvulsants, Other | Non-Preferred Brand | PA | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|---|----------------------------------|----------------------------|---------------------|--------------|
| BICILLIN C-R 300000UNIT/ML; 300000UNIT/ML SUSP | Beta-lactam, Penicillins | Preferred Brand | | Drug Added |
| BICILLIN C-R 900000UNIT/ML; 300000UNIT/ML SUSP | Beta-lactam, Penicillins | Preferred Brand | | Drug Added |
| BICILLIN L-A 1200000UNIT/2ML SUSP | Beta-lactam, Penicillins | Preferred Brand | | Drug Added |
| BICILLIN L-A 2400000UNIT/4ML SUSP | Beta-lactam, Penicillins | Preferred Brand | | Drug Added |
| BICILLIN L-A 600000UNIT/ML SUSP | Beta-lactam, Penicillins | Preferred Brand | | Drug Added |
| BONIVA 150MG TABS | Metabolic Bone Disease Agents | Preferred Brand | | Drug Added |
| BONIVA 2.5MG TABS | Metabolic Bone Disease Agents | Preferred Brand | | Drug Added |
| BONIVA 3MG/3ML KIT | Metabolic Bone Disease Agents | Non- Preferred Brand | PA | Drug Added |
| <i>budeprion xl 150mg tb24</i> | Antidepressants, Other | Generic | | Drug Added |
| <i>calcitonin-salmon 200unit/act soln</i> | Metabolic Bone Disease Agents | Generic | | Drug Added |
| <i>calcium acetate 667mg caps</i> | Phosphate Binders | Generic | | Drug Added |
| CEFAZOLIN SODIUM/DEXTROSE 1GM; 4% SOLR | Beta-lactam, Cephalosporins | Preferred Brand | | Drug Added |
| <i>cefdinir 125mg/5ml susr</i> | Beta-lactam, Cephalosporins | Generic | | Drug Added |
| <i>cefdinir 250mg/5ml susr</i> | Beta-lactam, Cephalosporins | Generic | | Drug Added |
| <i>cefdinir 300mg caps</i> | Beta-lactam, Cephalosporins | Generic | | Drug Added |
| <i>chlorthalidone 100mg tabs</i> | Diuretics | Generic | | Drug Added |
| <i>ciclopirox 0.77% gel</i> | Antifungals | Generic | | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|--|---|---------------------|----------------------------|---------------------|
| <i>colestipol hcl for oral suspension 5gm pack</i> | Dyslipidemics | Generic | | Drug Added |
| <i>cyclophosphamide 1gm solr</i> | Alkylating Agents | Generic | PA | Drug Added |
| <i>cyclophosphamide 25mg tabs</i> | Alkylating Agents | Generic | PA | Drug Added |
| <i>cyclophosphamide 2gm solr</i> | Alkylating Agents | Generic | PA | Drug Added |
| <i>cyclophosphamide 500mg solr</i> | Alkylating Agents | Generic | PA | Drug Added |
| <i>cyclophosphamide 50mg tabs</i> | Alkylating Agents | Generic | PA | Drug Added |
| CYTOXAN 1GM SOLR | Alkylating Agents | Non-Preferred Brand | PA | Drug Added |
| CYTOXAN 2GM SOLR | Alkylating Agents | Non-Preferred Brand | PA | Drug Added |
| CYTOXAN 500MG SOLR | Alkylating Agents | Non-Preferred Brand | PA | Drug Added |
| DEGARELIX 120MG SOLR | Antineoplastics, Other | Non-Preferred Brand | PA, QL | Drug Added |
| DEGARELIX 80MG SOLR | Antineoplastics, Other | Non-Preferred Brand | PA, QL | Drug Added |
| <i>didanosine 125mg cpdr</i> | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | Generic | | Drug Added |
| <i>didanosine 200mg cpdr</i> | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | Generic | | Drug Added |
| <i>didanosine 250mg cpdr</i> | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | Generic | | Drug Added |
| <i>didanosine 400mg cpdr</i> | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | Generic | | Drug Added |
| <i>diltzac 120mg cp24</i> | Calcium Channel Blocking Agents | Generic | | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|--|--|------------------|----------------------------|---------------------|
| <i>diltzac 180mg cp24</i> | Calcium Channel Blocking Agents | Generic | | Drug Added |
| <i>diltzac 240mg cp24</i> | Calcium Channel Blocking Agents | Generic | | Drug Added |
| <i>diltzac 300mg cp24</i> | Calcium Channel Blocking Agents | Generic | | Drug Added |
| <i>diltzac 360mg cp24</i> | Calcium Channel Blocking Agents | Generic | | Drug Added |
| <i>divalproex sodium 125mg cpsp</i> | Gamma-aminobutyric Acid (GABA) Augmenting Agents | Generic | | Drug Added |
| <i>divalproex sodium 125mg tbec</i> | Gamma-aminobutyric Acid (GABA) Augmenting Agents | Generic | | Drug Added |
| <i>divalproex sodium 250mg tb24</i> | Gamma-aminobutyric Acid (GABA) Augmenting Agents | Generic | | Drug Added |
| <i>divalproex sodium 250mg tbec</i> | Gamma-aminobutyric Acid (GABA) Augmenting Agents | Generic | | Drug Added |
| <i>divalproex sodium 500mg tb24</i> | Gamma-aminobutyric Acid (GABA) Augmenting Agents | Generic | | Drug Added |
| <i>divalproex sodium 500mg tbec</i> | Gamma-aminobutyric Acid (GABA) Augmenting Agents | Generic | | Drug Added |
| <i>dorzolamide hcl 2% soln</i> | Ophthalmic Antiglaucoma Agents | Generic | | Drug Added |
| <i>dorzolamide hcl/timolol maleate 2%; 0.5% soln</i> | Ophthalmic Antiglaucoma Agents | Generic | | Drug Added |
| <i>doxycycline monohydrate 25mg/5ml susr</i> | Tetracyclines | Generic | | Drug Added |
| <i>eliphos 667mg tabs</i> | Electrolytes/Minerals | Generic | | Drug Added |
| <i>endocet 325mg; 10mg tabs</i> | Opioid Analgesics | Generic | | Drug Added |
| <i>endocet 325mg; 7.5mg tabs</i> | Opioid Analgesics | Generic | | Drug Added |
| <i>endocet 500mg; 7.5mg tabs</i> | Opioid Analgesics | Generic | | Drug Added |
| <i>endocet 650mg; 10mg tabs</i> | Opioid Analgesics | Generic | | Drug Added |
| FLOVENT DISKUS 100MCG/BLIST AEPB | Anti-inflammatories, Inhaled Corticosteroids | Preferred Brand | | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|--|---|--------------------|---------------------|--------------|
| FLOVENT DISKUS 250MCG/BLIST AEPB | Anti-inflammatories, Inhaled Corticosteroids | Preferred Brand | | Drug Added |
| FLOVENT DISKUS 50MCG/BLIST AEPB | Anti-inflammatories, Inhaled Corticosteroids | Preferred Brand | | Drug Added |
| FORTEO 600MCG/2.4ML SOLN | Metabolic Bone Disease Agents | Specialty | PA | Drug Added |
| <i>galantamine</i> <i>hydrobromide 12mg</i> <i>tabs</i> | Cholinesterase Inhibitors | Generic | | Drug Added |
| <i>galantamine</i> <i>hydrobromide 16mg</i> <i>cp24</i> | Cholinesterase Inhibitors | Generic | | Drug Added |
| <i>galantamine</i> <i>hydrobromide 24mg</i> <i>cp24</i> | Cholinesterase Inhibitors | Generic | | Drug Added |
| <i>galantamine</i> <i>hydrobromide 4mg</i> <i>tabs</i> | Cholinesterase Inhibitors | Generic | | Drug Added |
| <i>galantamine</i> <i>hydrobromide 8mg</i> <i>cp24</i> | Cholinesterase Inhibitors | Generic | | Drug Added |
| <i>galantamine</i> <i>hydrobromide 8mg</i> <i>tabs</i> | Cholinesterase Inhibitors | Generic | | Drug Added |
| <i>generlac 10gm/15ml</i> <i>soln</i> | Gastrointestinal Agents, Other | Generic | | Drug Added |
| HALFLYTELY BOWEL PREP 5MG; 210GM; 0.74GM; 2.86GM; 5.6GM KIT | Gastrointestinal Agents, Other | Preferred Brand | | Drug Added |
| HALFLYTELY BOWEL PREP/FLAVOR PACKS 5MG; 210GM; 0.74GM; 2.86GM; 5.6GM KIT | Gastrointestinal Agents, Other | Preferred Brand | | Drug Added |
| HUMALOG KWIKPEN 100UNIT/ML SOLN | Insulins | Preferred Brand | | Drug Added |
| HUMALOG MIX 50/50 50%; 50% SUSP | Insulins | Preferred Brand | | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|---|--|--------------------|---------------------|--------------|
| HUMALOG MIX 50/50 KWIKPEN 50%; 50% SUSP | Insulins | Preferred Brand | | Drug Added |
| HUMALOG MIX 50/50 PEN 50%; 50% SUSP | Insulins | Preferred Brand | | Drug Added |
| HUMALOG MIX 75/25 KWIKPEN 25%; 75% SUSP | Insulins | Preferred Brand | | Drug Added |
| HUMULIN R U-500 (CONCENTRATED) 500UNIT/ML SOLN | Insulins | Preferred Brand | | Drug Added |
| <i>hyoscyamine 0.15mg tabs</i> | Antispasmodics, Gastrointestinal | Generic | | Drug Added |
| <i>hyoscyamine sulfate 0.125mg subl</i> | Antispasmodics, Gastrointestinal | Generic | | Drug Added |
| <i>hyoscyamine sulfate 0.125mg/5ml elix</i> | Antispasmodics, Gastrointestinal | Generic | | Drug Added |
| <i>hyoscyamine sulfate ir/ hyoscyamine sulfate sr 0.375mg tbc</i> | Antispasmodics, Gastrointestinal | Generic | | Drug Added |
| <i>hyosyne 0.125mg/ml soln</i> | Antispasmodics, Gastrointestinal | Generic | | Drug Added |
| <i>ipratropium bromide/ albuterol sulfate 2.5mg/3ml; 0.5mg/3ml soln</i> | Bronchodilators, Sympathomimetic | Generic | PA | Drug Added |
| KAYEXALATE 0 POWD | Antidotes | Preferred Brand | | Drug Added |
| <i>ketoprofen er 200mg cp24</i> | Nonsteroidal Anti- inflammatory Drugs | Generic | QL | Drug Added |
| <i>kionex 0 powd</i> | Antidotes | Generic | | Drug Added |
| <i>klor-con 20meq pack</i> | Electrolytes/Minerals | Generic | | Drug Added |
| LANOXIN 0.125MG TABS | Cardiovascular Agents, Other | Preferred Brand | | Drug Added |
| LANOXIN 0.1MG/ML SOLN | Cardiovascular Agents, Other | Preferred Brand | | Drug Added |
| LANOXIN 0.25MG TABS | Cardiovascular Agents, Other | Preferred Brand | | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|---|---------------------------------|---------------------|---------------------|--------------|
| LANOXIN 0.25MG/ML SOLN | Cardiovascular Agents, Other | Preferred Brand | | Drug Added |
| LANTUS FOR OPTICLIK 100UNIT/ML SOLN | Insulins | Preferred Brand | | Drug Added |
| LEVEMIR 100UNIT/ML SOLN | Insulins | Non-Preferred Brand | QL | Drug Added |
| LEVEMIR FLEXPEN 100UNIT/ML SOLN | Insulins | Non-Preferred Brand | QL | Drug Added |
| <i>levetiracetam 250mg tabs</i> | Anticonvulsants, Other | Generic | | Drug Added |
| <i>levetiracetam 500mg tabs</i> | Anticonvulsants, Other | Generic | | Drug Added |
| <i>levetiracetam 750mg tabs</i> | Anticonvulsants, Other | Generic | | Drug Added |
| <i>levetiracetam 1000mg tabs</i> | Anticonvulsants, Other | Generic | | Drug Added |
| <i>levetiracetam 100mg/ml soln</i> | Anticonvulsants, Other | Generic | | Drug Added |
| MAXIPIME 1GM SOLR | Beta-lactam, Cephalosporins | Preferred Brand | | Drug Added |
| MESNEX 100MG/ML SOLN | Antineoplastics, Other | Specialty | | Drug Added |
| METHITEST 10MG TABS | Androgens | Preferred Brand | | Drug Added |
| <i>micronized colestipol hcl 1gm tabs</i> | Dyslipidemics | Generic | | Drug Added |
| MIRAPEX 0.75MG TABS | Antiparkinson Agents | Preferred Brand | | Drug Added |
| <i>morphine sulfate 10mg/5ml soln</i> | Opioid Analgesics | Generic | | Drug Added |
| <i>morphine sulfate 20mg/5ml soln</i> | Opioid Analgesics | Generic | | Drug Added |
| <i>nimodipine 30mg caps</i> | Calcium Channel Blocking Agents | Generic | | Drug Added |
| <i>omeprazole 40mg cpdr</i> | Proton Pump Inhibitors | Generic | | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|---|-----------------------------------|----------------------------|----------------------------|---------------------|
| <i>oxycodone / acetaminophen</i> 325mg; 2.5mg tabs | Opioid Analgesics | Generic | | Drug Added |
| <i>oxycodone / acetaminophen</i> 650mg; 10mg tabs | Opioid Analgesics | Generic | | Drug Added |
| <i>oxycodone hcl</i> 10mg tabs | Opioid Analgesics | Generic | | Drug Added |
| <i>oxycodone hcl</i> 20mg tabs | Opioid Analgesics | Generic | | Drug Added |
| PANCREASE MT 10 30000UNIT; 10000UNIT; 30000UNIT CPEP | Enzyme Replacements/ Modifiers | Non- Preferred Brand | | Drug Added |
| PANCREASE MT 16 48000UNIT; 16000UNIT; 48000UNIT CPEP | Enzyme Replacements/ Modifiers | Non- Preferred Brand | | Drug Added |
| PANCREASE MT 20 56000UNIT; 20000UNIT; 44000UNIT CPEP | Enzyme Replacements/ Modifiers | Non- Preferred Brand | | Drug Added |
| PANCREASE MT 4 12000UNIT; 4000UNIT; 12000UNIT CPEP | Enzyme Replacements/ Modifiers | Non- Preferred Brand | | Drug Added |
| <i>pancrelipase</i> 20000unit; 4500unit; 25000unit cpep | Enzyme Replacements/ Modifiers | Generic | | Drug Added |
| <i>pancrelipase</i> 30000unit; 8000unit; 30000unit tabs | Enzyme Replacements/ Modifiers | Generic | | Drug Added |
| PAREGORIC 2MG/5ML TINC | Gastrointestinal Agents, Other | Preferred Brand | | Drug Added |
| <i>phenazopyridine hcl</i> 100mg tabs | Local Anesthetics | Generic | | Drug Added |
| <i>phenazopyridine hcl</i> 200mg tabs | Local Anesthetics | Generic | | Drug Added |
| <i>polyethylene glycol</i> 3350 0 powd | Gastrointestinal Agents, Other | Generic | | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|---|---|---------------------|---------------------|--------------|
| PRANDIMET 500MG; 1MG TABS | Antidiabetic Agents | Preferred Brand | | Drug Added |
| PRANDIMET 500MG; 2MG TABS | Antidiabetic Agents | Preferred Brand | | Drug Added |
| PREZISTA 400MG TABS | Anti-HIV Agents, Protease Inhibitors | Specialty | | Drug Added |
| PREZISTA 75MG TABS | Anti-HIV Agents, Protease Inhibitors | Preferred Brand | | Drug Added |
| PREZISTA 600MG TABS | Anti-HIV Agents, Protease Inhibitors | Specialty | | Drug Added |
| PRISTIQ 100MG TB24 | Serotonin/ Norepinephrine Reuptake Inhibitors | Non-Preferred Brand | PA | Drug Added |
| PRISTIQ 50MG TB24 | Serotonin/ Norepinephrine Reuptake Inhibitors | Non-Preferred Brand | PA | Drug Added |
| <i>protriptyline hcl 10mg tabs</i> | Tricyclics | Generic | | Drug Added |
| <i>protriptyline hcl 5mg tabs</i> | Tricyclics | Generic | | Drug Added |
| <i>ramipril 1.25mg caps</i> | Renin-angiotensin-aldosterone System Inhibitors | Generic | | Drug Added |
| <i>ramipril 10mg caps</i> | Renin-angiotensin-aldosterone System Inhibitors | Generic | | Drug Added |
| <i>ramipril 2.5mg caps</i> | Renin-angiotensin-aldosterone System Inhibitors | Generic | | Drug Added |
| <i>ramipril 5mg caps</i> | Renin-angiotensin-aldosterone System Inhibitors | Generic | | Drug Added |
| <i>reprexain 10mg; 200mg tabs</i> | Opioid Analgesics | Generic | QL | Drug Added |
| <i>reserpine 0.1mg tabs</i> | Alpha-adrenergic Blocking Agents | Generic | | Drug Added |
| <i>risperidone 1mg/ml soln</i> | Atypicals | Generic | QL | Drug Added |
| <i>risperidone m-tab 0.5mg tbdp</i> | Atypicals | Generic | QL | Drug Added |
| <i>risperidone m-tab 1mg tbdp</i> | Atypicals | Generic | QL | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|--|---|---------------------|----------------------------|---------------------|
| <i>risperidone m-tab 2mg tbdp</i> | Atypicals | Generic | QL | Drug Added |
| <i>risperidone m-tab 3mg tbdp</i> | Atypicals | Generic | QL | Drug Added |
| <i>risperidone m-tab 4mg tbdp</i> | Atypicals | Generic | QL | Drug Added |
| <i>risperidone odt 0.5mg tbdp</i> | Atypicals | Generic | QL | Drug Added |
| <i>risperidone odt 2mg tbdp</i> | Atypicals | Generic | QL | Drug Added |
| SEROQUEL XR 150MG TB24 | Atypicals | Preferred Brand | QL | Drug Added |
| SEROQUEL XR 50MG TB24 | Atypicals | Preferred Brand | QL | Drug Added |
| SPRYCEL 100MG TABS | Molecular Target Inhibitors | Specialty | | Drug Added |
| STALEVO 125 31.25MG; 200MG; 125MG TABS | Antiparkinson Agents | Non-Preferred Brand | | Drug Added |
| STALEVO 75 18.75MG; 200MG; 75MG TABS | Antiparkinson Agents | Non-Preferred Brand | | Drug Added |
| <i>stavudine 15mg caps</i> | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | Generic | | Drug Added |
| <i>stavudine 1mg/ml solr</i> | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | Generic | | Drug Added |
| <i>stavudine 20mg caps</i> | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | Generic | | Drug Added |
| <i>stavudine 30mg caps</i> | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | Generic | | Drug Added |
| <i>stavudine 40mg caps</i> | Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors | Generic | | Drug Added |
| STAVZOR 125MG CPDR | Gamma-aminobutyric Acid (GABA) Augmenting Agents | Non-Preferred Brand | | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|---|--|------------------------|---------------------|--------------|
| STAVZOR 250MG CPDR | Gamma-aminobutyric Acid (GABA) Augmenting Agents | Non-Preferred Brand | | Drug Added |
| STAVZOR 500MG CPDR | Gamma-aminobutyric Acid (GABA) Augmenting Agents | Non-Preferred Brand | | Drug Added |
| <i>sulfacetamide sodium</i> 10% soln | Sulfonamides | Generic | | Drug Added |
| <i>sumatriptan 20mg/act</i> <i>soln</i> | Abortive | Generic | QL | Drug Added |
| <i>sumatriptan 5mg/act</i> <i>soln</i> | Abortive | Generic | QL | Drug Added |
| <i>sumatriptan succinate</i> 100mg tabs | Abortive | Generic | QL | Drug Added |
| <i>sumatriptan succinate</i> 25mg tabs | Abortive | Generic | QL | Drug Added |
| <i>sumatriptan succinate</i> 4mg/0.5ml kit | Abortive | Generic | | Drug Added |
| <i>sumatriptan succinate</i> 4mg/0.5ml soln | Abortive | Generic | | Drug Added |
| <i>sumatriptan succinate</i> 50mg tabs | Abortive | Generic | QL | Drug Added |
| <i>sumatriptan succinate</i> 6mg/0.5ml kit | Abortive | Generic | | Drug Added |
| <i>sumatriptan succinate</i> 6mg/0.5ml soln | Abortive | Generic | | Drug Added |
| <i>sumatriptan succinate</i> <i>refill 4mg/0.5ml kit</i> | Abortive | Generic | | Drug Added |
| <i>sumatriptan succinate</i> <i>refill 6mg/0.5ml kit</i> | Abortive | Generic | | Drug Added |
| TEKTURNA 150MG TABS | Renin-angiotensin- aldosterone System Inhibitors | Preferred Brand | ST | Drug Added |
| TEKTURNA 300MG TABS | Renin-angiotensin- aldosterone System Inhibitors | Preferred Brand | ST | Drug Added |
| TEKTURNA HCT 150MG; 12.5MG TABS | Renin-angiotensin- aldosterone System Inhibitors | Preferred Brand | ST | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|---|---|---------------------|---------------------|--------------|
| TEKTURNA HCT 150MG; 25MG TABS | Renin-angiotensin-aldosterone System Inhibitors | Preferred Brand | ST | Drug Added |
| TEKTURNA HCT 300MG; 12.5MG TABS | Renin-angiotensin-aldosterone System Inhibitors | Preferred Brand | ST | Drug Added |
| TEKTURNA HCT 300MG; 25MG TABS | Renin-angiotensin-aldosterone System Inhibitors | Preferred Brand | ST | Drug Added |
| <i>tobramycin / dexamethasone 0.1%; 0.3% susp</i> | Ophthalmic Anti-inflammatories | Generic | | Drug Added |
| <i>topiramate 100mg tabs</i> | Glutamate Reducing Agents | Generic | | Drug Added |
| <i>topiramate 15mg cpsp</i> | Glutamate Reducing Agents | Generic | | Drug Added |
| <i>topiramate 200mg tabs</i> | Glutamate Reducing Agents | Generic | | Drug Added |
| <i>topiramate 25mg cpsp</i> | Glutamate Reducing Agents | Generic | | Drug Added |
| <i>topiramate 25mg tabs</i> | Glutamate Reducing Agents | Generic | | Drug Added |
| <i>topiramate 50mg tabs</i> | Glutamate Reducing Agents | Generic | | Drug Added |
| <i>trimipramine maleate 50mg caps</i> | Tricyclics | Generic | | Drug Added |
| URECHOLINE 10MG TABS | Genitourinary Agents, Other | Preferred Brand | | Drug Added |
| URECHOLINE 25MG TABS | Genitourinary Agents, Other | Preferred Brand | | Drug Added |
| URECHOLINE 50MG TABS | Genitourinary Agents, Other | Preferred Brand | | Drug Added |
| URECHOLINE 5MG TABS | Genitourinary Agents, Other | Preferred Brand | | Drug Added |
| VIMPAT 100MG TABS | Anticonvulsants, Other | Non-Preferred Brand | PA | Drug Added |
| VIMPAT 150MG TABS | Anticonvulsants, Other | Non-Preferred Brand | PA | Drug Added |
| VIMPAT 200MG TABS | Anticonvulsants, Other | Non-Preferred Brand | PA | Drug Added |
| VIMPAT 50MG TABS | Anticonvulsants, Other | Non-Preferred Brand | PA | Drug Added |
| VOLTAREN 1% GEL | Nonsteroidal Anti-inflammatory Drugs | Preferred Brand | | Drug Added |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|-------------------|------------------------------|---------------------|---------------------|--------------|
| XIBROM 0.09% SOLN | Ophthalmic Anti-inflammatory | Non-Preferred Brand | QL | Drug Added |

The following medications have been removed from the WellCare formulary as of June 2009.

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|---------------------------------------|--------------------------------|-----------------|---------------------|--------------|
| <i>ketotifen fumarate 0.025% soln</i> | Ophthalmic Anti-allergy Agents | Generic | | Drug Removed |
| MINTEZOL 500MG CHEW | Anthelmintics | Preferred Brand | | Drug Removed |
| MINTEZOL 500MG/5ML SUSP | Anthelmintics | Preferred Brand | | Drug Removed |

The tier levels or requirements/limits on the following medications have changed as of June 2009.

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|--|--|-----------|---------------------|--------------|
| <i>amikacin sulfate 250mg/ml soln</i> | Aminoglycosides | Generic | | PA Removed |
| <i>amikacin sulfate 50mg/ml soln</i> | Aminoglycosides | Generic | | PA Removed |
| <i>desmopressin acetate 0.01% soln</i> | Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) | Generic | QL | PA Removed |
| <i>desmopressin acetate 0.1mg tabs</i> | Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) | Generic | | PA Removed |
| <i>desmopressin acetate 0.2mg tabs</i> | Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) | Generic | | PA Removed |
| <i>desmopressin acetate 4mcg/ml soln</i> | Hormonal Agents, Stimulant/ Replacement/ Modifying (Pituitary) | Generic | QL | PA Removed |
| <i>fluconazole in dextrose 0; 400mg/200ml soln</i> | Antifungals | Generic | | PA Removed |
| <i>fluconazole in nacl 200mg/100ml; 0.9% soln</i> | Antifungals | Generic | | PA Removed |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|--|------------------------|---------------------|---------------------|--------------|
| <i>fluconazole in nacl</i> 400mg/200ml; 0.9% <i>soln</i> | Antifungals | Generic | | PA Removed |
| MATULANE 50MG CAPS | Alkylating Agents | Non-Preferred Brand | | PA Removed |
| <i>nalbuphine hcl</i> 10mg/ml <i>soln</i> | Opioid Analgesics | Generic | | PA Removed |
| <i>nalbuphine hcl</i> 20mg/ml <i>soln</i> | Opioid Analgesics | Generic | | PA Removed |
| NILANDRON 150MG TABS | Antiandrogens | Non-Preferred Brand | | PA Removed |
| <i>terbinafine hcl</i> 250mg <i>tabs</i> | Antifungals | Generic | | PA Removed |
| ZOLINZA 100MG CAPS | Antineoplastics, Other | Specialty | | PA Removed |
| <i>ondansetron hcl</i> 4mg <i>tabs</i> | Antiemetics | Generic | QL | QL Increased |
| <i>ondansetron hcl</i> 8mg <i>tabs</i> | Antiemetics | Generic | QL | QL Increased |
| <i>risperidone</i> 0.25mg <i>tabs</i> | Atypicals | Generic | QL | QL Increased |
| <i>risperidone</i> 0.5mg <i>tabs</i> | Atypicals | Generic | QL | QL Increased |
| <i>risperidone</i> 1mg <i>tabs</i> | Atypicals | Generic | QL | QL Increased |
| <i>risperidone</i> 2mg <i>tabs</i> | Atypicals | Generic | QL | QL Increased |
| <i>risperidone</i> 3mg <i>tabs</i> | Atypicals | Generic | QL | QL Increased |
| <i>risperidone</i> 4mg <i>tabs</i> | Atypicals | Generic | QL | QL Increased |
| ZYVOX 600MG TABS | Antibacterials, Other | Specialty | PA, QL | QL Increased |
| <i>fluconazole</i> 150mg <i>tabs</i> | Antifungals | Generic | | QL Removed |
| JANUMET 1000MG; 50MG TABS | Antidiabetic Agents | Non-Preferred Brand | | ST Removed |
| JANUMET 500MG; 50MG TABS | Antidiabetic Agents | Non-Preferred Brand | | ST Removed |

| Drug Name | Therapeutic Class | Drug Tier | Requirements/Limits | Changes Made |
|-----------------------------|----------------------------------|---------------------|---------------------|---------------------------------|
| JANUVIA 100MG TABS | Antidiabetic Agents | Non-Preferred Brand | | ST Removed |
| JANUVIA 25MG TABS | Antidiabetic Agents | Non-Preferred Brand | | ST Removed |
| JANUVIA 50MG TABS | Antidiabetic Agents | Non-Preferred Brand | | ST Removed |
| ATROVENT HFA 17MCG/ACT AERS | Bronchodilators, Anticholinergic | Preferred Brand | | Tier Changed to Preferred Brand |
| NIACOR 500MG TABS | Dyslipidemics | Preferred Brand | | Tier Changed to Preferred Brand |
| VYTORIN 10MG; 10MG TABS | Dyslipidemics | Preferred Brand | | Tier Changed to Preferred Brand |
| VYTORIN 10MG; 20MG TABS | Dyslipidemics | Preferred Brand | | Tier Changed to Preferred Brand |
| VYTORIN 10MG; 40MG TABS | Dyslipidemics | Preferred Brand | | Tier Changed to Preferred Brand |
| VYTORIN 10MG; 80MG TABS | Dyslipidemics | Preferred Brand | | Tier Changed to Preferred Brand |

If you need more information, call us today!

1-888-517-5252
TTY/TDD: 1-888-816-5252
Monday-Sunday, 7am to 2am Eastern



WellCare is a prescription drug plan with a Medicare contract. WellCare uses a formulary. You may be able to get extra help to pay for your prescription drug premiums and costs. To see if you qualify for getting extra help, call 1-800-MEDICARE (1-800-633-4227) 24 hours a day, 7 days a week. TTY/TDD users should call 1-877-486-2048. You can also call the Social Security Administration at 1-800-772-1213 (TTY/TDD: 1-800-325-0778) between 7am and 7pm Monday through Friday, or call your state Medicaid office.

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