

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
4-N-1 CREAM	1 %	Lower Cost	benzoyl peroxide
4-N-1 WASH CREAM	1 %	Lower Cost	benzoyl peroxide
8-MOP 10 MG CAPSULE	10 MG	Lower Cost	triamcinolone
ABILIFY 1 MG/ML SOLUTION	1 MG/ML	Lower Cost	RISPERIDONE
ABILIFY 10 MG TABLET	10 MG	Lower Cost	RISPERIDONE
ABILIFY 15 MG TABLET	15 MG	Lower Cost	RISPERIDONE
ABILIFY 2 MG TABLET	2 MG	Lower Cost	RISPERIDONE
ABILIFY 20 MG TABLET	20 MG	Lower Cost	RISPERIDONE
ABILIFY 30 MG TABLET	30 MG	Lower Cost	RISPERIDONE
ABILIFY 5 MG TABLET	5 MG	Lower Cost	RISPERIDONE
ABILIFY DISCMELT 10 MG TABL	10 MG	Lower Cost	RISPERIDONE
ABILIFY DISCMELT 15 MG TABL	15 MG	Lower Cost	RISPERIDONE
ABSTRAL 100 MCG TAB SUBLING	100 MCG	Lower Cost	OXYCODONE
ABSTRAL 200 MCG TAB SUBLING	200 MCG	Lower Cost	OXYCODONE
ABSTRAL 300 MCG TAB SUBLING	300 MCG	Lower Cost	OXYCODONE
ABSTRAL 400 MCG TAB SUBLING	400 MCG	Lower Cost	OXYCODONE
ABSTRAL 600 MCG TAB SUBLING	600 MCG	Lower Cost	OXYCODONE
ABSTRAL 800 MCG TAB SUBLING	800 MCG	Lower Cost	OXYCODONE
ACANYA GEL PUMP	1.2%-2.5%	Lower Cost	benzoyl peroxide; clindamycin
ACCOLATE 10 MG TABLET	10 MG	Lower Cost	ZAFIRLUKAST
ACCOLATE 20 MG TABLET	20 MG	Lower Cost	ZAFIRLUKAST
ACETAMINOPH-CAFF-DIHYDROCOD	32-713-60	Lower Cost	butalbital/acetaminophen/caffeine/codeine
ACETEST REAGENT TABLET		Clinical	MUST MEET CRITERIA
ACETIC ACID 0.25% IRRIG SOL	0.25 %	Clinical	MUST MEET CRITERIA
ACID JELLY	0.921-0.7%	Lower Cost	metronidazole
ACIDOPHILUS CAPLET	25MM-100MG	Clinical	MUST MEET CRITERIA
ACIDOPHILUS X-STR CAPTAB	35MM-25MM	Clinical	MUST MEET CRITERIA
ACIPHEX EC 20 MG TABLET	20 MG	Lower Cost	omeprazole
ACLOVATE 0.05% CREAM	0.05%	Lower Cost	ALCLOMETASONE
ACLOVATE 0.05% OINTMENT	0.05%	Lower Cost	ALCLOMETASONE
ACTIMMUNE 2 MILLION UNIT VI	2MM/0.5ML	Clinical	MUST MEET CRITERIA
ACTIQ 1,200 MCG LOZENGE	1200MCG	Lower Cost	OXYCODONE
ACTIQ 1,600 MCG LOZENGE	1600MCG	Lower Cost	OXYCODONE
ACTIQ 400 MCG LOZENGE	400 MCG	Lower Cost	OXYCODONE

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
ACTIQ 600 MCG LOZENGE	600 MCG	Lower Cost	OXYCODONE
ACTIQ 800 MCG LOZENGE	800 MCG	Lower Cost	OXYCODONE
ACTIVELLA 0.5-0.1 MG TABLET	0.5-0.1MG	Lower Cost	PREMPRO
ACTIVELLA 1 MG-0.5 MG TABLET	1-0.5MG	Lower Cost	PREMPRO
ACTONEL 150 MG TABLET	150 MG	Lower Cost	ALENDRONATE
ACTONEL 30 MG TABLET	30 MG	Lower Cost	ALENDRONATE
ACTONEL 35 MG TABLET	35 MG	Lower Cost	ALENDRONATE
ACTONEL 5 MG TABLET	5 MG	Lower Cost	ALENDRONATE
ACTONEL WITH CALCIUM TABLET	35MG-500MG	Lower Cost	ALENDRONATE
ACTOPLUS MET XR 15-1,000 MG	15-1000 MG	Lower Cost	actosplusmet
ACTOPLUS MET XR 30-1,000 MG	30-1000 MG	Lower Cost	actosplusmet
ACTOS 15 MG TABLET	15 MG	Step Therapy	Metformin
ACTOS 30 MG TABLET	30 MG	Step Therapy	Metformin
ACTOS 45 MG TABLET	45 MG	Step Therapy	Metformin
ACUVAIL 0.45% OPHTH SOLUTION	0.45 %	Lower Cost	KETOROLAC_OPTHALMIC
ACZONE 5% GEL	5 %	Lower Cost	DAPSONE
ADCIRCA 20 MG TABLET	20 MG	Clinical	MUST MEET CRITERIA
ADLT ROBITUSSIN COUGH-COLD-	5-2.5-160	Lower Cost	BROMPHENEX DM SYRUP
ADOXA 100 MG TABLET	100 MG	Lower Cost	DOXYCYCLINE HYCLATE
ADOXA 150 MG CAPSULE	150 MG	Lower Cost	DOXYCYCLINE HYCLATE
ADOXA 75 MG TABLET	75 MG	Lower Cost	DOXYCYCLINE HYCLATE
ADOXA PAK 1-150 MG TABLET	150 MG	Lower Cost	DOXYCYCLINE HYCLATE
ADRENACLICK 0.15 MG AUTO-IN	0.15/0.15	Lower Cost	EPINEPHRINE AUTOINJECTOR
ADRENACLICK 0.3 MG AUTO-INJ	0.3MG/0.3	Lower Cost	EPINEPHRINE AUTOINJECTOR
ADRENALIN 1:1,000 NASAL SOL	1:1000	Lower Cost	EPINEPHRINE AUTOINJECTOR
ADT ROBITUSSIN COUGH-COLD D	200-15-30	Lower Cost	CHERATUSSIN AC SYRUP
ADVATE 1,201-1,800 UNITS VI	1500 (+/-)	Clinical	MUST MEET CRITERIA
ADVATE 1,801-2,400 UNITS VI	2000 (+/-)	Clinical	MUST MEET CRITERIA
ADVATE 2,400-3,600 UNITS VI	3000 (+/-)	Clinical	MUST MEET CRITERIA
ADVATE 200-400 UNITS VIAL	250 (+/-)	Clinical	MUST MEET CRITERIA
ADVATE 401-800 UNITS VIAL	500 (+/-)	Clinical	MUST MEET CRITERIA
ADVATE 801-1,200 UNITS VIAL	1000 (+/-)	Clinical	MUST MEET CRITERIA
ADVICOR 1,000 MG-20 MG TABL	1000-20MG	Lower Cost	AMLODIPINE;SIMVASTATIN
ADVICOR 1,000 MG-40 MG TABL	1000-40 MG	Lower Cost	AMLODIPINE;SIMVASTATIN

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
ADVICOR 500 MG-20 MG TABLET	500MG-20MG	Lower Cost	AMLODIPINE;SIMVASTATIN
ADVICOR 750 MG-20 MG TABLET	750MG-20MG	Lower Cost	AMLODIPINE;SIMVASTATIN
ADVIL 200 MG LIQUI-GEL CAPS	200 MG	Lower Cost	NAPROXEN, MELOXICAM
AFINITOR 10 MG TABLET	10 MG	Clinical	MUST MEET CRITERIA
AFINITOR 2.5 MG TABLET	2.5 MG	Clinical	MUST MEET CRITERIA
AFINITOR 5 MG TABLET	5 MG	Clinical	MUST MEET CRITERIA
AGGRENOX CAPSULE SA	25-200MG	Lower Cost	PLAVIX
AIRAVITE TABLET	1-2.5-25MG	Lower Cost	MULTIVITAMIN W/FLUORIDE
AK-DILATE 10% EYE DROPS	10 %	Clinical	MUST MEET CRITERIA
AKNE-MYCIN 2% OINTMENT	2 %	Lower Cost	ERYTHROMYCIN TOPICAL
ALAMAST 0.1% DROPS	0.1%	Lower Cost	CROMOLYN SODIUM SOLN
ALBENZA 200 MG TABLET	200 MG	Lower Cost	MEBENDAZOLE CHEW
ALBUSTIX REAGENT STRIPS		Clinical	MUST MEET CRITERIA
ALDACTAZIDE 50-50 TABLET	50-50MG	Lower Cost	TRIAMTERENE-HCTZ 50-25 MG
ALINIA 100 MG/5 ML SUSPENS	100 MG/5ML	Clinical	MUST MEET CRITERIA
ALINIA 500 MG TABLET	500 MG	Clinical	MUST MEET CRITERIA
ALLEGRA 30 MG/5 ML SUSPENS	30 MG/5 ML	Lower Cost	LORATADINE
ALLEGRA ODT 30 MG TABLET	30 MG	Lower Cost	LORATADINE
ALLEGRA-D 12 HOUR TABLET	60MG-120MG	Lower Cost	LORATADINE
ALLEGRA-D 24 HOUR TABLET	180-240MG	Lower Cost	CETIRIZINE/PSEUDOEPHEDRINE
ALLER-CHLOR SYRUP	2 MG/5 ML	Lower Cost	CHLORPHENIRAMINE
ALLERGY MULTI-SYMP TOM CAPLE	5-325-2MG	Lower Cost	tri-afed allergy/head cold
ALLFEN CD TABLET	400MG-10MG	Lower Cost	CHERATUSSIN AC SYRUP
ALOCRI 2% EYE DROPS	2 %	Lower Cost	ALAWAY
ALOMIDE 0.1% EYE DROPS	0.1%	Lower Cost	KETOROLAC_OPTHALMIC
ALPHAGAN P 0.1% DROPS	0.1%	Lower Cost	brimonidine
ALPHAGAN P 0.15% EYE DROPS	0.15 %	Lower Cost	ALPHAGAN P 0.1%
ALPHANATE 1,000-400 UNIT VI	1000 (400)	Clinical	MUST MEET CRITERIA
ALPHANATE 1,500-600 UNIT VI	1500 (600)	Clinical	MUST MEET CRITERIA
ALPHANATE 250-100 UNIT VIAL	250 (100)	Clinical	MUST MEET CRITERIA
ALPHANATE 500-200 UNIT VIAL	500 (200)	Clinical	MUST MEET CRITERIA
ALPRAZOLAM 0.25 MG ODT	0.25 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
ALPRAZOLAM 0.5 MG ODT	0.5 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
ALPRAZOLAM 1 MG ODT	1 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
ALPRAZOLAM 1 MG/ML ORAL CON	1 MG/ML	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
ALPRAZOLAM 2 MG ODT	2 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
ALPRAZOLAM ER 0.5 MG TABLET	0.5 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
ALPRAZOLAM ER 1 MG TABLET	1 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
ALPRAZOLAM ER 2 MG TABLET	2 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
ALPRAZOLAM ER 3 MG TABLET	3 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
ALREX 0.2% EYE DROPS	0.2 %	Lower Cost	LOTEMAX
ALTABAX 1% OINTMENT	1 %	Lower Cost	MUPIROICIN
ALTOPREV 20 MG TABLET	20 MG	Lower Cost	LOVASTATIN
ALTOPREV 40 MG TABLET	40 MG	Lower Cost	LOVASTATIN
ALTOPREV 60 MG TABLET	60 MG	Lower Cost	LOVASTATIN
ALVESCO 160 MCG INHALER	160MCG	Lower Cost	FLOVENT HFA
ALVESCO 80 MCG INHALER	80MCG	Lower Cost	FLOVENT HFA
AMCINONIDE 0.1% OINTMENT	0.1%	Lower Cost	HYDROCORTISONE CREAM
AMERGE 1 MG TABLET	1 MG	Lower Cost	SUMATRIPTAN
AMERGE 2.5 MG TABLET	2.5 MG	Lower Cost	SUMATRIPTAN
AMICAR 1,000 MG TABLET	1000 MG	Clinical	MUST MEET CRITERIA
AMICAR 25% SOLUTION	250 MG/ML	Clinical	MUST MEET CRITERIA
AMINOSYN II 15% IV SOLUTION	15 %	Clinical	MUST MEET CRITERIA
AMITIZA 24 MCG CAPSULES	24MCG	Step Therapy	Lactulose, Polyethylene glycol
AMITIZA 8 MCG CAPSULE	8MCG	Step Therapy	Lactulose, Polyethylene glycol
AMOXICILLIN-CLAV ER 1,000-6	1000-62.5	Lower Cost	AMOXACILLIN/CLAVULANATE
AMPYRA ER 10 MG TABLET	10 MG	Clinical	MUST MEET CRITERIA
AMRIX ER 15 MG CAPSULE	15 MG	Lower Cost	cyclobenzaprine
AMRIX ER 30 MG CAPSULE	30 MG	Lower Cost	cyclobenzaprine
AMTURNIDE 150-5-12.5 MG TAB	150-5-12.5	Lower Cost	AMLODIPINE
AMTURNIDE 300-10-12.5 MG TA	300MG-10MG	Lower Cost	LISINOPRIL/Amlodipine
AMTURNIDE 300-10-25 MG TAB	300-10-25	Lower Cost	LISINOPRIL/HCTZ/Amlodipine
AMTURNIDE 300-5-12.5 MG TAB	300-5-12.5	Lower Cost	LISINOPRIL/HCTZ/Amlodipine
AMTURNIDE 300-5-25 MG TAB	300-5-25MG	Lower Cost	LISINOPRIL/HCTZ/Amlodipine
ANABAR CAPLET	200-300-20	Lower Cost	Not on mkt
ANADROL-50 TABLET	50 MG	Lower Cost	DANAZOL
ANCOBON 250 MG CAPSULE	250 MG	Clinical	MUST MEET CRITERIA
ANCOBON 500 MG CAPSULE	500 MG	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
ANDRODERM 2.5 MG/24HR PATCH	2.5MG/24HR	Lower Cost	TESTIM
ANDRODERM 5 MG/24HR PATCH	5MG/24HR	Lower Cost	TESTIM
ANDROGEL 1% GEL PUMP	1.25G (1%)	Lower Cost	TESTIM
ANDROGEL 1%(2.5G) GEL PACKE	25MG(1%)	Lower Cost	TESTIM
ANDROGEL 1%(5G) GEL PACKET	50 MG (1%)	Lower Cost	TESTIM
ANDROXY 10 MG TABLET	10 MG	Clinical	MUST MEET CRITERIA
ANGELIQ 0.5 MG-1 MG TABLET	1-0.5MG	Lower Cost	gianvi
ANTARA 130 MG CAPSULE	130 MG	Lower Cost	FENOFIBRATE
ANTARA 43 MG CAPSULE	43 MG	Lower Cost	FENOFIBRATE
ANZEMET 100 MG TABLET	100 MG	Lower Cost	ONDANSETRON
ANZEMET 50 MG TABLET	50 MG	Lower Cost	ONDANSETRON
APIDRA 100 UNITS/ML VIAL	100/ML	Lower Cost	NOVOLOG
APIDRA SOLOSTAR 100 UNITS/M	100/ML	Lower Cost	Novolog
APLENZIN ER 174 MG TABLET	174MG	Lower Cost	bupropion
APLENZIN ER 348 MG TABLET	348MG	Lower Cost	bupropion
APLENZIN ER 522 MG TABLET	522MG	Lower Cost	bupropion
APOKYN 30 MG/3 ML CARTRIDGE	10 MG/ML	Clinical	MUST MEET CRITERIA
APRISO ER 0.375 GRAM CAPSUL	0.375G	Clinical	MUST MEET CRITERIA
AQUADEKS PEDIATRIC LIQUID	2 MG/ML	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
AQUA-E LIQUID	30-2MG/ML	Lower Cost	MULTIVITAMIN W/FLUORIDE
AQUASOL E 50 UNIT/ML DROPS	50 UNIT/ML	Lower Cost	MULTIVITAMIN W/FLUORIDE
ARANESP 100 MCG/0.5 ML SYRI	100MCG/0.5	Clinical	MUST MEET CRITERIA
ARANESP 100 MCG/ML VIAL	100 MCG/ML	Clinical	MUST MEET CRITERIA
ARANESP 150 MCG/0.3 ML SYRI	150MCG/0.3	Clinical	MUST MEET CRITERIA
ARANESP 150 MCG/0.75 ML VIA	150MCG/.75	Clinical	MUST MEET CRITERIA
ARANESP 200 MCG/0.4 ML SYRI	200MCG/0.4	Clinical	MUST MEET CRITERIA
ARANESP 200 MCG/ML VIAL	200 MCG/ML	Clinical	MUST MEET CRITERIA
ARANESP 25 MCG/0.42 ML SYRI	25MCG/0.42	Clinical	MUST MEET CRITERIA
ARANESP 25 MCG/ML VIAL	25 MCG/ML	Clinical	MUST MEET CRITERIA
ARANESP 300 MCG/0.6 ML SYRI	300MCG/0.6	Clinical	MUST MEET CRITERIA
ARANESP 300 MCG/ML VIAL	300MCG/ML	Clinical	MUST MEET CRITERIA
ARANESP 40 MCG/0.4 ML SYRIN	40MCG/0.4	Clinical	MUST MEET CRITERIA
ARANESP 40 MCG/ML VIAL	40MCG/ML	Clinical	MUST MEET CRITERIA
ARANESP 500 MCG/1 ML SYRING	500 MCG/ML	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
ARANESP 60 MCG/0.3 ML SYRIN	60MCG/0.3	Clinical	MUST MEET CRITERIA
ARANESP 60 MCG/ML VIAL	60MCG/ML	Clinical	MUST MEET CRITERIA
ARCALYST 220 MG INJECTION	220 MG	Clinical	MUST MEET CRITERIA
ARGININE 500 MG TABLET	500 MG	Lower Cost	MULTIVITAMIN W/FLUORIDE
ARICEPT 23 MG TABLET	23 MG	Lower Cost	DONAZEPIL
ARIXTRA 10 MG SYRINGE	10MG/0.8ML	Clinical	MUST MEET CRITERIA
ARIXTRA 2.5 MG SYRINGE	2.5 MG/0.5	Clinical	MUST MEET CRITERIA
ARIXTRA 5 MG SYRINGE	5MG/0.4ML	Clinical	MUST MEET CRITERIA
ARIXTRA 7.5 MG SYRINGE	7.5MG/0.6	Clinical	MUST MEET CRITERIA
AROMASIN 25 MG TABLET	25 MG	Clinical	MUST MEET CRITERIA
ARTHRITIS PAIN RELIEF 0.1%	0.1%	Lower Cost	CAPSAISIN
ARTHROTEC EC 50 MG-200 MCG	50 MG-200	Lower Cost	NAPROXEN, MELOXICAM
ARTHROTEC EC 75 MG-200 MCG	75 MG-200	Lower Cost	NAPROXEN, MELOXICAM
ASTELIN 137 MCG NASAL SPRAY	137 MCG	Lower Cost	FLUTICASONE NASAL SPRAY
ASTEPRO 0.15% NASAL SPRAY	205.5MCG	Lower Cost	AZELASTINE NASAL SPRAY
ATACAND 16 MG TABLET	16 MG	Lower Cost	LISINOPRIL
ATACAND 32 MG TABLET	32 MG	Lower Cost	LISINOPRIL
ATACAND 4 MG TABLET	4 MG	Lower Cost	LISINOPRIL
ATACAND 8 MG TABLET	8 MG	Lower Cost	LISINOPRIL
ATACAND HCT 16-12.5 MG TAB	16-12.5MG	Lower Cost	Losartan/HCTZ
ATACAND HCT 32-12.5 MG TAB	32-12.5MG	Lower Cost	Losartan/HCTZ
ATACAND HCT 32-25 MG TABLET	32MG-25MG	Lower Cost	Losartan/HCTZ
AELVIA DR 35 MG TABLET	35 MG	Lower Cost	ALENDRONATE
ATGAM 50 MG/ML AMPUL	50 MG/ML	Clinical	MUST MEET CRITERIA
ATRAC-TAIN CREAM	4%-10%	Lower Cost	fluocinolone cream
ATRALIN 0.05% GEL	0.05%	Lower Cost	tretinoin
AURODEX OTIC SOLUTION	5.4%-1.4%	Lower Cost	antipyrine/benzocaine
AVALIDE 150-12.5 MG TABLET	150-12.5MG	Lower Cost	LISINOPRIL
AVALIDE 300-12.5 MG TABLET	300-12.5MG	Lower Cost	LISINOPRIL
AVALIDE 300-25 MG TABLET	300MG-25MG	Lower Cost	LISINOPRIL
AVANDAMET 2 MG-1,000 MG TAB	2-1000MG	Step Therapy	Metformin
AVANDAMET 2 MG-500 MG TABLET	2MG-500MG	Step Therapy	Metformin
AVANDAMET 4 MG-1,000 MG TAB	4-1000MG	Step Therapy	Metformin
AVANDAMET 4 MG-500 MG TABLET	4-500MG	Step Therapy	Metformin

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
AVANDARYL 4 MG-1 MG TABLET	4MG-1MG	Step Therapy	Metformin
AVANDARYL 4 MG-2 MG TABLET	4MG-2MG	Step Therapy	Metformin
AVANDARYL 4 MG-4 MG TABLET	4MG-4MG	Step Therapy	Metformin
AVANDARYL 8 MG-2 MG TABLET	8 MG-2 MG	Step Therapy	Metformin
AVANDARYL 8 MG-4 MG TABLET	8MG-4MG	Step Therapy	Metformin
AVANDIA 2 MG TABLET	2 MG	Step Therapy	Metformin
AVANDIA 4 MG TABLET	4 MG	Step Therapy	Metformin
AVANDIA 8 MG TABLET	8 MG	Step Therapy	Metformin
AVAPRO 150 MG TABLET	150 MG	Lower Cost	LISINOPRIL
AVAPRO 300 MG TABLET	300 MG	Lower Cost	LISINOPRIL
AVAPRO 75 MG TABLET	75 MG	Lower Cost	LISINOPRIL
AVC 15% CREAM	15 %	Lower Cost	CLINDAMYCIN
AVELOX 400 MG TABLET	400 MG	Lower Cost	LEVAQUIN
AVINZA 120 MG CAPSULE	120 MG	Lower Cost	MORPHINE SULFATE ER
AVINZA 30 MG CAPSULE	30 MG	Lower Cost	MORPHINE SULFATE ER
AVINZA 45 MG CAPSULE	45 MG	Lower Cost	MORPHINE SULFATE ER
AVINZA 60 MG CAPSULE	60 MG	Lower Cost	MORPHINE SULFATE ER
AVINZA 75 MG CAPSULE	75 MG	Lower Cost	MORPHINE SULFATE ER
AVINZA 90 MG CAPSULE	90 MG	Lower Cost	MORPHINE SULFATE ER
AVONEX ADMIN PACK 30 MCG VL	30 MCG	Clinical	MUST MEET CRITERIA
AVONEX PREFILLED SYR 30 MCG	30MCG/.5ML	Clinical	MUST MEET CRITERIA
AXERT 12.5 MG TABLET	12.5 MG	Lower Cost	SUMATRIPTAN
AXERT 6.25 MG TABLET	6.25 MG	Lower Cost	SUMATRIPTAN
AXID AR 75 MG TABLET	75 MG	Lower Cost	FAMOTIDINE
AXIRON 30 MG/ACTUATION SOLN	30 MG	Lower Cost	TESTIM
AZASAN 100 MG TABLET	100 MG	Lower Cost	AZATHIOPRINE
AZASAN 75 MG TABLET	75 MG	Lower Cost	AZATHIOPRINE
AZASITE 1% EYE DROPS	1 %	Lower Cost	ERYTHROMYCIN OPHTHALMIC OINT
AZELEX 20% CREAM	20 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
AZILECT 0.5 MG TABLET	0.5 MG	Lower Cost	SELEGILINE
AZILECT 1 MG TABLET	1 MG	Lower Cost	SELEGILINE
AZOR 10-20 MG TABLET	10MG-20MG	Lower Cost	Losartan and Amlodipine
AZOR 10-40 MG TABLET	10MG-40MG	Lower Cost	Losartan and Amlodipine
AZOR 5-20 MG TABLET	5MG-20MG	Lower Cost	Losartan and Amlodipine

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
AZOR 5-40 MG TABLET	5MG-40MG	Lower Cost	Losartan/HCTZ
BACTERIOSTATIC WATER VIAL		Clinical	MUST MEET CRITERIA
BACTROBAN 2% CREAM	2 %	Lower Cost	MUPIROCIN
BANZEL 200 MG TABLET	200 MG	Clinical	MUST MEET CRITERIA
BANZEL 40 MG/ML SUSPENSION	40 MG/ML	Clinical	MUST MEET CRITERIA
BANZEL 400 MG TABLET	400 MG	Clinical	MUST MEET CRITERIA
BARACLUDGE 0.05 MG/ML SOLUTI	0.05MG/ML	Clinical	MUST MEET CRITERIA
BARACLUDGE 0.5 MG TABLET	0.5 MG	Clinical	MUST MEET CRITERIA
BARACLUDGE 1 MG TABLET	1 MG	Clinical	MUST MEET CRITERIA
BEBULIN VH IMMU 200-1,200 U	700 (+/-)U	Clinical	MUST MEET CRITERIA
BECONASE AQ 0.042% SPRAY	42MCG	Lower Cost	FLUTICASONE NASAL SPRAY
BELLADONNA-OPIUM 16.2-30 SU	30-16.2MG	Lower Cost	acetaminophen/hydrocodone
BELLADONNA-OPIUM 16.2-60 SU	60-16.2MG	Lower Cost	acetaminophen/hydrocodone
BENEFIX 1,000 UNIT VIAL	1000 UNIT	Clinical	MUST MEET CRITERIA
BENEFIX 2,000 UNIT VIAL	2000 UNIT	Clinical	MUST MEET CRITERIA
BENEFIX 250 UNIT VIAL	250 UNIT	Clinical	MUST MEET CRITERIA
BENEFIX 500 UNIT VIAL	500 UNIT	Clinical	MUST MEET CRITERIA
BENICAR 20 MG TABLET	20 MG	Lower Cost	LISINOPRIL
BENICAR 40 MG TABLET	40 MG	Lower Cost	LISINOPRIL
BENICAR 5 MG TABLET	5 MG	Lower Cost	LISINOPRIL
BENICAR HCT 20-12.5 MG TABL	20-12.5 MG	Lower Cost	Losartan/HCTZ
BENICAR HCT 40-12.5 MG TABL	40-12.5MG	Lower Cost	Losartan/HCTZ
BENICAR HCT 40-25 MG TABLET	40MG-25MG	Lower Cost	Losartan/HCTZ
BENZACLIN GEL	1%-5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BENZACLIN GEL 35G PUMP	1%-5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BENZAMYCINPAK GEL	3-5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BENZEFOAM 5.3% EMOLLIENT FO	5.3%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BENZEFOAM ULTRA 9.8% FOAM	9.8 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BENZIQU 5.25% GEL	5.25 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BENZIQU 5.25% WASH	5.25 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BENZOYL PEROXIDE 7% WASH	7 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BEPREVE 1.5% EYE DROPS	1.5 %	Lower Cost	CROMOLYN
BESIVANCE 0.6% SUSP	0.6 %	Lower Cost	OFLOXACIN
BETADINE 7.5% SCRUB	7.5 %	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
BETASERON 0.3 MG KIT	0.3 MG	Clinical	MUST MEET CRITERIA
BETATAR GEL SHAMPOO	2.5 %	Lower Cost	fluocinonide
BEYAZ 28 TABLET	3-0.02(24)	Lower Cost	NEOCON, LOESTRIN, LO-OVRAL
BIDIL TABLET	20-37.5MG	Lower Cost	HYDRALAZINE/ISOSORBIDE DINITRATE
BIFERA 28 MG TABLET	28 MG	Lower Cost	Ferrous Sulfate
BILTRICIDE 600 MG TABLET	600 MG	Lower Cost	MEBENDAZOLE
BLEPHAMIDE EYE DROPS	10-0.2%	Lower Cost	SULFACETAMIDE/PREDNISOLONE
BLEPHAMIDE EYE OINTMENT	10-0.2%	Lower Cost	SULFACETAMIDE/PREDNISOLONE
BONIVA 150 MG TABLET	150 MG	Lower Cost	ALENDRONATE
BOROFAIR EAR DROPS	2 %	Lower Cost	antipyrine/benzocaine
B-PLEX PLUS TABLET	27-0.8MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
B-PLEX TABLET	0.5 MG	Lower Cost	VITAMIN B COMPLEX-C
BPO 8% GEL	8 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BREVOXYL-4 COMPLETE PACK	4%-5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BREVOXYL-8 COMPLETE PACK	8%-5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
BROMALINE DM COLD-COUGH ELX	5-15-1MG/5	Lower Cost	CHERATUSSIN AC SYRUP
BROMALINE SOLUTION	15-1MG/5ML	Lower Cost	CHERATUSSIN AC SYRUP
BROMDAY 0.09% EYE DROPS	0.09%	Lower Cost	LOTEMAX
BROMFED DM COUGH SYRUP	10-30-2/5	Lower Cost	CHERATUSSIN AC SYRUP
BROVANA 15 MCG/2 ML SOLUTIO	15MCG/2ML	Lower Cost	FORADIL
BUPHENYL 500 MG TABLET	500 MG	Clinical	MUST MEET CRITERIA
BUPHENYL POWDER		Clinical	MUST MEET CRITERIA
BUTISOL SODIUM 30 MG TABLET	30 MG	Lower Cost	PHENOBARBITAL
BUTISOL SODIUM 30 MG/5 ML E	30 MG/5 ML	Lower Cost	PHENOBARBITAL
BUTISOL SODIUM 50 MG TABLET	50 MG	Lower Cost	PHENOBARBITAL
BUTRANS 10 MCG/HR PATCH	10 MCG/HR	Lower Cost	BUPRENORPHINE SL
BUTRANS 20 MCG/HR PATCH	20 MCG/HR	Lower Cost	BUPRENORPHINE SL
BUTRANS 5 MCG/HR PATCH	5 MCG/HR	Lower Cost	BUPRENORPHINE SL
BYETTA 10 MCG DOSE PEN INJ	10MCG/0.04	Lower Cost	JANUVIA
BYETTA 5 MCG DOSE PEN INJ	5MCG/0.02	Lower Cost	JANUVIA
BYSTOLIC 10 MG TABLET	10 MG	Lower Cost	METOPROLOL
BYSTOLIC 2.5 MG TABLET	2.5 MG	Lower Cost	METOPROLOL
BYSTOLIC 20 MG TABLET	20 MG	Lower Cost	METOPROLOL
BYSTOLIC 5 MG TABLET	5 MG	Lower Cost	METOPROLOL

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
CABERGOLINE 0.5 MG TABLET	0.5 MG	Lower Cost	BROMOCRIPTINE
CADUET 10 MG-10 MG TABLET	10MG-10MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CADUET 10 MG-20 MG TABLET	10MG-20MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CADUET 10 MG-40 MG TABLET	10MG-40MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CADUET 10 MG-80 MG TABLET	10MG-80MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CADUET 2.5 MG-10 MG TABLET	2.5MG-10MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CADUET 2.5 MG-20 MG TABLET	2.5MG-20MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CADUET 2.5 MG-40 MG TABLET	2.5MG-40MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CADUET 5 MG-10 MG TABLET	5 MG-10 MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CADUET 5 MG-20 MG TABLET	5MG-20MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CADUET 5 MG-40 MG TABLET	5MG-40MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CADUET 5 MG-80 MG TABLET	5MG-80MG	Lower Cost	AMLODIPINE;SIMVASTATIN
CAFFEINE CIT 60 MG/3 ML ORA	60 MG/3 ML	Lower Cost	ergotamine tartrate/caffeine
CALCET TABLET	153 MG-100	Lower Cost	calcium carbonate 600mg
CALCI-MIX 1.25 GM CAPSULE	500(1250)	Lower Cost	calcium carbonate 600mg
CALCIUM OYS SHELL 250 MG TA	250MG-125	Lower Cost	600MG/ 125UNIT
CALVITE P&D TABLET	105 MG-120	Lower Cost	600MG/ 125UNIT
CAMBIA 50 MG POWDER PACKET	50 MG	Lower Cost	DICLOFENAC
CANASA 1,000 MG SUPPOSITORY	1000 MG	Clinical	MUST MEET CRITERIA
CANTIL 25 MG TABLET	25 MG	Lower Cost	sucralfate
CAPCOF LIQUID	2-5-10MG/5	Lower Cost	CHERATUSSIN AC SYRUP
CAPEX SHAMPOO	0.01 %	Lower Cost	FLUOCINOLONE SOLUTION
CAPITAL WITH CODEINE SUSP	120-12MG/5	Lower Cost	acetaminophen/codeine
CAPMIST DM TABLET	400-30-30	Lower Cost	CHERATUSSIN AC SYRUP
CARAC CREAM	0.5 %	Lower Cost	FLUOROURACIL
CARBAGLU 200 MG DISPER TABL	200 MG	Clinical	MUST MEET CRITERIA
CARDENE SR 30 MG CAPSULE	30 MG	Lower Cost	Amlodipine
CARDENE SR 45 MG CAPSULE	45 MG	Lower Cost	Amlodipine
CARDENE SR 60 MG CAPSULE	60 MG	Lower Cost	Amlodipine
CARDURA XL 4 MG TABLET	4 MG	Lower Cost	DOXAZOSIN
CARDURA XL 8 MG TABLET	8 MG	Lower Cost	Doxazosin
CARIMUNE NF 12 GM VIAL	12G	Clinical	MUST MEET CRITERIA
CARIMUNE NF 3 GM VIAL	3 G	Clinical	MUST MEET CRITERIA
CARIMUNE NF 6 GM VIAL	6G	Clinical	MUST MEET CRITERIA

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
CARISOPRODOL CPD-CODEINE TA	16-200-325	Lower Cost	carisoprodol; codeine
CARMOL HC 1% CREAM	1%-10%	Lower Cost	AMMONIUM LACTATE CREAM
CARNITOR SF 100 MG/ML ORAL	100 MG/ML	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
CAVAN-EC SOD DHA VITAMINS	30-1-440MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CAVAN-FOLATE DHA COMBO PACK	65-1-250MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CAVAN-HEME OB TABLET	22-6-1MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CAYSTON 75 MG INHAL SOLUTIO	75 MG/ML	Clinical	MUST MEET CRITERIA
CEDAX 180 MG/5 ML SUSPENSIO	180 MG/5ML	Lower Cost	CEFUROXIME,CEPHALEXIN
CEDAX 400 MG CAPSULE	400 MG	Lower Cost	CEFUROXIME,CEPHALEXIN
CEDAX 90 MG/5 ML SUSPENSION	90 MG/5 ML	Lower Cost	CEFUROXIME,CEPHALEXIN
CEFACLOR ER 500 MG TABLET	500 MG	Lower Cost	CEFUROXIME,CEPHALEXIN
CELEBREX 100 MG CAPSULE	100 MG	Step Therapy	meloxicam
CELEBREX 200 MG CAPSULE	200 MG	Step Therapy	meloxicam
CELEBREX 400 MG CAPSULE	400 MG	Step Therapy	meloxicam
CELEBREX 50 MG CAPSULE	50 MG	Step Therapy	meloxicam
CELONTIN 300 MG KAPSEAL	300 MG	Lower Cost	valproic acid
CENESTIN 0.3 MG TABLET	0.3 MG	Lower Cost	enjuvia
CENESTIN 0.45 MG TABLET	0.45MG	Lower Cost	enjuvia
CENESTIN 0.625 MG TABLET	0.625 MG	Lower Cost	enjuvia
CENESTIN 0.9 MG TABLET	0.9 MG	Lower Cost	enjuvia
CENESTIN 1.25 MG TABLET	1.25 MG	Lower Cost	enjuvia
CEPHALEXIN 250 MG TABLET	250 MG	Lower Cost	CEPHALEXIN
CEPHALEXIN 500 MG TABLET	500 MG	Lower Cost	CEPHALEXIN
CEREDASE 80 UNITS/ML VIAL	80 UNIT/ML	Clinical	MUST MEET CRITERIA
CEREFOLIN NAC CAPLET	600-2-6 MG	Lower Cost	VITAMIN B COMPLEX-C
CEREFOLIN TABLET	1-6-50-5MG	Lower Cost	VITAMIN B COMPLEX-C
CERISA WASH	10%-1%	Lower Cost	sulfacetamide
CESAMET 1 MG CAPSULE	1 MG	Lower Cost	ondansetron
CETRAXAL 0.2% EAR SOLUTION	0.2 %	Lower Cost	OFLOXACIN
CHANTIX 0.5 MG TABLET	0.5 MG	Lower Cost	NICOTINE PATCH
CHANTIX 1 MG TABLET	1 MG	Lower Cost	NICOTINE PATCH
CHANTIX STARTING MONTH PAK	0.5(11)-1	Lower Cost	NICOTINE PATCH
CHENODAL 250 MG TABLET	250 MG	Lower Cost	ursodiol
CHEST CONGEST-PAIN RLF PE T	400-10-650	Lower Cost	GUAIFENESIN 400 MG

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
CHEW Q 100 MG CHEWABLE TAB	100 MG	Lower Cost	MUST MEET CRITERIA
CHILD MUCINEX MULTI-SYMP TOM	5-2.5MG/5	Lower Cost	CHERATUSSIN AC SYRUP
CHILDREN'S MUCINEX COUGH LI	100-5 MG/5	Lower Cost	CHERATUSSIN AC SYRUP
CHILD'S MAPAP COUGH-SINUS S	5-160-1/5	Lower Cost	CHERATUSSIN AC SYRUP
CICLOPIROX 1% SHAMPOO	1 %	Lower Cost	CICLOPIROX
CICLOPIROX 8 % KIT	8%-5%	Lower Cost	CICLOPIROX
CILOXAN 0.3% OINTMENT	0.3 %	Lower Cost	CIPROFLOXACIN OPHTHLAMIC SOLUTION
CIMZIA 200 MG/ML SYRINGE KI	400MG/2ML	Clinical	MUST MEET CRITERIA
CIPRO 10% SUSPENSION	500 MG/5ML	Lower Cost	CIPROFLOXACIN
CIPRO 5% SUSPENSION	250 MG/5ML	Lower Cost	CIPROFLOXACIN
CIPRO HC OTIC SUSPENSION	0.2%-1%	Lower Cost	OFLOXACIN OTIC SOLN
CIPROFLOXACIN ER 1,000 MG T	1000 MG	Lower Cost	CIPROFLOXACIN
CIPROFLOXACIN ER 500 MG TAB	500 MG	Lower Cost	CIPROFLOXACIN
CITRANATAL 90 DHA PACK	90-1-300MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CITRANATAL ASSURE COMBO PAC	35-1-50MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CITRANATAL B-CALM PACK	20-1-25 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CITRANATAL DHA PACK	27-1-50MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CITRANATAL HARMONY CAPSULE	28-1-50 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CITRANATAL RX TABLET	27-1-50MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CITRUS CALCIUM-VIT D 200-25	200MG-250	Lower Cost	600MG/ 125UNIT
CLARAVIS 10 MG CAPSULE	10 MG	Step Therapy	CLINDAMYCIN; ERYTHROMYCIN
CLARAVIS 20 MG CAPSULE	20 MG	Step Therapy	CLINDAMYCIN; ERYTHROMYCIN
CLARAVIS 30 MG CAPSULE	30 MG	Step Therapy	CLINDAMYCIN; ERYTHROMYCIN
CLARAVIS 40 MG CAPSULE	40 MG	Step Therapy	CLINDAMYCIN; ERYTHROMYCIN
CLARIFOAM EF EMOLLIENT FOAM	10%-5%	Lower Cost	sulfacetamide
CLARINEX 0.5 MG/ML (2.5 MG/	2.5 MG/5ML	Lower Cost	LORATADINE
CLARINEX 2.5 MG REDITABS	2.5 MG	Lower Cost	LORATADINE
CLARINEX 5 MG REDITABS	5 MG	Lower Cost	LORATADINE
CLARINEX 5 MG TABLET	5 MG	Lower Cost	LORATADINE
CLARINEX-D 12 HOUR TABLET	2.5-120 MG	Lower Cost	HYDROCHLORIDE
CLARINEX-D 24 HOUR TABLET	5MG-240 MG	Lower Cost	HYDROCHLORIDE
CLARIS CLARIFYING WASH	10%-4%-10%	Lower Cost	benzoyl peroxide
CLARITIN 10 MG LIQUI-GEL CA	10 MG	Lower Cost	LORATADINE
CLARITIN 5 MG REDITABS	5 MG	Lower Cost	LORATADINE

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
CLEMASTINE 0.5 MG/5 ML SYRU	0.67MG/5ML	Lower Cost	CHLORPHENIRAMINE
CLENIA EMOLLIENT CREAM	10-5%(W/W)	Lower Cost	sulfacetamide
CLEOCIN 100 MG VAGINAL OVUL	100 MG	Lower Cost	CLINDAMYCIN
CLEOCIN T 1% PLEDGETS	1 %	Lower Cost	CLINDAMYCIN
CLIMARA PRO PATCH	45-15/24H	Lower Cost	ESTRADIOL PATCH
CLOBEX 0.05% SHAMPOO	0.05%	Lower Cost	HYDROCORTISONE CREAM
CLOBEX 0.05% SPRAY	0.05%	Lower Cost	HYDROCORTISONE CREAM
CLOBEX 0.05% TOPICAL LOTION	0.05%	Lower Cost	CLOBETASOL GEL
CLODERM 0.1% CREAM	0.1%	Lower Cost	HYDROCORTISONE CREAM
CLONAZEPAM 0.125 MG DIS TAB	0.125 MG	Lower Cost	clonazepam
CLONAZEPAM 0.25 MG ODT	0.25 MG	Lower Cost	clonazepam
CLONAZEPAM 0.5 MG DIS TABLE	0.5 MG	Lower Cost	clonazepam
CLONAZEPAM 1 MG DIS TABLET	1 MG	Lower Cost	clonazepam
CLONAZEPAM 2 MG DIS TABLET	2 MG	Lower Cost	clonazepam
CLONIDINE 0.1 MG/DAY PATCH	0.1MG/24HR	Lower Cost	clonidine
CLONIDINE 0.2 MG/DAY PATCH	0.2MG/24HR	Lower Cost	clonidine
CLONIDINE 0.3 MG/DAY PATCH	0.3MG/24HR	Lower Cost	clonidine
CLORPRES 0.2-15 TABLET	0.2-15MG	Lower Cost	clonidine tablet and chlorthalidone tablet
CLORPRES 0.3-15 TABLET	0.3-15MG	Lower Cost	clonidine tablet and chlorthalidone tablet
COARTEM TABLETS	20MG-120MG	Lower Cost	HYDROXYCHLOROQUINE
COCET TABLET	650MG-30MG	Lower Cost	acetaminophen/codeine
CODITUSS DM SYRUP	8.33-5-10	Lower Cost	CHERATUSSIN AC SYRUP
COENZYME Q-10 100 MG SOFTGE	100 MG	Lower Cost	MUST MEET CRITERIA
COENZYME Q10 30 MG SOFTGEL	30 MG	Lower Cost	MUST MEET CRITERIA
COLCRYS 0.6 MG TABLET	0.6 MG	Step Therapy	ALLOPURINOL
COLD HEAD CONGESTION CAPLET	10-5-325-2	Lower Cost	CHERATUSSIN AC SYRUP
COLD HEAD CONGESTION CAPLET	5-325-200	Lower Cost	CHERATUSSIN AC SYRUP
COLD MULTI-SYMPTOM CAPLET	10-5-325MG	Lower Cost	CHERATUSSIN AC SYRUP
COLD MULTI-SYMPTOM DAYTIME	5-325MG/15	Lower Cost	CHERATUSSIN AC SYRUP
COLESTID 1 GM TABLET	1 G	Lower Cost	CHOLESTYRAMINE
COLESTID FLAVORED GRANULES	7.5G	Lower Cost	CHOLESTYRAMINE
COLESTID GRANULES	5G	Lower Cost	CHOLESTYRAMINE
COLESTID GRANULES PACKET	5G	Lower Cost	CHOLESTYRAMINE
COLISTIMETHATE 150 MG VIAL	150 MG	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
COLY-MYCIN S EAR DROPS	3.3-3-10/1	Lower Cost	OFLOXACIN
COLYTE WITH FLAVOR PACKETS	240-22.72G	Lower Cost	PEG 3350/ELECTROLYTES
COLYTE WITH FLAVOR PACKS	227.1-21.5	Lower Cost	PEG 3350/ELECTROLYTES
COMBIGAN EYE DROPS	0.2%-0.5%	Lower Cost	TIMOLOL SOLN
COMBIPATCH 0.05-0.14 MG PTC	.05-.14/24	Lower Cost	ESTRADIOL PATCH
COMBIPATCH 0.05-0.25 MG PTC	.05-.25/24	Lower Cost	ESTRADIOL PATCH
COMPLETE NATAL DHA	29-1-250MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
COMPLETENATE TABLET CHEW	29 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
COMPLETE-RF PRENATAL TABLET	90-1-50 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CO-NATAL FA TABLET	29 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CONCEPT DHA CAPSULE	35-1-200MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
CONDYLOX 0.5% GEL	0.5 %	Clinical	MUST MEET CRITERIA
COPAXONE 20 MG INJECTION KI	20 MG	Clinical	MUST MEET CRITERIA
CORDRAN 4 MCG/SQ CM TAPE	4MCG/SQ CM	Lower Cost	HYDROCORTISONE CREAM
COREG CR 10 MG CAPSULE	10 MG	Lower Cost	Carvedilol
COREG CR 20 MG CAPSULE	20 MG	Lower Cost	Carvedilol
COREG CR 40 MG CAPSULE	40 MG	Lower Cost	Carvedilol
COREG CR 80 MG CAPSULE	80 MG	Lower Cost	Carvedilol
CORTIFOAM 10% AEROSOL	10 %	Lower Cost	HYDRCORTISONE
CORTISPORIN CREAM	0.5 %	Lower Cost	HYDROCORTISONE CREAM
CORVITE FREE TABLET	1.25-35MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
COTAB AX TABLET	4MG-20MG	Lower Cost	CHERATUSSIN AC SYRUP
COUGH & SORE THROAT LIQUID	5-160MG/5	Lower Cost	CHERATUSSIN AC SYRUP
COUGH RELIEF LIQUID	15 MG/5 ML	Lower Cost	CHERATUSSIN AC SYRUP
COVERA-HS ER 180 MG TABLET	180 MG	Lower Cost	CHERATUSSIN AC SYRUP
COVERA-HS ER 240 MG TABLET	240 MG	Lower Cost	CHERATUSSIN AC SYRUP
CREON DR 12,000 UNITS CAPSU	12K-38K-60	Lower Cost	ZENPEP
CREON DR 24,000 UNITS CAPSU	24-76-120K	Lower Cost	ZENPEP
CREON DR 6,000 UNITS CAPSUL	6K-19K-30K	Lower Cost	ZENPEP
CRESTOR 10 MG TABLET	10 MG	Lower Cost	SIMVASTATIN
CRESTOR 20 MG TABLET	20 MG	Lower Cost	SIMVASTATIN
CRESTOR 40 MG TABLET	40 MG	Lower Cost	SIMVASTATIN
CRESTOR 5 MG TABLET	5 MG	Lower Cost	SIMVASTATIN
CRINONE 4% GEL	4 %	Lower Cost	norethindrone

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
CRINONE 8% GEL	8 %	Clinical	MUST MEET CRITERIA
CUBICIN 500 MG VIAL	500 MG	Clinical	MUST MEET CRITERIA
CUTIVATE 0.005% OINTMENT	0.005%	Lower Cost	FLUTICASONE OINT
CUTIVATE 0.05% LOTION	0.05%	Lower Cost	HYDROCORTISONE CREAM
CUVPOSA 1 MG/5 ML SOLUTION	1 MG/5 ML	Lower Cost	hyoscyamine
CYCLOGYL 0.5% EYE DROPS	0.5 %	Lower Cost	cyclopentolate
CYCLOGYL 1% EYE DROPS	1 %	Lower Cost	cyclopentolate
CYCLOGYL 2% EYE DROPS	2 %	Lower Cost	cyclopentolate
CYCLOMYDRIL EYE DROPS	0.2%-1%	Lower Cost	cyclopentolate
CYCLOPHOSPHAMIDE 500 MG VIA	500 MG	Clinical	MUST MEET CRITERIA
CYMBALTA 20 MG CAPSULE	20 MG	Lower Cost	venlafaxine
CYMBALTA 30 MG CAPSULE	30 MG	Lower Cost	venlafaxine
CYMBALTA 60 MG CAPSULE	60 MG	Lower Cost	venlafaxine
CYSTADANE POWDER		Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
CYSTAGON 150 MG CAPSULE	150 MG	Lower Cost	PHENAZOPYRIDINE
CYSTAGON 50 MG CAPSULE	50 MG	Lower Cost	PHENAZOPYRIDINE
CYTOGAM 2.5 GM/50 ML VIAL	50 MG/ML	Clinical	MUST MEET CRITERIA
CYTO-Q MAX 100 MG/ML LIQUID	100 MG/ML	Lower Cost	MUST MEET CRITERIA
CYTRA-K CRYSTALS PACKET	3300-1002	Lower Cost	CYTRA
CYTRA-K ORAL SOLUTION	1100-334/5	Lower Cost	CYTRA
DAY TIME COLD & FLU RELIEF	5-325MG/15	Lower Cost	CHERATUSSIN AC SYRUP
DAY TIME COUGH LIQUID	5 MG/5 ML	Lower Cost	Guaifenisin
DAYTIME MUCUS RELIEF DM LIQ	200-10/15	Lower Cost	CHERATUSSIN AC SYRUP
DAYTRANA 10 MG/9 HR PATCH	10MG/9HR	Lower Cost	METHYLPHENIDATE SR
DAYTRANA 15 MG/9 HR PATCH	15MG/9HR	Lower Cost	METHYLPHENIDATE SR
DAYTRANA 20 MG/9 HOUR PATCH	20 MG/9 HR	Lower Cost	METHYLPHENIDATE SR
DAYTRANA 30 MG/9 HOUR PATCH	30MG/9HR	Lower Cost	METHYLPHENIDATE SR
DDAVP 4 MCG/ML AMPUL	4MCG/ML	Clinical	MUST MEET CRITERIA
DELSYM COUGH-COLD NIGHTIME	30-12.5/30	Lower Cost	CHERATUSSIN AC SYRUP
DELSYM MULTI-SYMPTOM NIGHT	5-325MG/15	Lower Cost	delsym
DEMECLOCYCLINE 150 MG TABLE	150 MG	Clinical	MUST MEET CRITERIA
DEMECLOCYCLINE 300 MG TABLE	300 MG	Clinical	MUST MEET CRITERIA
DEMSER 250 MG CAPSULE	250 MG	Lower Cost	Propranolol
DEPEN 250 MG TITRATAB	250 MG	Lower Cost	HYDROXYCHLOROQUINE

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
DERMAMED MOISTURIZING SPRAY		Lower Cost	derma-smoothe
DERMAMED OINTMENT		Lower Cost	derma-smoothe
DERMAPHOR OINTMENT	44 %	Lower Cost	derma-smoothe
DERMATOP 0.1% CREAM	0.1%	Lower Cost	HYDROCORTISONE CREAM
DERMATOP 0.1% OINTMENT	0.1%	Lower Cost	HYDROCORTISONE CREAM
DERMOTIC OIL 0.01% EAR DROP	0.01 %	Lower Cost	antipyrine/benzocaine
DESONATE 0.05% GEL	0.05%	Lower Cost	DESONIDE OINTMENT
DESOWEN 0.05% LOTION KIT	0.05%	Lower Cost	DESONIDE OINTMENT
DESOXYN 5 MG TABLET	5 MG	Lower Cost	DEXTROAMPHETAMINE
DETROL 1 MG TABLET	1 MG	Lower Cost	OXYBUTYNIN, VESICARE
DETROL 2 MG TABLET	2 MG	Lower Cost	OXYBUTYNIN, VESICARE
DETROL LA 2 MG CAPSULE	2 MG	Lower Cost	OXYBUTYNIN, VESICARE
DETROL LA 4 MG CAPSULE	4 MG	Lower Cost	OXYBUTYNIN, VESICARE
DEXCHLORPHEN 2 MG/5 ML SYRU	2 MG/5 ML	Lower Cost	CHLORPHENIRAMINE
DEXEDRINE SPANSULE 10 MG	10 MG	Lower Cost	DEXTROAMPHETAMINE ER CAP
DEXEDRINE SPANSULE 15 MG	15 MG	Lower Cost	DEXTROAMPHETAMINE ER CAP
DEXEDRINE SPANSULE 5 MG	5 MG	Lower Cost	DEXTROAMPHETAMINE ER CAP
DEXILANT DR 30 MG CAPSULE	30 MG	Lower Cost	PANTOPRAZOLE SODIUM
DEXILANT DR 60 MG CAPSULE	60 MG	Lower Cost	PANTOPRAZOLE SODIUM
DEXPAK 13 DAY 1.5 MG TABLET	1.5MG (51)	Lower Cost	DEXAMETHASONE
DEXPAK 6 DAY 1.5 MG TABLET	1.5MG (21)	Lower Cost	DEXAMETHASONE
DEXRAZOXANE 250 MG VIAL	250 MG	Clinical	MUST MEET CRITERIA
DEXRAZOXANE 500 MG VIAL	500 MG	Clinical	MUST MEET CRITERIA
DIALYVITE 3,000 TABLET	3MG-15MG	Lower Cost	POLYVITAMIN
DIALYVITE 5000 TABLET	5 MG	Lower Cost	POLYVITAMIN
DIALYVITE SUPREME D TABLET	3 MG-2000	Lower Cost	POLYVITAMIN
DIALYVITE TABLET	1MG-100MG	Lower Cost	POLYVITAMIN
DIALYVITE WITH ZINC TABLET	1MG-100MG	Lower Cost	POLYVITAMIN
DIATX ZN TABLET	5-1.5-25MG	Lower Cost	POLYVITAMIN
DIFFERIN 0.1% CREAM	0.1%	Lower Cost	TRETINOIN
DIFFERIN 0.1% LOTION	0.1%	Lower Cost	TRETINOIN
DIFFERIN 0.3% GEL	0.3 %	Lower Cost	TRETINOIN
DIFIL-G 400 TABLET	400-200MG	Lower Cost	Guaifenisin
DILATRATE-SR 40 MG CAPSULE	40 MG	Lower Cost	isosorbide dinitrate

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
DILUENT FOR FLOLAN VIAL		Lower Cost	MUST MEET CRITERIA
DIMETAPP COLD & CONGEST LIQ	2.5-6.25/5	Lower Cost	CHERATUSSIN AC SYRUP
DIMETAPP DM COLD & COUGH EL	1-2.5-5/5	Lower Cost	CHERATUSSIN AC SYRUP
DIMETAPP LONG-ACTING COUGH	7.5-1MG/5	Lower Cost	CHERATUSSIN AC SYRUP
DIOVAN 160 MG TABLET	160 MG	Lower Cost	Losartan
DIOVAN 320 MG TABLET	320 MG	Lower Cost	LISINOPRIL
DIOVAN 40 MG TABLET	40 MG	Lower Cost	LISINOPRIL
DIOVAN 80 MG TABLET	80 MG	Lower Cost	LISINOPRIL
DIOVAN HCT 160-12.5 MG TAB	160-12.5MG	Lower Cost	Losartan/HCTZ
DIOVAN HCT 160-25 MG TABLET	160-25MG	Lower Cost	Losartan/HCTZ
DIOVAN HCT 320-12.5 MG TAB	320-12.5MG	Lower Cost	Losartan/HCTZ
DIOVAN HCT 320-25 MG TABLET	320MG-25MG	Lower Cost	Losartan/HCTZ
DIOVAN HCT 80-12.5 MG TABLET	80-12.5MG	Lower Cost	Losartan/HCTZ
DIPENTUM 250 MG CAPSULE	250 MG	Clinical	MUST MEET CRITERIA
DIPROLENE 0.05% LOTION	0.05%	Lower Cost	BETAMETHASONE VALERATE LOTION
DIPROLENE 0.05% OINTMENT	0.05%	Lower Cost	HYDROCORTISONE CREAM
DIPROLENE AF 0.05% CREAM	0.05%	Lower Cost	BETAMETHASONE CREAM
DIPYRIDAMOLE 5 MG/ML VIAL	5 MG/ML	Lower Cost	DIPYRIDAMOLE TAB
DIURIL 250 MG/5 ML ORAL SUS	250 MG/5ML	Lower Cost	CHLORTHALIDONE
DIVIGEL 0.25 MG GEL PACKET	0.25(0.1%)	Lower Cost	ESTRADIOL PATCH
DIVIGEL 0.5 MG GEL PACKET	0.5MG(0.1)	Lower Cost	ESTRADIOL PATCH
DIVIGEL 1 MG GEL PACKET	1MG(0.1%)	Lower Cost	ESTRADIOL PATCH
DORAL 15 MG TABLET	15 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
DORYX DR 100 MG TABLET	100 MG	Lower Cost	DOXYCYCLINE HYCLATE
DORYX DR 150 MG TABLET	150 MG	Lower Cost	DOXYCYCLINE HYCLATE
DOXYCYCLINE HYC DR 75 MG TA	75 MG	Lower Cost	DOXYCYCLINE HYCLATE
DOXYCYCLINE MONO 75 MG CAPS	75 MG	Lower Cost	DOXYCYCLINE HYCLATE
DRISDOL 8,000 UNITS/ML DROP	8000/ML	Lower Cost	vitamin D
DRONABINOL 10 MG CAPSULE	10 MG	Lower Cost	ONDANSETRON
DRONABINOL 2.5 MG CAPSULE	2.5 MG	Lower Cost	ONDANSETRON
DRONABINOL 5 MG CAPSULE	5 MG	Lower Cost	ONDANSETRON
DROXIA 200 MG CAPSULE	200 MG	Lower Cost	HYDROXYUREA
DROXIA 300 MG CAPSULE	300 MG	Lower Cost	HYDROXYUREA
DROXIA 400 MG CAPSULE	400 MG	Lower Cost	HYDROXYUREA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
DUET DHA BALANCED COMBO PAC	27-1-430MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
DUET DHA COMPLETE COMBO PAC	27-1-300MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
DUET DHA COMPLETE COMBO PAC	27-1-430MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
DUETACT 30-2 MG TABLET	30 MG-2 MG	Lower Cost	METFORMIN
DUETACT 30-4 MG TABLET	30 MG-4 MG	Lower Cost	METFORMIN
DULERA 100 MCG/5 MCG INHALE	100-5 MCG	Step Therapy	SYMBICORT
DULERA 200 MCG/5 MCG INHALE	200-5 MCG	Step Therapy	SYMBICORT
DURAFU TABLET	60-20-500	Lower Cost	CHERATUSSIN AC SYRUP
DUREZOL 0.05% EYE DROPS	0.05%	Lower Cost	ketorolac
D-VI-SOL 400 UNITS/ML DROP	400/ML	Lower Cost	vitamin D
DYLIX 100 MG/15 ML ELIXIR	100MG/15ML	Lower Cost	Theophylline
DYNACIRC CR 10 MG TABLET	10 MG	Lower Cost	Amlodipine
DYNACIRC CR 5 MG TABLET	5 MG	Lower Cost	Amlodipine
ED BRON GP LIQUID	100-5 MG/5	Lower Cost	CHERATUSSIN AC SYRUP
ED CHLORPED D PEDIATRIC DRO	6MG-2MG/ML	Lower Cost	CHERATUSSIN AC SYRUP
ED CHLORPED DROPS	2 MG/ML	Lower Cost	CHLORPHENIRAMINE
ED CYTE F TABLET	106-50-1MG	Lower Cost	Multivitamin w/FE
EDECIN 25 MG TABLET	25 MG	Clinical	MUST MEET CRITERIA
ED-FLEX CAPSULE	200-300-20	Lower Cost	acetaminophen
EDLUAR 10 MG SL TABLET	10 MG	Lower Cost	zolpidem
EDLUAR 5 MG SL TABLET	5 MG	Lower Cost	zolpidem
EFFER-K 10 MEQ TABLET EFF	10 MEQ	Lower Cost	Klor-Con 10, 20
EFFER-K 20 MEQ TABLET EFF	20 MEQ	Lower Cost	Klor-Con 10, 20
EFFEXOR XR 150 MG CAPSULE	150 MG	Step Therapy	venlafaxine
EFFEXOR XR 37.5 MG CAPSULE	37.5 MG	Step Therapy	venlafaxine
EFFEXOR XR 75 MG CAPSULE	75 MG	Step Therapy	venlafaxine
EFFIENT 10 MG TABLET	10 MG	Lower Cost	PLAVIX
EFFIENT 5 MG TABLET	5 MG	Lower Cost	PLAVIX
EFUDEX 5% CREAM	5 %	Lower Cost	imiquimod
ELDERCAPS CAPSULE	1 MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
ELESTAT 0.05% EYE DROPS	0.05%	Lower Cost	NAPHAZOLINE
ELESTRIN 0.06% GEL	0.87G	Lower Cost	estradiol
ELIDEL 1% CREAM	1 %	Step Therapy	fluocinonide
ELLA 30 MG TABLET	30 MG	Lower Cost	NEOCON, LOESTRIN, LO-OVRAL

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
ELMIRON 100 MG CAPSULE	100 MG	Lower Cost	PHENAZOPYRIDINE
ELOCON 0.1% LOTION	0.1%	Lower Cost	MOMETASONE CREAM
EMADINE 0.05% EYE DROPS	0.05%	Lower Cost	NAPHAZOLINE
EMCYT 140 MG CAPSULE	140 MG	Clinical	MUST MEET CRITERIA
EMEND 125 MG CAPSULE	125 MG	Lower Cost	ONDANSETRON
EMEND 40 MG CAPSULE	40 MG	Lower Cost	ONDANSETRON
EMEND 80 MG CAPSULE	80 MG	Lower Cost	ONDANSETRON
EMEND TRIFOLD PACK	125MG-80MG	Lower Cost	ONDANSETRON
EMSAM 12 MG/24 HOURS PATCH	12MG/24HR	Lower Cost	selegiline
EMSAM 6 MG/24 HOURS PATCH	6MG/24HR	Lower Cost	selegiline
EMSAM 9 MG/24 HOURS PATCH	9MG/24HR	Lower Cost	selegiline
ENABLEX 15 MG TABLET	15 MG	Lower Cost	OXYBUTYNIN; VESICARE
ENABLEX 7.5 MG TABLET	7.5 MG	Lower Cost	OXYBUTYNIN; VESICARE
ENBREL 25 MG KIT	25 MG	Clinical	MUST MEET CRITERIA
ENBREL 25 MG/0.5 ML SYRINGE	25MG/0.5ML	Clinical	MUST MEET CRITERIA
ENBREL 50 MG/ML SURECLICK S	50 MG/ML	Clinical	MUST MEET CRITERIA
ENBREL 50 MG/ML SYRINGE	50 MG/ML	Clinical	MUST MEET CRITERIA
ENDACOF-DC LIQUID	30-10MG/5	Lower Cost	CHERATUSSIN AC SYRUP
ENEMEEZ PLUS MINI ENEMA	283-20MG	Clinical	MUST MEET CRITERIA
ENJUVIA 0.3 MG TABLET	0.3 MG	Lower Cost	estradiol
ENJUVIA 0.45 MG TABLET	0.45MG	Lower Cost	estradiol
ENJUVIA 0.625 MG TABLET	0.625 MG	Lower Cost	estradiol
ENJUVIA 0.9 MG TABLET	0.9 MG	Lower Cost	estradiol
ENJUVIA 1.25 MG TABLET	1.25 MG	Lower Cost	estradiol
ENTOCORT EC 3 MG CAPSULE	3 MG	Lower Cost	prednisone
EPHEDRINE SU 25 MG CAPSULE	25 MG	Lower Cost	ALBUTEROL
EPIDUO GEL	0.1 %-2.5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
EPIFLUR 0.25 MG TABLET CHEW	0.25(0.55)	Lower Cost	multivitamin w/fluoride
EPIFLUR 0.5 MG TABLET CHEWA	0.5(1.1)MG	Lower Cost	multivitamin w/fluoride
EPLERENONE 25 MG TABLET	25 MG	Lower Cost	SPIRONOLACTONE
EPLERENONE 50 MG TABLET	50 MG	Lower Cost	SPIRONOLACTONE
EPOGEN 10,000 UNITS/ML VIAL	10000/ML	Clinical	MUST MEET CRITERIA
EPOGEN 2,000 UNITS/ML VIAL	2000/ML	Clinical	MUST MEET CRITERIA
EPOGEN 20,000 UNITS/2 ML VI	20000/2ML	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
EPOGEN 20,000 UNITS/ML VIAL	20000/ML	Clinical	MUST MEET CRITERIA
EPOGEN 3,000 UNITS/ML VIAL	3000/ML	Clinical	MUST MEET CRITERIA
EPOGEN 4,000 UNITS/ML VIAL	4000/ML	Clinical	MUST MEET CRITERIA
ERTACZO 2% CREAM	2 %	Lower Cost	CLOTRIMAZOLE CREAM
ERYTHROMYCIN 2% PLEDGETS	2 %	Lower Cost	erythromycin
ESTRACE 0.01% CREAM	0.01 %	Lower Cost	PREMPRO
ESTRADERM 0.05 MG PATCH	0.05MG/24H	Lower Cost	ESTRADIOL PATCH
ESTRADERM 0.1 MG PATCH	0.1MG/24HR	Lower Cost	ESTRADIOL PATCH
ESTRASORB PACKET	2.5/G-1.74	Lower Cost	estradiol
ESTRING 2 MG VAGINAL RING	7.5MCG/24H	Lower Cost	PREMPRO
ESTROSTEP FE-28 TABLET	5-7-9-7	Lower Cost	NEOCON, LOESTRIN, LO-OVRAL
ETIDRONATE DISODIUM 200 MG	200 MG	Lower Cost	ALENDRONATE
ETIDRONATE DISODIUM 400 MG	400 MG	Lower Cost	ALENDRONATE
EURAX 10% CREAM	10 %	Lower Cost	PERMETHRIN LOTN
EURAX 10% LOTION	10 %	Lower Cost	PERMETHRIN LOTN
EVAMIST 1.53 MG/SPRAY	1.53/SPRAY	Lower Cost	estradiol
EVOCLIN 1% FOAM	1 %	Lower Cost	clindamycin
EVOXAC 30 MG CAPSULE	30 MG	Lower Cost	pilocarpine
EXALGO ER 12 MG TABLET	12 MG	Lower Cost	morphine ER
EXALGO ER 16 MG TABLET	16 MG	Lower Cost	morphine ER
EXALGO ER 8 MG TABLET	8 MG	Lower Cost	morphine ER
EXELDERM 1% CREAM	1 %	Lower Cost	CLOTRIMAZOLE CREAM
EXELDERM 1% SOLUTION	1 %	Lower Cost	CLOTRIMAZOLE CREAM
EXELON 2 MG/ML ORAL SOLUTIO	2 MG/ML	Lower Cost	rivastigmine
EXFORGE 10-160 MG TABLET	10MG-160MG	Lower Cost	AMLODIPINE
EXFORGE 10-320 MG TABLET	10MG-320MG	Lower Cost	AMLODIPINE
EXFORGE 5-160 MG TABLET	5MG-160MG	Lower Cost	AMLODIPINE
EXFORGE 5-320 MG TABLET	5MG-320MG	Lower Cost	AMLODIPINE
EXFORGE HCT 10-160-12.5 MG	10MG-160MG	Lower Cost	LISINOPRIL/HCTZ
EXFORGE HCT 10-160-25 MG TA	10-160-25	Lower Cost	LISINOPRIL/HCTZ
EXFORGE HCT 10-320-25 MG TA	10-320-25	Lower Cost	LISINOPRIL/HCTZ
EXFORGE HCT 5-160-12.5 MG T	5-160-12.5	Lower Cost	LISINOPRIL/HCTZ
EXFORGE HCT 5-160-25 MG TAB	5-160-25MG	Lower Cost	AMLODIPINE
EXJADE 125 MG TABLET	125 MG	Clinical	MUST MEET CRITERIA

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
EXJADE 250 MG TABLET	250 MG	Clinical	MUST MEET CRITERIA
EXJADE 500 MG TABLET	500 MG	Clinical	MUST MEET CRITERIA
EXPECTORANT DM COUGH LIQUID	300-20MG/5	Lower Cost	CHERATUSSIN AC SYRUP
EXTAVIA 0.3 MG KIT	0.3 MG	Clinical	MUST MEET CRITERIA
EXTINA 2% FOAM	2 %	Lower Cost	ketoconazole
FACTIVE 320 MG TABLET	320 MG	Lower Cost	CIPROFLOXACIN
FAMCICLOVIR 125 MG TABLET	125 MG	Lower Cost	ACYCLOVIR, VALCYCLOVIR
FAMCICLOVIR 250 MG TABLET	250 MG	Lower Cost	ACYCLOVIR, VALCYCLOVIR
FAMCICLOVIR 500 MG TABLET	500 MG	Lower Cost	ACYCLOVIR, VALCYCLOVIR
FANAPT 1 MG TABLET	1 MG	Lower Cost	RISPERIDONE
FANAPT 10 MG TABLET	10 MG	Lower Cost	RISPERIDONE
FANAPT 12 MG TABLET	12 MG	Lower Cost	RISPERIDONE
FANAPT 2 MG TABLET	2 MG	Lower Cost	RISPERIDONE
FANAPT 4 MG TABLET	4 MG	Lower Cost	RISPERIDONE
FANAPT 6 MG TABLET	6 MG	Lower Cost	RISPERIDONE
FANAPT 8 MG TABLET	8 MG	Lower Cost	RISPERIDONE
FANAPT TITRATION PACK	1-2-4-6MG	Lower Cost	RISPERIDONE
FARESTON 60 MG TABLET	60 MG	Clinical	MUST MEET CRITERIA
FAZACLO 100 MG ODT	100 MG	Lower Cost	CLOZAPINE
FAZACLO 12.5 MG ODT	12.5 MG	Lower Cost	CLOZAPINE
FAZACLO 150 MG ODT	150 MG	Lower Cost	CLOZAPINE
FAZACLO 200 MG ODT	200 MG	Lower Cost	CLOZAPINE
FAZACLO 25 MG ODT	25 MG	Lower Cost	CLOZAPINE
FEIBA NF 1,750-3,250 UNIT V	1750-3250	Clinical	MUST MEET CRITERIA
FEIBA NF 400-650 UNIT VIAL	400-650 U	Clinical	MUST MEET CRITERIA
FEIBA NF 651-1,200 UNIT VIA	651-1200 U	Clinical	MUST MEET CRITERIA
FEIBA VH IMMU 1,750-3,250 U	1750-3250	Clinical	MUST MEET CRITERIA
FEIBA VH IMMUNO 400-650 UNI	400-650 U	Clinical	MUST MEET CRITERIA
FEIBA VH IMMUNO 651-1,200 U	651-1200 U	Clinical	MUST MEET CRITERIA
FELBATOL 400 MG TABLET	400 MG	Clinical	MUST MEET CRITERIA
FELBATOL 600 MG TABLET	600 MG	Clinical	MUST MEET CRITERIA
FELBATOL 600 MG/5 ML SUSP	600MG/5ML	Clinical	MUST MEET CRITERIA
FEMARA 2.5 MG TABLET	2.5 MG	Clinical	MUST MEET CRITERIA
FEMECAL OB TABLET	22-6-1MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
FEMHRT 0.5 MG-2.5 MCG TABLE	0.5MG-2.5	Lower Cost	PREMARIN
FEMHRT 1-5 TABLET	1MG-5MCG	Lower Cost	PREMARIN
FEMRING 0.05 MG VAGINAL RIN	0.05MG/24H	Lower Cost	PREMPRO
FEMTRACE 0.45 MG TABLET	0.45MG	Lower Cost	ESTRADIOL
FEMTRACE 0.9 MG TABLET	0.9 MG	Lower Cost	ESTRADIOL
FEMTRACE 1.8 MG TABLET	1.8MG	Lower Cost	ESTRADIOL
FENTANYL 100 MCG/HR PATCH	100MCG/HR	Clinical	MUST MEET CRITERIA
FENTANYL 12 MCG/HR PATCH	12MCG/HR	Clinical	MUST MEET CRITERIA
FENTANYL 25 MCG/HR PATCH	25MCG/HR	Clinical	MUST MEET CRITERIA
FENTANYL 75 MCG/HR PATCH	75MCG/HR	Clinical	MUST MEET CRITERIA
FENTANYL CITRATE OTFC 200 M	200 MCG	Lower Cost	OXYCODONE
FENTORA 100 MCG BUCCAL TABL	100 MCG	Lower Cost	OXYCODONE
FENTORA 200 MCG BUCCAL TABL	200 MCG	Lower Cost	OXYCODONE
FENTORA 400 MCG BUCCAL TABL	400 MCG	Lower Cost	OXYCODONE
FENTORA 600 MCG BUCCAL TABL	600 MCG	Lower Cost	OXYCODONE
FENTORA 800 MCG BUCCAL TABL	800 MCG	Lower Cost	OXYCODONE
FEROTRINSIC CAPSULE	110-0.5MG	Lower Cost	Ferrous Sulfate
FERRALET 90 DUAL-IRON TABLE	90-1-50 MG	Lower Cost	Ferrous Sulfate
FERRAPLUS 90 TABLET	90-1-50 MG	Lower Cost	Ferrous Sulfate
FERREX 28 TABLET	151-200-1	Lower Cost	Ferrous Sulfate
FERROCITE PLUS TABLET	106 MG-1MG	Lower Cost	Ferrous Sulfate
FERROGELS FORTE SOFTGEL	460-60MG	Lower Cost	Ferrous Sulfate
FEXMID 7.5 MG TABLET	7.5 MG	Lower Cost	CYCLOBENZAPRINE
FEXOFENADINE HCL 180 MG TAB	180 MG	Lower Cost	LORATADINE
FEXOFENADINE HCL 30 MG TABL	30 MG	Lower Cost	LORATADINE
FEXOFENADINE HCL 60 MG TABL	60 MG	Lower Cost	LORATADINE
FIBRICOR 105 MG TABLET	105 MG	Lower Cost	FENOFIBRATE
FIBRICOR 35 MG TABLET	35 MG	Lower Cost	FENOFIBRATE
FINACEA 15% GEL	15 %	Lower Cost	BENZOYL PEROXIDE/ERYTHROMYCIN
FINACEA PLUS KIT	15 %	Lower Cost	BENZOYL PEROXIDE/ERYTHROMYCIN
FLAGYL ER 750 MG TABLET	750 MG	Lower Cost	METRONIDAZOLE
FLEBOGAMMA DIF 5% VIAL	5 %	Clinical	MUST MEET CRITERIA
FLECTOR 1.3% PATCH	1.3%	Lower Cost	VOLTAREN GEL
FLU RELIEF THERAPY NIGHT LI	25-650/30	Lower Cost	tri-afed allergy/head cold

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
FLUOR-A-DAY 0.25 MG TAB CHE	0.25(0.55)	Lower Cost	multivitamin w/fluoride
FLUOR-A-DAY 0.5 MG TAB CHEW	0.5(1.1)MG	Lower Cost	multivitamin w/fluoride
FLUOR-A-DAY 1 MG TABLET CHE	1MG(2.2MG)	Lower Cost	multivitamin w/fluoride
FLUOR-A-DAY 2.5 MG/ML DROPS	2.5 MG/ML	Lower Cost	multivitamin w/fluoride
FLUOROPLEX 1% CREAM	1 %	Lower Cost	IMIQUIMOD
FLUOROURACIL 2% TOPICAL SOL	2 %	Lower Cost	FLUOROURACIL
FLUOROURACIL 5% TOP SOLUTIO	5 %	Lower Cost	FLUOROURACIL
FLUOXETINE DR 90 MG CAPSULE	90 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
FML S.O.P. 0.1% OINTMENT	0.1%	Lower Cost	FML FORTE
FOAMING ANTACID LIQUID	358-95/15	Lower Cost	aluminum hydroxide
FOCALIN XR 10 MG CAPSULE	10 MG	Lower Cost	METHYLPHENIDATE SR
FOCALIN XR 15 MG CAPSULE	15 MG	Lower Cost	METHYLPHENIDATE SR
FOCALIN XR 20 MG CAPSULE	20 MG	Lower Cost	METHYLPHENIDATE SR
FOCALIN XR 30 MG CAPSULE	30 MG	Lower Cost	METHYLPHENIDATE SR
FOCALIN XR 40 MG CAPSULE	40 MG	Lower Cost	METHYLPHENIDATE SR
FOCALIN XR 5 MG CAPSULE	5 MG	Lower Cost	METHYLPHENIDATE SR
FOLAST TABLET	2-2.8-25MG	Lower Cost	folic acid
FOLBEE PLUS TABLET	5 MG	Lower Cost	folic acid
FOLCAPS TABLET	0.5-2.2-25	Lower Cost	folic acid
FOLGARD RX TABLET	1-2.2-25MG	Lower Cost	folic acid
FOLIVANE-EC CALCIUM DHA COM	27-1-250MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
FOLIVANE-OB CAPSULE	85 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
FOLIVANE-PRX DHA NF CAPSULE	30-1.24-55	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
FOLTX TABLET	2-2.5-25MG	Lower Cost	folic acid
FORTAMET ER 1,000 MG TABLET	1000 MG	Lower Cost	METFORMIN ER
FORTAMET ER 500 MG TABLET	500 MG	Lower Cost	METFORMIN ER
FORTEO 600 MCG/2.4 ML PEN I	20MCG/DOSE	Clinical	MUST MEET CRITERIA
FORTESTA 10 MG GEL PUMP	10 MG (2%)	Lower Cost	TESTIM
FOSAMAX 70 MG ORAL SOLUTION	70 MG/75ML	Lower Cost	ALENDRONATE
FOSAMAX PLUS D 70 MG-2,800	70 MG-2800	Lower Cost	ALENDRONATE
FOSAMAX PLUS D 70 MG-5,600	70 MG-5600	Lower Cost	ALENDRONATE
FRAGMIN 10,000 UNITS SYRING	10000/ML	Clinical	MUST MEET CRITERIA
FRAGMIN 12,500 UNITS SYRING	12500/0.5	Clinical	MUST MEET CRITERIA
FRAGMIN 15,000 UNITS SYRING	15000/0.6	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
FRAGMIN 18,000 UNITS SYRING	18000/0.72	Clinical	MUST MEET CRITERIA
FRAGMIN 2,500 UNITS SYRINGE	2500/0.2ML	Clinical	MUST MEET CRITERIA
FRAGMIN 25,000 UNITS/ML VIA	25000/ML	Clinical	MUST MEET CRITERIA
FRAGMIN 5,000 UNITS SYRINGE	5000/0.2ML	Clinical	MUST MEET CRITERIA
FRAGMIN 7,500 UNITS SYRINGE	7500/0.3ML	Clinical	MUST MEET CRITERIA
FRESHKOTE EYE DROPS	2-0.9-1.8%	Lower Cost	OPTICS EYE WASH
FROVA 2.5 MG TABLET	2.5 MG	Lower Cost	SUMATRIPTAN
FUMATINIC ER CAPSULE	200-60MG-5	Lower Cost	Ferrous Sulfate
FUNGOID 2% TINCTURE	2 %	Lower Cost	TERBINAFINE
FURADANTIN 25 MG/5 ML SUSP	25 MG/5 ML	Lower Cost	NITROFURANTOIN
GABLOFEN 10,000 MCG/20 ML V	10000/20ML	Clinical	MUST MEET CRITERIA
GABLOFEN 40,000 MCG/20 ML V	40000/20ML	Clinical	MUST MEET CRITERIA
GABLOFEN 50 MCG/ML SYRINGE	50 MCG/ML	Clinical	MUST MEET CRITERIA
GAMASTAN S/D SYRINGE	15%-18%	Clinical	MUST MEET CRITERIA
GAMASTAN S-D VIAL	15%-18%	Clinical	MUST MEET CRITERIA
GAMMAGARD LIQUID 10% VIAL	10 %	Clinical	MUST MEET CRITERIA
GAMMAGARD S-D 10 GM VL W/ST	10 G	Clinical	MUST MEET CRITERIA
GAMMAGARD S-D 2.5 GM VL W/S	2.5 G	Clinical	MUST MEET CRITERIA
GAMMAGARD S-D 5 G (IGA<1) S	5G	Clinical	MUST MEET CRITERIA
GAMMAGARD S-D 5 GM VL W/SET	5G	Clinical	MUST MEET CRITERIA
GAMUNEX 10% VIAL	10 %	Clinical	MUST MEET CRITERIA
GAMUNEX-C 1 GRAM/10 ML VIAL	1G/10ML	Clinical	MUST MEET CRITERIA
GAMUNEX-C 10 GRAM/100 ML VI	10G/100ML	Clinical	MUST MEET CRITERIA
GAMUNEX-C 2.5 GRAM/25 ML VI	2.5G/25ML	Clinical	MUST MEET CRITERIA
GAMUNEX-C 20 GRAM/200 ML VI	20G/200ML	Clinical	MUST MEET CRITERIA
GAMUNEX-C 5 GRAM/50 ML VIAL	5G/50ML	Clinical	MUST MEET CRITERIA
GASTROCROM 100 MG/5 ML CONC	20 MG/ML	Clinical	MUST MEET CRITERIA
GELNIQUE 10% GEL SACHETS	10 %	Lower Cost	OXYBUTYNIN, VESICARE
GENOTROPIN 12 MG CARTRIDGE	12MG/ML	Clinical	MUST MEET CRITERIA
GENOTROPIN 5 MG CARTRIDGE	5 MG/ML	Clinical	MUST MEET CRITERIA
GENOTROPIN MINIQUICK 0.2 MG	0.2MG/0.25	Clinical	MUST MEET CRITERIA
GENOTROPIN MINIQUICK 0.4 MG	0.4MG/0.25	Clinical	MUST MEET CRITERIA
GENOTROPIN MINIQUICK 0.6 MG	0.6MG/0.25	Clinical	MUST MEET CRITERIA
GENOTROPIN MINIQUICK 0.8 MG	0.8MG/0.25	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
GENOTROPIN MINIQUICK 1 MG	1MG/0.25ML	Clinical	MUST MEET CRITERIA
GENOTROPIN MINIQUICK 1.2 MG	1.2MG/0.25	Clinical	MUST MEET CRITERIA
GENOTROPIN MINIQUICK 1.4 MG	1.4MG/0.25	Clinical	MUST MEET CRITERIA
GENOTROPIN MINIQUICK 1.6 MG	1.6MG/0.25	Clinical	MUST MEET CRITERIA
GENOTROPIN MINIQUICK 1.8 MG	1.8MG/0.25	Clinical	MUST MEET CRITERIA
GENOTROPIN MINIQUICK 2 MG	2MG/0.25ML	Clinical	MUST MEET CRITERIA
GENTEAL MILD 0.2% EYE DROPS	0.2 %	Lower Cost	ARTIFICIAL TEARS
GENTEAL MILD-MODERATE EYE D	0.3 %	Lower Cost	ARTIFICIAL TEARS
GENTEAL SEVERE 0.3% EYE GEL	0.3 %	Lower Cost	ARTIFICIAL TEARS
GEODON 20 MG CAPSULE	20 MG	Lower Cost	RISPERIDONE
GEODON 40 MG CAPSULE	40 MG	Lower Cost	RISPERIDONE
GEODON 60 MG CAPSULE	60 MG	Lower Cost	RISPERIDONE
GEODON 80 MG CAPSULE	80 MG	Lower Cost	RISPERIDONE
GILENYA 0.5 MG CAPSULE	0.5 MG	Clinical	MUST MEET CRITERIA
GLEEVEC 100 MG TABLET	100 MG	Clinical	MUST MEET CRITERIA
GLEEVEC 400 MG TABLET	400 MG	Clinical	MUST MEET CRITERIA
GLUMETZA ER 1,000 MG TABLET	1000 MG	Lower Cost	Metformin
GLUMETZA ER 500 MG TABLET	500 MG	Lower Cost	METFORMIN ER
GLYCINE 1.5% IRRIGATION	1.5 %	Clinical	MUST MEET CRITERIA
GLYSET 100 MG TABLET	100 MG	Lower Cost	ACARBOSE
GLYSET 25 MG TABLET	25 MG	Lower Cost	ACARBOSE
GLYSET 50 MG TABLET	50 MG	Lower Cost	Metformin
GRANISETRON HCL 1 MG TABLET	1 MG	Lower Cost	ONDANSETRON
GRANISOL 2 MG/10 ML SOLUTIO	1 MG/5 ML	Lower Cost	ONDANSETRON
GRANULEX SPRAY	0.12-87/G	Lower Cost	SANTYL
GUANIDINE HCL 125 MG TABLET	125 MG	Lower Cost	PROSTIGMIN
GYNAZOLE-1 CREAM	2 %	Lower Cost	CLOTRIMAZOLE CREAM
HALFLYTELY-BISACODYL BOWEL	5 MG-210 G	Lower Cost	PEG 3350/ELECTROLYTES
HALOG 0.1% CREAM	0.1%	Lower Cost	BETAMETHASONE CREAM
HALOG 0.1% OINTMENT	0.1%	Lower Cost	BETAMETHASONE
HECTOROL 0.5 MCG CAPSULE	0.5MCG	Lower Cost	CALCITRIOL
HECTOROL 1 MCG CAPSULE	1MCG	Lower Cost	CALCITRIOL
HECTOROL 2.5 MCG CAPSULE	2.5 MCG	Lower Cost	CALCITRIOL
HELIDAC THERAPY	250-500MG	Lower Cost	omeprazole, amoxicillin, sucralfate

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
HELIXATE FS 1,000 UNIT VIAL	1000 (+/-)	Clinical	MUST MEET CRITERIA
HELIXATE FS 2,000 UNIT VIAL	2000 (+/-)	Clinical	MUST MEET CRITERIA
HELIXATE FS 250 UNIT VIAL	250 (+/-)	Clinical	MUST MEET CRITERIA
HELIXATE FS 3,000 UNITS VIA	3000 (+/-)	Clinical	MUST MEET CRITERIA
HELIXATE FS 500 UNIT VIAL	500 (+/-)	Clinical	MUST MEET CRITERIA
HEMATOGEN FA SOFTGEL	200-250MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
HEMATOGEN SOFTGEL	200-250-10	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
HEMOCYTE PLUS CAPSULE	106 MG-1MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
HEMOCYTE-F TABLET	106 MG-1MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
HEMOPIL M 1,701-2,000 UNITS	1701-2000	Clinical	MUST MEET CRITERIA
HEMOPIL M 220-400 UNITS VIA	220-400 U	Clinical	MUST MEET CRITERIA
HEMOPIL M 401-800 UNITS VIA	401-800 U	Clinical	MUST MEET CRITERIA
HEMOPIL M 801-1,700 UNITS V	801-1700 U	Clinical	MUST MEET CRITERIA
HEMORRHOIDAL CREAM	0.25-3-12%	Lower Cost	HYDRCORTISONE
HEMORRHOIDAL OINTMENT		Lower Cost	HYDRCORTISONE
HEPAGAM B VIAL	>312/ML	Clinical	MUST MEET CRITERIA
HEPAGAM B VIAL	>312/ML(5)	Clinical	MUST MEET CRITERIA
HEPARIN LOCK 10 UNITS/ML VI	10 UNIT/ML	Clinical	MUST MEET CRITERIA
HEPARIN LOCK 100 UNITS/ML V	100/ML	Clinical	MUST MEET CRITERIA
HEPARIN LOCK FLUSH 10 UNITS	10 UNIT/ML	Clinical	MUST MEET CRITERIA
HEPARIN LOCK FLUSH 100 UNIT	100/ML	Clinical	MUST MEET CRITERIA
HEPSERA 10 MG TABLET	10 MG	Lower Cost	BARACLUDE 0.5 MG TABLET
HEXALEN 50 MG CAPSULE	50 MG	Clinical	MUST MEET CRITERIA
HIPREX 1 GM TABLET	1 G	Lower Cost	OXYBUTYNIN, VESICARE
HIZENTRA 1 GRAM/5 ML VIAL	1 G/5 ML	Clinical	MUST MEET CRITERIA
HIZENTRA 2 GRAM/10 ML VIAL	2 G/10 ML	Clinical	MUST MEET CRITERIA
HIZENTRA 4 GRAM/20 ML VIAL	4 G/20 ML	Clinical	MUST MEET CRITERIA
HUMALOG 100 UNITS/ML CARTRI	100/ML	Lower Cost	NOVOLOG
HUMALOG 100 UNITS/ML KWIKPE	100/ML	Lower Cost	NOVOLOG
HUMALOG 100 UNITS/ML VIAL	100/ML	Lower Cost	NOVOLOG
HUMALOG MIX 50-50 KWIKPEN	50-50/ML	Lower Cost	NOVOLOG
HUMALOG MIX 75-25 KWIKPEN	75-25/ML	Lower Cost	NOVOLOG
HUMALOG MIX 75-25 VIAL	75-25/ML	Lower Cost	NOVOLOG
HUMATE-P 1,200 UNIT VWF:RCO	500-1200 U	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
HUMATE-P 2,400 UNIT VWF:RCO	1000-2400	Clinical	MUST MEET CRITERIA
HUMATE-P 600 UNIT VWF:RCO	250-600 U	Clinical	MUST MEET CRITERIA
HUMATROPE 12 MG CARTRIDGE	12 MG	Clinical	MUST MEET CRITERIA
HUMATROPE 24 MG CARTRIDGE	24 MG	Clinical	MUST MEET CRITERIA
HUMATROPE 5 MG VIAL	5 MG	Clinical	MUST MEET CRITERIA
HUMATROPE 6 MG CARTRIDGE	6 MG	Clinical	MUST MEET CRITERIA
HUMIRA 20 MG/0.4 ML SYRINGE	20MG/0.4ML	Clinical	MUST MEET CRITERIA
HUMIRA 40 MG/0.8 ML PEN	40MG/0.8ML	Clinical	MUST MEET CRITERIA
HUMIRA 40 MG/0.8 ML SYRINGE	40MG/0.8ML	Clinical	MUST MEET CRITERIA
HUMULIN 70-30 PEN	70-30/ML	Lower Cost	NOVOLIN
HUMULIN 70-30 VIAL	70-30/ML	Lower Cost	NOVOLIN
HUMULIN N 100 UNITS/ML PEN	100/ML (3)	Lower Cost	NOVOLIN
HUMULIN N 100 UNITS/ML VIAL	100/ML	Lower Cost	NOVOLIN
HUMULIN R 100 UNITS/ML VIAL	100/ML	Lower Cost	NOVOLIN
HYCAMTIN 0.25 MG CAPSULE	0.25 MG	Clinical	MUST MEET CRITERIA
HYCAMTIN 1 MG CAPSULE	1 MG	Clinical	MUST MEET CRITERIA
HYCET 7.5 MG-325 MG/15 ML S	7.5-325/15	Lower Cost	ACETAMINOPHEN/HYDROCODONE
HYDRISALIC GEL	6 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
HYDROCORTISONE BUTY 0.1% CR	0.1%	Lower Cost	Hydrocortisone
HYDROCORTISONE BUTYR 0.1% O	0.1%	Lower Cost	Hydrocortisone
HYPERRAB S/D SYRINGE	300 UNIT/2	Clinical	MUST MEET CRITERIA
HYPERRAB S-D VIAL	150 UNIT/1	Clinical	MUST MEET CRITERIA
HYPERRHO S-D SYRINGE	300 MCG	Clinical	MUST MEET CRITERIA
HYPERRHO S-D SYRINGE	50 MCG	Clinical	MUST MEET CRITERIA
IBUDONE 10-200 MG TABLET	10MG-200MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
IBUDONE 5-200 MG TABLET	5MG-200MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
ICTOTEST TABLET		Clinical	MUST MEET CRITERIA
IMIQUIMOD 5% CREAM PACKET	5 %	Clinical	MUST MEET CRITERIA
INATAL GT TABLET	90-50-1MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
INCRELEX 40 MG/4 ML VIAL	10 MG/ML	Clinical	MUST MEET CRITERIA
INFERGEN 15 MCG/0.5 ML VIAL	15MCG/.5ML	Clinical	MUST MEET CRITERIA
INFERGEN 9 MCG/0.3 ML VIAL	9MCG/0.3ML	Clinical	MUST MEET CRITERIA
INNOHEP 20,000 UNIT/ML VIAL	20000/ML	Clinical	MUST MEET CRITERIA
INNOPRAN XL 120 MG CAPSULE	120 MG	Lower Cost	PROPRANOLOL

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
INNOPRAN XL 80 MG CAPSULE	80 MG	Lower Cost	PROPRANOLOL
INOVA 4% EASY PAD	4%-5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
INOVA 4-1 EASY PAD	1%-4%-5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
INOVA 8% EASY PAD	8%-5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
INOVA 8-2 EASY PAD	2%-8%-5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
INTRON A 10 MILLION UNIT PE	10MM/0.2ML	Clinical	MUST MEET CRITERIA
INTRON A 10 MILLION UNIT/ML	10MM/ML	Clinical	MUST MEET CRITERIA
INTRON A 10 MILLION UNITS V	10MM UNIT	Clinical	MUST MEET CRITERIA
INTRON A 18 MILLION UNITS V	18MM UNIT	Clinical	MUST MEET CRITERIA
INTRON A 3 MILLION UNIT/ML	3MM/0.2 ML	Clinical	MUST MEET CRITERIA
INTRON A 5 MILLION UNIT/ML	5MM/0.2ML	Clinical	MUST MEET CRITERIA
INTRON A 50 MILLION UNITS V	50MM UNIT	Clinical	MUST MEET CRITERIA
INTRON A 6 MILLION UNIT/ML	6MMUNIT/ML	Clinical	MUST MEET CRITERIA
INTUNIV ER 1 MG TABLET	1 MG	Lower Cost	GUANFACINE
INTUNIV ER 2 MG TABLET	2 MG	Lower Cost	GUANFACINE
INTUNIV ER 3 MG TABLET	3 MG	Lower Cost	GUANFACINE
INTUNIV ER 4 MG TABLET	4 MG	Lower Cost	GUANFACINE
INVEGA ER 1.5 MG TABLET	1.5 MG	Lower Cost	RISPERIDONE
INVEGA ER 3 MG TABLET	3 MG	Lower Cost	RISPERIDONE
INVEGA ER 6 MG TABLET	6 MG	Lower Cost	RISPERIDONE
INVEGA ER 9 MG TABLET	9 MG	Lower Cost	RISPERIDONE
IONIL T SHAMPOO	1 %	Lower Cost	FLUOCINONIDE
IOPIDINE 0.5% EYE DROPS	0.5 %	Lower Cost	LATANOPROST
IQUIX 1.5% EYE DROPS	1.5 %	Lower Cost	CIPROFLOXACIN
IRESSA 250 MG TABLET	250 MG	Clinical	MUST MEET CRITERIA
IRON CHEWS 15 MG TABLET CHE	15 MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
ISOPTO CARBACHOL 1.5% DROPS	1.5 %	Lower Cost	pilocarpine
ISOPTO CARBACHOL 3% DROPS	3 %	Lower Cost	pilocarpine
ISOPTO HOMATROPINE 2% DROPS	2 %	Lower Cost	cyclopentolate
ISOPTO HOMATROPINE 5% DROPS	5 %	Lower Cost	cyclopentolate
ISRADIPINE 2.5 MG CAPSULE	2.5 MG	Lower Cost	AMLODIPINE
ISRADIPINE 5 MG CAPSULE	5 MG	Lower Cost	AMLODIPINE
ISTALOL 0.5% EYE DROPS	0.5 %	Lower Cost	TIMOLOL OPHTHALMIC SOLUTION
ITRACONAZOLE 100 MG CAPSULE	100 MG	Clinical	MUST MEET CRITERIA

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
JALYN 0.5-0.4 MG CAPSULE	0.5-0.4 MG	Lower Cost	OXYBUTYNIN, VESICARE
JANUMET 50-1,000 MG TABLET	50-1000MG	Step Therapy	Metformin
JANUMET 50-500 MG TABLET	50MG-500MG	Step Therapy	Metformin
JANUVIA 100 MG TABLET	100 MG	Step Therapy	Metformin
JANUVIA 25 MG TABLET	25 MG	Step Therapy	Metformin
JANUVIA 50 MG TABLET	50 MG	Step Therapy	Metformin
KADIAN ER 10 MG CAPSULE	10 MG	Lower Cost	MORPHINE ER
KADIAN ER 100 MG CAPSULE	100 MG	Lower Cost	MORPHINE ER
KADIAN ER 20 MG CAPSULE	20 MG	Lower Cost	MORPHINE ER
KADIAN ER 200 MG CAPSULE	200 MG	Lower Cost	MORPHINE ER
KADIAN ER 30 MG CAPSULE	30 MG	Lower Cost	MORPHINE ER
KADIAN ER 50 MG CAPSULE	50 MG	Lower Cost	MORPHINE ER
KADIAN ER 60 MG CAPSULE	60 MG	Lower Cost	MORPHINE ER
KADIAN ER 80 MG CAPSULE	80 MG	Lower Cost	MORPHINE ER
KAPVAY ER 0.1 MG TABLET	0.1 MG	Lower Cost	CLONIDINE
KEFLEX 750 MG CAPSULE	750 MG	Lower Cost	CEPHALEXIN
KENALOG AEROSOL SPRAY	0.147MG/G	Lower Cost	HYDROCORTISONE CREAM
KEPPRA XR 500 MG TABLET	500 MG	Lower Cost	LEVETIRACETAM
KEPPRA XR 750 MG TABLET	750 MG	Lower Cost	LEVETIRACETAM
KERI ORIG MOIST THERAPY LOT		Lower Cost	LACTIC ACID LOTION
KERI SENSITIVE SKIN LOTION		Lower Cost	LACTIC ACID LOTION
KEROL AD 45% EMULSION	45 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
KETEK 300 MG TABLET	300 MG	Lower Cost	AZITHROMYCIN
KETEK 400 MG TABLET	400 MG	Lower Cost	AZITHROMYCIN
KID'S MUCINEX MINI-MELT PAC	50 MG	Lower Cost	GUAIFENESIN 400 MG
KID'S MUCINEX MINI-MELTS PA	100 MG	Lower Cost	GUAIFENESIN 400 MG
KINERET 100 MG/0.67 ML SYR	100MG/0.67	Clinical	MUST MEET CRITERIA
KIONEX 15 GM/60 ML SUSPENS	15G/60ML	Lower Cost	SPS
KOGENATE FS 1,000 UNITS VIA	1000 (+/-)	Clinical	MUST MEET CRITERIA
KOGENATE FS 2,000 UNIT VIAL	2000 (+/-)	Clinical	MUST MEET CRITERIA
KOGENATE FS 250 UNIT VIAL	250 (+/-)	Clinical	MUST MEET CRITERIA
KOGENATE FS 3,000 UNITS VIA	3000 (+/-)	Clinical	MUST MEET CRITERIA
KOGENATE FS 500 UNIT VIAL	500 (+/-)	Clinical	MUST MEET CRITERIA
KOMBIGLYZE XR 2.5-1,000 MG	2.5-1000MG	Lower Cost	Janumet

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
KOMBIGLYZE XR 5-1,000 MG TA	5MG-1000MG	Lower Cost	Janumet
KOMBIGLYZE XR 5-500 MG TABL	5 MG-500MG	Lower Cost	Janumet
KONSYL EASY MIX FORMULA POW		Lower Cost	PEG 3350/ELECTROLYTES
KONSYL-ORANGE POWDER		Lower Cost	PEG 3350/ELECTROLYTES
K-PHOS #2 TABLET	700-305MG	Lower Cost	K-PHOS
K-PHOS M.F. TABLET	350-155MG	Lower Cost	K-PHOS
KUVAN 100 MG TABLET	100 MG	Clinical	MUST MEET CRITERIA
LACRISERT 5 MG EYE INSERT	5 MG	Lower Cost	ARTIFICIAL TEARS
LACTATED RINGERS IRRIGATION		Clinical	MUST MEET CRITERIA
LACTOCAL-F TABLET	65 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
LACTRASE 250 MG CAPSULE	250 MG	Lower Cost	MUST MEET CRITERIA
LAMICTAL ODT 100 MG TABLET	100 MG	Lower Cost	LAMOTRIGINE
LAMICTAL ODT 200 MG TABLET	200 MG	Lower Cost	LAMOTRIGINE
LAMICTAL ODT 25 MG TABLET	25 MG	Lower Cost	LAMOTRIGINE
LAMICTAL ODT 50 MG TABLET	50 MG	Lower Cost	LAMOTRIGINE
LAMICTAL ODT START KIT (BLU	25(21)-50	Lower Cost	LAMOTRIGINE
LAMICTAL ODT START KIT (GRE	50(42)-100	Lower Cost	LAMOTRIGINE
LAMICTAL ODT START KT (ORAN	25-50-100	Lower Cost	LAMOTRIGINE
LAMICTAL TAB START KIT (BLU	25MG (35)	Lower Cost	LAMOTRIGINE
LAMICTAL TAB START KIT (GRE	25(84)-100	Lower Cost	LAMOTRIGINE
LAMICTAL TB START KIT (ORAN	25(42)-100	Lower Cost	LAMOTRIGINE
LAMICTAL XR 100 MG TABLET	100 MG	Lower Cost	LAMOTRIGINE
LAMICTAL XR 200 MG TABLET	200 MG	Lower Cost	LAMOTRIGINE
LAMICTAL XR 25 MG TABLET	25 MG	Lower Cost	LAMOTRIGINE
LAMICTAL XR 50 MG TABLET	50 MG	Lower Cost	LAMOTRIGINE
LAMICTAL XR START KIT (BLUE	25(21)-50	Lower Cost	LAMOTRIGINE
LAMICTAL XR START KIT (GREE	50-100-200	Lower Cost	LAMOTRIGINE
LAMICTAL XR START KIT (ORAN	25-50-100	Lower Cost	LAMOTRIGINE
LAMISIL 125 MG GRANULES PAC	125 MG	Lower Cost	TERBENAFINE
LAMISIL 187.5 MG GRANULES P	187.5MG	Lower Cost	TERBENAFINE
LAMISIL ANTIFUNGAL 1% SPRAY	1 %	Lower Cost	KETOCONAZOLE
LAMISIL AT 1% GEL	1 %	Lower Cost	KETOCONAZOLE
LAMISIL AT 1% SPRAY	1 %	Lower Cost	KETOCONAZOLE
LANSOPRAZOLE DR 15 MG CAPSU	15 MG	Lower Cost	OMEPRAZOLE, PANTOPRAZOLE

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
LANSOPRAZOLE DR 30 MG CAPSU	30 MG	Lower Cost	OMEPRAZOLE, PANTOPRAZOLE
LANSOPRAZOLE ODT 15 MG TABL	15 MG	Lower Cost	OMEPRAZOLE, PANTOPRAZOLE
LANSOPRAZOLE ODT 30 MG TABL	30 MG	Lower Cost	OMEPRAZOLE, PANTOPRAZOLE
LANTUS 100 UNITS/ML VIAL	100/ML	Lower Cost	LEVEMIR
LANTUS SOLOSTAR 100 UNITS/M	100/ML (3)	Lower Cost	LEVEMIR
LASTACAFT 0.25% EYE DROPS	0.25 %	Lower Cost	NAPHAZOLINE
LATUDA 40 MG TABLET	40 MG	Lower Cost	RISPERIDONE TAB
LATUDA 80 MG TABLET	80 MG	Lower Cost	RISPERIDONE TAB
LAVOCLEN-4 ACNE WASH KIT	4 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
LAVOCLEN-8 ACNE WASH KIT	8 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
LESCOL 20 MG CAPSULE	20 MG	Lower Cost	LOVASTATIN
LESCOL 40 MG CAPSULE	40 MG	Lower Cost	LOVASTATIN
LESCOL XL 80 MG TABLET	80 MG	Lower Cost	SIMVASTATIN
LETAIRIS 10 MG TABLET	10 MG	Clinical	MUST MEET CRITERIA
LETAIRIS 5 MG TABLET	5 MG	Clinical	MUST MEET CRITERIA
LEUCOVORIN CALCIUM 15 MG TA	15 MG	Clinical	MUST MEET CRITERIA
LEUKINE 250 MCG VIAL	250 MCG	Clinical	MUST MEET CRITERIA
LEUKINE 500 MCG/ML VIAL	500 MCG/ML	Clinical	MUST MEET CRITERIA
LEVATOL 20 MG TABLET	20 MG	Lower Cost	METOPROLOL
LEVORPHANOL 2 MG TABLET	2 MG	Lower Cost	MORPHINE
LEXAPRO 10 MG TABLET	10 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
LEXAPRO 20 MG TABLET	20 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
LEXAPRO 5 MG TABLET	5 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
LEXAPRO 5 MG/5 ML SOLUTION	5 MG/5 ML	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
LIALDA DR 1.2 GM TABLET	1.2 G	Clinical	MUST MEET CRITERIA
LIDAMANTLE 3% CREAM	3 %	Lower Cost	LIDOCAINE TOPICAL
LIDAMANTLE HC 0.5-3% CREAM	0.5 %-3 %	Lower Cost	LIDOCAINE TOPICAL
LIDODERM 5% PATCH	5%(700MG)	Lower Cost	VOLTAREN GEL
LINDANE 1% LOTION	1 %	Lower Cost	PERMETHRIN LOTN
LINDANE 1% SHAMPOO	1 %	Lower Cost	PERMETHRIN LOTN
LIORESAL IT 0.05 MG/1 ML AM	50 MCG/ML	Clinical	MUST MEET CRITERIA
LIORESAL IT 10 MG/20 ML KIT	500 MCG/ML	Clinical	MUST MEET CRITERIA
LIORESAL IT 10 MG/5 ML KIT	2000MCG/ML	Clinical	MUST MEET CRITERIA
LIPITOR 10 MG TABLET	10 MG	Lower Cost	SIMVASTATIN

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
LIPITOR 20 MG TABLET	20 MG	Lower Cost	SIMVASTATIN
LIPITOR 40 MG TABLET	40 MG	Lower Cost	SIMVASTATIN
LIPITOR 80 MG TABLET	80 MG	Lower Cost	SIMVASTATIN
LIPOFEN 150 MG CAPSULE	150 MG	Lower Cost	FENOFIBRATE
LIPOFEN 50 MG CAPSULE	50 MG	Lower Cost	FENOFIBRATE
LIQ-10 SYRUP	50 MG-15/5	Lower Cost	MUST MEET CRITERIA
LITHOSTAT 250 MG TABLET	250 MG	Clinical	MUST MEET CRITERIA
LIVALO 1 MG TABLET	1 MG	Lower Cost	SIMVASTATIN
LIVALO 2 MG TABLET	2 MG	Lower Cost	SIMVASTATIN
LIVALO 4 MG TABLET	4 MG	Lower Cost	SIMVASTATIN
LMX 4 4% CREAM	4 %	Lower Cost	LIDOCAINE TOPICAL
LMX 4 PLUS KIT	4 %	Lower Cost	LIDOCAINE TOPICAL
LODOSYN 25 MG TABLET	25 MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
LOFIBRA 134 MG CAPSULE	134MG	Lower Cost	FENOFIBRATE
LOFIBRA 160 MG TABLET	160 MG	Lower Cost	FENOFIBRATE
LOFIBRA 200 MG CAPSULE	200 MG	Lower Cost	FENOFIBRATE
LOFIBRA 54 MG TABLET	54 MG	Lower Cost	FENOFIBRATE
LOFIBRA 67 MG CAPSULE	67 MG	Lower Cost	FENOFIBRATE
LOHIST-D LIQUID	30-2MG/5ML	Lower Cost	CHERATUSSIN AC SYRUP
LOHIST-PEB LIQUID	10-4MG/5ML	Lower Cost	CHERATUSSIN AC SYRUP
LOHIST-PSB LIQUID	20-4MG/5ML	Lower Cost	CHERATUSSIN AC SYRUP
LORAZEPAM INTENSOL 2 MG/ML	2 MG/ML	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
LOTRONEX 0.5 MG TABLET	0.5 MG	Lower Cost	DIPHENOXYLATE/ATROPINE
LOTRONEX 1 MG TABLET	1 MG	Lower Cost	DIPHENOXYLATE/ATROPINE
LOVAZA 1 GM CAPSULE	1 G	Lower Cost	NIACIN, FENOFIBRATE
LUMIGAN 0.01% EYE DROPS	0.01 %	Lower Cost	LATANOPROST
LUMINAL 130 MG/ML CARPUJECT	130MG/ML	Lower Cost	PHENOBARBITAL
LUNESTA 1 MG TABLET	1 MG	Lower Cost	ZOLPIDEM
LUNESTA 2 MG TABLET	2 MG	Lower Cost	ZOLPIDEM
LUNESTA 3 MG TABLET	3 MG	Lower Cost	ZOLPIDEM
LUVOX CR 100 MG CAPSULE	100 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
LUVOX CR 150 MG CAPSULE	150 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
LUXIQ 0.12% FOAM	0.12 %	Lower Cost	HYDROCORTISONE CREAM
LYRICA 100 MG CAPSULE	100 MG	Lower Cost	GABAPENTIN

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
LYRICA 150 MG CAPSULE	150 MG	Lower Cost	GABAPENTIN
LYRICA 200 MG CAPSULE	200 MG	Lower Cost	GABAPENTIN
LYRICA 225 MG CAPSULE	225 MG	Lower Cost	GABAPENTIN
LYRICA 25 MG CAPSULE	25 MG	Lower Cost	GABAPENTIN
LYRICA 300 MG CAPSULE	300 MG	Lower Cost	GABAPENTIN
LYRICA 50 MG CAPSULE	50 MG	Lower Cost	GABAPENTIN
LYRICA 75 MG CAPSULE	75 MG	Lower Cost	GABAPENTIN
LYSODREN 500 MG TABLET	500 MG	Clinical	MUST MEET CRITERIA
LYSTEDA 650 MG TABLET	650 MG	Clinical	MUST MEET CRITERIA
MAGNACET 10 MG-400 MG TABLET	10MG-400MG	Lower Cost	ACETAMINOPHEN/OXYCODONE
MAGNACET 5 MG-400 MG TABLET	5MG-400MG	Lower Cost	ACETAMINOPHEN/OXYCODONE
MAGNACET 7.5 MG-400 MG TABLET	7.5-400MG	Lower Cost	ACETAMINOPHEN/OXYCODONE
MAGNEBIND 300 TABLET	250-300MG	Lower Cost	calcium acetate
MAGNEBIND 400 RX TABLET	200-400-1	Lower Cost	calcium acetate
MAGNESIUM DR 64 MG TABLET	64 MG	Lower Cost	Magnesium Oxide
MAGONATE 27 MG TABLET	27 MG(500)	Lower Cost	Magnesium Oxide
MAGONATE 54 MG/5 ML LIQUID	54 MG/5 ML	Lower Cost	Magnesium Oxide
MAG-TAB SR 84 MG CAPLET	84 MG	Lower Cost	Magnesium Oxide
MAGTRATE 500 MG TABLET	29.25 MG	Lower Cost	Magnesium Oxide
MAJOR-PREP HEMORRHOIDAL OIN		Lower Cost	HYDRCORTISONE
MARGESIC H 5-500 CAPSULE	5 MG-500MG	Lower Cost	BUTALBITAL/APAP/CAFFEINE
MARNATAL-F CAPSULE	60 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
MARPLAN 10 MG TABLET	10 MG	Lower Cost	BUSPIRONE
MATERNITY VITAMIN	27 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
MATULANE 50 MG CAPSULE	50 MG	Clinical	MUST MEET CRITERIA
MAXAIR AUTOHALER 0.2 MG AER	200 MCG	Lower Cost	ALBUTEROL
MAXALT 10 MG TABLET	10 MG	Lower Cost	SUMATRIPTAN
MAXALT 5 MG TABLET	5 MG	Lower Cost	SUMATRIPTAN
MAXALT MLT 10 MG TABLET	10 MG	Lower Cost	SUMATRIPTAN
MAXALT MLT 5 MG TABLET	5 MG	Lower Cost	SUMATRIPTAN
MAXARON FORTE CAPSULE	150-60-1	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
MAXIDONE 10-750 MG TABLET	10-750MG	Lower Cost	ACETAMINOPHEN/OXYCODONE
MAXIFED-G CD TABLET	40-10-400	Lower Cost	CHERATUSSIN AC SYRUP
MAXIFLU CD TABLET	40-10-500	Lower Cost	CHERATUSSIN AC SYRUP

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
M-CLEAR WC LIQUID	100-6.3/5	Lower Cost	CHERATUSSIN AC SYRUP
MEBARAL 100 MG TABLET	100 MG	Lower Cost	PHENOBARBITAL
MEBARAL 32 MG TABLET	32 MG	Lower Cost	PHENOBARBITAL
MEBARAL 50 MG TABLET	50 MG	Lower Cost	PHENOBARBITAL
MECLOFENAMATE 100 MG CAPSUL	100 MG	Lower Cost	NAPROXEN, MELOXICAM
MECLOFENAMATE 50 MG CAPSULE	50 MG	Lower Cost	NAPROXEN, MELOXICAM
MEFENAMIC ACID 250 MG CAPSU	250 MG	Lower Cost	NAPROXEN, MELOXICAM
MEGACE ES 625 MG/5 ML SUSP	625MG/5ML	Lower Cost	MEGESTROL
M-END DM SYRUP	15-15-2/5	Lower Cost	CHERATUSSIN AC SYRUP
M-END PE LIQUID	3.3-6.3/5	Lower Cost	CHERATUSSIN AC SYRUP
M-END WC LIQUID	1.3-10-6.3	Lower Cost	CHERATUSSIN AC SYRUP
MENTAX 1% CREAM	1 %	Lower Cost	CLOTRIMAZOLE
METADATE CD 10 MG CAPSULE	10 MG	Lower Cost	METHYLPHENIDATE SR
METADATE CD 20 MG CAPSULE	20 MG	Lower Cost	METHYLPHENIDATE SR
METADATE CD 30 MG CAPSULE	30 MG	Lower Cost	METHYLPHENIDATE SR
METADATE CD 40 MG CAPSULE	40 MG	Lower Cost	METHYLPHENIDATE SR
METADATE CD 50 MG CAPSULE	50 MG	Lower Cost	METHYLPHENIDATE SR
METADATE CD 60 MG CAPSULE	60 MG	Lower Cost	METHYLPHENIDATE SR
METANX TABLET	2-3-35 MG	Lower Cost	multivitamin
METAPROTERENOL 10 MG TABLET	10 MG	Lower Cost	ALBUTEROL
METAPROTERENOL 20 MG TABLET	20 MG	Lower Cost	ALBUTEROL
METAXALONE 800 MG TABLET	800 MG	Lower Cost	METHOCARBAMOL
METHENAMINE MD 1 GM TABLET	1 G	Lower Cost	SULFAMETHOXAZOLE/TRIMETHOPRIM
METHENAMINE MD 500 MG TABLE	500 MG	Lower Cost	SULFAMETHOXAZOLE/TRIMETHOPRIM
METHSCOPOLAMINE BROM 2.5 MG	2.5 MG	Lower Cost	MECLIZINE
METHSCOPOLAMINE BROM 5 MG T	5 MG	Lower Cost	MECLIZINE
METOSOLV ODT 10 MG TABLET	10 MG	Lower Cost	METOCLOPRAMIDE
METOSOLV ODT 5 MG TABLET	5 MG	Lower Cost	METOCLOPRAMIDE
METROGEL TOPICAL 1% GEL	1 %	Lower Cost	METRONIDAZOLE CREAM
METRONIDAZOLE 375 MG CAPSUL	375 MG	Lower Cost	METRONIDAZOLE
MICARDIS 20 MG TABLET	20 MG	Lower Cost	LISINAPRIL
MICARDIS 40 MG TABLET	40 MG	Lower Cost	LISINAPRIL
MICARDIS 80 MG TABLET	80 MG	Lower Cost	LISINAPRIL
MICARDIS HCT 40-12.5 MG TAB	40-12.5MG	Lower Cost	Losartan/HCTZ

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
MICARDIS HCT 80-12.5 MG TAB	80-12.5MG	Lower Cost	Losartan/HCTZ
MICARDIS HCT 80-25 MG TABLE	80 MG-25MG	Lower Cost	Losartan/HCTZ
MICONAZOLE 1 COMBINATION PA	1200MG-2%	Lower Cost	MICONAZOLE
MICRO-BUMINTEST KIT		Clinical	MUST MEET CRITERIA
MICRO-K 8 MEQ EXTENCAPS	8 MEQ	Lower Cost	POTASSIUM CHLORIDE TABLETS
MIDAZOLAM HCL 2 MG/ML SYRUP	2 MG/ML	Lower Cost	LORAZEPAM
MIDAZOLAM HCL 5 MG/ML VIAL	5 MG/ML	Clinical	MUST MEET CRITERIA
MIGERGOT SUPPOSITORY	2-100MG	Lower Cost	ERGOTAMINE/CAFFEINE
MILLIPRED 10 MG/5 ML SOLUTI	10 MG/5 ML	Lower Cost	PREDNISOLONE
MILLIPRED DP 5 MG DOSE PACK	5 MG (21)	Lower Cost	PREDNISOLONE
MILLIPRED DP 5 MG DOSE PACK	5 MG (48)	Lower Cost	PREDNISOLONE
MINERIN CREME		Lower Cost	DESMOPRESSIN ACETATE
MIRAPEX ER 0.375 MG TABLET	0.375 MG	Lower Cost	PRAMIPEXOLE
MIRAPEX ER 0.75 MG TABLET	0.75 MG	Lower Cost	PRAMIPEXOLE
MIRAPEX ER 1.5 MG TABLET	1.5 MG	Lower Cost	PRAMIPEXOLE
MIRAPEX ER 3 MG TABLET	3 MG	Lower Cost	PRAMIPEXOLE
MIRAPEX ER 4.5 MG TABLET	4.5 MG	Lower Cost	PRAMIPEXOLE
MISSION PRENATAL FA TABLET	30-0.8MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
MISSION PRENATAL HP TABLET	30-0.8MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
MISSION PRENATAL TABLET	30-0.4MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
MOBAN 10 MG TABLET	10 MG	Lower Cost	FLUPHENAZINE
MOBAN 25 MG TABLET	25 MG	Lower Cost	FLUPHENAZINE
MOBAN 5 MG TABLET	5 MG	Lower Cost	FLUPHENAZINE
MOBAN 50 MG TABLET	50 MG	Lower Cost	FLUPHENAZINE
MONOCLATE-P 1,000 UNITS KIT	1000 (+/-)	Clinical	MUST MEET CRITERIA
MONOCLATE-P 1,500 UNITS KIT	1500 (+/-)	Clinical	MUST MEET CRITERIA
MONONINE 1,000 UNITS VIAL	1000 (+/-)	Clinical	MUST MEET CRITERIA
MONUROL 3 GM SACHET	3 G	Lower Cost	SULFAMETHOXAZOLE/TRIMETHOPRIM
MOTOFEN TABLET	1-0.025MG	Lower Cost	DIPHENOXYLATE/ATROPINE
MOVIPREP POWDER KIT	7.5-2.691G	Lower Cost	PEG 3350/ELECTROLYTES
MOXATAG ER 775 MG TABLET	775MG	Lower Cost	AMOXACILLIN
MOXEZA 0.5% EYE DROPS	0.5 %	Lower Cost	OFLOXACIN
MST 600 TABLET	600 MG	Lower Cost	ACETAMINOPHEN
MUCINEX COLD LIQUID	100-2.5/5	Lower Cost	CHERATUSSIN AC SYRUP

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
MUCINEX D ER TABLET	1200-120MG	Lower Cost	CHERATUSSIN AC SYRUP
MUCINEX DM ER 1,200-60 MG T	1200-60MG	Lower Cost	CHERATUSSIN AC SYRUP
MUCUS RELIEF DM TABLET	400MG-20MG	Lower Cost	CHERATUSSIN AC SYRUP
MULTAQ 400 MG TABLET	400 MG	Lower Cost	Amiodarone
MULTISTIX 10 SG REAGENT STR		Clinical	MUST MEET CRITERIA
MULTIVIT-FLUOR 0.25 MG TAB	0.25 MG	Lower Cost	multivitamin w/fluoride
MYDRIACYL 1% EYE DROPS	1 %	Lower Cost	CYCLOPENTOLATE
MYFORTIC 180 MG TABLET	180 MG	Lower Cost	MYCOPHENOLATE
MYFORTIC 360 MG TABLET	360 MG	Lower Cost	MYCOPHENOLATE
MYKIDZ IRON 10 SUSPENSION	15MG/1.5ML	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
MYTELASE 10 MG CAPLET	10 MG	Lower Cost	PROSTIGMIN
NADOLOL-BENDROFLU 40-5 MG T	40 MG-5 MG	Lower Cost	METOPROLOL-HCTZ
NADOLOL-BENDROFLU 80-5 MG T	80 MG-5 MG	Lower Cost	METOPROLOL-HCTZ
NAFTIN 1% CREAM	1 %	Lower Cost	MICONAZOLE
NAFTIN 1% GEL	1 %	Lower Cost	MICONAZOLE
NAIL SCRUB LOTION		Lower Cost	TRIPLE ANTIBIOTIC OINTMENT
NALFON 200 MG PULVULE	200 MG	Lower Cost	FENOPROFEN
NALFON 400 MG CAPSULE	400 MG	Lower Cost	FENOPROFEN
NAPRELAN CR 375 MG TABLET	375 MG	Lower Cost	NAPROXEN, MELOXICAM
NAPRELAN CR 500 MG TABLET	500 MG	Lower Cost	NAPROXEN, MELOXICAM
NAPRELAN CR 750 MG TABLET	750 MG	Lower Cost	NAPROXEN, MELOXICAM
NAPRELAN CR DOSECRD 500-750	750(6)-500	Lower Cost	NAPROXEN, MELOXICAM
NASACORT AQ NASAL SPRAY	55MCG	Lower Cost	CROMOLYN SODIUM N.S.
NASCOBAL 500 MCG NASAL SPRA	500 MCG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
NASONEX 50 MCG NASAL SPRAY	50 MCG	Lower Cost	CROMOLYN SODIUM N.S.
NATACYN EYE DROPS	5 %	Lower Cost	KETOCONAZOLE
NATAZIA 28 TABLET	3-2-1(28)	Lower Cost	NEOCON, LOESTRIN, LO-OVRAL
NATELLE ONE CAPSULE	28-1-250MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
NATELLE-EZ TABLET	25MG-0.8MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
NATROBA 0.9% TOPICAL SUSP	0.9 %	Lower Cost	PERMETHRIN
NAVANE 20 MG CAPSULE	20 MG	Lower Cost	THIOTHIXENE
NEBUPENT 300 MG INHAL POWDE	300 MG	Clinical	MUST MEET CRITERIA
NECON 10-11-28 TABLET	10-11	Lower Cost	NEOCON, LOESTRIN, LO-OVRAL
NEEVO DHA GELCAP	27-1.13 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
NEOBENZ MICRO SD 5.5% CREAM	5.5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
NEOBENZ MICRO WASH PLUS PAC	7%-5.5%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
NEO-FRADIN 125 MG/5 ML SOLN	125 MG/5ML	Lower Cost	LACTULOSE
NEPHPLEX RX TABLET	1MG-60MG	Lower Cost	POLYVITAMIN
NEPHROCAPS QT TABLET	1 MG-1750	Lower Cost	POLYVITAMIN
NEPHROCAPS SOFTGEL	1 MG	Lower Cost	POLYVITAMIN
NEPHRON FA TABLET	66.6-1MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
NEPHRONEX CAPSULE	1 MG	Lower Cost	POLYVITAMIN
NEULASTA 6 MG/0.6 ML SYRING	6MG/0.6ML	Clinical	MUST MEET CRITERIA
NEUMEGA 5 MG VIAL	5 MG	Clinical	MUST MEET CRITERIA
NEUPOGEN 300 MCG/0.5 ML SYR	300MCG/0.5	Clinical	MUST MEET CRITERIA
NEUPOGEN 300 MCG/ML VIAL	300MCG/ML	Clinical	MUST MEET CRITERIA
NEUPOGEN 480 MCG/0.8 ML SYR	480MCG/0.8	Clinical	MUST MEET CRITERIA
NEUPOGEN 480 MCG/1.6 ML VIA	480MCG/1.6	Clinical	MUST MEET CRITERIA
NEVANAC 0.1% DROPTAINER	0.1%	Lower Cost	KETOROLAC
NEXA SELECT CAPSULE	29-1.25-55	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
NEXAVAR 200 MG TABLET	200 MG	Clinical	MUST MEET CRITERIA
NEXICLON XR 0.09 MG/ML SUSP	0.09 MG/ML	Lower Cost	clonidine
NEXICLON XR 0.17 MG TABLET	0.17 MG	Lower Cost	clonidine
NEXIUM DR 10 MG PACKET	10 MG	Lower Cost	OMEPRAZOLE, PANTOPRAZOLE
NEXIUM DR 20 MG CAPSULE	20 MG	Lower Cost	OMEPRAZOLE, PANTOPRAZOLE
NEXIUM DR 20 MG PACKET	20 MG	Lower Cost	OMEPRAZOLE, PANTOPRAZOLE
NEXIUM DR 40 MG CAPSULE	40 MG	Lower Cost	OMEPRAZOLE, PANTOPRAZOLE
NEXIUM DR 40 MG PACKET	40 MG	Lower Cost	OMEPRAZOLE, PANTOPRAZOLE
NIASPAN ER 1,000 MG TABLET	1000 MG	Lower Cost	NIACIN
NIASPAN ER 500 MG TABLET	500 MG	Lower Cost	NIACIN
NIASPAN ER 750 MG TABLET	750 MG	Lower Cost	NIACIN
NICOTROL CARTRIDGE INHALER	10 MG	Lower Cost	NICOTINE PATCH
NICOTROL NS 10 MG/ML SPRAY	10 MG/ML	Lower Cost	NICOTINE PATCH
NILANDRON 150 MG TABLET	150 MG	Clinical	MUST MEET CRITERIA
NIMODIPINE 30 MG CAPSULE	30 MG	Lower Cost	AMLODIPINE
NISOLDIPINE ER 17 MG TABLET	17 MG	Lower Cost	AMLODIPINE
NISOLDIPINE ER 20 MG TABLET	20 MG	Lower Cost	AMLODIPINE
NISOLDIPINE ER 25.5 MG TABL	25.5 MG	Lower Cost	AMLODIPINE

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
NISOLDIPINE ER 30 MG TABLET	30 MG	Lower Cost	AMLODIPINE
NISOLDIPINE ER 34 MG TABLET	34 MG	Lower Cost	AMLODIPINE
NISOLDIPINE ER 40 MG TABLET	40 MG	Lower Cost	AMLODIPINE
NISOLDIPINE ER 8.5 MG TABLET	8.5MG	Lower Cost	AMLODIPINE
NITE TIME COUGH LIQUID	15-6.25/15	Lower Cost	CHERATUSSIN AC SYRUP
NITE TIME-D COLD-FLU LIQ	15-500/15	Lower Cost	CHERATUSSIN AC SYRUP
NORDITROPIN NORDIFLEX 30 MG	30MG/3ML	Clinical	MUST MEET CRITERIA
NORDITROPIN NORDIFLEX 5 MG/	5MG/1.5ML	Clinical	MUST MEET CRITERIA
NORDITROPIN NORDIFLX 10 MG/	10MG/1.5ML	Clinical	MUST MEET CRITERIA
NORDITROPIN NORDIFLX 15 MG/	15MG/1.5ML	Clinical	MUST MEET CRITERIA
NORITATE 1% CREAM	1 %	Lower Cost	METRONIDAZOLE GEL
NOROXIN 400 MG TABLET	400 MG	Lower Cost	CIPROFLOXACIN
NOVOSEVEN 1,200 MCG VIAL	1200MCG	Clinical	MUST MEET CRITERIA
NOVOSEVEN 2,400 MCG VIAL	2400 MCG	Clinical	MUST MEET CRITERIA
NOVOSEVEN RT 1,000 MCG VIAL	1 MG	Clinical	MUST MEET CRITERIA
NOVOSEVEN RT 2,000 MCG VIAL	2 MG	Clinical	MUST MEET CRITERIA
NOVOSEVEN RT 5,000 MCG VIAL	5 MG	Clinical	MUST MEET CRITERIA
NOVOSEVEN RT 8,000 MCG VIAL	8 MG	Clinical	MUST MEET CRITERIA
NOXAFIL 40 MG/ML SUSPENSION	200 MG/5ML	Clinical	MUST MEET CRITERIA
NUCYNTA 100 MG TABLET	100 MG	Lower Cost	MORPHINE SULFATE
NUCYNTA 50 MG TABLET	50 MG	Lower Cost	MORPHINE SULFATE
NUCYNTA 75 MG TABLET	75 MG	Lower Cost	MORPHINE SULFATE
NUEDEXTA 20-10 MG CAPSULE	20 MG-10MG	Lower Cost	QUINIDINE; DEXTROMETHORPHAN
NUOX GEL	6%-3%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
NUTRAPLUS 10% CREAM	10 %	Lower Cost	UREA
NUTROPIN 10 MG VIAL	10 MG	Clinical	MUST MEET CRITERIA
NUTROPIN 5 MG VIAL	5 MG	Clinical	MUST MEET CRITERIA
NUTROPIN AQ 20 MG/2ML PEN C	20 MG/2 ML	Clinical	MUST MEET CRITERIA
NUTROPIN AQ 5 MG/ML VIAL	10 MG/2 ML	Clinical	MUST MEET CRITERIA
NUTROPIN AQ NUSPIN 5 PEN CA	5 MG/2 ML	Clinical	MUST MEET CRITERIA
NUTROPIN AQ PEN CARTRIDGE	10 MG/2 ML	Clinical	MUST MEET CRITERIA
NUVIGIL 150 MG TABLET	150 MG	Lower Cost	METHYLPHENIDATE SR
NUVIGIL 250 MG TABLET	250 MG	Lower Cost	METHYLPHENIDATE SR
NUVIGIL 50 MG TABLET	50 MG	Lower Cost	METHYLPHENIDATE SR

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
NYDAMAX 0.75% GEL	0.75%	Lower Cost	METRONIDAZOLE GEL
OB COMPLETE CHEWABLE TABLET	20-1-100MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
OB COMPLETE ONE SOFTGEL	40-10-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
OB COMPLETE PREMIER TABLET	30-20-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
O-CAL PRENATAL TABLET	15-1MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
OCUFLOX 0.3% EYE DROPS	0.3 %	Lower Cost	CIPROFLOXACIN OPTH
OFORTA 10 MG TABLET	10 MG	Clinical	MUST MEET CRITERIA
OLEPTRO ER 150 MG TABLET	150 MG	Lower Cost	TRAZODONE
OLEPTRO ER 300 MG TABLET	300 MG	Lower Cost	TRAZODONE
OLUX 0.05% FOAM	0.05%	Lower Cost	CLOBETASOL GEL
OLUX-E 0.05% FOAM	0.05%	Lower Cost	CLOBETASOL GEL
OMEPRAZOLE MAG DR 20.6 MG C	20 MG	Lower Cost	OMEPRAZOLE, PANTOPRAZOLE
OMEPRAZOLE-BICARB 40-1,100	40MG-1.1G	Lower Cost	PANTOPRAZOLE SODIUM
OMNARIS 50 MCG NASAL SPRAY	50 MCG	Lower Cost	ASMANEX
OMNITROPE 10 MG/1.5 ML CRTG	10MG/1.5ML	Clinical	MUST MEET CRITERIA
OMNITROPE 5 MG/1.5 ML CRTG	5MG/1.5ML	Clinical	MUST MEET CRITERIA
OMNITROPE 5.8 MG VIAL	5.8MG	Clinical	MUST MEET CRITERIA
ONGLYZA 2.5 MG TABLET	2.5 MG	Lower Cost	JANUIVA
ONGLYZA 5 MG TABLET	5 MG	Lower Cost	JANUIVA
ONSOLIS 1,200 MCG SOLUBLE F	1200MCG	Lower Cost	OXYCODONE
ONSOLIS 200 MCG SOLUBLE FIL	200 MCG	Lower Cost	OXYCODONE
ONSOLIS 400 MCG SOLUBLE FIL	400 MCG	Lower Cost	OXYCODONE
ONSOLIS 600 MCG SOLUBLE FIL	600 MCG	Lower Cost	OXYCODONE
ONSOLIS 800 MCG SOLUBLE FIL	800 MCG	Lower Cost	OXYCODONE
OPANA 10 MG TABLET	10 MG	Lower Cost	OXYCODONE
OPANA 5 MG TABLET	5 MG	Lower Cost	OXYCODONE
OPANA ER 10 MG TABLET	10 MG	Lower Cost	MORPHINE SULFATE ER
OPANA ER 20 MG TABLET	20 MG	Lower Cost	MORPHINE SULFATE ER
OPANA ER 30 MG TABLET	30 MG	Lower Cost	MORPHINE SULFATE ER
OPANA ER 40 MG TABLET	40 MG	Lower Cost	MORPHINE SULFATE ER
OPANA ER 5 MG TABLET	5 MG	Lower Cost	MORPHINE SULFATE ER
OPIUM TINCTURE 10 MG/ML	10 MG/ML	Lower Cost	LOPERAMIDE
OPTIPRANOLOL 0.3% EYE DROPS	0.3 %	Lower Cost	METIPRANOLOL SOLN
OPTIVAR 0.05% DROPS	0.05%	Lower Cost	CROMOLYN SODIUM SOLN

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
ORACEA 40 MG CAPSULE	40 MG	Lower Cost	DOXYCYCLINE HYCLATE
ORAPRED ODT 10 MG TABLET	10 MG	Lower Cost	PREDNISOLONE
ORAPRED ODT 15 MG TABLET	15 MG	Lower Cost	PREDNISOLONE
ORAPRED ODT 30 MG TABLET	30 MG	Lower Cost	PREDNISOLONE
ORAVIG 50 MG BUCCAL TABLET	50 MG	Lower Cost	NYSTATIN ORAL SUSPENSION
ORFADIN 10 MG CAPSULE	10 MG	Clinical	MUST MEET CRITERIA
ORFADIN 2 MG CAPSULE	2 MG	Clinical	MUST MEET CRITERIA
ORFADIN 5 MG CAPSULE	5 MG	Clinical	MUST MEET CRITERIA
ORPHENADRINE COMP FORTE TAB	50-770-60	Lower Cost	CYCLOBENZAPRINE
ORPHENADRINE COMP TABLET	25-385-30	Lower Cost	CYCLOBENZAPRINE
ORPHENADRINE ER 100 MG TABL	100 MG	Lower Cost	CYCLOBENZAPRINE
ORTHO EVRA PATCH	150-20/24H	Lower Cost	NEOCON, LOESTRIN, LO-OVRAL
OSMOPREP TABLET	1.5 G	Lower Cost	PEG 3350/ELECTROLYTES
OXANDROLONE 10 MG TABLET	10 MG	Clinical	MUST MEET CRITERIA
OXANDROLONE 2.5 MG TABLET	2.5 MG	Clinical	MUST MEET CRITERIA
OXISTAT 1% CREAM	1 %	Lower Cost	CLOTRIMAZOLE
OXISTAT 1% LOTION	1 %	Lower Cost	CLOTRIMAZOLE
OXSORALEN 1% LOTION	1 %	Lower Cost	FLUOCINONIDE
OXSORALEN-ULTRA 10 MG CAP	10 MG	Lower Cost	TRIAMCINOLONE
OXYCODONE-IBUPROFEN 5-400 T	400MG-5MG	Lower Cost	ACETAMINOPHEN/OXYCODONE
OXYCONTIN 10 MG TABLET	10 MG	Lower Cost	MORPHINE SULFATE ER, FENTANYL PATCH
OXYCONTIN 15 MG TABLET	15 MG	Lower Cost	MORPHINE SULFATE ER, FENTANYL PATCH
OXYCONTIN 20 MG TABLET	20 MG	Lower Cost	MORPHINE SULFATE ER, FENTANYL PATCH
OXYCONTIN 30 MG TABLET	30 MG	Lower Cost	MORPHINE SULFATE ER, FENTANYL PATCH
OXYCONTIN 40 MG TABLET	40 MG	Lower Cost	MORPHINE SULFATE ER, FENTANYL PATCH
OXYCONTIN 60 MG TABLET	60 MG	Lower Cost	MORPHINE SULFATE ER, FENTANYL PATCH
OXYCONTIN 80 MG TABLET	80 MG	Lower Cost	MORPHINE SULFATE ER, FENTANYL PATCH
OXYTROL 3.9 MG/24HR PATCH	3.9MG/24HR	Lower Cost	OXYBUTYNIN
OYSCO 500+D TABLET CHEWABLE	500 MG-600	Lower Cost	600MG/ 125UNIT
PACERONE 100 MG TABLET	100 MG	Lower Cost	Amiodarone 200mg
PACNEX 7% WASH	7 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
PACNEX HP 7% CLEANSING PADS	7 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
PACNEX LP 4.25% CLEANSING P	4.25 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
PACNEX MX 4.25% CLEANSER	4.25 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
PAIRE OB PLUS DHA COMBO PAC	22-6-1-200	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PALGIC 4 MG TABLET	4 MG	Lower Cost	CHLORPHENIRAMINE
PALGIC 4 MG/5 ML LIQUID	4MG/5ML	Lower Cost	CHLORPHENIRAMINE
PANCREAZE 10,500 UNIT CAP D	10.5K-25K	Lower Cost	ZENPEP
PANCREAZE 16,800 UNIT CAP D	16.8-40-70	Lower Cost	ZENPEP
PANCREAZE 21,000 UNIT CAP D	21-37-61K	Lower Cost	ZENPEP
PANCREAZE 4,200 UNIT CAP DR	4.2K-10K	Lower Cost	ZENPEP
PANDEL 0.1% CREAM	0.1%	Lower Cost	HYDROCORTISONE CREAM
PANOXYL 10% FOAM	10 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
PANRETIN 0.1% GEL	0.1%	Clinical	MUST MEET CRITERIA
PARCOPA 10 MG-100 MG ODT	10MG-100MG	Lower Cost	CARBIDOPA/LEVODOPA
PARCOPA 25 MG-100 MG ODT	25MG-100MG	Lower Cost	CARBIDOPA/LEVODOPA
PAROMOMYCIN 250 MG CAPSULE	250 MG	Clinical	MUST MEET CRITERIA
PAROXETINE CR 12.5 MG TABLET	12.5 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
PAROXETINE CR 25 MG TABLET	25 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
PAROXETINE CR 37.5 MG TABLET	37.5 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
PASER GRANULES 4 GM PACKET	4 G	Lower Cost	ETHAMBUTOL
PATADAY 0.2% EYE DROPS	0.2 %	Lower Cost	CROMOLYN SODIUM SOLN
PATANASE 0.6% NASAL SPRAY	0.6 %	Lower Cost	FLUTICASONE NASAL SPRAY
PATANOL 0.1% EYE DROPS	0.1%	Lower Cost	CROMOLYN SODIUM SOLN
PEDIADERM AF KIT	100000/G	Lower Cost	NYSTATIN ORAL SUSPENSION
PEDIADERM HC 2% KIT	2 %	Lower Cost	HYDROCORTISONE CREAM
PEGASYS 180 MCG/0.5 ML CONV	180MCG/0.5	Clinical	MUST MEET CRITERIA
PEGASYS 180 MCG/ML VIAL	180MCG/ML	Clinical	MUST MEET CRITERIA
PEGINTRON 120 MCG KIT	120MCG/0.5	Clinical	MUST MEET CRITERIA
PEGINTRON 150 MCG KIT	150MCG/0.5	Clinical	MUST MEET CRITERIA
PEGINTRON 50 MCG KIT	50MCG/0.5	Clinical	MUST MEET CRITERIA
PEGINTRON 80 MCG KIT	80MCG/0.5	Clinical	MUST MEET CRITERIA
PEGINTRON REDIPEN 120 MCG	120MCG/0.5	Clinical	MUST MEET CRITERIA
PEGINTRON REDIPEN 150 MCG 4	150MCG/0.5	Clinical	MUST MEET CRITERIA
PEGINTRON REDIPEN 50 MCG	50MCG/0.5	Clinical	MUST MEET CRITERIA
PEGINTRON REDIPEN 80 MCG 4P	80MCG/0.5	Clinical	MUST MEET CRITERIA
PELEVERUS 0.9% OINTMENT	0.9 %	Lower Cost	SANTYL
PELEVERUS WOUND 0.25% SPRAY	0.25 %	Lower Cost	SANTYL

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
PENNSAID 1.5% SOLUTION	1.5 %	Lower Cost	VOLTAREN GEL
PENTAM 300 VIAL	300 MG	Clinical	MUST MEET CRITERIA
PENTASA 250 MG CAPSULE	250 MG	Clinical	MUST MEET CRITERIA
PENTASA 500 MG CAPSULE	500 MG	Clinical	MUST MEET CRITERIA
PENTAZOCIN-ACETAMINOPHN 25-	25-650MG	Lower Cost	ACETAMINOPHEN; TRAMADOL
PERFOROMIST 20 MCG/2 ML SOL	20 MCG/2ML	Lower Cost	FORADIL
PERIGUARD OINTMENT		Lower Cost	NYSTATIN OINTMENT
PETROLATUM BASE OINTMENT		Lower Cost	SODIUM CHLORIDE
PEXEVA 10 MG TABLET	10 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
PEXEVA 20 MG TABLET	20 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
PEXEVA 30 MG TABLET	30 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
PEXEVA 40 MG TABLET	40 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
PHENYLEPHRINE 2.5% EYE DROP	2.5 %	Lower Cost	NAPHCON-A
PHISOHEX 3% CLEANSER	3 %	Clinical	MUST MEET CRITERIA
PHOSPHOLINE IODIDE 0.125%	0.125 %	Lower Cost	LATANOPROST
PHRENILIN FORTE CAPSULE	50MG-650MG	Lower Cost	ACETAMINOPHEN/BUTALBITAL/CAFFEINE
PILOPINE HS 4% EYE GEL	4 %	Lower Cost	BRIMONIDINE TARTRATE 0.2%
PLAN B ONE-STEP 1.5 MG TABL	1.5 MG	Lower Cost	NEXT CHOICE
PLEXION CLEANSING CLOTHS	10%-5%	Lower Cost	SULFACETAMIDE
PLEXION SCT CREAM	10-5%(W/W)	Lower Cost	SULFACETAMIDE
PNV-DHA PLUS SOFTGEL	27-1.13 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PNV-DHA PLUS SOFTGEL	27-400-1	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PNV-DHA PLUS SOFTGEL	27MG-400	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PNV-IRON TABLET	29-1.13 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PNV-IRON TABLET	29-400-1	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
POLY IRON PN FORTE TABLET	60 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
POTASSIUM CL 25 MEQ TAB EFF	25 MEQ	Lower Cost	Klor-Con 10, 20
POVIDONE-IODINE 10% OINTMEN	10 %	Clinical	MUST MEET CRITERIA
POVIDONE-IODINE 10% SOLUTIO	10 %	Clinical	MUST MEET CRITERIA
PRADAXA 150 MG CAPSULE	150 MG	Lower Cost	WARFARIN TAB
PRADAXA 75 MG CAPSULE	75 MG	Lower Cost	WARFARIN TAB
PRANDIMET 1 MG-500 MG TABLE	1MG-500MG	Step Therapy	Metformin
PRANDIMET 2 MG-500 MG TABLE	2MG-500MG	Step Therapy	Metformin
PRANDIN 0.5 MG TABLET	0.5 MG	Step Therapy	Metformin

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
PRANDIN 1 MG TABLET	1 MG	Step Therapy	Metformin
PRANDIN 2 MG TABLET	2 MG	Step Therapy	Metformin
PRASCION RA CREAM	10%-5%	Lower Cost	SULFACETAMIDE
PRECISION XTR B-KETONE STRI		Clinical	MUST MEET CRITERIA
PREFERA OB TABLET	28-6-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PREFERA-OB ONE SOFTGEL	22-6-1-200	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PREFERA-OB PLUS DHA COMBO P	22-6-1-200	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PREFERA-OB PLUS DHA COMBO P	28-6-1-203	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PREGNYL 10,000 UNITS VIAL	10000 UNIT	Clinical	MUST MEET CRITERIA
PRENACARE TABLET	90-1-50 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PRENAFIRST TABLET	17MG-1MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PRENATE ELITE TABLET	27 MG-1 MG	Lower Cost	PRENATAL PLUS
PRENATE ESSENTIAL SOFTGEL	28-1-300MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PRENEXA CAPSULE	26-1.2-55	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PRENEXA CAPSULE	27-1.25-55	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PREQUE 10 TABLET	15-0.5-50	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
PREVPAC PATIENT PACK	30-500-500	Lower Cost	OMEPRAZOLE
PRIFTIN 150 MG TABLET	150 MG	Lower Cost	RIFAMPIN
PRIMLEV 10-300 MG TABLET	10MG-300MG	Lower Cost	ACETAMINOPHEN/OXYCODONE
PRIMLEV 5-300 MG TABLET	5MG-300MG	Lower Cost	ACETAMINOPHEN/OXYCODONE
PRIMLEV 7.5-300 MG TABLET	7.5-300MG	Lower Cost	ACETAMINOPHEN/OXYCODONE
PRIMSOL 50 MG/5 ML ORAL SOL	50 MG/5 ML	Lower Cost	TRIMETHOPRIM
PRISTIQ 100 MG TABLET	100 MG	Lower Cost	VENLAFAXINE
PRISTIQ 50 MG TABLET	50 MG	Lower Cost	VENLAFAXINE
PRIVIGEN 10% VIAL	10 %	Clinical	MUST MEET CRITERIA
PROAIR HFA 90 MCG INHALER	90 MCG	Lower Cost	VENTOLIN HFA
PROCENTRA 5 MG/5 ML SOLUTIO	5 MG/5 ML	Lower Cost	DEXTROAMPHETAMINE
PRO-CLEAR AC SYRUP	9-8.33MG/5	Lower Cost	CHERATUSSIN AC SYRUP
PRO-CLEAR CAPS	200MG-9MG	Lower Cost	CHERATUSSIN AC SYRUP
PROCRIT 10,000 UNITS/ML VIA	10000/ML	Clinical	MUST MEET CRITERIA
PROCRIT 10,000 UNITS/ML VIA	20000/2ML	Clinical	MUST MEET CRITERIA
PROCRIT 2,000 UNITS/ML VIAL	2000/ML	Clinical	MUST MEET CRITERIA
PROCRIT 20,000 UNITS/ML VIA	20000/ML	Clinical	MUST MEET CRITERIA
PROCRIT 3,000 UNITS/ML VIAL	3000/ML	Clinical	MUST MEET CRITERIA

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
PROCRIT 4,000 UNITS/ML VIAL	4000/ML	Clinical	MUST MEET CRITERIA
PROCRIT 40,000 UNITS/ML VIA	40000/ML	Clinical	MUST MEET CRITERIA
PROFILNINE SD 1,000 UNITS V	1000 (+/-)	Clinical	MUST MEET CRITERIA
PROFILNINE SD 1,500 UNITS V	1500 (+/-)	Clinical	MUST MEET CRITERIA
PROFILNINE SD 500 UNITS VIA	500 (+/-)	Clinical	MUST MEET CRITERIA
PROGLYCEM 50 MG/ML ORAL SUS	50 MG/ML	Lower Cost	HYDROCHLOROTHIAZIDE
PROLEUKIN 22 MILLION UNIT V	22MM UNIT	Clinical	MUST MEET CRITERIA
PROMACET 50-650 MG TABLET	50MG-650MG	Lower Cost	ACETAMINOPHEN/BUTALBITAL/CAFFEINE
PROMACTA 25 MG TABLET	25 MG	Clinical	MUST MEET CRITERIA
PROMACTA 50 MG TABLET	50 MG	Clinical	MUST MEET CRITERIA
PROMACTA 75 MG TABLET	75 MG	Clinical	MUST MEET CRITERIA
PROPAFENONE HCL SR 225 MG C	225 MG	Lower Cost	Propafenone
PROPAFENONE HCL SR 325 MG C	325 MG	Lower Cost	Propafenone
PROPAFENONE HCL SR 425 MG C	425 MG	Lower Cost	Propafenone
PROPARACAINE 0.5% EYE DROPS	0.5 %	Lower Cost	LIDOCAINE
PROQUIN XR 500 MG TABLET	500 MG	Lower Cost	CIPROFLOXACIN
PRO-RED AC SYRUP	8.33-5-9/5	Lower Cost	CHERATUSSIN AC SYRUP
PROSED-DS TABLET	81.6-0.12	Lower Cost	UTI CAP
PROTONIX 40 MG SUSPENSION	40 MG	Lower Cost	OMEPRAZOLE
PROTOPIC 0.03% OINTMENT	0.03 %	Lower Cost	BETAMETHASONE
PROTOPIC 0.1% OINTMENT	0.1%	Lower Cost	BETAMETHASONE
PROVENTIL HFA 90 MCG INHALE	90 MCG	Lower Cost	VENTOLIN HFA
PROVIGIL 100 MG TABLET	100 MG	Lower Cost	METHYLPHENIDATE SR
PROVIGIL 200 MG TABLET	200 MG	Lower Cost	METHYLPHENIDATE SR
PULMICORT 180 MCG FLEXHALER	180MCG	Lower Cost	FLOVENT HFA
PULMICORT 90 MCG FLEXHALER	90 MCG	Lower Cost	FLOVENT HFA
PULMOZYME 1 MG/ML AMPUL	1 MG/ML	Clinical	MUST MEET CRITERIA
PYLERA CAPSULE	125-125MG	Lower Cost	METRONIDAZOLE
Q-GEL MEGA 100 MG SOFTGEL	100MG-150	Lower Cost	MUST MEET CRITERIA
QUALAQUIN 324 MG CAPSULE	324 MG	Clinical	MUST MEET CRITERIA
QUINIDINE SULF ER 300 MG TA	300 MG	Lower Cost	Quinidine ER 324mg
QUIXIN 0.5% EYE DROPS	0.5 %	Lower Cost	CIPROFLOXACIN OPHTHALMIC SOLUTION
RANEXA 1,000 MG TABLET	1000 MG	Lower Cost	isosorbide mn
RANEXA 500 MG TABLET	500 MG	Lower Cost	isosorbide mn

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
RAPAFLO 4 MG CAPSULE	4 MG	Lower Cost	OXYBUTYNIN, VESICARE
RAPAFLO 8 MG CAPSULE	8 MG	Lower Cost	OXYBUTYNIN, VESICARE
RAPAMUNE 0.5 MG TABLET	0.5 MG	Lower Cost	CYCLOSPORINE
RAPAMUNE 1 MG TABLET	1 MG	Lower Cost	CYCLOSPORINE
RAPAMUNE 1 MG/ML ORAL SOLN	1 MG/ML	Lower Cost	CYCLOSPORINE
RAPAMUNE 2 MG TABLET	2 MG	Lower Cost	CYCLOSPORINE
REBETOL 40 MG/ML SOLUTION	40 MG/ML	Lower Cost	RIBAVIRIN
REBIF 22 MCG/0.5 ML SYRINGE	22MCG/.5ML	Clinical	MUST MEET CRITERIA
REBIF 44 MCG/0.5 ML SYRINGE	44MCG/.5ML	Clinical	MUST MEET CRITERIA
REBIF TITRATION PACK	8.8-22(6)	Clinical	MUST MEET CRITERIA
RECOMBINATE 1,241-1,800 UNI	1500 (+/-)	Clinical	MUST MEET CRITERIA
RECOMBINATE 1,801-2,400 UNI	2000 (+/-)	Clinical	MUST MEET CRITERIA
RECOMBINATE 220-400 UNIT VI	250 (+/-)	Clinical	MUST MEET CRITERIA
RECOMBINATE 401-800 UNIT VI	500 (+/-)	Clinical	MUST MEET CRITERIA
RECOMBINATE 801-1,240 UNIT	1000 (+/-)	Clinical	MUST MEET CRITERIA
REFRESH CELLUVISC 1% EYE DR	1 %	Lower Cost	ARTIFICIAL TEARS
REFRESH PLUS 0.5% EYE DROPS	0.5 %	Lower Cost	ARTIFICIAL TEARS
REGENECARE 2% WOUND GEL	2 %	Lower Cost	SANTYL
REGRANEX 0.01% GEL	0.01 %	Lower Cost	SANTYL
RELPAK 20 MG TABLET	20 MG	Lower Cost	SUMATRIPTAN
RELPAK 40 MG TABLET	40 MG	Lower Cost	SUMATRIPTAN
REMEDY SKIN REPAIR CREAM	1.5 %	Lower Cost	TRIPLE ANTIBIOTIC OINTMENT
REMICADE 100 MG VIAL	100 MG	Clinical	MUST MEET CRITERIA
REMODULIN 1 MG/ML VIAL	1 MG/ML	Clinical	MUST MEET CRITERIA
REMODULIN 10 MG/ML VIAL	10 MG/ML	Clinical	MUST MEET CRITERIA
REMODULIN 2.5 MG/ML VIAL	2.5 MG/ML	Clinical	MUST MEET CRITERIA
REMODULIN 5 MG/ML VIAL	5 MG/ML	Clinical	MUST MEET CRITERIA
RENACIDIN IRRIGATION SOLN	6.602G/100	Lower Cost	SODIUM CHLORIDE
RENAGEL 400 MG TABLET	400 MG	Lower Cost	CALCIUM ACETATE
RENAGEL 800 MG TABLET	800 MG	Lower Cost	CALCIUM ACETATE
RENAX CAPLET	35 U-2.5MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
RENVELA 0.8 GM POWDER PACKE	0.8 G	Clinical	MUST MEET CRITERIA
RENVELA 2.4 GM POWDER PACKE	2.4 G	Clinical	MUST MEET CRITERIA
RENVELA 800 MG TABLET	800 MG	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
REPREXAIN 2.5-200 MG TABLET	2.5-200MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
REPREXAIN 5-200 MG TABLET	5MG-200MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
REQUIP XL 12 MG TABLET	12 MG	Lower Cost	ROPINIROLE
REQUIP XL 2 MG TABLET	2 MG	Lower Cost	ROPINIROLE
REQUIP XL 4 MG TABLET	4 MG	Lower Cost	ROPINIROLE
REQUIP XL 6 MG TABLET	6 MG	Lower Cost	ROPINIROLE
REQUIP XL 8 MG TABLET	8 MG	Lower Cost	ROPINIROLE
RESCON-DM LIQUID	10-30-2/5	Lower Cost	CHERATUSSIN AC SYRUP
RESERPINE 0.1 MG TABLET	0.1 MG	Lower Cost	Guanfacine
RESERPINE 0.25 MG TABLET	0.25 MG	Lower Cost	Guanfacine
RESPERAL-DM DROPS	5-12-1MG/1	Lower Cost	CHERATUSSIN AC SYRUP
RETIN-A MICRO 0.04% GEL	0.04%	Lower Cost	TRETINOIN
RETIN-A MICRO 0.1% GEL	0.1%	Lower Cost	TRETINOIN
REVATIO 10 MG/12.5 ML VIAL	10 MG/12.5	Clinical	MUST MEET CRITERIA
REVATIO 20 MG TABLET	20 MG	Clinical	MUST MEET CRITERIA
REVLIMID 10 MG CAPSULE	10 MG	Clinical	MUST MEET CRITERIA
REVLIMID 15 MG CAPSULE	15 MG	Clinical	MUST MEET CRITERIA
REVLIMID 25 MG CAPSULE	25 MG	Clinical	MUST MEET CRITERIA
REVLIMID 5 MG CAPSULE	5 MG	Clinical	MUST MEET CRITERIA
RHINOCORT AQUA NASAL SPRAY	32MCG	Lower Cost	FLUTICASONE NASAL SPRAY
RHOPHYLAC 300 MCG/2 ML SYR	300MCG/2ML	Clinical	MUST MEET CRITERIA
RIBAPAK 400-400 MG DOSEPACK	400-400 MG	Lower Cost	RIBAVIRIN
RIBAPAK 400-600 MG DOSEPACK	600-400MG	Lower Cost	RIBAVIRIN
RIBAPAK 600-600 MG DOSEPACK	600-600MG	Lower Cost	RIBAVIRIN
RIBASPHERE 400 MG TABLET	400 MG	Clinical	MUST MEET CRITERIA
RIBASPHERE 600 MG TABLET	600 MG	Clinical	MUST MEET CRITERIA
RIBAVIRIN 200 MG CAPSULE	200 MG	Clinical	MUST MEET CRITERIA
RIBAVIRIN 200 MG TABLET	200 MG	Clinical	MUST MEET CRITERIA
RIFAMATE CAPSULE	300-150MG	Lower Cost	RIFAMPIN
RIFATER TABLET	120-50-300	Lower Cost	RIFAMPIN
RILUTEK 50 MG TABLET	50 MG	Clinical	MUST MEET CRITERIA
RITALIN LA 10 MG CAPSULE	10 MG	Lower Cost	METHYLIN ER
RITALIN LA 20 MG CAPSULE	20 MG	Lower Cost	METHYLIN ER
RITALIN LA 30 MG CAPSULE	30 MG	Lower Cost	METHYLIN ER

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
RITALIN LA 40 MG CAPSULE	40 MG	Lower Cost	METHYLIN ER
RITUXAN 10 MG/ML VIAL	10 MG/ML	Clinical	MUST MEET CRITERIA
ROSANIL CLEANSER KIT	10-5%(W/W)	Lower Cost	SULFACETAMIDE
ROVIN-NV DHA CAPSULE	27-400-1	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
ROXICET 5-500 CAPLET	5 MG-500MG	Lower Cost	ACETAMINOPHEN/OXYCODONE
ROZEREM 8 MG TABLET	8 MG	Lower Cost	TEMAZEPAM
RYBIX ODT 50 MG TABLET	50 MG	Lower Cost	TRAMADOL
RYNATAN PEDIATRIC CHEWABLE	5MG-4.5MG	Lower Cost	CHERATUSSIN AC SYRUP
RYNATAN PEDIATRIC ORAL SUSP	5-4.5MG/5	Lower Cost	CHERATUSSIN AC SYRUP
RYZOLT ER 100 MG TABLET	100 MG	Lower Cost	TRAMADOL
RYZOLT ER 200 MG TABLET	200 MG	Lower Cost	TRAMADOL
RYZOLT ER 300 MG TABLET	300 MG	Lower Cost	TRAMADOL
SABRIL 500 MG POWDER PACKET	500 MG	Lower Cost	LEVETIRACETAM
SABRIL 500 MG TABLET	500 MG	Lower Cost	LEVETIRACETAM
SAFE WASH SOLN	0.9 %	Lower Cost	benzoyl peroxide
SAFYRAL TABLET	3-0.03(21)	Lower Cost	GIANVI
SAIZEN 5 MG VIAL	5 MG	Clinical	MUST MEET CRITERIA
SAIZEN 8.8 MG CLICK.EASY CA	8.8MG/1.5	Clinical	MUST MEET CRITERIA
SAIZEN 8.8 MG VIAL	8.8MG	Clinical	MUST MEET CRITERIA
SALICYLIC ACID 6% CREAM KIT	6 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
SALICYLIC ACID 6% LOTION KI	6 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
SALICYLIC ACID 6% SHAMPOO	6 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
SALKERA 6% FOAM	6 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
SAL-TROPINE 0.4 MG TABLET	0.4 MG	Lower Cost	HYOSCYAMINE
SAMSCA 15 MG TABLET	15 MG	Clinical	MUST MEET CRITERIA
SAMSCA 30 MG TABLET	30 MG	Clinical	MUST MEET CRITERIA
SANCTURA 20 MG TABLET	20 MG	Lower Cost	OXYBUTYNIN
SANCTURA XR 60 MG CAPSULE	60 MG	Lower Cost	OXYBUTYNIN, VESICARE
SANCUSO 3.1 MG/24 HR PATCH	3.1MG/24HR	Lower Cost	ONDANSETRON
SANDIMMUNE 100 MG CAPSULE	100 MG	Lower Cost	CYCLOSPORINE
SANDIMMUNE 100 MG/ML SOLN	100 MG/ML	Lower Cost	CYCLOSPORINE
SANDIMMUNE 25 MG CAPSULE	25 MG	Lower Cost	CYCLOSPORINE
SANDOSTATIN 0.05 MG/ML AMPU	50 MCG/ML	Clinical	MUST MEET CRITERIA
SANDOSTATIN 0.1 MG/ML AMPUL	100 MCG/ML	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
SANDOSTATIN 0.2 MG/ML VIAL	200 MCG/ML	Clinical	MUST MEET CRITERIA
SANDOSTATIN 0.5 MG/ML AMPUL	500 MCG/ML	Clinical	MUST MEET CRITERIA
SANDOSTATIN 1 MG/ML VIAL	1000MCG/ML	Clinical	MUST MEET CRITERIA
SANTYL OINTMENT	250 UNIT/G	Clinical	MUST MEET CRITERIA
SAPHRIS 10 MG TAB SUBLINGUA	10 MG	Lower Cost	RISPERIDONE
SAPHRIS 5 MG TABLET SUBLING	5 MG	Lower Cost	RISPERIDONE
SAVELLA 100 MG TABLET	100 MG	Lower Cost	GABAPENTIN
SAVELLA 12.5 MG TABLET	12.5 MG	Lower Cost	GABAPENTIN
SAVELLA 25 MG TABLET	25 MG	Lower Cost	GABAPENTIN
SAVELLA 50 MG TABLET	50 MG	Lower Cost	GABAPENTIN
SAVELLA TITRATION PACK	12.5-25-50	Lower Cost	GABAPENTIN
S-C MOIST BARRIER OINT-ALOE	92.8%	Lower Cost	TRIPLE ANTIBIOTIC OINTMENT
S-C MOIST BARRIER OINT-ALOE	98.3%	Lower Cost	TRIPLE ANTIBIOTIC OINTMENT
SCOPACE 0.4 MG TABLET	0.4 MG	Lower Cost	MECLIZINE
SEA OMEGA + D SOFTGEL	500-1000MG	Lower Cost	NIACIN;FENOFIBRATE
SEA-CLENS WOUND CLEANSER		Lower Cost	SODIUM CHLORIDE
SEA-OMEGA 30 CAPSULE	360-1200MG	Lower Cost	NIACIN;FENOFIBRATE
SEA-OMEGA 50 CAPSULE	500-1000MG	Lower Cost	NIACIN;FENOFIBRATE
SEBULEX MEDICATED SHAMPOO	2 %-2 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
SE-CARE CHEWABLE TABLET	40-1MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
SE-CARE CONCEIVE TABLET	30MG-1MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
SECONAL SODIUM 100 MG CAPSU	100 MG	Lower Cost	PHENOBARBITAL
SEMPREX-D 60 MG/8 MG CAPSUL	60-8MG	Lower Cost	ANTIHIISTAMINE/DECONGESTANT
SE-NATAL 19 CHEWABLE TABLET	29 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
SE-NATAL 19 TABLET	29 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
SE-NATAL 90 DR TABLET	90-50-1MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
SENSI-CARE MOISTURIZING CRM	1 %-30 %	Lower Cost	LACTIC ACID LOTION
SENSIPAR 30 MG TABLET	30 MG	Clinical	MUST MEET CRITERIA
SENSIPAR 60 MG TABLET	60 MG	Clinical	MUST MEET CRITERIA
SENSIPAR 90 MG TABLET	90 MG	Clinical	MUST MEET CRITERIA
SENTRY SENIOR MULTIVIT CAPL	500-300MCG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
SEROMYCIN 250 MG CAPSULE	250 MG	Lower Cost	NOT ON MARKET
SEROQUEL 100 MG TABLET	100 MG	Clinical	MUST MEET CRITERIA
SEROQUEL 200 MG TABLET	200 MG	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
SEROQUEL 25 MG TABLET	25 MG	Clinical	MUST MEET CRITERIA
SEROQUEL 300 MG TABLET	300 MG	Clinical	MUST MEET CRITERIA
SEROQUEL 400 MG TABLET	400 MG	Clinical	MUST MEET CRITERIA
SEROQUEL 50 MG TABLET	50 MG	Clinical	MUST MEET CRITERIA
SEROQUEL XR 150 MG TABLET	150 MG	Lower Cost	RISPERIDONE
SEROQUEL XR 200 MG TABLET	200 MG	Lower Cost	RISPERIDONE
SEROQUEL XR 300 MG TABLET	300 MG	Lower Cost	RISPERIDONE
SEROQUEL XR 400 MG TABLET	400 MG	Lower Cost	RISPERIDONE
SEROQUEL XR 50 MG TABLET	50 MG	Lower Cost	RISPERIDONE
SEROSTIM 4 MG VIAL	4 MG	Clinical	MUST MEET CRITERIA
SEROSTIM 5 MG VIAL	5 MG	Clinical	MUST MEET CRITERIA
SEROSTIM 6 MG VIAL	6 MG	Clinical	MUST MEET CRITERIA
SE-TAN DHA CAPSULE	30-1-310.1	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
SE-TAN PLUS CAPSULE	106 MG-1MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
SETONET PRENATAL VITAMIN	29-1-430MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
SETONET-EC PRENATAL VITAMIN	29-1-430MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
SILENOR 3 MG TABLET	3 MG	Lower Cost	TRAZODONE
SILENOR 6 MG TABLET	6 MG	Lower Cost	TRAZODONE
SIMCOR 1,000-20 MG TABLET	1000-20MG	Lower Cost	NIACIN;SIMVASTATIN
SIMCOR 1,000-40 MG TABLET	1000-40 MG	Lower Cost	NIACIN;SIMVASTATIN
SIMCOR 500-20 MG TABLET	500MG-20MG	Lower Cost	NIACIN;SIMVASTATIN
SIMCOR 500-40 MG TABLET	500MG-40MG	Lower Cost	NIACIN;SIMVASTATIN
SIMCOR 750-20 MG TABLET	750MG-20MG	Lower Cost	NIACIN;SIMVASTATIN
SIMPONI 50 MG/0.5 ML PEN IN	50MG/0.5ML	Clinical	MUST MEET CRITERIA
SIMPONI 50 MG/0.5 ML SYRING	50MG/0.5ML	Clinical	MUST MEET CRITERIA
SINGULAIR 10 MG TABLET	10 MG	Step Therapy	FEXOFENADINE
SINGULAIR 4 MG GRANULES	4 MG	Step Therapy	FEXOFENADINE
SINGULAIR 4 MG TABLET CHEW	4 MG	Step Therapy	FEXOFENADINE
SINGULAIR 5 MG TABLET CHEW	5 MG	Step Therapy	FEXOFENADINE
SINUS CONGESTION-PAIN CAPLE	5MG-325MG	Lower Cost	CHERATUSSIN AC SYRUP
SKELID 200 MG TABLET	200 MG	Clinical	MUST MEET CRITERIA
SLOESTEROL POWDER	60-200-80	Lower Cost	LOVASTATIN
SLOW RELEASE IRON 160 GM TA	160 MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
SLOW-MAG 71.5 MG TABLET	71.5 MG	Lower Cost	Magnesium Oxide

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
SODIUM CHLORIDE 0.45% IRRIG	0.45 %	Clinical	MUST MEET CRITERIA
SODIUM CHLORIDE 10% VIAL	10 %	Clinical	MUST MEET CRITERIA
SODIUM CHLORIDE 3% VIAL	3 %	Clinical	MUST MEET CRITERIA
SOLARAZE 3% GEL	3 %	Lower Cost	VOLTAREN GEL
SOLODYN ER 105 MG TABLET	105 MG	Lower Cost	MINOCYCLINE
SOLODYN ER 115 MG TABLET	115MG	Lower Cost	MINOCYCLINE
SOLODYN ER 135 MG TABLET	135MG	Lower Cost	MINOCYCLINE
SOLODYN ER 45 MG TABLET	45 MG	Lower Cost	MINOCYCLINE
SOLODYN ER 55 MG TABLET	55 MG	Lower Cost	MINOCYCLINE
SOLODYN ER 65 MG TABLET	65 MG	Lower Cost	MINOCYCLINE
SOLODYN ER 80 MG TABLET	80 MG	Lower Cost	MINOCYCLINE
SOLODYN ER 90 MG TABLET	90 MG	Lower Cost	MINOCYCLINE
SOMA 250 MG TABLET	250 MG	Lower Cost	CARISOPRODOL
SOMAVERT 10 MG VIAL	10 MG	Clinical	MUST MEET CRITERIA
SOMAVERT 15 MG VIAL	15 MG	Clinical	MUST MEET CRITERIA
SOMAVERT 20 MG VIAL	20 MG	Clinical	MUST MEET CRITERIA
SOMNOTE 500 MG SOFTGEL	500 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
SORBITOL 3% UROLOGIC IRRIG	3 %	Clinical	MUST MEET CRITERIA
SORBITOL 3.3% UROLOGIC SOLN	3.3%	Clinical	MUST MEET CRITERIA
SORIATANE 10 MG CAPSULE	10 MG	Lower Cost	SOTRET
SORIATANE 17.5 MG CAPSULE	17.5 MG	Lower Cost	SOTRET
SORIATANE 25 MG CAPSULE	25 MG	Lower Cost	SOTRET
SPECTRACEF 200 MG DOSE PACK	200 MG	Lower Cost	CEFUROXIME,CEPHALEXIN
SPECTRACEF 400 MG DOSE PACK	400 MG	Lower Cost	CEFUROXIME,CEPHALEXIN
SPORANOX 10 MG/ML SOLUTION	10 MG/ML	Lower Cost	KETOCONAZOLE
SPRYCEL 100 MG TABLET	100 MG	Clinical	MUST MEET CRITERIA
SPRYCEL 140 MG TABLET	140 MG	Clinical	MUST MEET CRITERIA
SPRYCEL 20 MG TABLET	20 MG	Clinical	MUST MEET CRITERIA
SPRYCEL 50 MG TABLET	50 MG	Clinical	MUST MEET CRITERIA
SPRYCEL 70 MG TABLET	70 MG	Clinical	MUST MEET CRITERIA
SPRYCEL 80 MG TABLET	80 MG	Clinical	MUST MEET CRITERIA
STALEVO 100 TABLET	25-100-200	Lower Cost	CARBIDOPA/LEVODOPA/ENTACAPONE
STALEVO 125 TABLET	31.25-125	Lower Cost	CARBIDOPA/LEVODOPA/ENTACAPONE
STALEVO 150 TABLET	37.5-150MG	Lower Cost	CARBIDOPA/LEVODOPA/ENTACAPONE

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
STALEVO 200 TABLET	50-200-200	Lower Cost	CARBIDOPA/LEVODOPA/ENTACAPONE
STALEVO 50 TABLET	12.5-50MG	Lower Cost	CARBIDOPA/LEVODOPA/ENTACAPONE
STALEVO 75 TABLET	18.75-75MG	Lower Cost	CARBIDOPA/LEVODOPA/ENTACAPONE
STAVZOR DR 125 MG CAPSULE	125 MG	Lower Cost	VALPROIC ACID
STAVZOR DR 250 MG CAPSULE	250 MG	Lower Cost	VALPROIC ACID
STAVZOR DR 500 MG CAPSULE	500 MG	Lower Cost	VALPROIC ACID
STERILE WATER FOR INJECTION		Clinical	MUST MEET CRITERIA
STERILE WATER FOR IRRIGATIO		Clinical	MUST MEET CRITERIA
STIMATE 1.5 MG/ML NASAL SPR	150/SPRAY	Clinical	MUST MEET CRITERIA
STRATTERA 10 MG CAPSULE	10 MG	Lower Cost	METHYLPHENIDATE SR
STRATTERA 100 MG CAPSULE	100 MG	Lower Cost	METHYLPHENIDATE SR
STRATTERA 18 MG CAPSULE	18 MG	Lower Cost	METHYLPHENIDATE SR
STRATTERA 25 MG CAPSULE	25 MG	Lower Cost	METHYLPHENIDATE SR
STRATTERA 40 MG CAPSULE	40 MG	Lower Cost	METHYLPHENIDATE SR
STRATTERA 60 MG CAPSULE	60 MG	Lower Cost	METHYLPHENIDATE SR
STRATTERA 80 MG CAPSULE	80 MG	Lower Cost	METHYLPHENIDATE SR
STROMECTOL 3 MG TABLET	3 MG	Lower Cost	MEBENDAZOLE
STROVITE PLUS CAPLET	27-0.8MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
SUBOXONE 2 MG-0.5 MG SL FIL	2 MG-0.5MG	Lower Cost	SUBOXONE
SUBOXONE 2 MG-0.5 MG TABLET	2 MG-0.5MG	Clinical	MUST MEET CRITERIA
SUBOXONE 8 MG-2 MG SL FILM	8 MG-2 MG	Lower Cost	SUBOXONE
SUBOXONE 8 MG-2 MG TABLET S	8 MG-2 MG	Clinical	MUST MEET CRITERIA
SUBUTEX 2 MG TABLET SL	2 MG	Lower Cost	SUBOXONE
SUBUTEX 8 MG TABLET SL	8 MG	Lower Cost	SUBOXONE
SUCRAID 8,500 UNITS/ML SOLN	8500/ML	Lower Cost	MUST MEET CRITERIA
SUDOGEST COLD & ALLERGY TAB	60 MG-4 MG	Lower Cost	CHERATUSSIN AC SYRUP
SULFADIAZINE 500 MG TABLET	500 MG	Clinical	MUST MEET CRITERIA
SULFAMYLON 8.5% CREAM	8.5 %	Lower Cost	SILVER SULFADIAZINE
SULFAMYLON POWDER PACKET	50G	Lower Cost	SILVER SULFADIAZINE
SUMAVEL DOSEPRO 6 MG/0.5 ML	6 MG/0.5ML	Lower Cost	SUMATRIPTAN
SUMAXIN CLEANSING PADS	10 %-4 %	Lower Cost	SULFACETAMIDE
SUMAXIN TS TOPICAL SUSPENS	8 %-4 %	Lower Cost	SULFACETAMIDE
SUMAXIN WASH	9 %-4 %	Lower Cost	SULFACETAMIDE
SUPRAX 100 MG/5 ML SUSPENS	100 MG/5ML	Lower Cost	CEFUROXIME,CEPHALEXIN

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
SUPRAX 200 MG/5 ML SUSPENS	200 MG/5ML	Lower Cost	CEFUROXIME,CEPHALEXIN
SUPRAX 400 MG TABLET	400 MG	Lower Cost	CEFUROXIME,CEPHALEXIN
SUPREP BOWEL PREP KIT	17.5-3.13G	Lower Cost	PEG 3350/ELECTROLYTES
SURMONTIL 100 MG CAPSULE	100 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
SURMONTIL 25 MG CAPSULE	25 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
SURMONTIL 50 MG CAPSULE	50 MG	Lower Cost	FLUOXETINE,CITALOPRAM, PAROXETINE
SUTENT 12.5 MG CAPSULE	12.5 MG	Clinical	MUST MEET CRITERIA
SUTENT 25 MG CAPSULE	25 MG	Clinical	MUST MEET CRITERIA
SUTENT 50 MG CAPSULE	50 MG	Clinical	MUST MEET CRITERIA
SYMBYAX 12-25 MG CAPSULE	12MG-25MG	Lower Cost	RISPERIDONE
SYMBYAX 12-50 MG CAPSULE	12MG-50MG	Lower Cost	RISPERIDONE
SYMBYAX 3-25 MG CAPSULE	3MG-25MG	Lower Cost	RISPERIDONE
SYMBYAX 6-25 MG CAPSULE	6MG-25MG	Lower Cost	RISPERIDONE
SYMBYAX 6-50 MG CAPSULE	6MG-50MG	Lower Cost	RISPERIDONE
SYMLIN 0.6 MG/ML VIAL	600MCG/ML	Lower Cost	JANUVIA
SYMLINPEN 120 PEN INJECTOR	2700/2.7ML	Lower Cost	JANUVIA
SYMLINPEN 60 PEN INJECTOR	1500/1.5ML	Lower Cost	JANUVIA
SYNAGIS 100 MG/1 ML VIAL	100 MG/ML	Clinical	MUST MEET CRITERIA
SYNAGIS 50 MG/0.5 ML VIAL	50MG/0.5ML	Clinical	MUST MEET CRITERIA
SYNALGOS-DC CAPSULE	16-356-30	Lower Cost	BUTALBITAL/APAP/CAFFEINE/CODEINE
SYNAREL 2 MG/ML NASAL SPRAY	2 MG/ML	Clinical	MUST MEET CRITERIA
SYNERCID 500 MG VIAL	500 MG	Clinical	MUST MEET CRITERIA
SYPRINE 250 MG CAPSULE	250 MG	Clinical	MUST MEET CRITERIA
SYSTANE 0.3-0.4% EYE DROPS	0.3%-0.4%	Lower Cost	ARTIFICIAL TEARS
SYSTANE BALANCE 0.6% EYE DR	0.6 %	Lower Cost	ARTIFICIAL TEARS
SYSTANE NIGHTTIME EYE OINT	3%-94%	Lower Cost	ARTIFICIAL TEARS
TABLOID 40 MG TABLET	40 MG	Clinical	MUST MEET CRITERIA
TANDEM OB CAPSULE	106 MG-1MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
TARCEVA 100 MG TABLET	100 MG	Clinical	MUST MEET CRITERIA
TARCEVA 150 MG TABLET	150 MG	Clinical	MUST MEET CRITERIA
TARCEVA 25 MG TABLET	25 MG	Clinical	MUST MEET CRITERIA
TARGRETIN 1% GEL	1 %	Lower Cost	TRIAMCINOLONE
TARGRETIN 75 MG SOFTGEL	75 MG	Clinical	MUST MEET CRITERIA
TARON EC CALCIUM DHA COMB P	28-1-250MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
TARON-DUO EC COMB PACK	29-1-400MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
TARON-EC CAL TABLET	28 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
TARON-PREX PRENATAL DHA CAP	30-1.2-55	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
TASIGNA 150 MG CAPSULE	150 MG	Clinical	MUST MEET CRITERIA
TASIGNA 200 MG CAPSULE	200 MG	Clinical	MUST MEET CRITERIA
TASMAR 100 MG TABLET	100 MG	Lower Cost	CARBIDOPA/LEVODOPA
TEARS NATURALE FORTE DROPS	0.1-.3-.2%	Lower Cost	ARTIFICIAL TEARS
TEARS NATURALE FREE DROPS	0.1%-0.3%	Lower Cost	ARTIFICIAL TEARS
TEARS NATURALE-II EYE DROPS		Lower Cost	ARTIFICIAL TEARS
TEKAMLO 150 MG-10 MG TABLET	150MG-10MG	Lower Cost	LISINOPRIL/Amlodipine
TEKAMLO 150 MG-5 MG TABLET	150MG-5MG	Lower Cost	LISINOPRIL/Amlodipine
TEKAMLO 300 MG-10 MG TABLET	300MG-10MG	Lower Cost	LISINOPRIL/Amlodipine
TEKAMLO 300 MG-5 MG TABLET	300MG-5MG	Lower Cost	LISINOPRIL/Amlodipine
TEKTURNA 150 MG TABLET	150 MG	Lower Cost	LISINOPRIL
TEKTURNA 300 MG TABLET	300 MG	Lower Cost	LISINOPRIL
TEKTURNA HCT 150-12.5 MG TA	150-12.5MG	Lower Cost	LISINOPRIL/HCTZ
TEKTURNA HCT 150-25 MG TABL	150MG-25MG	Lower Cost	LISINOPRIL/HCTZ
TEKTURNA HCT 300-12.5 MG TA	300-12.5MG	Lower Cost	LISINOPRIL/HCTZ
TEKTURNA HCT 300-25 MG TABL	300MG-25MG	Lower Cost	LISINOPRIL/HCTZ
TEMAZEPAM 22.5 MG CAPSULE	22.5 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
TEMAZEPAM 7.5 MG CAPSULE	7.5 MG	Lower Cost	TEMAZEPAM, ALPRAZOLAM, LORAZEPAM
TEMODAR 100 MG CAPSULE	100 MG	Clinical	MUST MEET CRITERIA
TEMODAR 140 MG CAPSULE	140 MG	Clinical	MUST MEET CRITERIA
TEMODAR 180 MG CAPSULE	180 MG	Clinical	MUST MEET CRITERIA
TEMODAR 20 MG CAPSULE	20 MG	Clinical	MUST MEET CRITERIA
TEMODAR 250 MG CAPSULE	250 MG	Clinical	MUST MEET CRITERIA
TEMODAR 5 MG CAPSULE	5 MG	Clinical	MUST MEET CRITERIA
TEMOVATE 0.05% SOLUTION	0.05%	Lower Cost	HYDROCORTISONE CREAM
TESTIM 1% (50MG) GEL	50 MG (1%)	Clinical	MUST MEET CRITERIA
TESTRED 10 MG CAPSULE	10 MG	Lower Cost	TESTIM
TETRACAINE 0.5% EYE DROPS	0.5 %	Lower Cost	LIDOCAINE
TETRACAINE 0.5% EYE DROPS	0.5 %	Lower Cost	LIDOCAINE
TEVETEN 400 MG TABLET	400 MG	Lower Cost	Losartan
TEVETEN 600 MG TABLET	600 MG	Lower Cost	LISINOPRIL

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
TEVETEN HCT 600-12.5 MG TAB	600-12.5MG	Lower Cost	LISINOPRIL/HCTZ
TEVETEN HCT 600-25 MG TAB	600-25MG	Lower Cost	LISINOPRIL/HCTZ
TEV-TROPIN 5 MG VIAL	5 MG	Clinical	MUST MEET CRITERIA
TEXACORT 2.5% SOLUTION	2.5 %	Lower Cost	HYDROCORTISONE CREAM
THALITONE 15 MG TABLET	15 MG	Lower Cost	METOLAZONE
THALOMID 100 MG CAPSULE	100 MG	Clinical	MUST MEET CRITERIA
THALOMID 150 MG CAPSULE	150 MG	Clinical	MUST MEET CRITERIA
THALOMID 200 MG CAPSULE	200 MG	Clinical	MUST MEET CRITERIA
THALOMID 50 MG CAPSULE	50 MG	Clinical	MUST MEET CRITERIA
THIOLA 100 MG TABLET	100 MG	Clinical	MUST MEET CRITERIA
TICLOPIDINE 250 MG TABLET	250 MG	Lower Cost	PLAVIX
TIKOSYN 125 MCG CAPSULE	125 MCG	Lower Cost	Amiodarone
TIKOSYN 250 MCG CAPSULE	250 MCG	Lower Cost	Amiodarone
TIKOSYN 500 MCG CAPSULE	500 MCG	Lower Cost	Amiodarone
TIMOPTIC 0.25% OCUDOSE DROP	0.25 %	Lower Cost	TIMOLOL OPHTHALMIC SOLUTION
TIMOPTIC 0.5% OCUDOSE DROP	0.5 %	Lower Cost	TIMOLOL OPHTHALMIC SOLUTION
TIMOPTIC-XE 0.25% EYE SOLN	0.25 %	Lower Cost	TIMOLOL OPHTHALMIC SOLUTION
TIMOPTIC-XE 0.5% EYE SOLN	0.5 %	Lower Cost	TIMOLOL OPHTHALMIC SOLUTION
TINDAMAX 250 MG TABLET	250 MG	Lower Cost	METRONIDAZOLE
TINDAMAX 500 MG TABLET	500 MG	Lower Cost	METRONIDAZOLE
TIROSINT 100 MCG CAPSULE	100 MCG	Lower Cost	LEVOTHYROXINE
TIROSINT 112 MCG CAPSULE	112 MCG	Lower Cost	LEVOTHYROXINE
TIROSINT 125 MCG CAPSULE	125 MCG	Lower Cost	LEVOTHYROXINE
TIROSINT 13 MCG CAPSULE	13 MCG	Lower Cost	LEVOTHYROXINE
TIROSINT 137 MCG CAPSULE	137 MCG	Lower Cost	LEVOTHYROXINE
TIROSINT 150 MCG CAPSULE	150 MCG	Lower Cost	LEVOTHYROXINE
TIROSINT 25 MCG CAPSULE	25 MCG	Lower Cost	LEVOTHYROXINE
TIROSINT 50 MCG CAPSULE	50 MCG	Lower Cost	LEVOTHYROXINE
TIROSINT 75 MCG CAPSULE	75 MCG	Lower Cost	LEVOTHYROXINE
TIROSINT 88 MCG CAPSULE	88 MCG	Lower Cost	LEVOTHYROXINE
TOBI 300 MG/5 ML SOLUTION	300MG/5ML	Clinical	MUST MEET CRITERIA
TOBRADEX ST EYE DROPS	0.3%-0.05%	Lower Cost	TOBRADEX GTT
TOLMETIN SODIUM 200 MG TAB	200 MG	Lower Cost	NAPROXEN, MELOXICAM
TOLMETIN SODIUM 400 MG CAP	400 MG	Lower Cost	NAPROXEN, MELOXICAM

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
TOLMETIN SODIUM 600 MG TAB	600 MG	Lower Cost	NAPROXEN, MELOXICAM
TOLNAFTATE 1% POWDER	1 %	Lower Cost	CLOTTRIMAZOLE
TOPICORT 0.05% GEL	0.05%	Lower Cost	HYDROCORTISONE CREAM
TOPICORT 0.25% CREAM	0.25 %	Lower Cost	BETAMETHASONE DIPROPIONAT
TOPICORT 0.25% OINTMENT	0.25 %	Lower Cost	HYDROCORTISONE CREAM
TOPICORT LP 0.05% CREAM	0.05%	Lower Cost	HYDROCORTISONE CREAM
TORSEMIDE 10 MG TABLET	10 MG	Lower Cost	FUROSEMIDE
TORSEMIDE 100 MG TABLET	100 MG	Lower Cost	FUROSEMIDE
TORSEMIDE 20 MG TABLET	20 MG	Lower Cost	FUROSEMIDE
TORSEMIDE 5 MG TABLET	5 MG	Lower Cost	FUROSEMIDE
TOVIAZ ER 4 MG TABLET	4 MG	Lower Cost	OXYBUTYNIN
TOVIAZ ER 8 MG TABLET	8 MG	Lower Cost	OXYBUTYNIN
TRACLEER 125 MG TABLET	125 MG	Clinical	MUST MEET CRITERIA
TRACLEER 62.5 MG TABLET	62.5MG	Clinical	MUST MEET CRITERIA
TRANDOLAPR-VERAPAM ER 1-240	1-240MG	Lower Cost	Lisinopril and Verapamil
TRANDOLAPR-VERAPAM ER 2-180	2-180MG	Lower Cost	Lisinopril and Verapamil
TRANDOLAPR-VERAPAM ER 2-240	2-240MG	Lower Cost	Lisinopril and Verapamil
TRANDOLAPR-VERAPAM ER 4-240	4-240MG	Lower Cost	Lisinopril and Verapamil
TRANSDERM-SCOP 1.5 MG/72HR	1.5MG/72HR	Lower Cost	MECLIZINE
TRECTOR 250 MG TABLET	250 MG	Clinical	MUST MEET CRITERIA
TRETINOIN 10 MG CAPSULE	10 MG	Clinical	MUST MEET CRITERIA
TREXALL 10 MG TABLET	10 MG	Lower Cost	METHOTREXATE
TREXALL 15 MG TABLET	15 MG	Lower Cost	METHOTREXATE
TREXALL 5 MG TABLET	5 MG	Lower Cost	METHOTREXATE
TREXALL 7.5 MG TABLET	7.5 MG	Lower Cost	METHOTREXATE
TREXIMET 85-500 MG TABLET	85MG-500MG	Clinical	MUST MEET CRITERIA
TRIACTING COLD & COUGH LIQU	5-2.5MG/5	Lower Cost	CHERATUSSIN AC SYRUP
TRIAD WOUND DRESSING PASTE		Lower Cost	ACETAMINOPHEN/BUTALBITAL/CAFFEINE
TRIADVANCE TABLET	90-1-50 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
TRIAMINIC FLU COUGH-FEVER S	7.5-160-1	Lower Cost	CHERATUSSIN AC SYRUP
TRIAZ 3% FOAMING CLOTHS	3 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
TRIAZ 3% PAD	3 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
TRIAZ 6% FOAMING CLOTHS	6 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
TRIAZ 6% PAD	6 %	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
TRIAZ 9% FOAMING CLOTHS	9%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
TRIAZ 9% PAD	9%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
TRIBENZOR 20-5-12.5 MG TABL	20-5-12.5	Lower Cost	Losartan/HCTZ
TRIBENZOR 40-10-12.5 MG TAB	40-10-12.5	Lower Cost	Losartan/HCTZ
TRIBENZOR 40-10-25 MG TABLE	40-10-25MG	Lower Cost	Losartan/HCTZ
TRIBENZOR 40-5-12.5 MG TABL	40-5-12.5	Lower Cost	Losartan/HCTZ
TRIBENZOR 40-5-25 MG TABLET	40-5-25 MG	Lower Cost	Losartan/HCTZ
TRICARE PRENATAL DHA ONE SF	27-1-500MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
TRICARE PRENATAL TABLET	27 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
TRICITRATES ORAL SOLUTION	500-550/5	Lower Cost	CYTRA-3
TRICOR 145 MG TABLET	145MG	Lower Cost	FENOFIBRATE
TRICOR 48 MG TABLET	48 MG	Lower Cost	FENOFIBRATE
TRIGLIDE 160 MG TABLET	160 MG	Lower Cost	FENOFIBRATE
TRIGLIDE 50 MG TABLET	50 MG	Lower Cost	FENOFIBRATE
TRILIPIX DR 135 MG CAPSULE	135MG	Lower Cost	FENOFIBRATE
TRILIPIX DR 45 MG CAPSULE	45 MG	Lower Cost	FENOFIBRATE
TRI-LUMA CREAM	0.01-.05-4	Lower Cost	Fluocinolone; Tretinoin
TRIMESIS RX TABLET	200-12-1	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
TROPICAMIDE 0.5% EYE DROPS	0.5 %	Lower Cost	CYCLOPENTOLATE
TUSSIGON TABLET	5-1.5MG	Lower Cost	CHERATUSSIN AC SYRUP
TUSSIONEX PENNKINETIC SUSP	10-8MG/5ML	Lower Cost	CHERATUSSIN AC SYRUP
TWINJECT 0.15 MG AUTO-INJEC	0.15/0.15	Lower Cost	EPINEPHRINE AUTOINJECTOR
TWINJECT 0.3 MG AUTO-INJECT	0.3MG/0.3	Lower Cost	EPINEPHRINE AUTOINJECTOR
TWYNSTA 40-10 MG TABLET	40MG-10MG	Lower Cost	Amlodipine and Lisinopril
TWYNSTA 40-5 MG TABLET	40 MG-5 MG	Lower Cost	Amlodipine and Lisinopril
TWYNSTA 80-10 MG TABLET	80 MG-10MG	Lower Cost	Amlodipine and Lisinopril
TWYNSTA 80-5 MG TABLET	80 MG-5 MG	Lower Cost	Amlodipine and Lisinopril
TYGACIL 50 MG VIAL	50 MG	Clinical	MUST MEET CRITERIA
TYKERB 250 MG TABLET	250 MG	Clinical	MUST MEET CRITERIA
TYVASO 1.74 MG/2.9 ML SOLUT	1.74MG/2.9	Clinical	MUST MEET CRITERIA
TYVASO INHALATION REFILL KI	1.74MG/2.9	Clinical	MUST MEET CRITERIA
TYVASO INHALATION STARTER K	1.74MG/2.9	Clinical	MUST MEET CRITERIA
TYZEKA 600 MG TABLET	600 MG	Lower Cost	BARACLUDE 0.5 MG TABLET
TYZINE 0.1% NOSE DROPS	0.1%	Lower Cost	AFRIN NASAL

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
TYZINE 0.1% NOSE SPRAY	0.1%	Lower Cost	AFRIN NASAL
TYZINE PEDIATRIC 0.05% DROP	0.05%	Lower Cost	AFRIN NASAL
ULESFIA 5% LOTION	5 %	Lower Cost	PERMETHRIN
ULORIC 40 MG TABLET	40 MG	Lower Cost	COLCRYS
ULORIC 80 MG TABLET	80 MG	Lower Cost	COLCRYS
ULTRACET TABLET	37.5-325MG	Lower Cost	TRAMADOL
ULTRAM ER 100 MG TABLET	100 MG	Lower Cost	TRAMADOL
ULTRAM ER 200 MG TABLET	200 MG	Lower Cost	TRAMADOL
ULTRAM ER 300 MG TABLET	300 MG	Lower Cost	TRAMADOL
ULTRAVATE 0.05% CREAM	0.05%	Lower Cost	DIFLORASONE CREA
ULTRAVATE 0.05% OINTMENT	0.05%	Lower Cost	DIFLORASONE OINT
UREA 10% LOTION	10 %	Lower Cost	UREA 40%
UREA 35% LOTION	35 %	Lower Cost	CICLOPIROX
UREA 40% LOTION	40 %	Lower Cost	CICLOPIROX
UREA 50% EMULSION	50 %	Lower Cost	UREA 40%
UREA 50% NAIL GEL	50 %	Lower Cost	CICLOPIROX
UREA 50% NAILSTIK	50 %	Lower Cost	UREA 40%
UREA 50% OINTMENT	50 %	Lower Cost	CICLOPIROX
UREA 50% TOPICAL SUSPENSION	50 %	Lower Cost	UREA 40%
URELLE TABLET	81-0.12MG	Lower Cost	PHOSENAMINE
UROCID-K ER 15 MEQ TABLET	15 MEQ	Lower Cost	CYTRA-3
UROGESIC-BLUE TABLET	81.6-.12MG	Lower Cost	PHOSENAMINE
UROQID-ACID NO.2 500-500 TB	500-500MG	Lower Cost	PHOSENAMINE
UROXATRAL 10 MG TABLET	10 MG	Lower Cost	DOXAZOSIN
URSODIOL 250 MG TABLET	250 MG	Lower Cost	ursodiol
URSODIOL 500 MG TABLET	500 MG	Lower Cost	ursodiol
UTA CAPSULE	120-0.12MG	Lower Cost	PHOSENAMINE
UTRONA-C TABLET	81.6-10.8	Lower Cost	PHOSENAMINE
VAGIFEM 10 MCG VAGINAL TAB	10 MCG	Lower Cost	PREMPRO
VALCYTE 450 MG TABLET	450 MG	Lower Cost	ACYCLOVIR, VALCYCLOVIR
VALCYTE 50 MG/ML SOLUTION	50 MG/ML	Lower Cost	ACYCLOVIR, VALCYCLOVIR
VALTURNA 150-160 MG TABLET	150-160MG	Lower Cost	LISINOPRIL
VALTURNA 300-320 MG TABLET	300-320MG	Lower Cost	LISINOPRIL
VANCOCIN HCL 125 MG PULVULE	125 MG	Clinical	MUST MEET CRITERIA

## Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
VANCOCIN HCL 250 MG PULVULE	250 MG	Clinical	MUST MEET CRITERIA
VANOS 0.1% CREAM	0.1%	Lower Cost	HYDROCORTISONE CREAM
VENLAFAXINE HCL ER 150 MG T	150 MG	Step Therapy	venlafaxine
VENLAFAXINE HCL ER 225 MG T	225 MG	Step Therapy	venlafaxine
VENLAFAXINE HCL ER 37.5 MG	37.5 MG	Step Therapy	venlafaxine
VENLAFAXINE HCL ER 75 MG TA	75 MG	Step Therapy	venlafaxine
VENTAVIS 10 MCG/1 ML SOLUTI	10 MCG/ML	Clinical	MUST MEET CRITERIA
VENTAVIS 20 MCG/1 ML SOLUTI	20 MCG/ML	Clinical	MUST MEET CRITERIA
VERAMYST 27.5 MCG NASAL SPR	27.5MCG	Lower Cost	FLUTICASONE NASAL SPRAY
VEREGEN 15% OINTMENT	15 %	Lower Cost	IMIQUIMOD
VERELAN 120 MG CAP PELLETT	120 MG	Lower Cost	VERAPAMIL
VERELAN 180 MG CAP PELLETT	180 MG	Lower Cost	VERAPAMIL
VERELAN 240 MG CAP PELLETT	240 MG	Lower Cost	VERAPAMIL
VERELAN 360 MG CAP PELLETT	360 MG	Lower Cost	VERAPAMIL
VERELAN PM 100 MG CAP PELLE	100 MG	Lower Cost	VERAPAMIL
VERELAN PM 200 MG CAP PELLE	200 MG	Lower Cost	VERAPAMIL
VERELAN PM 300 MG CAP PELLE	300 MG	Lower Cost	VERAPAMIL
VERIPRED 20 20 MG/5 ML SOLN	20 MG/5 ML	Lower Cost	Prednisolone
VFEND 200 MG TABLET	200 MG	Clinical	MUST MEET CRITERIA
VFEND 40 MG/ML SUSPENSION	200 MG/5ML	Clinical	MUST MEET CRITERIA
VFEND 50 MG TABLET	50 MG	Clinical	MUST MEET CRITERIA
VH ESSENTIALS UTI STICK		Clinical	MUST MEET CRITERIA
VIBRAMYCIN 25 MG/5 ML SUSP	25 MG/5 ML	Lower Cost	DOXYCYCLINE HYCLATE
VIBRAMYCIN 50 MG/5 ML SYRUP	50 MG/5 ML	Lower Cost	DOXYCYCLINE HYCLATE
VICAP FORTE CAPSULE	1 MG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
VICOPROFEN 200-7.5 MG TAB	7.5-200 MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
VICTOZA 2-PAK 18 MG/3 ML PE	0.6MG/0.1	Lower Cost	JANUVIA
VIGAMOX 0.5% EYE DROPS	0.5 %	Lower Cost	CIPROFLOXACIN
VIMOVO 375-20 MG TABLET	375MG-20MG	Lower Cost	NAPROXEN, MELOXICAM
VIMOVO 500-20 MG TABLET	500MG-20MG	Lower Cost	NAPROXEN, MELOXICAM
VIMPAT 10 MG/ML SOLUTION	10 MG/ML	Clinical	MUST MEET CRITERIA
VIMPAT 100 MG TABLET	100 MG	Clinical	MUST MEET CRITERIA
VIMPAT 150 MG TABLET	150 MG	Clinical	MUST MEET CRITERIA
VIMPAT 200 MG TABLET	200 MG	Clinical	MUST MEET CRITERIA

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
VIMPAT 50 MG TABLET	50 MG	Clinical	MUST MEET CRITERIA
VISICOL TABLET	1.5 G	Clinical	MUST MEET CRITERIA
VITAFOL SYRUP	10.4-2MG/5	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
VITAFOL-OB CAPLET	65 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
VITAL-D RX TABLET	1750-60-1	Lower Cost	multivitamin
VITASPIRE TABLET	29 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
VIVAGLOBIN 16% VIAL	16 %	Clinical	MUST MEET CRITERIA
VIVELLE-DOT 0.025 MG PATCH	.025MG/24H	Lower Cost	ESTRADIOL
VIVELLE-DOT 0.0375 MG PATCH	.0375MG/24	Lower Cost	ESTRADIOL
VIVELLE-DOT 0.05 MG PATCH	0.05MG/24H	Lower Cost	ESTRADIOL
VIVELLE-DOT 0.075 MG PATCH	.075MG/24H	Lower Cost	ESTRADIOL
VIVELLE-DOT 0.1 MG PATCH	0.1MG/24HR	Lower Cost	ESTRADIOL
VOL-CARE RX TABLET	1MG-60MG	Lower Cost	multivitamin
VOL-NATE TABLET	28 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
VOL-PLUS TABLET	27 MG-1 MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
VOSOL 2% OTIC SOLUTION	2 %	Lower Cost	ACETIC ACID/ALUMINUM ACETATE
VOSOL HC EAR DROPS	2 %-1 %	Lower Cost	ACETIC ACID/ALUMINUM ACETATE
VOTRIENT 200 MG TABLET	200 MG	Clinical	MUST MEET CRITERIA
VUSION OINTMENT	0.25 %-15%	Lower Cost	CLOTRIMAZOLE
VYTORIN 10-10 MG TABLET	10MG-10MG	Lower Cost	SIMVASTATIN
VYTORIN 10-20 MG TABLET	10MG-20MG	Lower Cost	SIMVASTATIN
VYTORIN 10-40 MG TABLET	10MG-40MG	Lower Cost	SIMVASTATIN
VYTORIN 10-80 MG TABLET	10MG-80MG	Lower Cost	SIMVASTATIN
VYVANSE 20 MG CAPSULE	20 MG	Lower Cost	METHYLPHENIDATE SR
VYVANSE 30 MG CAPSULE	30 MG	Lower Cost	DEXTROMETHAMPHETAMINE ER
VYVANSE 40 MG CAPSULE	40 MG	Lower Cost	METHYLPHENIDATE SR
VYVANSE 50 MG CAPSULE	50 MG	Lower Cost	DEXTROMETHAMPHETAMINE ER
VYVANSE 60 MG CAPSULE	60 MG	Lower Cost	METHYLPHENIDATE SR
VYVANSE 70 MG CAPSULE	70 MG	Lower Cost	DEXTROMETHAMPHETAMINE ER
WATER FOR INJECTION AMPUL		Clinical	MUST MEET CRITERIA
WATER FOR INJECTION VIAL		Clinical	MUST MEET CRITERIA
WELCHOL 3.75G PACKET	3.75 G	Lower Cost	CHOLESTYRAMINE
WELCHOL 625 MG TABLET	625 MG	Lower Cost	CHOLESTYRAMINE
WESTCORT 0.2% OINTMENT	0.2 %	Lower Cost	HYDROCORTISONE CREAM

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
WINRHO SDF 1,500 UNITS VIAL	1500/1.3ML	Clinical	MUST MEET CRITERIA
WINRHO SDF 15,000 UNITS VIA	15000/13ML	Clinical	MUST MEET CRITERIA
WINRHO SDF 2,500 UNITS VIAL	2500/2.2ML	Clinical	MUST MEET CRITERIA
WINRHO SDF 5,000 UNITS VIAL	5000/4.4ML	Clinical	MUST MEET CRITERIA
WOUN'DRES WOUND DRESSING		Lower Cost	BANDAGES ASSORTED
XELODA 150 MG TABLET	150 MG	Clinical	MUST MEET CRITERIA
XELODA 500 MG TABLET	500 MG	Clinical	MUST MEET CRITERIA
XENAZINE 12.5 MG TABLET	12.5 MG	Lower Cost	MUST MEET CRITERIA
XENAZINE 25 MG TABLET	25 MG	Lower Cost	MUST MEET CRITERIA
XERESE 5%-1% CREAM	5 %-1 %	Lower Cost	DENAVIR
XIBROM 0.09% EYE DROPS	0.09%	Lower Cost	KETOROLAC_OPTHALMIC
XIFAXAN 200 MG TABLET	200 MG	Clinical	MUST MEET CRITERIA
XIFAXAN 550 MG TABLET	550 MG	Clinical	MUST MEET CRITERIA
XODOL 10-300 TABLET	10MG-300MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
XODOL 5-300 TABLET	5MG-300MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
XODOL 7.5-300 MG TABLET	7.5-300MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
XOLEGEL 2% GEL	2 %	Lower Cost	KETOCONAZOLE
XOLOX 10-500 MG TABLET	10MG-500MG	Lower Cost	ACETAMINOPHEN/OXYCODONE
XOPENEX 0.31 MG/3 ML SOLUTI	0.31MG/3ML	Lower Cost	ALBUTEROL
XOPENEX 0.63 MG/3 ML SOLUTI	0.63MG/3ML	Lower Cost	ALBUTEROL
XOPENEX 1.25 MG/3 ML SOLUTI	1.25MG/3ML	Lower Cost	ALBUTEROL
XOPENEX CONC 1.25 MG/0.5 ML	1.25MG/0.5	Lower Cost	ALBUTEROL
XOPENEX HFA 45 MCG INHALER	45MCG	Lower Cost	VENTOLIN HFA
XYNTHA 1,000 UNIT KIT	1000 (+/-)	Clinical	MUST MEET CRITERIA
XYNTHA 2,000 UNIT KIT	2000 (+/-)	Clinical	MUST MEET CRITERIA
XYNTHA 250 UNIT KIT	250 (+/-)	Clinical	MUST MEET CRITERIA
XYNTHA 3,000 UNIT SYRINGE K	3000 (+/-)	Clinical	MUST MEET CRITERIA
XYNTHA 500 UNIT KIT	500 (+/-)	Clinical	MUST MEET CRITERIA
XYREM 500 MG/ML ORAL SOLUTI	500MG/ML	Lower Cost	METHYLPHENIDATE
XYZAL 5 MG TABLET	5 MG	Lower Cost	LORATADINE
ZAMICET SOLUTION	10-325/15	Lower Cost	ACETAMINOPHEN/HYDROCODONE
ZANAFLEX 2 MG CAPSULE	2 MG	Lower Cost	CYCLOBENZAPRINE
ZANAFLEX 4 MG CAPSULE	4 MG	Lower Cost	CYCLOBENZAPRINE
ZANAFLEX 6 MG CAPSULE	6 MG	Lower Cost	CYCLOBENZAPRINE

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
ZATEAN-CH CAPSULE	27-1-50MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
ZATEAN-PN DHA CAPSULE	27-1-300MG	Lower Cost	Vinate AZ, Ultimate Care Combo Vinate gt
ZAVESCA 100 MG CAPSULE	100 MG	Clinical	MUST MEET CRITERIA
ZEASORB-AF 2% POWDER	2 %	Lower Cost	NYSTATIN
ZEGERID OTC 20-1,100 MG CAP	20MG-1.1G	Lower Cost	OMEPRAZOLE
ZEMA-PAK 10 DAY 1.5 MG TABL	1.5MG (35)	Lower Cost	Prednisolone
ZEMPLAR 1 MCG CAPSULE	1MCG	Lower Cost	CALCITRIOL
ZEMPLAR 2 MCG CAPSULE	2 MCG	Lower Cost	CALCITRIOL
ZEMPLAR 4 MCG CAPSULE	4MCG	Lower Cost	CALCITRIOL
ZETIA 10 MG TABLET	10 MG	Lower Cost	SIMVASTATIN
ZIANA GEL	1.2-0.025%	Lower Cost	ERYTHROMYCIN/BENZOYL PEROXIDE
ZIKS ARTHRITIS PAIN RELIEF	0.025%-12%	Lower Cost	CAPSAICIN
ZINC 50 MG TABLET	50 MG	Lower Cost	multivitamin
ZINC SULFATE 220 MG CAPSULE	220(50)MG	Lower Cost	multivitamin
ZIPSOR 25 MG CAPSULE	25 MG	Lower Cost	NAPROXEN, MELOXICAM
ZIRGAN 0.15% OPHTHALMIC GEL	0.15 %	Lower Cost	TRIFLURIDINE
ZOLINZA 100 MG CAPSULE	100 MG	Clinical	MUST MEET CRITERIA
ZOLPIDEM TART ER 12.5 MG TA	12.5 MG	Lower Cost	ZOLPIDEM
ZOLPIDEM TART ER 6.25 MG TA	6.25 MG	Lower Cost	ZOLPIDEM
ZOLPIMIST 5 MG ORAL SPRAY	5 MG/SPRAY	Lower Cost	ZOLPIDEM
ZOLVIT 10 MG-300 MG/15 ML S	10-300/15	Lower Cost	ACETAMINOPHEN/HYDROCODONE
ZOMIG 2.5 MG TABLET	2.5 MG	Lower Cost	SUMATRIPTAN
ZOMIG 5 MG NASAL SPRAY	5 MG	Lower Cost	SUMATRIPTAN
ZOMIG 5 MG TABLET	5 MG	Lower Cost	SUMATRIPTAN
ZOMIG ZMT 2.5 MG TABLET	2.5 MG	Lower Cost	SUMATRIPTAN
ZOMIG ZMT 5 MG TABLET	5 MG	Lower Cost	SUMATRIPTAN
ZONALON 5% CREAM	5 %	Lower Cost	TRIAMCINOLONE
ZOO FRIENDS COMPLETE TAB CH	9MG-200MCG	Lower Cost	multivitamin, mutivitamin w/Fe, folic acid
ZORBTIVE 8.8 MG VIAL	8.8MG	Clinical	MUST MEET CRITERIA
ZORTRESS 0.25 MG TABLET	0.25 MG	Clinical	MUST MEET CRITERIA
ZORTRESS 0.5 MG TABLET	0.5 MG	Clinical	MUST MEET CRITERIA
ZORTRESS 0.75 MG TABLET	0.75 MG	Clinical	MUST MEET CRITERIA
ZOSTRIX HP 0.075% CREAM	0.075%	Lower Cost	DENAVIR
ZOVIRAX 5% CREAM	5 %	Lower Cost	DENAVIR

Wellcare of Ohio - List of Medications Requiring Prior Authorization

Drug Name	Strength	PA Reason	PDL Alternative
ZOVIRAX 5% OINTMENT	5 %	Lower Cost	DENAVIR
ZUPLENZ 4 MG SOLUBLE FILM	4 MG	Lower Cost	ONDANSETRON
ZUPLENZ 8 MG SOLUBLE FILM	8 MG	Lower Cost	ONDANSETRON
ZYCLARA 3.75% CREAM	3.75 %	Clinical	MUST MEET CRITERIA
ZYDONE 10-400 MG TABLET	10MG-400MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
ZYDONE 5-400 MG TABLET	5MG-400MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
ZYDONE 7.5-400 MG TABLET	7.5-400MG	Lower Cost	ACETAMINOPHEN/HYDROCODONE
ZYFLO 600 MG FILMTAB	600 MG	Lower Cost	SINGULAIR
ZYFLO CR 600 MG TABLET	600 MG	Lower Cost	SINGULAIR
ZYLET EYE DROPS	0.3%-0.5%	Lower Cost	TOBRAMYCIN SULFATE 0.3% SOLUTION
ZYMAXID 0.5% EYE DROPS	0.5 %	Lower Cost	CIPROFLOXACIN
ZYPREXA 10 MG TABLET	10 MG	Lower Cost	RISPERIDONE
ZYPREXA 15 MG TABLET	15 MG	Lower Cost	RISPERIDONE
ZYPREXA 2.5 MG TABLET	2.5 MG	Lower Cost	RISPERIDONE
ZYPREXA 20 MG TABLET	20 MG	Lower Cost	RISPERIDONE
ZYPREXA 5 MG TABLET	5 MG	Lower Cost	RISPERIDONE
ZYPREXA 7.5 MG TABLET	7.5 MG	Lower Cost	RISPERIDONE_ODT
ZYPREXA ZYDIS 10 MG TABLET	10 MG	Lower Cost	RISPERIDONE_ODT
ZYPREXA ZYDIS 15 MG TABLET	15 MG	Lower Cost	RISPERIDONE_ODT
ZYPREXA ZYDIS 20 MG TABLET	20 MG	Lower Cost	RISPERIDONE_ODT
ZYPREXA ZYDIS 5 MG TABLET	5 MG	Lower Cost	RISPERIDONE_ODT
ZYVOX 100 MG/5 ML SUSPENSIO	100 MG/5ML	Clinical	MUST MEET CRITERIA
ZYVOX 600 MG TABLET	600 MG	Clinical	MUST MEET CRITERIA