

2011 Ohio Medication Preferred Drug List

Important WellCare of OHIO Phone Numbers	
OH Member Services	1-800-951-7719
OH Prescription Pharmacy Helpdesk	1-800-978-3104
Pharmacy DER (Prior Authorization) Fax	1-877-277-6892

KEY	
AL = age limit/requirement	
APAP = Acetaminophen	
ASA = Aspirin	
DX = diagnosis	
OTC = over the counter	
PA = prior authorization requirement	
QL = quantity limit	
ST = step therapy; first line therapy required	
Generic medications are listed in <i>italics</i> .	
Brand name medications are listed in CAPITAL letters.	

EXCLUDED DRUGS	
- Agents used for anorexia, weight loss or weight gain	
- Drugs used to treat infertility	
- Hair growth restorers and other drugs for cosmetic use	
- DESI ineffective drugs as designated by CMS	
- Erectile Dysfunction drugs	
- Experimental drugs	
- Vitamins, EXCEPT:	
~ Prenatal vitamins for pregnant and lactating women.	
~ Prescription strength folic acid as a single entity	
~ Prescription strength fluoride as a single entity	
~ One vitamin or vitamin/mineral monthly for dialysis patients	
~ Aluminum and calcium products used as phosphate binders for dialysis patients	
~ Fluoridated pediatric vitamins for children < 13yrs	
~ Prescribed ferrous sulfate, gluconate, or fumarate as single-entity hematinics for non-institutionalized patients	
- All other OTC products not specified above	
- Agents prescribed for any indications not medically accepted	

COVERED OTC DRUGS	
- Prescribed insulin	
- Prescribed OTC drugs	
- Aspirin and selected package sizes of acetaminophen when used as an anti-inflammatory agent	
- Sodium chloride solution for inhalation therapy	
- Guafenesin as a single entity expectorant, either liquid or solid form	
- Transdermal patches or gum containing nicotine when used in a smoking cessation program for no more than twelve weeks per year or the manufacturer's recommendations, whichever is less.	
- OTC head/body lice treatments	
- Products designated on PDL as "OTC covered w/ Rx"	
Note: ALL covered OTC drugs require a prescription.	

Blood Regulators	
<i>fondaparinux</i>	QL varies by strength

Stimulants	
<i>dexamylphenidate</i>	QL = #62/31ds
<i>methylin, methylin ER</i>	tabs, chew tabs only
<i>methylphenidate, methylphenidate SR</i>	
Antiparkinsonian Agents	
Anticholinergics	
<i>benztropine mesylate</i>	
<i>trihexphenidyl hcl</i>	
Dopamine Precursors/Receptor Agonists	
<i>carbidopa/levodopa, ER</i>	
<i>bromocriptine mesylate</i>	
<i>pramipexole</i>	
<i>ropinirole hcl</i>	
Analgesics	
Non-opioid Analgesics	
<i>aspirin</i>	OTC covered w/ Rx
<i>choline magnesium trisalcylate</i>	
<i>diclofenac potassium, diclofenac sodium, DR, ER</i>	
<i>diflunisal</i>	
<i>etodolac</i>	
<i>fenoprofen</i>	
<i>flurbiprofen</i>	
<i>ibuprofen</i>	
<i>indomethacin</i>	
<i>ketoprofen</i>	
<i>ketorolac</i>	QL = #20/31ds
<i>meloxicam</i>	
<i>nabumetone</i>	
<i>naproxen, dr, naproxen sodium</i>	
<i>oxaprozin</i>	
<i>piroxicam</i>	
<i>salsalate</i>	
<i>sulindac</i>	
Opioid Analgesics	
<i>acetaminophen/codeine, #2, #3, #4</i>	
<i>butalbital/ASA/caffeine</i>	
<i>butalbital/APAP, butalbital/APAP/caffeine</i>	
<i>butalbital/APAP/caffeine/codeine</i>	
<i>co-gesic</i>	QL = #248/31ds
<i>fentanyl patch</i>	PA, QL = #10/31ds
<i>hydrocodone/APAP</i>	QL = #248/31ds
<i>hydromorphone</i>	
<i>mependine</i>	
<i>methadone</i>	
<i>morphine sulfate IR, ER</i>	
<i>oxycodone/APAP (5/325, 7.5/325, 7.5/500, 10/325)</i>	QL = #248/31ds
<i>oxycodone IR, oxycodone/ASA</i>	QL = #248/31ds
<i>tramadol</i>	
Antibacterials	
Beta-Lactam, Cephalosporins	
<i>cefadroxil</i> - 1st generation	
<i>cephalexin</i> - 1st generation	
<i>cefazolin</i> - 1st generation	
<i>cefaclor</i> - 2nd generation	
<i>cefprozil</i> - 2nd generation	
<i>cefuroxime</i> - 2nd generation	
<i>cefdinir</i> - 3rd generation	
<i>cefepodoxime</i> - 3rd generation	
Beta-Lactam, Penicillins	
<i>amoxicillin, amoxicillin/clavulanate</i>	
<i>ampicillin</i>	
<i>dicloxacillin</i>	
<i>penicillin v potassium</i>	
Macrolides	
<i>azithromycin</i>	QL (250mg) = #6/31ds
<i>clarithromycin</i>	
<i>erythromycin (all salts) IR, delayed-release</i>	
<i>erythromycin/sulfisoxazole</i>	
Quinolones	
<i>ciprofloxacin</i>	
<i>levofloxacin</i>	QL = #14/31ds
Sulfonamides	
<i>sulfamethoxazole/trimethoprim, DS tabs</i>	
<i>sulfamethoxazole/trimethoprim, DS susp</i>	QL = #1200mL/31ds
<i>sulfasalazine</i>	
Tetracyclines	
<i>doxycycline</i>	
<i>minocycline</i>	
<i>tetracycline</i>	
Antibacterials, Other	
<i>clindamycin caps</i>	

Dermatologic Agents	
Acne medications	
<i>BENZAC AC</i>	
<i>benzoyl peroxide</i>	
<i>benzoyl peroxide wash</i>	
<i>LAVOCLEN-4 CREAMY WASH</i>	
<i>BENZAMYCIN</i>	
<i>Tretinoin</i>	QL=45.00/31DS; AL=<20
Anti-inflammatory	
<i>acloemethasone dipropionate</i>	
<i>amcinonide</i>	
<i>betamethasone dipropionate</i>	
<i>clobetasol propionate</i>	
<i>cortisporin</i>	
<i>DESONIDE</i>	
<i>fluocinolone acetonide</i>	
<i>PROCTOSOL HC</i>	
<i>PROCTOCREAM HC</i>	

Antifungals	
<i>clotrimazole</i>	
<i>fluconazole</i>	
<i>keconazole</i>	
<i>griseofulvin, susp</i>	
<i>GRIS-PEG</i>	
<i>nystatin</i>	
<i>terbinafine hcl</i>	
<i>terconazole</i>	

Nasal Preparations	
Nasal Corticosteroids	
<i>flunisolide</i>	
<i>fluticasone propionate</i>	

Antiemetics	
<i>meclizine</i>	
<i>metoclopramide</i>	QL(solely)= 1500/31ds
<i>promethazine</i>	
<i>promethegan</i>	
<i>ondansetron, sol'n, ODT</i>	QL (24mg) = #31/31ds

Antihistamines & Mucolytic Agents	
Antihistamines	
<i>*chlorpheniramine maleate</i>	
<i>clemapstine</i>	
<i>cyproheptadine</i>	
<i>diphenhydramine</i>	
<i>hydroxyzine</i>	
Mucolytics	
<i>acetylcysteine</i>	

Thyroid and Bone Agents	
Parathyroid/Metabolic Bone Disease Agents	
<i>alendronate</i>	
<i>calcitonin-salmon nasal spray</i>	QL = #4.03/31ds
<i>fortical</i>	
Pituitary	
<i>desmopressin nasal spray, tablets</i>	
Antithyroid/Thyroid Agents	
<i>methimazole</i>	
<i>propylthiouracil</i>	QL = #558/31ds
<i>sski</i>	
<i>levothroid</i>	
<i>levothyroxine sodium</i>	
<i>unithroid</i>	

Antimigraine	
Abortive	
<i>ergotamine/caffeine</i>	
<i>sumatriptan tabs, solution</i>	QL = #9/31ds
<i>sumatriptan nasal spray</i>	QL = #12/31ds
<i>treximet</i>	PA

Ophthalmic Agents	
Beta-Adrenergic Blocking Agents	
<i>betaxolol</i>	
<i>carteolol hcl</i>	
<i>levobunolol hcl</i>	
<i>metipranolol</i>	

Parasympathomimetic (Cholinergic) Agents	
<i>bethanechol chloride</i>	
<i>donepezil</i>	
<i>exelon</i>	
<i>galantamine hydrobromide</i>	QL varies by strength
<i>rivastigmine tartrate</i>	

Smooth Muscle Relaxants	
VESICARE	
<i>oxybutynin chloride, ER</i>	

Antiparasitics	
Pediculicides/Scabicides	
<i>ACTICIN</i>	QL = #60/31 ds
<i>OVIDE</i>	QL = #59/31 ds
<i>permethrin</i>	QL = #60/31 ds

Antituberculars	
<i>ethambutol</i>	
<i>isoniazid</i>	
<i>pyrazinamide</i>	
<i>rifampin</i>	

Antivirals	
<i>ganciclovir</i>	
<i>acyclovir caps, tabs</i>	
<i>acyclovir susp</i>	QL = #3500mL/31ds
<i>valacyclovir</i>	QL = #62/31ds

Anti-HIV Agents	
All HIV medications are covered.	
Anti-Influenza Agents	
<i>amantadine</i>	
<i>rimantadine</i>	
TAMIFLU	
RELENZA DISKHALER	
Antivirals, Other	
<i>ribavirin tabs ONLY</i>	

Anxiolytics/Sedatives/Hypnotics	
Benzodiazepines	
<i>alprazolam</i>	
<i>chloridiazepoxide</i>	
<i>clonazepam</i>	
<i>clorazepate</i>	
<i>diazepam</i>	
<i>estazolam</i>	
<i>lorazepam</i>	
<i>oxazepam</i>	
<i>temazepam</i>	
<i>triazolam</i>	
Anxiolytics/Sedatives, Other	
<i>buspirone</i>	
<i>hydroxyzine, hcl, pamoate</i>	
<i>meprobamate</i>	
<i>zolpidem</i>	QL = #31/31ds

Autonomic drugs	
Antimuscarinics/Antispasmodics	
<i>dicyclomine hcl</i>	
<i>hyoscyamine, hyoscyamine sulfate, ER</i>	
Cholinergics	
<i>bethanechol chloride</i>	
<i>pilocarpine hcl</i>	
<i>pyridostigmine bromide</i>	

Blood Glucose Regulators	
Antihypoglycemics	
<i>GLUCAGEN</i>	QL = #2/31 ds
<i>GLUCAGEN HYPOKIT</i>	QL = #2/31 ds
<i>glucagon emergency kit</i>	QL = #2/31 ds
Antihyperglycemics	
<i>chlorpropamide</i>	
<i>glimperide</i>	
<i>glipizide, ER, XL</i>	
<i>glyburide, glyburide micronized</i>	
<i>glyburide/metformin</i>	
<i>metformin hcl, metformin hcl ER</i>	
Insulins	
<i>NOVOLIN, NOVOLOG</i>	QL = #60mL/31ds
<i>LEVEMIR, FLEXPEN</i>	QL = #60mL/31ds
Glucose Meters and Strips	

2011 Ohio Medication Abbreviated Preferred Drug List

enoxaparin	QL varies by strength
jantoven	
pentoxifyline ER	
PLAVIX	
warfarin sodium	
Cardiovascular Agents	
ACE Inhibitors/Angiotensin II Receptor Blockers	
benazepril, benazepril/HCTZ	
captopril, captopril/HCTZ	
enalapril, enalapril/HCTZ	
lisinopril, lisinopril/HCTZ	
losartan, losartan/HCTZ	QL = #31/31ds
Antiarrhythmics	
amiodarone	
digoxin	
disopyramide	
flecainide	
propafenone hcl	
quinidine gluconate CR, ER	
quinidine sulfate	
Alpha Blockers/Adrenergic Agents	
clonidine	
doxazosin	
guanfacine	
methylidopa, methylidopa/HCTZ	
prazosin	
terazosin	
tamsulosin	
Beta-adrenergic Blocking Agents	
atenolol, atenolol/chlorthalidone	
bisoprolol, bisoprolol/HCTZ	
carvedilol	
labetalol	
metoprolol, ER	
nadolol	
propranolol, ER, propranolol/HCTZ	
sotalol hcl, sotalol hcl (AF)	
timolol	
Calcium Channel Blocking Agents	
amlodipine, amlodipine/benazepril	
diltiazem hcl, diltiazem CD, ER	
felodipine ER	QL = #31/31ds
nifedipine, ER	
verapamil, ER	
Direct Vasodilators	
hydralazine hcl	
minoxidil	
Diuretics	
amiloride/HCTZ	
bumetanide	
chlorothiazide	
chlorthalidone	
furosemide	
hydrochlorothiazide	
indapamide	
spironolactone, spironolactone/HCTZ	
triamterene/HCTZ	
Dyslipidemics	
cholestyramine	
cholestyramine light	QL (Powder) = #756/31ds
fenofibrate, fenofibrate micronized	
gemfibrozil	
niacin, SR, TD, TR	OTC covered w/ Rx
lovastatin	
pravastatin	
simvastatin	
Nitrates/Nitrites	
isosorbide dinitrate, ER	
isosorbide mononitrate, ER	
NITRO-BID	
nitroglycerin, nitroglycerin transdermal	
NITROSTAT	
Central Nervous System Agents	
Amphetamines	
amphetamine/d-amphetamine tabs	
amphetamine/d-amphetamine caps	QL = #62/31ds
dextroamphetamine, dextroamphetamine ER	

clindamycin granules	QL = #300mL/31ds
metronidazole tabs	
nitrofurantoin	
trimethoprim	
Anticonvulsants	
Calcium Channel Modifying Agents	
ethosuximide	QL varies by strength
zonisamide	QL varies by strength
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
divalproex sodium, sprinkle	QL varies by strength
gabapentin	QL varies by strength
primidone	QL varies by strength
valproic acid	QL varies by strength
Glutamate Reducing Agents	
lamotrigine	QL varies by strength
Central Nervous System Agents, Other	
phenobarbital	QL varies by strength
Sodium Channel Inhibitors	
carbamazepine	QL varies by strength
levetiracetam	QL varies by strength
phenytoin, ER caps	
phenytoin susp	QL = #900mL/31ds
oxcarbazepine	QL varies by strength
Anticonvulsants, Other	
topiramate	QL varies by strength
Gastrointestinal Agents	
Antidiarrheals	
diphenoxylate/atropine	
lonox	
loperamide hcl	
Gastrointestinal Agents, Other	
lactulose	QL = #2000mL/31ds
docusate sodium, calcium	OTC covered w/ Rx
peg 3350/electrolyte	QL = #4000/31ds
polyethylene glycol 3350	QL = #527/31ds
ursodiol	
Histamine 2 Blocking Agents	
cimetidine	
famotidine	
ranitidine tabs	
ranitidine syrup	QL = #600mL/31ds
Protectants	
misoprostol	
sucralfate	
Proton Pump Inhibitors	
omeprazole	
pantoprazole	
Hormonal Agents: Stimulant/Replacement/Modifying	
Adrenal	
betamethasone	
cortisone acetate	
dexamethasone	
fludrocortisone	
hydrocortisone	
methylprednisolone	
prednisolone	
prednisone	
Androgens	
danazol	
oxandrolone	PA
TESTIM	PA
testosterone cypionate, enanthate	
Estrogens	
estradiol	
estropipate	
MENEST	
Estrogen/Progesterin Combination	
PREMARIN, PREMPHASE, PREMPRO	
Oral Contraceptives	
api aviane balziva camila cryselle	
enpresse errin gianvi jolivette junel, FE	
kariva kelnor lessina levora low-ogestrel	
lutera microgestin, FE mononessa necon nora-be	
nortrel ocella portia previfem quasense(QL = 91/91ds)	
reclipsen solia sprintec sronyx trinessa	
tri-previfem tri-sprintec trivora velivet zovia	

timolol maleate	
Carbonic Anhydrase Inhibitors	
acetazolamide	
dorzolamide	
dorzolamide hcl/timolol maleate	QL = #10/31 ds
methazolamide	
TRUSOPT	
AZOPT	
Antibacterials/Antivirals/Corticosteroids	
bacitracin/polymyxin b	
ciprofloxacin hcl	
erythromycin	
fluorometholone	
gentamicin	
neomycin/polymyxin b/bacitracin	
neomycin/polymyxin b/dexamethasone	
neomycin/polymyxin b/gramicidin	QL = #62/31 ds
neomycin/polymyxin b/hydrocortisone	
ofloxacin	
polymyxin b/trimethoprim	QL = #62/31ds
sulfacetamide sodium	
tobramycin	
trifluridine	
Anti-Inflammatory Agents	
cromolyn sodium	
Local Anesthetics	
antipyrine/benzocaine	
chloroxylenol/pramoxine	
Mydratics	
atropine sulfate	
cyclopentolate hcl	
NSAIDs	
flurbiprofen	
Vasocostrictors	
NAPHCON-A, AK-CON, OPCON-A	
Respiratory Agents	
Antileukotrienes	
SINGULAIR	ST; PA for Dx
zafirlukast	
Bronchodilators, Anticholinergic	
ATROVENT HFA	
COMBIVENT	
ipratropium 0.02%	QL = #480mL/31ds
ipratropium/albuterol	QL = #720mL/31ds
SPIRIVA	QL = #31/31ds
Bronchodilators, Xanthines	
aminophylline	
theophylline CR, ER	
Bronchodilators, Sympathomimetic	
ADVAIR DISKUS	QL = #60/30ds
ADVAIR HFA	QL = #12/30ds
albuterol sulfate	QL varies by strength
metaproterenol syrup	
SEREVENT DISKUS	QL = #60/30ds
SYMBICORT	
terbutaline sulfate tablets	
VENTOLIN HFA	
Mast Cell Stabilizers	
cromolyn sodium	
Respiratory Tract Agents, Other	
ASMANEX	
budesonide susp	QL = #120mL/31 ds; AL = <8y
FLOVENT DISKUS, FLOVENT HFA	
QVAR	
sodium chloride for inhalation	
Skeletal Muscle Relaxants	
baclofen	
carisoprodol	QL = #124/31ds
chlorzoxazone	
cyclobenzaprine	QL = #93/31ds
dantrolene	
diazepam	
methocarbamol	
tizanidine	

ACCU-CHEK	
FREESTYLE, PRECISION XTRA	QL = varies with product
Top Non-Preferred Medications with Preferred Alternatives	
The following is a list of common medications that are non-preferred with examples of alternative medications on our preferred drug list.	
Non-Preferred	Preferred Alternative
ADDERALL XR	amphetamine/dextroamphetamine
BENZACLIN	erythromycin/benzoyl peroxide
CONCERTA	methylphenidate ER, SR
CRESTOR	simvastatin, pravastatin, lovastatin
DEXILANT	pantoprazole, omeprazole
DIFFERIN	erythromycin/benzoyl peroxide
EPIDUO	erythromycin/benzoyl peroxide
FEXOFENADINE HCL	loratadine
FOCALIN XR	dexmethylphenidate
INTUNIV	guanfacine, dextroamphetamine ER
LANSOPRAZOLE	pantoprazole, omeprazole
LANTUS	levemir
LANTUS SOLOSTAR	levemir flexpen
LIDODERM	voltaren gel
LUNESTA	zolpidem
LYRICA	gabapentin
MAXALT	sumatriptan
METAXALONE	cyclobenzaprine, methocarbamol
NASONEX	fluticasone, cromolyn nasal spray
NEXIUM	pantoprazole, omeprazole
ORTHO TRI-CYCLEN LO	low-ogestrel, microgestin FE
OXYCONTIN	oxycodone, morphine
PATADAY	naphazoline
PROVENTIL HFA	ventolin HFA
PROVIGIL	methylphenidate ER, SR
PULMICORT	budesonide
RETIN-A	erythromycin/benzoyl peroxide
SEASONIQUE	api, kariva, junel
STRATTERA	methylphenidate ER, SR
VALTREX	valacyclovir
VYVANSE	amphetamine/dextroamphetamine
ZIANA	clindamycin phosphate
ZOVIRAX	denavir

PLEASE NOTE:

For prior authorizations, the prescriber may fax a DER form, along with supporting medical records, to 1-877-277-6892. Please allow up to 24 hours (from the time WellCare receives the DER) for review. The determination will then be faxed to the prescriber. Members have the right to appeal a drug coverage determination. The prescriber may fax a formal written appeal request and supporting medical records to 1-877-277-6892.

Any preferred medication being prescribed brand medically necessary (DAW) when a generic equivalent is available requires prior authorization. The prescriber must submit a DER Form which can be requested by calling Pharmacy Customer Service at 1-800-678-3184.

This document lists only the most utilized medications. Please visit <http://ohio.wellcare.com/provider/pharmacyservices> and scroll down to view and download the complete Preferred Drug List.

This list is reviewed and updated periodically. Newly FDA approved medications will be considered non-formulary until reviewed by the Pharmacy and Therapeutics (P&T) Committee.