

Nebraska Medicaid Children’s Health Insurance Program Drug List Update

These changes to our drug list (DL) are a result of the latest WellCare Pharmacy & Therapeutics meeting held 3/07/2019. Please review these changes. Do you have questions? Call Customer Service at **1-855-599-3811 (TTY 1-877-247-6272)**. **We’re here for you Monday–Friday, 8 a.m. to 5 p.m. Central time.** You can find the most recent DL on our website at <https://www.wellcare.com/Nebraska/Members/Medicaid-Plans/WellCare-of-Nebraska/Pharmacy-Services>.

We can also mail you a copy. Just call Customer Service. We’re here to help you.

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

Date of Change: 5/21/2019

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/Alternatives
<i>levothyroxine</i> 500mcg vial	Removed from the PDL	General PDL update	<i>levothyroxine</i> oral tablets (all strengths)

The changes below are general updates. They went into effect on 2/13/2019

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/Alternatives
FLOVENT HFA 110 mcg/act, 220 mcg/act, aerosol	Added to PDL	General PDL update	AL added: max 12 YOA QL added: grams / 30 days
FLOVENT HFA 44 mcg/act aerosol	Added to PDL	General PDL update	AL updated: max 12 YOA QL added: 10.6 grams / 30 days
<i>wixela inhub</i> aerosol 100/50 mcg; 250/50 mcg; 500/50 mcg	Added to PDL	General PDL update	QL added: 60 each/ 30 days

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Si el español es su lengua materna, podemos brindarle servicios de traducción. También podemos proporcionarle información en otros formatos, como braille, audio y letra de imprenta grande. Simplemente, llámenos sin cargo al **1-855-599-3811**. Para TTY llame al **711**.

如果中文是您的母語，我們可以為您翻譯。我們也可以用其它格式為您提供資訊。這些格式包括布萊葉文、音頻及大字體。僅需撥打我們的免費電話。您可以撥打 **1-855-599-3811** 聯絡我們。TTY 用戶請撥打 **711**。