



## **Medicare Provider Update**

This update applies to:
All Network Providers

State(s): MAPD

MO

**Line of Business:** Medicare Part D

**Member Services:** MO: 1-855-766-1452 MO: 1-833-298-3361

Prior Authorization: 1-800-867-6564

Plan Website:

www.Wellcare.com/allwellMO

## **2022 Formulary Changes**

## WellCare by Allwell

On January 1, 2022, some drugs will no longer be covered on our Medicare Part D formulary. To assist our providers, we have included the list below of the most commonly prescribed drugs being removed along with the drug's 2022 formulary alternative(s). Please refer to the list to identify the appropriate options for your patients.

Product Name	Formulary Alternative
BYDUREON PEN (product	BYDUREON BCISE AUTO INJ
discontinued)	
AURYXIA	CALCIUM ACETATE (PHOS BINDER)
	CAP/TAB, SEVELAMER CARBONATE
TRULANCE	LINZESS CAP, LUBIPROSTONE CAP
BRINZOLAMIDE OPHTH SUSP 1%	AZOPT, DORZOLAMIDE

If you determine that it is necessary for your patient to continue to receive the non-formulary drug in 2022, you will need to submit a Coverage Determination request **on or after November 1, 2021**.

Request forms are located on our website on the Coverage Determinations and Redeterminations for Drugs page <a href="https://www.Wellcare.com/allwellMO">www.Wellcare.com/allwellMO</a> or you can call to request authorization.

If you have any questions, please contact Medicare Pharmacy Services at 1-800-867-6564.