

WellCare Signature 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
CRESTOR 10MG TABS	Dyslipidemics	Preferred Brand		Drug Added
CRESTOR 20MG TABS	Dyslipidemics	Preferred Brand		Drug Added
CRESTOR 40MG TABS	Dyslipidemics	Preferred Brand		Drug Added
CRESTOR 5MG TABS	Dyslipidemics	Preferred Brand		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

Drug Name	Therapeutic Class	Drug Tier	Requirements/Limits	Changes Made
<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
<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

Drug Name	Therapeutic Class	Drug Tier	Requirements/Limits	Changes Made
<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
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 hydrobromide 12mg tabs</i>	Cholinesterase Inhibitors	Generic		Drug Added
<i>galantamine hydrobromide 16mg cp24</i>	Cholinesterase Inhibitors	Generic		Drug Added
<i>galantamine hydrobromide 24mg cp24</i>	Cholinesterase Inhibitors	Generic		Drug Added
<i>galantamine hydrobromide 4mg tabs</i>	Cholinesterase Inhibitors	Generic		Drug Added
<i>galantamine hydrobromide 8mg cp24</i>	Cholinesterase Inhibitors	Generic		Drug Added
<i>galantamine hydrobromide 8mg tabs</i>	Cholinesterase Inhibitors	Generic		Drug Added
<i>generlac 10gm/15ml 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

Drug Name	Therapeutic Class	Drug Tier	Requirements/Limits	Changes Made
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
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 tbcr</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

Drug Name	Therapeutic Class	Drug Tier	Requirements/Limits	Changes Made
<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
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
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

Drug Name	Therapeutic Class	Drug Tier	Requirements/Limits	Changes Made
<i>nimodipine 30mg caps</i>	Calcium Channel Blocking Agents	Generic		Drug Added
<i>omeprazole 40mg cpdr</i>	Proton Pump Inhibitors	Generic		Drug Added
<i>oxycodone / acetaminophen 325mg; 2.5mg tabs</i>	Opioid Analgesics	Generic		Drug Added
<i>oxycodone / acetaminophen 650mg; 10mg tabs</i>	Opioid Analgesics	Generic		Drug Added
<i>oxycodone hcl 10mg tabs</i>	Opioid Analgesics	Generic		Drug Added
<i>oxycodone hcl 20mg tabs</i>	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 20000unit; 4500unit; 25000unit cpep</i>	Enzyme Replacements/ Modifiers	Generic		Drug Added
<i>pancrelipase 30000unit; 8000unit; 30000unit tabs</i>	Enzyme Replacements/ Modifiers	Generic		Drug Added
PAREGORIC 2MG/5ML TINC	Gastrointestinal Agents, Other	Preferred Brand		Drug Added
<i>phenazopyridine hcl 100mg tabs</i>	Local Anesthetics	Generic		Drug Added
<i>phenazopyridine hcl 200mg tabs</i>	Local Anesthetics	Generic		Drug Added

Drug Name	Therapeutic Class	Drug Tier	Requirements/Limits	Changes Made
<i>polyethylene glycol 3350 0 powd</i>	Gastrointestinal Agents, Other	Generic		Drug Added
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

Drug Name	Therapeutic Class	Drug Tier	Requirements/Limits	Changes Made
<i>risperidone m-tab 1mg tbdp</i>	Atypicals	Generic	QL	Drug Added
<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
<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
STAVZOR 250MG CPDR	Gamma-aminobutyric Acid (GABA) Augmenting Agents	Non-Preferred Brand		Drug Added

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

Drug Name	Therapeutic Class	Drug Tier	Requirements/Limits	Changes Made
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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