

2017 Provider Quick Reference Guide – Pharmacy

Drug Formulary Removals and Alternatives

Below are the most commonly prescribed medications that were on the 2016 formulary and their preferred 2017 alternatives. The list below is not the full formulary; to reference the full listing, please visit our website at www.easychoicehealthplan.com.

2016 FORMULARY	2017 FORMULARY ALTERNATIVES
NEXIUM CAP*	esomeprazole, omeprazole, pantoprazole
CRESTOR*	rosuvastatin, atorvastatin, simvastatin, pravastatin
VOLTAREN GEL	diclofenac gel
ELIQUIS ²	XARELTO, PRADAXA
clobetasol topical	halobetasol topical
EXELON PATCHES*	rivastigmine patch
NASONEX	fluticasone spray, flunisolide spray
AGGRENOX*	aspirin/dipyridamole cap
econazole nitrate	ketoconazole
ROZEREM	temazepam
HARVONI	DAKLINZA, SOVALDI
NUVIGIL*	armodafinil
BENICAR ²	valsartan, losartan
RELPAK ²	rizatriptan, sumatriptan
TRIBENZOR ²	amlodipine/valsartan/hctz
BENICAR HCT TAB	valsartan-hctz, losartan-hctz
AZOR TAB ²	amlodipine/valsartan
TEKTURNA ²	valsartan, losartan
BRINTELLIX	citalopram, paroxetine, sertraline
CIMZIA	HUMIRA

Branded medications are CAPITALIZED/Generic medications are in lowercase

* Brands with new generics available

² Drug may be covered for the Best and Plus plans

High Risk Medication in 2017

High Risk Medications (HRM) should be avoided and safer alternatives should be used for members older than 64 years of age. For HRMs to be approved for these members, they must have tried and failed the safer alternative medications.

High Risk Medication	Notes
Cyclobenzaprine added for 2017 with PA	This Prior Authorization requirement only applies to patients 65 years of age or older. Prescriber must acknowledge that medication benefits outweigh potential risks for this patient. (final approval pending on PA criteria)

Pharmacy Network Update for 2017

WellCare Health Plans members can fill their prescriptions at any network pharmacy. Please also note that our preferred mail service pharmacy is CVS Caremark, which offers a reduced cost share for extended 90 day supplies.

Preferred Mail Service Pharmacy for 2017:
PO Box 94467, Palatine, IL 60094-4467
Fax: 800-378-0323

Specialty Pharmacy for 2017:
Members: 888-246-6953 (TTY 1-855-516-5636)
Providers: 866-458-9246



If members are taking certain drugs on a regular basis, for chronic or long-term medical conditions, they can use the preferred mail service. Only the drugs that are not available through the plan's mail service are marked in the formulary/drug list. The preferred mail service allows providers to prescribe **up to a 90-day supply**, which helps patients with medication adherence.

Preferred Diabetic Supplies

- One Touch products will continue to be the sole preferred brand in 2017.
- Meters can be sent via mail or picked up from providers or pharmacies for \$0. There is a quantity limit of 1 meter per 365 days.
- Test strips and lancets for the preferred meters will have quantity limitations of #100 per 25 days. Test strips require a prescription.

