

## 2009 WellCare of Georgia Abbreviated Preferred Drug List

| Important WellCare of Georgia Phone Numbers |                |
|---|----------------|
| GA Member Services                          | 1-866-231-1821 |
| GA Provider/Pharmacy Helpdesk               | 1-866-269-5251 |
| Pharmacy DER (Prior Authorization) Fax      | 1-866-455-6558 |

| KEY   |  |
|---|--|
| AL = age limit/requirement                            |  |
| APAP = Acetaminophen                                  |  |
| ASA = Aspirin   |  |
| DX = diagnosis  |  |
| PA = prior authorization requirement                  |  |
| QL = quantity limit                                   |  |
| SE = step edit; 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 or weight gain  |  |
| - Agents used to promote fertility   |  |
| - Agents used for cosmetic purposes or hair growth   |  |
| - Agents used to promote smoking cessation   |  |
| - Barbiturates, except Seconal, Phenobarbital, Mebaral   |  |
| - Agents for symptom relief of cough/colds for members >21yrs  |  |
| - Topical vitamin A derivatives for members > 21yrs  |  |
| - Prescription vitamins and mineral products, EXCEPT:  |  |
| - Fluoride preparations not in combination with other vitamins.  |  |
| - Camitor  |  |
| - Vitamin E and Co-enzyme Q are covered for members < 21yrs  |  |
| - Folic Acid (1mg only)  |  |
| - Prescription prenatal vitamins for women   |  |
| - Children's multiple vitamins with fluoride for members < 21yrs   |  |
| - Calcium Carbonate with or without Glycine, Aluminum Hydroxide, Calcium Acetate, Calcium Lactate, Dioctyl, Sulfosuccinate, Niacin, Pyridoxine Hydrochloride, Thiamine Sodium/Calcium Hydrochloride and Vitamin B Complex when used for ESRD |  |
| - Agents prescribed for any indications not medically accepted   |  |

| COVERED OTC DRUGS  |  |
|--|--|
| Multi-vitamins with or without iron for members under age 21 |  |
| Enteric coated aspirin                                       |  |
| Ibuprofen suspension for members under age 21                |  |
| Diphenhydramine (25mg, 50mg)                                 |  |
| insulin and insulin syringes                                 |  |
| Non-sedating antihistamines (cetirizine OTC, loratadine OTC) |  |
| Iron (generic only; i.e. Ferrous Sulfate)                    |  |
| Mecizline  |  |
| Lancets  |  |
| Alcohol swabs  |  |
| ACCU-CHEK, FREESTYLE, and PRECISION XTRA brand test          |  |
| Urine test strips (glucose sticks)                           |  |
| H2 receptor antagonists (i.e. ranitidine, cimetidine)        |  |
| Topical antifungal (i.e. clotrimazole)                       |  |
| Proton Pump Inhibitors (i.e. omeprazole OTC)                 |  |
| <b>Note: ALL covered OTC drugs require a prescription.</b>   |  |

| PLEASE NOTE:                                     |  |
|--|--|
| All HIV medications are covered.                 |  |
| All antineoplastics require prior authorization. |  |

| Analgesics  |                             |
|---|-----------------------------|
| <b>Non-opioid Analgesics</b>                            |                             |
| <i>aspirin</i> - OTC (covered w/ Rx)                    |                             |
| <i>choline magnesium trisalicylate</i>                  |                             |
| <i>diclofenac potassium, sodium</i>                     |                             |
| <i>diffunisal</i>                                       |                             |
| <i>etodolac</i>   |                             |
| <i>fenoprofen</i>                                       |                             |
| <i>flurbiprofen</i>                                     |                             |
| <i>ibuprofen</i>  |                             |
| <i>indomethacin, ER</i>                                 |                             |
| <i>ketoprofen</i>                                       |                             |
| <i>ketorolac</i>  | QL = #20/31ds               |
| <i>meloxicam</i>  |                             |
| <i>naproxen, sodium</i>                                 |                             |
| <i>naproxen, sodium</i>                                 |                             |
| <i>oxaprozin</i>  |                             |
| <i>piroxicam</i>  |                             |
| <i>salsalate</i>  |                             |
| <i>sulindac</i>   |                             |
| <i>tolmetin</i>   |                             |
| <b>Opioid Analgesics</b>                                |                             |
| <i>acetaminophen/codeine, #2, #3, #4</i>                |                             |
| <i>butalbital/ASA/caffeine, butalbital/ASA/codeine</i>  |                             |
| <i>butalbital/APAP, butalbital/APAP/caffeine</i>        |                             |
| <i>fentanyl patch</i>                                   | QL = #10/31ds               |
| <i>hydrocodone/APAP, HS</i>                             |                             |
| <i>hydromorphone</i>                                    |                             |
| <i>meperidine</i>                                       |                             |
| <i>methadone</i>  |                             |
| <i>morphine sulfate IR, ER</i>                          |                             |
| <i>oxycodone/APAP, oxycodone/ASA</i>                    | QL = #248/31ds              |
| <i>oxycodone IR</i>                                     |                             |
| <i>propoxyphene, propoxyphene/APAP</i>                  | QL = #248/31ds              |
| <i>tramadol</i>   |                             |
| <b>Antibacterials</b>                                   |                             |
| <b>Beta-Lactam, Cephalosporins</b>                      |                             |
| <i>cephalexin</i> - 1st generation                      |                             |
| <i>cefadroxil</i> - 1st generation                      |                             |
| <i>cefaclor</i> - 2nd generation                        |                             |
| <i>cefprozil</i> - 2nd generation                       |                             |
| <i>cefuroxime</i> - 2nd generation                      |                             |
| <i>cefclor</i> - 3rd generation                         |                             |
| <b>Beta-Lactam, Penicillins</b>                         |                             |
| <i>amoxicillin, amoxicillin/clavulanate</i>             |                             |
| <i>ampicillin</i>                                       |                             |
| <i>dicloxacillin</i>                                    |                             |
| <i>penicillin v potassium</i>                           |                             |
| <b>Macrolides</b>                                       |                             |
| <i>azithromycin</i>                                     | QL (250mg) = #6/31ds        |
| <i>clarithromycin</i>                                   |                             |
| <i>erythromycin (all salts) IR, delayed-release</i>     |                             |
| <i>erythromycin/sulfisoxazole</i>                       |                             |
| <b>Quinolones</b>                                       |                             |
| <i>ciprofloxacin</i>                                    |                             |
| <b>Sulfonamides</b>                                     |                             |
| <i>sulfamethoxazole/trimethoprim, DS</i>                |                             |
| <i>sulfasalazine</i>                                    |                             |
| <i>sulfisoxazole</i>                                    |                             |
| <b>Tetracyclines</b>                                    |                             |
| <i>doxycycline</i>                                      |                             |
| <i>minocycline</i>                                      |                             |
| <i>tetracycline</i>                                     |                             |
| <b>Antibacterials, Other</b>                            |                             |
| <i>clindamycin</i>                                      | QL (granules) = #300ml/31ds |
| <i>metronidazole</i>                                    | 250mg & 500mg tablets ONLY  |
| <i>nitrofurantoin</i>                                   |                             |
| <i>trimethoprim</i>                                     |                             |
| <b>Anticonvulsants</b>                                  |                             |
| <b>Calcium Channel Modifying Agents</b>                 |                             |
| <i>ethosuximide</i>                                     |                             |
| <i>zonisamide</i>                                       |                             |
| <b>Gamma-aminobutyric Acid (GABA) Augmenting Agents</b> |                             |
| <i>divalproex sodium, ER, sprinkle</i>                  |                             |
| <i>gabapentin</i>                                       |                             |
| <i>primidone</i>  |                             |
| <i>valproic acid</i>                                    |                             |
| <b>Glutamate Reducing Agents</b>                        |                             |
| <i>lamotrigine</i>                                      |                             |

|  |                                      |
|--|--------------------------------------|
| <b>Sodium Channel Inhibitors</b>   |                                      |
| <i>carbamazepine, XR</i>   |                                      |
| <i>levetiracetam</i>   |                                      |
| <i>phenytoin sodium, ER, oral suspension</i>   |                                      |
| <i>oxcarbazepine</i>   |                                      |
| <b>Anticonvulsants, Other</b>  |                                      |
| <i>topiramate, sprinkle</i>  |                                      |
| <i>oxcarbazepine</i>   | QL (susp) = #250/31ds                |
| <b>Antidepressants</b>   |                                      |
| <b>MAO Inhibitors</b>  |                                      |
| <i>tranylcypromine</i>   |                                      |
| <b>Selective Serotonin Reuptake Inhibitors</b>   |                                      |
| <i>citalopram</i>  |                                      |
| <i>fluoxetine</i>  | 10mg & 20mg caps, 20mg/5ml soln ONLY |
| <i>paroxetine</i>  | 20mg, 30mg, 40mg, 10mg/5ml susp ONLY |
| <i>sertraline</i>  |                                      |
| <b>Antidepressants, Other</b>  |                                      |
| <i>amitriptyline</i>   |                                      |
| <i>amitriptyline/chlordiazepoxide, amitriptyline/perphenazine</i>  |                                      |
| <i>budiprion SR, XL</i>  |                                      |
| <i>bupropion IR, SR, XL</i>  |                                      |
| <i>clomipramine</i>  |                                      |
| <i>desipramine</i>   |                                      |
| <i>doxepin</i>   |                                      |
| <i>imipramine</i>  |                                      |
| <i>mirtazapine IR, ODT</i>   |                                      |
| <i>nelazodone</i>  |                                      |
| <i>nortriptyline</i>   |                                      |
| <i>protriptyline hcl</i>   |                                      |
| <i>trazodone</i>   |                                      |
| <i>venlafaxine IR</i>  |                                      |
| <b>Antiemetics</b>   |                                      |
| <i>chlormezazine, oral suspension</i>  |                                      |
| <i>meclizine</i>   |                                      |
| <i>metoclopramide</i>  |                                      |
| <i>prochlorperazine</i>  |                                      |
| <i>promethazine, promethazine vc</i>   |                                      |
| <i>promethegan</i>   |                                      |
| <i>ondansetron, ODT</i>  | QL (4mg, 8mg) = #12/31ds             |
| <i>ondansetron soln</i>  | QL = #100/31ds                       |
| <b>Antifungals</b>   |                                      |
| <i>clotrimazole</i>  |                                      |
| <i>fluconazole</i>   |                                      |
| <i>itraconazole</i>  |                                      |
| <i>griseofulvin suspension</i>   |                                      |
| <i>niystatin</i>   |                                      |
| <i>terbinafine hcl</i>   |                                      |
| <i>terconazole</i>   |                                      |
| <b>Antihistamines, Antitussives, Expectorants, &amp; Mucolytic Agent</b>                                     |                                      |
| <b>All cough/cold medications, except single entity guaifenesin, are limited to recipients under age 21.</b> |                                      |
| <b>Antihistamines</b>  |                                      |
| <i>chlorpheniramine tartrate</i>   |                                      |
| <i>cyproheptadine</i>  |                                      |
| <i>diphenhydramine</i>   | 25mg, 50mg caps and tabs             |
| <i>hydroxyzine hcl, pamoate</i>  |                                      |
| <b>Antitussives</b>  |                                      |
| <i>benzonatate</i>   |                                      |
| <i>betavent</i>  |                                      |
| <i>carbetapentane/pseudoephedrine</i>  |                                      |
| <i>carbetapentane/chlorpheniramine</i>   |                                      |
| <i>codeine/quaifenesin, codeine/promethazine</i>   |                                      |
| <i>dextromethorphan/brompheniramine</i>  |                                      |
| <i>dextromethorphan/quaifenesin</i>  |                                      |
| <i>dextromethorphan/chlorpheniramine/phenylephrine</i>   |                                      |
| <i>dextromethorphan/quaifenesin/pseudoephedrine</i>  |                                      |
| <i>hydrocodone/noratropine</i>   |                                      |
| <i>hydrocodone syrup</i>   |                                      |
| <i>promethazine/dextromethorphan</i>   |                                      |
| <b>Expectorants</b>  |                                      |
| <i>guaifenesin</i>   |                                      |
| <i>guaifenesin/phenylephrine, guaifenesin/pseudoephedrine</i>  |                                      |
| <b>Mucolytics</b>  |                                      |
| <i>acetylcysteine</i>  |                                      |
| <b>Antimigraine</b>  |                                      |
| <b>Abortive</b>  |                                      |
| <i>APAP/dichloralphenazone/isometheptene</i>   |                                      |
| <i>dihydroergotamine mesylate</i>  | QL = #8/31ds (2 boxes of 4ml)        |
| <i>ergotamine/caffeine</i>   |                                      |
| <i>sumatriptan succinate tabs</i>  | QL: #12/31ds                         |

|   |  |
|---|--|
| <b>Prophylactic</b>   |  |
| <i>propranolol, ER</i>  |  |
| <i>divalproex sodium, ER</i>  |  |
| <b>Antineoplastics</b>  |  |
| <b>All antineoplastics are covered, but require a PA for coordination of therapy.</b> |  |
| <b>Antiparasitics</b>   |  |
| <i>Pedicularicides/Scabicides</i>   |  |
| <i>permethrin</i>   |  |
| <b>Antipsychotics</b>   |  |
| <b>Non-Phenothiazines</b>   |  |
| <i>haloperidol, decanoate, lactate</i>  |  |
| <i>loxapine</i>   |  |
| <i>thiothixene</i>  |  |
| <b>Non-Phenothiazines, Atypical</b>   |  |
| <i>clozapine</i>  |  |
| <i>risperidone</i>  | AL = min:12y; QL = #62/31ds                      |
| <b>Phenothiazines</b>   |  |
| <i>chlorpromazine</i>   |  |
| <i>fluphenazine, decanoate</i>  |  |
| <i>perphenazine</i>   |  |
| <i>prochlorperazine, maleate</i>  |  |
| <i>thioridazine</i>   |  |
| <i>trifluoperazine</i>  |  |
| <b>Antituberculars</b>  |  |
| <i>isoniazid</i>  |  |
| <i>pyrazinamide</i>   |  |
| <i>rifampin</i>   |  |
| <b>Antivirals</b>   |  |
| <i>ganciclovir</i>  |  |
| <i>acyclovir</i>  |  |
| <b>Anti-HIV Agents</b>  |  |
| <b>All HIV medications are covered.</b>   |  |
| <b>Anti-Influenza Agents</b>  |  |
| <i>amantadine</i>   |  |
| <i>rimantadine</i>  |  |
| <i>TAMIFLU CAPSULES</i>   | QL = #10/180ds                                   |
| <i>TAMIFLU SUSPENSION</i>   | QL = #150/180ds                                  |
| <i>RELENZA DISKHALER</i>  | QL = #1/180ds                                    |
| <b>Antivirals, Other</b>  |  |
| <i>ribavirin tabs ONLY</i>  |  |
| <b>Anxiolytics/Sedatives/Hypnotics</b>  |  |
| <b>Benzodiazepines</b>  |  |
| <i>alprazolam</i>   |  |
| <i>chlordiazepoxide</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>  |  |
| <b>Anxiolytics/Sedatives, Other</b>   |  |
| <i>buprione</i>   |  |
| <i>meprobamate</i>  |  |
| <i>zolpidem</i>   | QL = #31/31ds; SE = trial of estazolam/temazepam |
| <b>Autonomic drugs</b>  |  |
| <b>Antimuscarinics/Antispasmodics</b>   |  |
| <i>dicyclomine hcl</i>  |  |
| <i>hyoscyamine, hyoscyamine sulfate, ER</i>   |  |
| <b>Cholinergics</b>   |  |
| <i>bethanechol chloride</i>   |  |
| <i>pilocarpine hcl</i>  |  |
| <i>pyridostigmine bromide</i>   |  |
| <b>Bipolar Agents</b>   |  |
| <i>lithium citrate, carbonate, ER</i>   |  |
| <i>divalproex sodium, ER, sprinkle</i>  |  |
| <b>Blood Glucose Regulators</b>   |  |
| <b>Antihypoglycemics</b>  |  |
| <i>chlorpropamide</i>   |  |
| <i>glimperide</i>   |  |
| <i>glipizide, ER, XL</i>  |  |
| <i>glyburide, micronized</i>  |  |
| <i>glyburide/metformin</i>  |  |
| <i>metformin, ER</i>  |  |
| <b>Insulins</b>   |  |
| <i>HUMULIN, HUMALOG, PENS</i>   |  |
| <i>LEVEMIR</i>  | QL = #30/31ds                                    |

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|--|
| Glucose Meters and Strips                                    |
| ACCU-CHEK  |
| FREESTYLE, PRECISION XTRA                                    |
| <b>Blood Regulators</b>                                      |
| iantoven   |
| pentoxifylline ER  |
| warfarin sodium  |
| <b>Cardiovascular Agents</b>                                 |
| <b>ACE Inhibitors/Angiotensin II Receptor Blockers</b>       |
| benazepril, benazepril/HCTZ                                  |
| captopril, captopril/HCTZ                                    |
| enalapril, enalapril/HCTZ                                    |
| lisinopril, lisinopril/HCTZ                                  |
| <b>Antiarrhythmics</b>                                       |
| disopyramide   |
| flecainide   |
| propafenone hcl  |
| quinidine gluconate CR, ER, SA                               |
| quinidine sulfate  |
| amiodarone   |
| <b>Alpha Blockers/Adrenergic Agents</b>                      |
| clonidine  |
| doxazosin  |
| guanfacine   |
| methylidopa, methylidopa/HCTZ                                |
| prazosin   |
| terazosin  |
| <b>Beta-adrenergic Blocking Agents</b>                       |
| atenolol   |
| bisoprolol, bisoprolol/HCTZ                                  |
| carvedilol   |
| labetolol  |
| metoprolol ER  |
| nadolol  |
| propranolol, ER, propranolol/HCTZ                            |
| timolol  |
| sotalol hcl, AF  |
| <b>Calcium Channel Blocking Agents</b>                       |
| amlodipine, amlodipine/benazepril                            |
| diltiazem hcl, ER  |
| nifedipine, SR   |
| verapamil, SR  |
| <b>Direct Vasodilators</b>                                   |
| hydralazine hcl  |
| minoxidil  |
| <b>Diuretics</b>   |
| amiloride/HCTZ   |
| bumetanide   |
| chlorothiazide   |
| chlorthalidone   |
| furosemide   |
| hydrochlorothiazide  |
| indapamide   |
| spironolactone, spironolactone/HCTZ                          |
| triamterene/HCTZ   |
| <b>Dyslipidemics</b>   |
| cholestyramine   |
| fenofibrate, micronized                                      |
| gemfibrozil  |
| lovastatin   |
| niacin - OTC (covered w/ Rx)                                 |
| pravastatin  |
| simvastatin  |
| <b>Nitrates/Nitrites</b>                                     |
| isosorbide dinitrate, ER                                     |
| isosorbide mononitrate, ER                                   |
| nitroglycerin, CR, ER, SR, TD                                |
| <b>Central Nervous System Agents</b>                         |
| <b>Amphetamines</b>  |
| amphetamine/dextroamphetamine                                |
| ADDERALL XR <span style="float: right;">QL = #31/31ds</span> |
| dextroamphetamine, ER  |
| <b>Anticholinergics</b>                                      |
| benztropine mesylate   |
| trihexphenidyl hcl   |
| <b>Dopamine Precursors/Receptor Agonists</b>                 |
| carbidopa/levodopa, CR, ER, ODT, SR                          |

|   |
|---|
| bromocriptine mesylate  |
| ropinirole hcl  |
| <b>Stimulants</b>   |
| dexmethylphenidate <span style="float: right;">QL = #62/31ds</span>   |
| methylphenidate, ER <span style="float: right;">tabs, chew tabs ONLY</span>   |
| methylphenidate, ER   |
| <b>Central Nervous System Agents, Other</b>   |
| phenobarbital   |
| <b>Gastrointestinal Agents</b>  |
| <b>Antidiarrheals</b>   |
| antibiphenoxylate/atropine  |
| lonox   |
| <b>loperamide hcl</b>   |
| <b>Gastrointestinal Agents, Other</b>   |
| lactulose   |
| docusate sodium, calcium <span style="float: right;">OTC covered w/ Rx</span>   |
| peg 3350/electrolyte  |
| polyethylene glycol <span style="float: right;">QL = #527/31ds</span>   |
| ursodiol  |
| <b>Histamine 2 Blocking Agents</b>  |
| cimetidine  |
| famotidine  |
| ranitidine  |
| <b>Protectants</b>  |
| misoprostol   |
| sucralfate  |
| <b>Proton Pump Inhibitors</b>   |
| omeprazole  |
| pantoprazole <span style="float: right;">PA Required</span>   |
| <b>Hormonal Agents: Stimulant/Replacement/Modifying</b>   |
| <b>Adrenal</b>  |
| betamethasone   |
| cortisone acetate   |
| dexamethasone   |
| fludrocortisone   |
| hydrocortisone  |
| methylprednisolone, acetate, sodiumsuccinate  |
| prednisolone, sodium phosphate  |
| prednisone  |
| <b>Androgens</b>  |
| danazol   |
| fluoxymesterone   |
| testosterone cypionate, enanthate   |
| <b>Estrogens</b>  |
| estradiol   |
| estropipate   |
| <b>Estrogen/Progestin Combination</b>   |
| PREMPHASE, PREMPRO  |
| <b>Estrogen/Androgens Combination</b>   |
| esterified estrogens/methyltestosterone, DS, HS   |
| <b>Oral Contraceptives</b>  |
| apri <span style="float: right;">aviane <span style="float: right;">baliziva <span style="float: right;">camilla <span style="float: right;">cryselle</span></span></span></span>           |
| enpresse <span style="float: right;">erin <span style="float: right;">jolvette <span style="float: right;">junel, FE <span style="float: right;">kariva</span></span></span></span>         |
| kelnor <span style="float: right;">lessina <span style="float: right;">levora <span style="float: right;">low-ogestrel <span style="float: right;">lutera</span></span></span></span>       |
| microgestin, FE <span style="float: right;">mononessa <span style="float: right;">neon <span style="float: right;">nora-be</span></span></span>   |
| nortrel <span style="float: right;">ocella <span style="float: right;">ortia <span style="float: right;">previfem <span style="float: right;">quasense</span></span></span></span>          |
| reclipsen <span style="float: right;">solia <span style="float: right;">sprintec <span style="float: right;">sronyx <span style="float: right;">trinessa</span></span></span></span>        |
| tri-previfem <span style="float: right;">tri-sprintec <span style="float: right;">trivora <span style="float: right;">velivet <span style="float: right;">zovia</span></span></span></span> |
| <b>Parathyroid/Metabolic Bone Disease Agents</b>  |
| alendronate   |
| salmon calcitonin spray   |
| <b>Pituitary</b>  |
| desmopressin nasal spray, tablets <span style="float: right;">PA Required</span>  |
| <b>Antithyroid/Thyroid Agents</b>   |
| methimazole   |
| northyx   |
| propylthiouracil  |
| levothroid  |
| levothyroxine sodium  |
| levoxyl   |
| thyroid   |
| unitroid  |
| <b>Nasal Preparations</b>   |
| <b>Nasal Corticosteroids</b>  |
| fluticasone   |
| fluticasone propionate  |

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| <b>Ophthalmic Agents</b>   |
| <b>beta-Adrenergic Blocking Agents</b>   |
| carteolol hcl  |
| levobunolol hcl  |
| metipranolol   |
| timolol maleate  |
| <b>Carbonic Anhydrase Inhibitors</b>   |
| acetazolamide  |
| dorzolamide, dorzolamide hcl/timolol maleate   |
| methazolamide  |
| <b>Antibacterials/Antivirals/Corticosteroids</b>   |
| bacitracin, bacitracin/polymyxin b   |
| ciprofloxacin hcl  |
| dexamethasone  |
| erythromycin   |
| fluorometholone  |
| gentamicin   |
| neomycin/polymyxin b/bacitracin  |
| neomycin/polymyxin b/dexamethasone   |
| neomycin/polymyxin b/gramicidin  |
| ofloxacin  |
| polymyxin b/trimethoprim, polymyxin b/neomycin/hydrocortisone                            |
| tobramycin   |
| trifluridine   |
| <b>Anti-inflammatory Agents</b>  |
| cromolyn sodium  |
| <b>Local Anesthetics</b>   |
| antipyrine/benzocaine  |
| chloroxylenol/pramoxine  |
| <b>Mydriatics</b>  |
| atropine sulfate   |
| cyclopentolate hcl   |
| dipivefrin hcl   |
| <b>NSAIDs</b>  |
| flurbiprofen   |
| vasoconstrictors   |
| naphazoline, naphazoline/pheniramine, naphazoline/antazoline                             |
| <b>Respiratory Agents</b>  |
| <b>Antileukotrienes</b>  |
| SINGULAIR <span style="float: right;">PA Required if Dx other than asthma</span>         |
| <b>Bronchodilators, Anticholinergic</b>  |
| ATROVENT   |
| ipratropium  |
| COMBIVENT  |
| ADVAIR DISKUS, HFA   |
| ASMANEX  |
| FLOVENT DISKUS, HFA <span style="float: right;">QL = #2/31ds</span>                      |
| PULMICORT RESPULES <span style="float: right;">QL = #120/31 ds; AL = &lt; 8 years</span> |
| SYMBICORT  |
| QVAR   |
| <b>Bronchodilators, Xanthines</b>  |
| aminophylline  |
| theophylline, CR, ER, TD   |
| <b>Bronchodilators, Sympathomimetic</b>  |
| albuterol tabs, soln   |
| metaproterenol syrup   |
| SEREVENT   |
| terbutaline sulfate tablets  |
| VENTOLIN HFA   |
| <b>Mast Cell Stabilizers</b>   |
| cromolyn sodium (all forms)  |
| <b>Respiratory Tract Agents, Other</b>   |
| quafenesin   |
| sodium chloride for inhalation   |
| <b>Skeletal Muscle Relaxants</b>   |
| baclofen   |
| carisoprodol, carisoprodol/ASA   |
| chlorzoxazone  |
| cyclobenzaprine  |
| diazepam   |
| methocarbamol, methocarbamol/ASA   |
| tizanidine   |
| <b>Smooth Muscle Relaxants</b>   |
| oxybutynin chloride, ER  |

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| <b>Top Non-Preferred Medications with Preferred Alternatives</b>  |
| The following is a list of common medications that are non-preferred with examples of alternative medications on our preferred drug list. |
| <b>Non-Preferred</b> <span style="float: right;"><b>Preferred Alternative</b></span>  |
| ABILIFY <span style="float: right;">clozapine, risperidone</span>   |
| ACIPHEX <span style="float: right;">omeprazole - OTC covered w/ Rx</span>   |
| ALLEGRA <span style="float: right;">loratadine - OTC covered w/ Rx</span>   |
| AMBIEN <span style="float: right;">eszazolam, temazepam, zolpidem</span>  |
| BONIVA <span style="float: right;">alendronate</span>   |
| CIPRODEX <span style="float: right;">ofloxacin</span>   |
| CYMBALTA <span style="float: right;">venlafaxine, citalopram, fluoxetine</span>   |
| DAYTRANA <span style="float: right;">methylphenidate</span>   |
| DUONEB <span style="float: right;">albuterol &amp; ipratropium</span>   |
| EFFEXOR XR <span style="float: right;">venlafaxine, citalopram, fluoxetine</span>   |
| ELIDEL <span style="float: right;">triamcinolone acetonide</span>   |
| FENTANYL soln, lollipop <span style="float: right;">morphine sulfate extended release</span>  |
| FOCALIN, XR <span style="float: right;">dexmethylphenidate</span>   |
| GEODON <span style="float: right;">clozapine, risperidone</span>  |
| LEXAPRO <span style="float: right;">venlafaxine, citalopram, fluoxetine</span>  |
| LIDODERM <span style="float: right;">gabapentin</span>  |
| LIPITOR <span style="float: right;">lovastatin, simvastatin</span>  |
| LYRICA <span style="float: right;">voltaren gel, gabapentin</span>  |
| METADATE CD <span style="float: right;">methylphenidate ER</span>   |
| NASONEX <span style="float: right;">fluticasone, fluticasone</span>   |
| NEXIUM <span style="float: right;">omeprazole</span>  |
| NIZORAL <span style="float: right;">ketoconazole</span>   |
| OXYCONTIN <span style="float: right;">morphine sulfate extended-release</span>  |
| pantoprazole <span style="float: right;">omeprazole</span>  |
| PERCOCET <span style="float: right;">oxycodone/APAP</span>  |
| PREVACID <span style="float: right;">omeprazole</span>  |
| PROTONIX <span style="float: right;">omeprazole</span>  |
| RISPERDAL <span style="float: right;">risperidone</span>  |
| RITALIN LA <span style="float: right;">methylphenidate ER</span>  |
| SEROQUEL, XR <span style="float: right;">risperidone</span>   |
| SINGULAIR <span style="float: right;">loratadine (Dx: allergic rhinitis)</span>   |
| SONATA <span style="float: right;">eszazolam, temazepam, zolpidem</span>  |
| SPIRIVA <span style="float: right;">ATROVENT, COMBIVENT</span>  |
| STRATTERA <span style="float: right;">methylphenidate ER</span>   |
| VYVANSE <span style="float: right;">methylphenidate ER</span>   |
| XOPENEX <span style="float: right;">albuterol</span>  |
| YAZ <span style="float: right;">ocella</span>   |
| ZOLPIDEM TARTRATE <span style="float: right;">eszazolam, temazepam</span>   |
| ZYPREXA <span style="float: right;">clozapine, risperidone</span>   |

**PLEASE NOTE:**

For prior authorizations, the prescriber may fax a DER form, along with supporting medical records, to 1-866-455-6558. 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 1-813-262-2907.

Any preferred medication being prescribed brand medically necessary (DAW) when a generic equivalent is available requires prior The prescriber must submit an FDA MedWatch Form which can be requested by calling WellCare of Georgia at 1-866-269-5251.

This document lists only the most utilized medications. Please visit <http://georgia.wellcare.com>, click provider, then pharmacy to view and download the complete version.

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.