

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 12/7/2020.

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.**

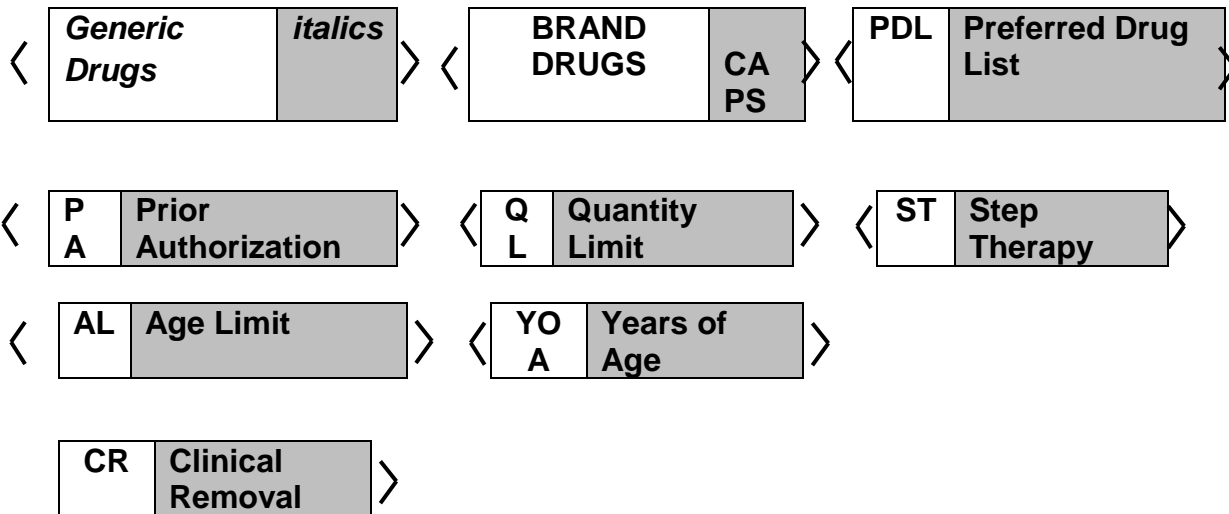
Date of Change: 01/01/2021

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/Alternatives
ADMELOG	<i>Removed from PDL</i>	Kentucky Department for Medicaid Services policy change	NOVALOG
ADMELOG SOLOSTAR	<i>Removed from PDL</i>	See Above	NOVOLOG FLEXPEN
<i>albuterol sulfate hfa</i>	<i>Removed from PDL</i>	See Above	VENTOLIN HFA
<i>alogliptin</i>	<i>Removed from PDL</i>	See Above	JANUVIA
<i>amphetamine/dextroamphetamine tablets</i>	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
<i>amphetamine-dextroamphetamine capsule extended release 24 hour</i>	<i>Removed from PDL</i>	See Above	AMPHETAMINE-DEXTROAMPHETAMINE ADDERALL XR
<i>aripiprazole</i>	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
ARNUITY ELLIPTA	<i>Removed from PDL</i>	See Above	ASMANEX TWISTHALER
<i>atomoxetine</i>	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
BASAGLAR KWIKPEN	<i>Removed from PDL</i>	See Above	LANTUS
<i>budesonide inhalation susp</i>	<i>PA required</i>	See Above	AGE LIMIT <8
<i>budesonide/formoterol</i>	<i>Removed from PDL</i>	See Above	DULERA

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/Alternatives
<i>but/apap/caf cap codeine</i>	<i>PA required</i>	See Above	SUMATRIPTAN NASAL SPRAY, SYRINGE, TABLET, VIAL
BYDUREON BCISE	<i>Removed from PDL</i>	See Above	BYDUREON 2 MG PEN INJECT
<i>cimetidine</i>	<i>Removed from PDL</i>	See Above	FAMOTIDINE
<i>clindamycin phosphate (topical) gel/lotion</i>	<i>Removed from PDL</i>	See Above	CLINDAMYCIN PH 1% SOLUTION CLINDAMYCIN-BENZOYL PEROX 1-5%
<i>dexmethylphenidate hcl</i>	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
<i>dexmethylphenidate hcl capsule extended release 24 hour</i>	<i>Removed from PDL</i>	See Above	DEXMETHYLPHENIDATE HCL IR DEXTROAMPHETAMINE-AMPHETAMINE <i>FOCALIN XR</i>
<i>doxepin hydrochloride</i>	<i>Removed from PDL</i>	See Above	AMITRIPTYLINE HCL IMIPRAMINE HCL <i>NORTRIPTYLINE HCL</i>
<i>etodolac</i>	<i>Removed from PDL</i>	See Above	IBUPROFEN DICLOFENAC SODIUM NAPROXEN
<i>fenofibrate tab</i>	<i>Removed from PDL</i>	See Above	FENOFIBRATE NANOCRYSTALLIZED (generic Tricor®) FENOFIBRIC ACID GEMFIBROZIL
<i>fenofibrate micronized</i>	<i>Removed from PDL</i>	See Above	FENOFIBRATE NANOCRYSTALLIZED (generic Tricor®) FENOFIBRIC ACID GEMFIBROZIL
<i>finasteride</i>	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
<i>fluoxetine hydrochloride tab</i>	<i>Removed from PDL</i>	See Above	FLUOXETINE HCL CAPSULE/SOLN

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/Alternatives
fluticasone propionate/salmeterol	<i>Removed from PDL</i>	See Above	DULERA
guanfacine er	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
INCRUSE ELLIPTA	<i>Removed from PDL</i>	See Above	SPIRIVA HANDIHALER
LATUDA	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
levocetirizine dihydrochloride soln	<i>Removed from PDL</i>	See Above	CETIRIZINE HCL 1 MG/ML SOLN CETIRIZINE HCL 10 MG TABLET LEVOCETIRIZINE 5 MG TABLET
malathion	<i>Removed from PDL</i>	See Above	PERMETHRIN
methylphenidate hcl tablet extended release	<i>Removed from PDL</i>	See Above	METHYLPHENIDATE HCL IR CONCERTA
methylphenidate hydrochloride tablets	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
metronidazole cream/gel	<i>Removed from PDL</i>	See Above	METROGEL METROCREAM
metronidazole vaginal	<i>Removed from PDL</i>	See Above	VANDAZOLE
nabumetone	<i>Removed from PDL</i>	See Above	INDOMETHACIN IBUPROFEN NAPROXEN
naproxen dr/naproxen ec	<i>PA required</i>	See Above	NAPROXEN IR TABLETS
olanzapine	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
quetiapine fumarate	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
QVAR REDIHALER	<i>Removed from PDL</i>	See Above	ASMANEX TWISTHALER 110 MCG
risperidone	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
spinosad	<i>Removed from PDL</i>	See Above	PERMETHRIN

DRUG NAME	DESCRIPTION OF CHANGE	REASON FOR CHANGE	Requirements/Limits/Alternatives
			NATROBA
STEGLATRO	<i>Removed from PDL</i>	See Above	INVOKANA
<i>sucralfate susp</i>	<i>Removed from PDL</i>	See Above	SUCRALFATE 1 GM TABLET
SULFATRIM PEDIATRIC	<i>Removed from PDL</i>	See Above	SULFAMETHOXAZOLE-TRIMETHOPRIM
<i>tretinoin</i>	<i>Removed from PDL</i>	See Above	RETIN-A
VRAYLAR	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis
WIXELA INHUB	<i>Removed from PDL</i>	See Above	DULERA
<i>ziprasidone hcl</i>	<i>PA required</i>	See Above	APPROVABLE ICD-10 Diagnosis



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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**)。