

WellCare Access (HMO SNP), WellCare Choice (HMO), WellCare Choice (HMO-POS), WellCare Dividend (HMO), WellCare Dividend Prime (HMO), WellCare Essential (HMO), WellCare Essential (HMO-POS), Easy Choice Freedom Plan (HMO SNP), WellCare Liberty (HMO SNP), 'Ohana Liberty (HMO SNP), WellCare Plus (HMO), WellCare Preferred (HMO), WellCare Premier (PPO), WellCare Reserve (HMO SNP), WellCare Rx (HMO), WellCare Rx (HMO-POS), WellCare Select (HMO SNP), WellCare TexanPlus Classic (HMO), WellCare TexanPlus Star (HMO SNP), WellCare Today's Options Classic (HMO), WellCare Today's Options Premier Plus 250A (PFFS), WellCare Today's Options Premier Plus 650B (PFFS), WellCare Value (HMO), WellCare Value (HMO-POS), 'Ohana Value (HMO)

2019 Notice of Change Formulary

HPMS Approved Formulary File Submission IDs 19376, 19474, 19478



Upcoming Changes to Our Plan's Formulary

Our Plan may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

The table below outlines upcoming changes to our formulary that may impact you.

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|------------------------|---------------------------------|------------------------------|-----------------------------------|-------------------------|----------------|
| ADAGEN INJ 250/ML | Deletion of drug from formulary | Manufacturer discontinuation | Consult your health care provider | | 06/01/2019 |
| AFEDITAB TAB 30MG CR | Deletion of drug from formulary | Manufacturer discontinuation | NIFEDIPINE TAB 30MG ER | Tier 2 | 03/01/2019 |
| AFEDITAB TAB 60MG CR | Deletion of drug from formulary | Manufacturer discontinuation | NIFEDIPINE TAB 60MG ER | Tier 2 | 02/01/2019 |
| ALBENZA TAB 200MG | Deletion of drug from formulary | Generic available | ALBENDAZOLE TAB 200 MG | Tier 5 | 05/01/2019 |
| AMINOSYN 7% INJ /LYTES | Deletion of drug from formulary | Manufacturer discontinuation | PROCALAMINE INJ 3% | Tier 4 | 07/01/2019 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|--------------------------|---------------------------------|---|-----------------------------------|-------------------------|----------------|
| AMINOSYN II INJ 8.5% | Deletion of drug from formulary | Manufacturer discontinuation | PREMASOL SOLN 10% | Tier 4 | 07/01/2019 |
| AMINOSYN II INJ 8.5/LYTE | Deletion of drug from formulary | Manufacturer discontinuation | PROCALAMINE INJ 3% | Tier 4 | 07/01/2019 |
| AMINOSYN INJ 10% | Deletion of drug from formulary | Manufacturer discontinuation | PREMASOL SOLN 10% | Tier 4 | 07/01/2019 |
| AMINOSYN INJ 8.5% | Deletion of drug from formulary | Manufacturer discontinuation | PREMASOL SOLN 10% | Tier 4 | 07/01/2019 |
| AMINOSYN INJ 8.5/LYTE | Deletion of drug from formulary | Manufacturer discontinuation | PROCALAMINE INJ 3% | Tier 4 | 07/01/2019 |
| AMINOSYN M INJ 3.5% | Deletion of drug from formulary | Manufacturer discontinuation | PROCALAMINE INJ 3% | Tier 4 | 07/01/2019 |
| AMINOSYN-HBC INJ 7% | Deletion of drug from formulary | Manufacturer discontinuation | AMINOSYN-PF INJ 7% | Tier 4 | 07/01/2019 |
| AMINOSYN-RF INJ 5.2% | Deletion of drug from formulary | Manufacturer discontinuation | NEPHRAMINE INJ 5.4% | Tier 4 | 07/01/2019 |
| AMPYRA TAB 10MG | Deletion of drug from formulary | Generic available | DALFAMPRIDINE TAB 10MG ER | Tier 5 | 05/01/2019 |
| AURYXIA TAB 210MG | Prior Authorization added | PA added to ensure use is for a Part D covered indication | Consult your health care provider | | 01/01/2019 |
| AZACTAM IN DEXTROSE INJ | Deletion of drug from formulary | Manufacturer discontinuation | AZTREONAM INJ | Tier 4 | 09/01/2019 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|--|---------------------------------|------------------------------|--|-------------------------|----------------|
| BILTRICIDE TAB 600MG | Deletion of drug from formulary | Generic available | PRAZIQUANTEL TAB 600MG | Tier 3 | 05/01/2019 |
| BLISOVI FE TAB 1/20 | Deletion of drug from formulary | Manufacturer discontinuation | MICROGESTIN TAB FE 1/20 | Tier 2 | 07/01/2019 |
| BRAFTOVI CAP 50MG | Deletion of drug from formulary | Manufacturer discontinuation | BRAFTOVI CAP 75MG | Tier 5 | 09/01/2019 |
| CANASA SUPP 1000MG | Deletion of drug from formulary | Generic available | MESALAMINE SUPP 1000 MG | Tier 4 | 05/01/2019 |
| CARIMUNE NF INJ 6GM | Deletion of drug from formulary | Manufacturer discontinuation | GAMMAGARD SD INJ 5GM | Tier 5 | 06/01/2019 |
| CEFAZOLIN INJ 20GM | Deletion of drug from formulary | Manufacturer discontinuation | CEFAZOLIN INJ 10GM | Tier 3 | 12/01/2019 |
| CEFOTAXIME INJ 2GM | Deletion of drug from formulary | Manufacturer discontinuation | CEFOTAXIME INJ 500MG | Tier 4 | 02/01/2019 |
| CIPROFLOXACIN FOR ORAL SUSP 250 MG/5ML | Deletion of drug from formulary | Manufacturer discontinuation | CIPROFLOXACIN FOR ORAL SUSP 500 MG/5ML | Tier 4 | 06/01/2019 |
| CLINIMIX INJ 2.75/D5W | Deletion of drug from formulary | Manufacturer discontinuation | CLINIMIX INJ 4.25/D5W | Tier 4 | 02/01/2019 |
| CLINIMIX INJ 4.25/D20 | Deletion of drug from formulary | Manufacturer discontinuation | CLINIMIX INJ 5%/D20W | Tier 4 | 02/01/2019 |
| DILTIAZEM CAP 120MG ER | Deletion of drug from formulary | Manufacturer discontinuation | DILT-XR CAP 120MG | Tier 3 | 07/01/2019 |
| DILTIAZEM CAP 180MG ER | Deletion of drug from formulary | Manufacturer discontinuation | DILT-XR CAP 180MG | Tier 3 | 11/01/2019 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|--|---------------------------------|------------------------------|-----------------------------------|-------------------------|----------------|
| DILTIAZEM CAP 240MG ER | Deletion of drug from formulary | Manufacturer discontinuation | DILT-XR CAP 240MG | Tier 3 | 11/01/2019 |
| DOXORUBICIN INJ 10MG | Deletion of drug from formulary | Manufacturer discontinuation | DOXORUBICIN INJ 2MG/ML | Tier 5 | 05/01/2019 |
| ESOMEPRAZOLE INJ 20MG | Deletion of drug from formulary | Manufacturer discontinuation | ESOMEPRAZOLE INJ 40MG | Tier 4 | 12/01/2019 |
| FARESTON TAB 60MG | Deletion of drug from formulary | Generic available | TOREMIFENE CITRATE TAB 60 MG | Tier 5 | 05/01/2019 |
| FINACEA GEL 15% | Deletion of drug from formulary | Generic available | AZELAIC ACID GEL 15% | Tier 4 | 05/01/2019 |
| FLUCONAZOLE IN DEXTROSE INJ 200 MG/100ML | Deletion of drug from formulary | Manufacturer discontinuation | FLUCONAZOLE/ INJ NACL 200 | Tier 3 | 10/01/2019 |
| FLUCONAZOLE IN DEXTROSE INJ 400 MG/200ML | Deletion of drug from formulary | Manufacturer discontinuation | FLUCONAZOLE/ INJ NACL 400 | Tier 3 | 10/01/2019 |
| GRANISETRON INJ 0.1MG/ML | Deletion of drug from formulary | Manufacturer discontinuation | GRANISETRON INJ 1MG/ML | Tier 3 | 03/01/2019 |
| HEXALEN CAP 50MG | Deletion of drug from formulary | Manufacturer discontinuation | Consult your health care provider | | 02/01/2019 |
| INVANZ INJ 1GM | Deletion of drug from formulary | Generic available | ERTAPENEM INJ 1GM | Tier 4 | 05/01/2019 |
| INVANZ INJ 1GM ADD-VANTAGE VIAL | Deletion of drug from formulary | Manufacturer discontinuation | ERTAPENEM INJ 1GM | Tier 4 | 03/01/2019 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|-----------------------------------|---------------------------------|------------------------------|--------------------------------------|-------------------------|----------------|
| INVIRASE CAP 200MG | Deletion of drug from formulary | Manufacturer discontinuation | INVIRASE TAB 500MG | Tier 5 | 03/01/2019 |
| KETOPROFEN CAP 75MG | Deletion of drug from formulary | Manufacturer discontinuation | NAPROXEN TAB | Tier 1 | 01/01/2019 |
| KIMIDESS TAB | Deletion of drug from formulary | Manufacturer discontinuation | KARIVA TAB | Tier 3 | 02/01/2019 |
| LETAIRIS TAB 10MG | Deletion of drug from formulary | Generic available | AMBRISENTAN TAB 10 MG | Tier 5 | 08/01/2019 |
| LETAIRIS TAB 5MG | Deletion of drug from formulary | Generic available | AMBRISENTAN TAB 5 MG | Tier 5 | 08/01/2019 |
| LYNPARZA CAP 50MG | Deletion of drug from formulary | Manufacturer discontinuation | LYNPARZA TAB | Tier 5 | 03/01/2019 |
| METIPRANOLOL SOLN 0.3% OPH | Deletion of drug from formulary | Manufacturer discontinuation | BETAXOLOL SOLN 0.5% OPHTH | Tier 3 | 03/01/2019 |
| MG SO4/D5W INJ 20MG/ML | Deletion of drug from formulary | Manufacturer discontinuation | MG SO4/D5W INJ 10MG/ML | Tier 3 | 05/01/2019 |
| MODERIBA TAB 200MG | Deletion of drug from formulary | Manufacturer discontinuation | RIBAVIRIN TAB 200MG | Tier 4 | 04/01/2019 |
| MOEXIPRIL-HYDROCHLOROTHIAZIDE TAB | Deletion of drug from formulary | Manufacturer discontinuation | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB | Tier 1 | 10/01/2019 |
| MONONESSA TAB | Deletion of drug from formulary | Manufacturer discontinuation | SPRINTEC 28 TAB | Tier 2 | 10/01/2019 |
| MORPHINE SULFATE INJ 2 MG/ML | Deletion of drug from formulary | Manufacturer discontinuation | MORPHINE SULFATE INJ PF 2 MG/ML | Tier 4 | 10/01/2019 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|--------------------------------------|---------------------------------|-------------------------------|--|-------------------------|----------------|
| MORPHINE SULFATE INJ 4 MG/ML | Deletion of drug from formulary | Manufacturer discontinuation | MORPHINE SULFATE INJ PF 4 MG/ML | Tier 4 | 10/01/2019 |
| MORPHINE SULFATE INJ 5 MG/ML | Deletion of drug from formulary | Manufacturer discontinuation | MORPHINE SULFATE INJ PF 5 MG/ML | Tier 4 | 10/01/2019 |
| NECON TAB 1/50-28 | Deletion of drug from formulary | Manufacturer discontinuation | NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1/20 | Tier 2 | 05/01/2019 |
| NIVA-PLUS TAB | Deletion of drug from formulary | Medicare will no longer cover | PRENATAL PLUS TAB | Tier 3 | 05/01/2019 |
| NORVIR CAP 100MG | Deletion of drug from formulary | Manufacturer discontinuation | RITONAVIR TAB 100MG | Tier 3 | 02/01/2019 |
| O-CAL FA TAB | Deletion of drug from formulary | Medicare will no longer cover | PRENATAL PLUS TAB | Tier 3 | 05/01/2019 |
| ONFI SUSP 2.5MG/ML | Deletion of drug from formulary | Generic available | CLOBAZAM SUSP 2.5 MG/ML | Tier 3 | 05/01/2019 |
| ONFI TAB 10MG | Deletion of drug from formulary | Generic available | CLOBAZAM TAB 10MG | Tier 3 | 05/01/2019 |
| ONFI TAB 20MG | Deletion of drug from formulary | Generic available | CLOBAZAM TAB 20MG | Tier 3 | 05/01/2019 |
| PNV PRENATAL TAB PLUS | Deletion of drug from formulary | Medicare will no longer cover | PRENATAL PLUS TAB | Tier 3 | 05/01/2019 |
| POLYETHYLENE GLYCOL 3350 ORAL PACKET | Deletion of drug from formulary | Manufacturer discontinuation | LACTULOSE SOLN 10GM/15 ML | Tier 2 | 03/01/2019 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|--------------------------------------|---------------------------------|-------------------------------|-------------------------------|-------------------------|----------------|
| POLYETHYLENE GLYCOL 3350 ORAL POWDER | Deletion of drug from formulary | Manufacturer discontinuation | LACTULOSE SOLUTION 10 GM/15ML | Tier 2 | 03/01/2019 |
| PREPLUS TAB 27-1MG | Deletion of drug from formulary | Medicare will no longer cover | PRENATAL PLUS TAB | Tier 3 | 05/01/2019 |
| RANEXA TAB 1000MG | Deletion of drug from formulary | Generic available | RANOLAZINE TAB 1000MG | Tier 3 | 08/01/2019 |
| RANEXA TAB 500MG | Deletion of drug from formulary | Generic available | RANOLAZINE TAB 500MG | Tier 3 | 08/01/2019 |
| RAPAFLO CAP 4MG | Deletion of drug from formulary | Generic available | SILODOSIN CAP 4 MG | Tier 4 | 05/01/2019 |
| RAPAFLO CAP 8MG | Deletion of drug from formulary | Generic available | SILODOSIN CAP 8 MG | Tier 4 | 05/01/2019 |
| REBETOL SOLN 40MG/ML | Deletion of drug from formulary | Manufacturer discontinuation | RIBAVIRIN TAB 200MG | Tier 4 | 12/01/2019 |
| RESCRIPTOR TAB 100 MG | Deletion of drug from formulary | Manufacturer discontinuation | RESCRIPTOR TAB 200MG | Tier 4 | 06/01/2019 |
| RIBASPHERE CAP 200MG | Deletion of drug from formulary | Manufacturer discontinuation | RIBAVIRIN CAP 200MG | Tier 3 | 12/01/2019 |
| RIBASPHERE TAB 200MG | Deletion of drug from formulary | Manufacturer discontinuation | RIBAVIRIN TAB 200MG | Tier 4 | 12/01/2019 |
| RIBASPHERE TAB 400MG | Deletion of drug from formulary | Manufacturer discontinuation | RIBAVIRIN TAB 200MG | Tier 4 | 06/01/2019 |
| RIBASPHERE TAB 600MG | Deletion of drug from formulary | Manufacturer discontinuation | RIBAVIRIN TAB 200MG | Tier 4 | 12/01/2019 |

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|---------------------------|---------------------------------|-------------------------------|---------------------------------|-------------------------|----------------|
| SABRIL TAB 500MG | Deletion of drug from formulary | Generic available | VIGABATRIN TAB 500 MG | Tier 5 | 05/01/2019 |
| SUBOXONE MIS 12-3MG | Deletion of drug from formulary | Generic available | BUPREN/NALOX MIS 12-3MG | Tier 4 | 08/01/2019 |
| SUBOXONE MIS 2-0.5MG | Deletion of drug from formulary | Generic available | BUPREN/NALOX MIS 2-0.5MG | Tier 4 | 08/01/2019 |
| SUBOXONE MIS 4-1MG | Deletion of drug from formulary | Generic available | BUPREN/NALOX MIS 4-1MG | Tier 4 | 08/01/2019 |
| SUBOXONE MIS 8-2MG | Deletion of drug from formulary | Generic available | BUPREN/NALOX MIS 8-2MG | Tier 4 | 08/01/2019 |
| SUPRAX CAP 400MG | Deletion of drug from formulary | Generic available | CEFIXIME CAP 400 MG | Tier 3 | 06/17/2019 |
| THEOPHYLLINE TAB 100MG CR | Deletion of drug from formulary | Manufacturer discontinuation | THEOPHYLLINE TAB 400MG ER | Tier 3 | 11/01/2019 |
| THEOPHYLLINE TAB 200MG CR | Deletion of drug from formulary | Manufacturer discontinuation | THEOPHYLLINE TAB 400MG ER | Tier 3 | 11/01/2019 |
| VESICARE TAB 10MG | Deletion of drug from formulary | Generic available | SOLIFENACIN SUCCINATE TAB 10 MG | Tier 4 | 08/01/2019 |
| VESICARE TAB 5MG | Deletion of drug from formulary | Generic available | SOLIFENACIN SUCCINATE TAB 5 MG | Tier 4 | 08/01/2019 |
| VESTURA TAB 3-0.02MG | Deletion of drug from formulary | Manufacturer discontinuation | NIKKI TAB 3-0.02MG | Tier 3 | 01/01/2019 |
| VINCASAR PFS INJ 1MG/ML | Deletion of drug from formulary | Manufacturer discontinuation | VINCRISTINE INJ 1MG/ML | Tier 2 | 11/01/2019 |
| VOL-PLUS TAB | Deletion of drug from formulary | Medicare will no longer cover | PRENATAL PLUS TAB | Tier 3 | 05/01/2019 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|-----------------------|---------------------------------|------------------------------|-------------------------|-------------------------|----------------|
| WELCHOL PACK 3.75GM | Deletion of drug from formulary | Generic available | COLESEVELAM PAK 3.75 GM | Tier 3 | 05/01/2019 |
| ZENCHENT TAB | Deletion of drug from formulary | Manufacturer discontinuation | VYFEMLA TAB 0.4-35 | Tier 3 | 03/01/2019 |
| ZERIT SOLN 1MG/ML | Deletion of drug from formulary | Manufacturer discontinuation | STAVUDINE CAP | Tier 3 | 03/01/2019 |
| ZOVIA 1/50E TAB | Deletion of drug from formulary | Manufacturer discontinuation | KELNOR 1/50 TAB | Tier 3 | 05/01/2019 |
| ZYTIGA TAB 250MG | Deletion of drug from formulary | Generic available | ABIRATERONE TAB 250MG | Tier 5 | 05/01/2019 |

*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your physician can determine if one of the alternatives listed here is appropriate for you given the individualized nature of drug therapy. Please consult your physician to confirm if this is an appropriate drug for you.

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ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-374-4056 (TTY: 711).

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Medicare_{Rx}
Prescription Drug Coverage

