



UPDATE
Kentucky Medicaid
Preferred Drug List

09/10/2020

Dear Provider,

At the **September 10th, 2020** WellCare Pharmacy & Therapeutics Committee meeting, it was decided that the following changes would be made to the **Kentucky Medicaid Preferred Drug List (PDL)**. They will be effective **10/26/2020**. Please review these changes carefully.

Key	
UPPER CASE = Brand Name Drugs	QL = Quantity Limit
Lower case <i>italics</i> = 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	

Effective date of change: **10/26/2020**

Drug Name	Therapeutic Class	Change	PDL Alternative (if applicable)
REMOVALS FROM THE PDL			
Emcyt (<i>estramustine phosphate</i>) Capsule 140MG Oral	Antineoplastics And Adjunctive Therapies	Removed from PDL/LU	
Lysodren (<i>mitotane</i>) Tablet 500 MG Oral	Antineoplastics And Adjunctive Therapies	Removed from PDL/LU	

If you have any questions, Kentucky's Pharmacy Help Desk is available to assist providers at **1-877-389-9457**.

Thank you for your care of Kentucky's Medicaid members.

Sincerely,

WellCare Health Plans, Inc.