

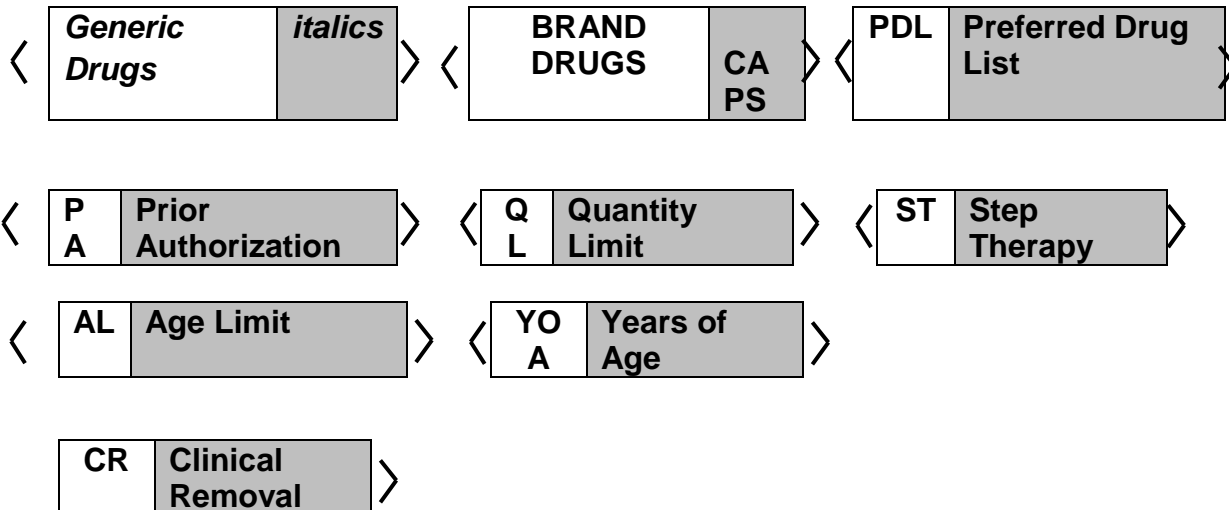
WellCare of Kentucky's Preferred Drug List Update

This is a list of changes to our preferred drug list. These are a result of the latest WellCare Pharmacy & Therapeutics meeting held on 09/10/2020.

Please review these changes. You can view an updated version of the complete preferred drug list at <https://kentucky.wellcare.com/member/pharmacy>. If you have any questions or would like a printed copy mailed to you, please call WellCare of Kentucky Customer Service at 1-877-389-9457 (TTY 711). We are here for you **Monday-Friday 7 a.m. to 7 p.m. EST.**

Date of Change: 10/26/2020

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/ Alternatives
Emcyt (<i>estramustine phosphate</i>) Capsule 140MG Oral	Removed from the PDL	General PDL Update	
Lysodren (<i>mitotane</i>) Tablet 500 MG Oral	Removed from the PDL	General PDL Update	



WellCare of Kentucky complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call **1-877-389-9457** (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-877-389-9457** (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 **1-877-389-9457** (TTY: **711**)。