

## WellCare of New York's Preferred Drug List Update

This is a list of changes to our preferred drug list. These are a result of the latest WellCare Pharmacy & Therapeutics meeting held on **03/05/2020**.

Please look at these changes. Call WellCare of New York Customer Service at **1-800-288-5441 (TTY 711)** 8 a.m. to 6 p.m. Eastern Time if you have any questions. You can view an updated version of the complete preferred drug list. It is at <https://www.wellcare.com/New-York/Members/Medicaid-Plans/Healthy-Choice/Pharmacy>. You can ask for a printed copy to be mailed to you. Just call customer service. They are happy to help.

Key	
<b>UPPER CASE</b> = Brand Name Drugs	<b>QL</b> = Quantity Limit
<b><i>Lower case italics</i></b> = Generic Drugs	<b>ST</b> = Step Therapy
<b>PDL</b> = Preferred Drug List	<b>AL</b> = Age Limit
<b>PA</b> = Prior Authorization	<b>YOA</b> = Years of Age

**Date of Change: 03/05/2020**

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/ Alternatives
<i>Olmesartan</i> (5MG, 20MG, 40MG) Oral Tablets	Removed Step Therapy	General PDL Update	
<i>Losartan</i> (25 MG, 50 MG, 100 MG) Oral Tablets	Removed Quantity Limit	General PDL Update	

**Date of Change: 04/20/2020**

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/ Alternatives
<i>Doxepin Hydrochloride</i> Cream 5%	Updated Quantity Limit	Safety Concerns	45gm/31 days
<i>Guaifenesin-Codeine Solution</i> 100-10 MG/5ML	Removed From PDL	Safety Concerns	
<i>Guaifenesin DAC Solution</i> 30-10-100 MG/5ML	Removed From PDL	Safety Concerns	

<i>Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML</i>	Removed From PDL	Safety Concerns	
<i>Hydrocodone w/ Homatropine Tablet 5-1.5 MG</i>	Removed From PDL	Safety Concerns	
<i>Hydrocodone Polistirex- Chlorpheniramine Polistirex Controlled Release Suspension 10-8 MG/5ML</i>	Removed From PDL	Safety Concerns	
<i>Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML</i>	Removed From PDL	Safety Concerns	
<i>Promethazine w/ Codeine Syrup 6.25-10 MG/5ML</i>	Removed From PDL	Safety Concerns	
<i>Promethazine VC/Codeine Syrup 6.25-5-10 MG/5ML</i>	Removed From PDL	Safety Concerns	

## NOTICE OF NON-DISCRIMINATION

WellCare of New York complies with Federal civil rights laws. WellCare of New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

WellCare of New York provides the following:

- Free aids and services to people with disabilities to help you communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose first language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, call WellCare of New York at **1-800-288-5441**. For TTY/TDD services, call **711**.

If you believe that WellCare of New York has not given you these services or treated you differently because of race, color, national origin, age, disability, or sex, you can file a grievance with WellCare of New York by:

- Mail: P.O. Box 31384, Tampa, FL 33631-3384,
- Phone: **1-866-530-9491** (for TTY/TDD services, call **711**)
- Fax: **1-866-388-1769**
- Email: **OperationalGrievance@wellcare.com**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by:

- Web: Office for Civil Rights Complaint Portal at  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
- Mail: U.S. Department of Health and Human Services  
200 Independence Avenue SW., Room 509F, HHH Building  
Washington, DC 20201  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>
- Phone: **1-800-368-1019** (TTY/TDD **800-537-7697**)

ATTENTION: Language assistance services, free of charge, are available to you. Call 1-800-288-5441. (TTY: 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-288-5441. (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-288-5441 (TTY: 711)。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-288-5441 (رقم هاتف الصم والبكم: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-288-5441 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-288-5441 (телетайп: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-288-5441 (TTY: 711).

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-288-5441 (TTY: 711).

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-288-5441 (TTY: 711).

איר רעדט אידיש, זענען פארהאן פאר אייך שפראך הילף סערוויסעס פריי פון אפצאל. רופט - 1-800-288-5441 (TTY: 711). אויפמערקזאם: אויב

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-288-5441 (TTY: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-288-5441 (TTY: 711).

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন 1-800-288-5441 (TTY: 711)।



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**Date of Change: 05/01/2020**

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/ Alternatives
<i>ELIQUIS (apixaban) 2.5MG and 5MG TABLETS</i>	Added to PDL	General PDL Update	

**Date of Change: 06/01/2020**

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/ Alternatives
XARELTO ( <i>rivaroxaban</i> ) 2.5MG, 10MG, 15MG, and 20MG TABLETS	Removed From PDL	General PDL Update	ELIQUIS ( <i>apixaban</i> ) 2.5MG and 5MG TABLETS

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