

2011 WellCare of Georgia Detailed 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	
<ul style="list-style-type: none"> - 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: <ul style="list-style-type: none"> - Fluoride preparations not in combination with other vitamins. - Carnitor - 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 - Agents considered DESI by the FDA 	

COVERED OTC DRUGS	
<ul style="list-style-type: none"> 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) Mechizine Lancets Alcohol swabs ACCU-CHEK, FREESTYLE, PRECISION XTRA brand test strips Urine test strips (glucose sticks) H2 receptor antagonists (i.e. ranitidine, cimetidine) Topical antifungal (i.e. clotrimazole) Proton Pump Inhibitors (i.e. omeprazole OTC) 	
Note: ALL covered OTC drugs require a prescription.	

PLEASE NOTE:	
All HIV medications are covered.	
All antineoplastics administered in the MD office require prior authorization.	

Blood Regulators

Anticholinergics	
<i>benztropine mesylate</i>	
<i>trihexyphenidyl hcl</i>	
Dopamine Precursors/Receptor Agonists	
<i>carbidopa/levodopa, carbidopa/levodopa ER</i>	
<i>bromocriptine mesylate</i>	
<i>pramipexole</i>	
<i>ropinirole hcl</i>	
Analgessics	
Non-opioid Analgesics	
<i>aspirin</i>	OTC covered w/ Rx
<i>choline magnesium trisalicylate</i>	
<i>diclofenac potassium, diclofenac sodium</i>	
<i>diffunisal</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>	
<i>tolmetin sodium</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>fentanyl patch</i>	PA, QL = #10/31ds
<i>hydrocodone/APAP</i>	QL = #248/31ds
<i>hydromorphone</i>	
<i>mepheridine</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>cefazolin</i> - 1st generation	
<i>cephalexin</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>	
LEVAQUIN	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>	
<i>clindamycin granules</i>	QL = #300mL/31ds
<i>metronidazole tabs</i>	
<i>nitrofurantoin</i>	
<i>trimethoprim</i>	
Anticonvulsants	
Calcium Channel Modifying Agents	

Antithyroid/Thyroid Agents	
<i>methimazole</i>	
<i>propylthiouracil</i>	QL = #558/31ds
<i>levotirod</i>	
<i>levothyroxine sodium</i>	
<i>unithroid</i>	
Nasal Preparations	
Nasal Corticosteroids	
<i>flunisolide</i>	
<i>fluticasone propionate</i>	
Sodium Channel Inhibitors	
<i>carbamazepine</i>	QL varies by strength
<i>levetiracetam</i>	QL varies by strength
<i>phenytoin sodium, ER</i>	QL varies by strength
<i>oxcarbazepine</i>	QL varies by strength
Anticonvulsants, Other	
<i>topiramate</i>	QL varies by strength
Antidepressants	
MAO Inhibitors	
<i>tranylcypromine</i>	
Selective Serotonin Reuptake Inhibitors	
<i>citalopram</i>	
<i>fluoxetine caps, solution</i>	
<i>paroxetine</i>	
<i>sertraline</i>	
Antidepressants, Other	
<i>amitriptyline</i>	
<i>amitriptyline/chlordiazepoxide, amitriptyline/perphenazine</i>	
<i>bupropion SR, XL</i>	
<i>bupropion, SR, XL</i>	
<i>clomipramine</i>	
<i>desipramine</i>	
<i>doxepin</i>	
<i>imipramine</i>	
<i>milnacipine, ODT</i>	
<i>nefazodone</i>	
<i>nortriptyline</i>	
<i>protriptyline hcl</i>	
<i>trazodone</i>	
<i>venlafaxine IR</i>	
<i>venlafaxine ER</i>	QL = #31/31ds; SE (trial of venlafaxine IR)
Antiemetics	
<i>chlorpromazine</i>	
<i>metoclopramide</i>	
<i>prochlorperazine</i>	
<i>promethazine, vc</i>	AL (vc ONLY) = max 20y
<i>promethegan</i>	
<i>ondansetron, ODT</i>	QL (4, 8mg) = #62/31ds; (24mg) = #12/31ds
<i>ondansetron soln</i>	QL = #300mL/31 ds
Antifungals	
<i>clotrimazole cream</i>	
<i>fluconazole</i>	
<i>ketoconazole</i>	
<i>griseofulvin suspension</i>	
<i>zostatin</i>	
<i>terbinafine hcl</i>	
<i>terconazole cream, suppositories</i>	
Antihistamines, Antitussives, Expectorants, & Mucolytic Agents	
All cough/cold medications, except single entity guaifenesin, are limited to recipients under age 21 years.	
Antihistamines	
<i>chlorpheniramine maleate</i>	
<i>cyproheptadine</i>	
<i>diphenhydramine</i>	25mg, 50mg caps & tabs
<i>hydroxyzine</i>	
Antitussives	
<i>benzonatate</i>	AL = max:20y
Expectorants	
<i>guaifenesin</i>	OTC covered w/ Rx
Mucolytics	
<i>acetylcysteine</i>	
Antimigraine	
<i>Abortive</i>	
<i>ergotamine/caffeine</i>	
<i>sumatriptan tabs, solution</i>	QL = #9/31ds
<i>sumatriptan nasal spray</i>	QL = #12/31ds
Prophylactic	
<i>propranolol, ER</i>	
<i>divalproex sodium, ER</i>	
Ophthalmic Agents	
beta-Adrenergic Blocking Agents	

Antineoplastics	
All antineoplastics are covered, but most require a PA for coordination of therapy.	
Antiparasitics	
Pediculicides/Scabicides	
<i>permethrin</i>	QL = #60/31ds
Antipsychotics	
Non-Phenothiazines	
<i>haloperidol</i>	
<i>loxapine</i>	
<i>thiothixene</i>	
Non-Phenothiazines, Atypical	
<i>clozapine</i>	
<i>risperidone, odt</i>	AL = min:10y; QL = #62/31ds
Phenothiazines	
<i>chlorpromazine</i>	
<i>fluphenazine</i>	QL (Conc.) = #2500mL/31ds
<i>perphenazine</i>	
<i>prochlorperazine</i>	
<i>thioridazine</i>	
<i>trifluoperazine</i>	
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>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>	
Anxiolytics/Sedatives, Other	
<i>buspirone</i>	
<i>meprobamate</i>	
<i>zolpidem</i>	QL = #31/31ds
Autonomic drugs	
Antimuscarinics/Antispasmodics	
<i>dicyclomine hcl</i>	
<i>hyoscyamine, hyoscyamine sulfate, hyoscyamine sulfate TR, ER</i>	
Cholinergics	
<i>bethanechol chloride</i>	
<i>pilocarpine hcl</i>	
<i>pyridostigmine bromide</i>	
Bipolar Agents	
<i>lithium citrate, lithium carbonate, lithium carbonate ER</i>	
<i>divalproex, divalproex sodium ER, IR</i>	
Blood Glucose Regulators	
Antihypoglycemics	
<i>chlorpropamide</i>	
<i>glimepiride</i>	
<i>glipizide, ER, XL</i>	
<i>glyburide, glyburide micronized</i>	
<i>glyburide/metformin</i>	
<i>metformin hcl, ER</i>	
Insulins	
NOVOLIN, NOVOLOG, FLEXPENS	QL = #60mL/31ds
LEVEMIR, FLEXPEN	QL = #60mL/31ds
Glucose Meters and Strips	
ACCU-CHEK	
FREESTYLE, PRECISION XTRA	

2011 WellCare of Georgia Updated Preferred Drug List

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

ethosuximide QL varies by strength
zonisamide QL varies by strength
Gamma-aminobutyric Acid (GABA) Augmenting Agents
divalproex sodium, DR, ER 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
Stimulants
dexamethylphenidate QL = #62/31ds
methylin, ER tabs, chew tabs
methylphenidate, ER
Central Nervous System Agents, Other
phenobarbital QL varies by strength
Gastrointestinal Agents
Antidiarrheals
diphenoxylate/atropine
lorox
loperamide hcl
Gastrointestinal Agents, Other
lactulose QL = #2000mL/31ds
docusate calcium, sodium 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
testosterone cypionate, enanthate
Estrogens
estradiol
estropipate
Estrogen/Progestin Combination
PREMPHASE, PREMPRO
Oral Contraceptives
apri 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 velvet zovia
Parathyroid/Metabolic Bone Disease Agents
alendronate
salmon calcitonin spray
Pituitary
desmopressin nasal spray, tablets

arteelol hcl
levobunolol hcl
metipranolol
timolol maleate
Carbonic Anhydrase Inhibitors
acetazolamide
dorzolamide, dorzolamide hcl/timolol maleate
methazolamide
Antibacterials/Antivirals/Corticosteroids
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
Anti-Inflammatory Agents
cromolyn sodium
Local Anesthetics
antipyrine/benzocaine
chloroxylenol/pramoxine
Mydriatics
atropine sulfate
cyclopentolate hcl
NSAIDs
flurbiprofen
Vasoconstrictors
naphazoline
Respiratory Agents
Antileukotrienes
SINGULAIR ST; PA Required if Dx other than
Bronchodilators, Anticholinergic
ADVAIR DISKUS QL = #60/30ds
ADVAIR HFA QL = #12/30ds
ASMANEX
ATROVENT HFA
budesonide susp QL = #120/31 ds; AL = <8 years
COMBIVENT
FLOVENT DISKUS, HFA
ipratropium 0.02% QL = #480mL/31ds
ipratropium/albuterol QL = #720mL/31ds
QVAR
SYMBICORT
Bronchodilators, Xanthines
aminophylline
theophylline CR, theophylline ER
Bronchodilators, Sympathomimetic
albuterol sulfate QL varies by strength
metaproterenol syrup
SEREVENT DISKUS QL = #60/30ds
terbutaline sulfate tablets
VENTOLIN HFA
Mast Cell Stabilizers
cromolyn sodium
Respiratory Tract Agents, Other
sodium chloride for inhalation OTC covered w/ Rx
Skeletal Muscle Relaxants
baclofen
carisoprodol, carisoprodol/ASA
chlorzoxazone
cyclobenzaprine
diazepam
methocarbamol
tizanidine
Smooth Muscle Relaxants
oxybutynin chloride, oxybutynin chloride ER

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
ABILIFY <i>clozapine, risperidone (AL, QL)</i>
ACIPHEX <i>omeprazole, pantoprazole</i>
ALLEGRA <i>loratadine, cetirizine</i>
AMBIEN <i>zolpidem QL = #31/31ds</i>
BONIVA <i>alendronate</i>
CIPRODEX <i>ofloxacin</i>
CYMBALTA <i>venlafaxine, citalopram, fluoxetine</i>
DAYTRANA <i>methylphenidate</i>
DUONEB <i>albuterol/ipratropium (QL)</i>
EFFEXOR XR <i>venlafaxine, citalopram, fluoxetine</i>
ELIDEL <i>triamcinolone acetonide</i>
LENITENYL soln, lollipop <i>morphine sulfate extended release</i>
FOCALIN, XR <i>dexamethylphenidate</i>
GEODON <i>clozapine, risperidone (AL, QL)</i>
LEXAPRO <i>venlafaxine, citalopram, fluoxetine</i>
LIDODERM <i>gabapentin (QL), VOLTAREN Gel</i>
LIPITOR <i>lovastatin, simvastatin</i>
LYRICA <i>gabapentin (QL)</i>
METADATE CD <i>methylphenidate ER</i>
NASONEX <i>fluticasone</i>
NEXIUM <i>omeprazole, pantoprazole</i>
NIZORAL <i>ketoconazole</i>
OXYCONTIN <i>morphine sulfate extended-release</i>
PERCOCET <i>oxycodone/APAP</i>
PREVACID <i>omeprazole, pantoprazole</i>
PROTONIX <i>omeprazole, pantoprazole</i>
RISPERDAL <i>risperidone (AL, QL)</i>
RITALIN LA <i>methylphenidate ER</i>
SEROQUEL, XR <i>risperidone (AL, QL)</i>
SINGULAIR <i>loratadine, cetirizine</i>
SONATA <i>zolpidem QL = #31/31ds</i>
SPIRIVA <i>ATROVENT HFA, COMBIVENT</i>
STRATTERA <i>methylphenidate ER</i>
VYVANSE <i>methylphenidate ER</i>
XOPENEX <i>albuterol (QL)</i>
YAZ <i>ocella</i>
ZYPREXA <i>clozapine, risperidone (AL, QL)</i>

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 1-888-865-6531.

Any preferred medication being prescribed brand medically necessary (DAW) when a generic equivalent is available requires prior authorization. The prescriber must submit a DER which can be requested by calling WellCare of Georgia at 1-866-269-5251 or by going to http://georgia.wellcare.com/WCAAssets/georgia/assets/PharmacyServices_GA_DrugEvaluationReviewForm.pdf.

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.