

UPDATE

WellCare of Nebraska CHIP Preferred Drug List

09/12/2019

Dear Provider:

At the **09/12/2019** WellCare of Nebraska Pharmacy & Therapeutics Committee meeting, it was decided that the following changes will be made to the **WellCare of Nebraska CHIP Preferred Drug List (PDL)**, effective **11/26/2019**. Please carefully review these changes:

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

Effective date of change: **11/26/2019**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
<i>Permethrin 1% Lotion</i> <i>*Effective Date 7/30/2019*</i>	Dermatologic Agents	Added to PDL as a Prerequisite for Spinosad	
<i>Permethrin 5% Cream</i>	Dermatologic Agents	Removed from PDL as a Prerequisite for Spinosad/PC	

If you have questions, our WellCare Pharmacy Help Desk is available to help you at **1-855-599-3814**.

Thank you for providing excellent care to WellCare of Nebraska members.

Sincerely,

WellCare of Nebraska