



WellCare's Georgia Preferred Drug List (PDL) Update

This is a list of changes to our preferred drug list. We made the changes as a result of the latest WellCare Pharmacy & Therapeutics meeting on **06/13/2019**.

Please look at these changes. Please call Customer Service at **1-866-231-1821** if you have any questions. The most current version of the PDL is on our website at <https://georgia.wellcare.com/member/preferreddruglist>. You can also have a copy mailed to you. Just call us. We are happy to help.

| Key | |
|--|----------------------------|
| UPPER CASE = Brand Name Drugs | QL = Quantity Limit |
| <i>Lower case italics</i> = Generic Drugs | ST = Step Therapy |
| PDL = Preferred Drug List | AL = Age Limit |
| PA = Prior Authorization | YOA = Years of Age |

Date of Change: 08/27/2019

| DRUG NAME | DESCRIPTION OF CHANGE | REASON FOR CHANGE | Requirements/Limits/Alternatives |
|--|-----------------------|--------------------|-------------------------------------|
| <i>acidophilus/pectin</i> | Added to the PDL | General PDL Update | |
| <i>fluocinolone acetonide</i> 0.01 % solution | Updated QL | Safety Concerns | QL Updated: QL: 120 ml / 30 Days |
| <i>fluocinonide</i> 0.05 % cream | Updated QL | Safety Concerns | QL Updated: QL: 120 gm / 30 Days |



The changes below are general updates. They will go into effect on 07/15/2019:

| DRUG NAME | DESCRIPTION OF CHANGE | REASON FOR CHANGE | Requirements/Limits/Alternatives |
|------------------------------------|--|--------------------|---|
| DULERA 100/5 MCG and 200/5MCG | Removed from the PDL | General PDL Update | WIXELA 100-50MCG, 250-50 MCG, and 500/50MCG (QL: 60 each /30days); ANORO ELLIPTA 62.5-25MCG (QL: 60 each /31 days); COMBIVENT RESPIMAT 20-100MCG (QL: 4gm /20 days) |
| SYMBICORT 80-4.5MCG and 160-4.5MCG | Removed for ages 13 YOA and older from the PDL | General PDL Update | WIXELA 100-50MCG, 250-50 MCG, and 500/50MCG (QL: 60 each /30days); ANORO ELLIPTA 62.5-25MCG (QL: 60 each /31 days); COMBIVENT RESPIMAT 20-100MCG (QL: 4gm /20 days) |

Below are changes to the Medication Assisted Treatment (MAT) medications. Date of change of April 2019.

| DRUG NAME | DESCRIPTION OF CHANGE | REASON FOR CHANGE | Requirements/Limits/Alternatives |
|-----------------------------|-------------------------------|--------------------|--|
| VIVITROL 380mg | Added to the PDL w/QL and AL | General PDL Update | Added to the PDL QL: 1 vial / 28 days AL: Minimum 18 YOA |
| SUBOXONE SL Tablet 2-0.5 MG | Removed PA, Updated QL and AL | Safety Concerns | PA Removed QL: 12 tablets / 1 day AL: Minimum 16 YOA |
| SUBOXONE SL Tablet 8-2 MG | Removed PA, Updated QL and AL | Safety Concerns | PA Removed QL: 3 tablets / 1 day AL: Minimum 16 YOA |



| | | | |
|------------------------|-------------------------------|-----------------|---|
| SUBUTEX SL Tablet 2 MG | Removed PA, Updated QL and AL | Safety Concerns | PA Removed QL: 12 tablets / 1 day AL : Minimum 16 YOA |
| SUBUTEX SL Tablet 8 MG | Removed PA, Updated QL and AL | Safety Concerns | PA Removed QL: 3 tablets / 1 day AL: Minimum 16 YOA |

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