

UPDATE
WellCare of Nebraska
Children's Health Insurance
Program Preferred Drug List

Dear Provider:

At the **March 07, 2019** WellCare of Nebraska Pharmacy & Therapeutics Committee meeting, it was decided that the following changes will be made to the **WellCare of Nebraska Children's Health Insurance Program Preferred Drug List (PDL)**. 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: **5/21/2019**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
REMOVALS FROM THE PDL			
<i>levothyroxine</i> 500mcg vial	Thyroid	Removed from the PDL/LU	<i>levothyroxine</i> oral tabs (all strengths)

Effective date of change: **2/13/2019**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
FLOVENT HFA 110 mcg/act; 220 mcg/actaerosol	Antiasthmatic And Bronchodilator Agents	AL added: max 12 YOA QL added:12 grams / 30 days	
FLOVENT HFA 44 mcg/act aerosol	Antiasthmatic And Bronchodilator Agents	AL added: max 12 YOA QL added10.6 grams / 30 days	



<i>wixela inhub</i> aerosol 100/50 mcg; 250/50 mcg; 500/50 mcg	Antiasthmatic And Bronchodilator Agents	QL added: 60 each/ 30 days	
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If you have questions, our 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