

2007 WellCare of Georgia Abbreviated Preferred Drug List

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Important WellCare of Georgia Phone Numbers

GA Customer Service	1-866-231-1821
GA Provider/Pharmacy Helpdesk	1-866-269-5251
Pharmacy DER (Prior Authorization) Fax	1-866-455-6558

KEY

DER = drug evaluation review (prior authorization) form

AGE = age limit/requirement

QL = quantity limit

SE = step edit; first line therapy required

Generic medications are listed in *italics*.

Brand name medications are listed in CAPITAL letters.

EXCLUDED DRUGS

Agents used for anorexia or weight gain

Drugs used to promote fertility

Agents used for cosmetic purposes or hair growth

Agents used to promote smoking cessation

Barbiturates (phenobarbital)

Cough and cold drugs for members > 21 years

Topical vitamin A derivatives for members > 21 years

Prescription vitamin and mineral products except:

- Fluoride preparations that are not in combination with other vitamins
- Camitor
- Vitamin E and Co-enzyme Q are covered for members < 21
- Folic Acid (1mg only) is covered
- Prescription-only prenatal vitamins
- Children's multiple vitamins in combination with fluoride will be covered for members < 21

Benzodiazepines are not covered for members > 21 years except:

alprazolam (Xanax)	diazepam (Valium)
chlordiazepoxide (Librium)	lorazepam (Ativan)
clorazepate (Tranxene)	oxazepam (Serax)

Please note: these benzodiazepines are limited to 3 rx fills/365 days.

Drugs 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 (Benadryl)

Non-sedating antihistamines (loratadine OTC)

Iron (generic only; i.e. Ferrous Sulfate - not Feosol)

Melizine

GENERIC insulin syringes

Lancets

Alcohol swabs

Accu-check and Ascensia brand test strips

Urine test strips (glucose sticks)

H2 receptor antagonists (ranitidine, cimetidine)

Topical antifungal (clotrimazole)

Proton Pump Inhibitors (Prilosec OTC)

Note: ALL covered OTC drugs require a prescription.

PLEASE NOTE:

All HIV medications are covered.

All antineoplastics require prior authorization.

Analgesics	
Non-opioid Analgesics	
<i>aspirin - OTC (covered w/ Rx)</i>	
CELEBREX	SE: use of 2 generic NSAIDs; QL = #31/31 ds
<i>choline magnesium trisilicylate</i>	
<i>diclofenac potassium, sodium</i>	
<i>diffunisal</i>	
<i>etodolac</i>	
<i>fenoprofen</i>	
<i>flurbiprofen</i>	
<i>ibuprofen OTC suspension (covered w/ Rx for members < 21 years old)</i>	
<i>indomethacin</i>	
<i>ketoprofen</i>	
<i>ketorolac</i>	QL = #20/31 ds; 5 day supply per rx
<i>meloxicam</i>	
<i>nabumetone</i>	
<i>naproxen, sodium</i>	
<i>oxaprozin</i>	
<i>piroxicam</i>	
<i>salsalate</i>	
<i>sulindac</i>	
<i>tolmetin</i>	
Opioid Analgesics	
<i>acetaminophen/codeine</i>	
<i>butalbital/ASA/caffeine, butalbital/ASA/codeine</i>	
<i>butalbital/APAP, butalbital/APAP/caffeine</i>	
<i>butorphanol NS</i>	QL = #2.5ml/31 ds
<i>codeine phosphate, sulfate</i>	
<i>hydrocodone/APAP</i>	QL = #240/31 ds
<i>hydromorphone</i>	
<i>mepredine</i>	
<i>methadone</i>	
<i>morphine sulfate IR, ER</i>	
<i>oxycodone/APAP</i>	QL = #248/31 ds
<i>oxycodone/ASA</i>	QL = #240/31 ds
<i>oxycodone IR</i>	
<i>pentazocine/naloxone</i>	
<i>propoxyphene, propoxyphene/APAP</i>	QL = #240/31 ds
<i>propoxyphene/ASA/caffeine</i>	QL = #240/31 ds
<i>tramadol</i>	
Antibacterials	
Beta-Lactam, Cephalosporins	
<i>cephalexin - 1st generation</i>	
<i>cefadroxil - 1st generation</i>	
<i>cefaclor - 2nd generation</i>	
<i>cefprozil - 2nd generation</i>	
<i>cefprozime - 2nd generation</i>	
OMNICEF - 3rd generation SE: Trial & failure of amoxicillin, Augmentin, 1st, 2nd generation cephalosporin, or azithromycin, or allergy to medications.	
Beta-Lactam, Penicillins	
<i>amoxicillin, amoxicillin/clavulanate</i>	
ampicillin	
<i>cloxacillin sodium</i>	
<i>dicloxacillin</i>	
<i>oxacillin sodium</i>	
<i>penicillin, g potassium</i>	
Macrolides	
<i>azithromycin</i>	
<i>erythromycin (all salts) IR, delayed-release</i>	
<i>erythromycin/sulfisoxazole</i>	
Quinolones	
<i>ciiprofloxacin</i>	
AVELOX	QL = #14/31 ds
Sulfonamides	
<i>sulfamethoxazole/trimethoprim</i>	
<i>sulfasalazine</i>	
<i>sulfisoxazole</i>	
Tetracyclines	
<i>doxycycline</i>	
<i>minocycline</i>	
<i>tetracycline</i>	
Antibacterials, Other	
<i>clindamycin</i>	Granules QL = #200ml/31 ds
MEPRON	
<i>metronidazole</i>	250 mg & 500 mg tablets only
<i>nitrofurantoin</i>	
<i>trimethoprim</i>	
VANOCIN (oral)	DER

Anticonvulsants	
Calcium Channel Modifying Agents	
<i>ethosuximide</i>	
<i>zonisamide</i>	
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
DEPAKOTE, ER, SPRINKLE	
<i>gabapentin</i>	
GABITRIL	
<i>primidone</i>	
<i>luproic acid</i>	
Glutamate Reducing Agents	
<i>lamotrigine</i>	DER; FDA approved indications only
TOPAMAX	DER; FDA approved indications only
Sodium Channel Inhibitors	
<i>carbamazepine, XR</i>	
KEPPRA	
PEGANONE	
<i>phenytoin sodium, extended release, oral suspension</i>	
TRILEPTAL	
Antidepressants	
MAO Inhibitors	
NARDIL	
<i>tranylcypromine</i>	
Reuptake Inhibitors	
<i>citalopram</i>	
<i>fluoxetine</i>	10mg & 20mg caps ONLY
<i>paroxetine</i>	20 mg ONLY
<i>sertraline</i>	QL: 50 mg=#16/31 ds; 100 mg= #62/31 ds
Antidepressants, Other	
<i>amitriptyline</i>	
<i>amitriptyline/chlordiazepoxide</i>	
<i>amoxapine</i>	
<i>bupropion IR, SR</i>	
<i>clomipramine</i>	
<i>desipramine</i>	
<i>doxepin</i>	
<i>imipramine</i>	
<i>maprotiline</i>	
<i>mirzapamine (immediate release)</i>	
<i>nefazodone</i>	
<i>nortriptyline</i>	
<i>perphenazine/amitriptyline</i>	
<i>trazodone</i>	
<i>venlafaxine IR</i>	
WELLBUTRIN XL 150mg	
Antiemetics	
<i>chlorpromazine</i>	
<i>meclizine - OTC (covered w/ Rx)</i>	
<i>metoclopramide</i>	
<i>prochlorperazine</i>	
<i>promethazine</i>	
<i>trimethobenzamide</i>	
<i>ondansetron</i> QL: 4mg, 8mg;=#12/31 ds; 24mg;=#1/31 ds; Soln:=#100ml/31 ds	
Antifungals	
<i>clotrimazole</i>	
<i>fluconazole</i>	QL:50mg, 100mg, 200mg= #14/31 ds; 150mg= #2/31 ds
<i>keconazole</i>	
<i>griseofulvin suspension, GRIS-PEG TABLETS, GRIFULVIN-V TABLETS</i>	
<i>nystatin oral</i>	
LAMISIL	DER
Antihistamines, Antitussives, Expectorants, & Mucolytic Agents	
All cough/cold medications, except single entity guaifenesin, are limited to recipients under age 21.	
Antihistamines	
<i>cyproheptadine</i>	
<i>diphenhydramine - OTC (covered w/ Rx)</i>	25 mg, 50 mg
<i>hydroxyzine hcl, pamoate</i>	
<i>loratadine - OTC (covered w/ Rx)</i>	
Antihistamine/Decongestant	
BROMFENEX PE CAP, BROMFENEX PE PEDIATRIC CAP	
BROMFENEX PD CAP, LOHIST 12D TAB SA, LOHIST-PD DROPS	
CLARITIN-D 12 HR, CLARITIN-D 24 HR (OTC - covered w/ Rx)	
C-PHED TANNATE SUSP, PEDIOX TAB, P-EPED/CPM 120/8 CAP SA, RE2+30 SYRUP	
NOHIST CAPLET, R-TANNA TAB	
PHENERGAN VC SYRUP	
Decongestant/Expectorant	
AMBI 45/800 CAPLET	
AMI-TEX LA TAB, GFN-1200/PHENYLEPHRINE-40 TAB, WELLBID-D 600/40MG TAB SA	

Antitussives (Non-Narcotic)	
<i>benzonatate</i>	
PROMETHAZINE DM SYRUP	
Antitussives (Non-Narcotic)/Expectorant	
AMIBID DM TAB SA, GUAIFENESIN-DM NR LIQUID, HYDRO-TUSSIN DM LIQUID	
Antitussives (Non-Narcotic)/Antihistamine	
TANNIC-12 SUSPENSION, TABLETS	
Antitussives (Non-Narcotic)/Antihistamine/Decongestant/ Expectorant	
BROMATANE DX SYRUP, BROMHIST-DM DROPS, ENDACOF-PD DROPS	
POLY-TUSSIN DM SYRUP, TRI-VENT DPC SYRUP	
DONATUSIN SYRUP	
Antitussives (Narcotic)	
<i>hydrocodone syrup</i>	
Antitussives (Narcotic)/Antihistamine	
PROMETHAZINE W/ CODEINE SYRUP	
Antitussives (Narcotic)/Decongestant	
DETUSSIN	
PHENYLEPHRINE HD LIQUID, TUSDEC HC LIQUID	
Antitussives (Narcotic)/Antihistamine/Decongestant	
ATUSS HC LIQUID, ATUSS MS LIQUID, COTUSS HD SYRUP, HISTUSSIN HC SYRUP, HYDROCODONE HD SYRUP, TRIDAL HD PLUS SYRUP	
DECOHISTINE DH, DIHISTINE DH, NOVAGEST DH, NOVAHISTINE DH, PHENYLHISTINE DH	
HISTINEX PV SYRUP, HYDRON PSC LIQUID, WELLTUSS HC LIQUID	
PROMETHAZINE VC W/ CODEINE SYRUP	
Antitussives (Narcotic)/Expectorant	
GUAIFENESIN/CODEINE TAB	
HYDROCODONE/GUAIFENESIN LIQUID	
Antitussives (Narcotic)/Decongestant/Expectorant	
ATUSS G, DE-CHLOR G, MINTUSS G, DONATUSIN DC	
DRITUSS HD ELIXIR, TUSSADUR-HD	
EXTEUSS HC	
MYTUSSIN DAC, SUTTAR-2 SYRUP	
Antimigraines	
Abortive	
<i>APAP/dichloralphenazone/isometheptene</i>	
<i>dihydroergotamine mesylate</i>	QL = #8 ml/31 ds (2 boxes of 4 ml)
<i>ergotamine/caffeine</i>	
<i>ergotamine tartrate</i>	
<i>ergotamine w/ P/B belladonna</i>	
IMITREX INJECTION	QL = #6/31ds (3 boxes of 2 cartridges)
IMITREX NS	QL = #6/31ds (1 box of 6 spray units)
IMITREX TABLETS	QL = #9/31 ds (1 box of 9 tablets)
MAXALT	QL = #12/31 ds (2 boxes of 6 tablets)
Prophylactic	
propranolol, SR	
DEPAKOTE, ER	
Antineoplastics	
All antineoplastics are covered but require a DER for coordination of therapy.	
Antiparasitics	
Pediculicides/Scabicides	
EURAX	
OVIDE	QL = #60 ml/31 ds
<i>permethrin</i>	
Antipsychotics	
Non-Phenothiazines	
<i>haloperidol</i>	
<i>loxapine</i>	
MOBAN	
ORAP	
<i>thiothixene</i>	
Non-Phenothiazines, Atypical	
<i>clozapine</i>	
RISPERDAL	Not indicated for < 12 years old; QL = #62/31 ds
RISPERDAL CONSTA	DER; Age = > 12 ; QL = #2 syringes/31 ds
SEROQUEL	Not indicated for < 12 years old; QL = #62/31 ds
Phenothiazines	
<i>chlorpromazine</i>	
<i>fluphenazine decanoate</i>	
<i>perphenazine</i>	
<i>prochlorperazine</i>	
SERENTIL	
<i>thioridazine</i>	
<i>trifluoperazine</i>	
Antivirals	
CMV Agents	
<i>ganciclovir</i>	
Antitherpetic Agents	
<i>acyclovir</i>	
VALTREX	

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Antivirals (continued from page 1)	
Anti-HIV Agents	
All HIV medications are covered.	
Anti-Influenza Agents	
<i>amantadine</i>	
<i>rimantadine</i>	
TAMIFLU CAPSULES	DER; QL - #10 caps/31 ds; #20 caps/6 months
TAMIFLU SUSPENSION	DER; QL - #75ml/31 ds; #250ml/6 months
Antivirals, Other	
<i>ribavirin</i>	
Anxiolytics/Sedatives/Hypnotics	
Benzodiazepines	
<i>alprazolam</i>	For ≥ age 21, only 3 rx fills per 365 days
<i>chlordiazepoxide</i>	For ≥ age 21, only 3 rx fills per 365 days
<i>clonazepam</i>	ONLY covered for < age 21
<i>clorazepate</i>	For ≥ age 21, only 3 rx fills per 365 days
<i>diazepam</i>	For ≥ age 21, only 3 rx fills per 365 days
<i>estazolam</i>	ONLY covered for < age 21
<i>lorazepam</i>	For ≥ age 21, only 3 rx fills per 365 days
<i>oxazepam</i>	For ≥ age 21, only 3 rx fills per 365 days
<i>temazepam</i>	ONLY covered for < age 21
Anxiolytics, Other	
<i>buspirone</i>	
Sedatives, Other	
AMBIEN	QL = #14/31 ds; SE: history of use with estazolam and temazepam
Bipolar Agents	
<i>lithium carbonate, ER</i>	
DEPAKOTE, ER, SPRINKLE	
Blood Glucose Regulators	
Antihypoglycemics	
AVANDAMET	
AVANDARYL	
AVANDIA	
<i>chlorpropamide</i>	
<i>glimepiride</i>	
<i>glipizide, er</i>	
<i>glyburide, micronized</i>	
<i>glyburide-metformin</i>	
<i>metformin, ER</i>	
PRECOSE	
PRANDIN	
Insulins	
LANTUS	QL = #30 ml/31 ds
NOVOLIN, NOVOLOG	QL = #30 ml/31 ds
Glucose Meters and Strips	
ACCU-CHEK	Call Roche at 1-888-744-3671 for meter; fill strips at retail pharmacy.
ASCENSIA	Call Bayer at 1-877-229-3777 for meter; fill strips at retail pharmacy.
Cardiovascular Agents	
ACE Inhibitors/Angiotensin II Receptor Blockers	
<i>benazepril</i>	
<i>benazepril/HCTZ</i>	
BENICAR	SE: Use ACE 1st; QL = #31/31 ds
BENICAR HCT	SE: Use ACE 1st; QL = #31/31 ds
Protectants	
<i>captopril</i>	
<i>captopril/HCTZ</i>	
<i>enalapril</i>	
<i>enalapril/HCTZ</i>	
<i>lisinopril</i>	
<i>lisinopril/HCTZ</i>	
MICARDIS	SE: Use ACE 1st; QL = #31/31 ds
MICARDIS HCT	SE: Use ACE 1st; QL = #31/31 ds
Alpha Blockers/Adrenergic Agents	
AVODART	
<i>clonidine/chlorthalidone</i>	
<i>clonidine</i>	
<i>doxazosin</i>	
<i>guanfacine</i>	
<i>methyldopa/HCTZ</i>	
<i>prazosin</i>	
<i>terazosin</i>	
Beta-adrenergic Blocking Agents	
<i>atenolol</i>	
<i>atenolol/chlorthalidone</i>	
<i>bisoprolol</i>	
<i>bisoprolol/HCTZ</i>	
COREG	
<i>labetalol</i>	
<i>metoprolol, SR</i>	
<i>metoprolol/HCTZ</i>	
nadolol	

<i>pinepholol</i>	
<i>propranolol</i>	
<i>propranolol/HCTZ</i>	
<i>timolol</i>	
Calcium Channel Blocking Agents	
<i>diltiazem hcl, ER</i>	
LOTREL	
<i>nifedipine, SR</i>	
NORVASC	
SULAR	
<i>verapamil, SR</i>	
Diuretics	
<i>amiloride/HCTZ</i>	
<i>bumetanide</i>	
<i>chlorothiazide</i>	
<i>chlorthalidone</i>	
<i>furosemide</i>	
<i>hydrochlorothiazide</i>	
<i>indapamide</i>	
<i>spironolactone</i>	
<i>spironolactone/HCTZ</i>	
<i>triamterene/HCTZ</i>	
Dyslipidemics	
<i>cholestyramine</i>	
<i>gemfibrozil</i>	
LESCOL, XL	
<i>lovastatin</i>	
<i>niacin - OTC (covered w/ Rx)</i>	
<i>simvastatin</i>	
Central Nervous System Agents	
Amphetamines	
<i>amphetamine salts</i>	
ADDERALL XR	QL = #31/31 ds
CONCERTA	QL = #31/31 ds
<i>dextroamphetamine, ER</i>	
FOCALIN	QL = #31/31 ds
<i>methylphenidate, ER</i>	ER: QL = #93/31 ds
METHYLIN	tablets, chew tablets ONLY
Other	
<i>phenobarbital</i>	
Gastrointestinal Agents	
Gastrointestinal Agents, Other	
<i>lactulose</i>	
<i>docusate sodium - OTC (covered w/ Rx)</i>	
<i>peg 3350/electrolyte</i>	
<i>polyethylene glycol</i>	QL = #527 gm/31 ds
<i>psyllium</i>	
<i>ursodiol</i>	
Histamine 2 H2 Blocking Agents	
<i>cimetidine - OTC (covered w/ Rx)</i>	QL = #124/31 ds
<i>famotidine - OTC (covered w/ Rx)</i>	QL = #62/31 ds
<i>ipratropium - OTC (covered w/ Rx)</i>	tablets ONLY; QL = #62/31 ds
ZANTAC SYRUP	
Protectants	
<i>misoprostol</i>	
<i>sucralfate</i>	
Proton Pump Inhibitors	
<i>Prilosec OTC - OTC (covered w/ Rx)</i>	
ZEGERID TABLETS, SOLUTION	
Hormonal Agents: Stimulant/Replacement/Modifying	
Adrenal	
<i>betamethasone</i>	
<i>cortisone acetate</i>	
<i>dexamethasone</i>	
<i>fludrocortisone acetate</i>	
<i>hydrocortisone</i>	
<i>methylprednisolone</i>	
<i>prednisolone, sodium phosphate</i>	
<i>prednisone</i>	
Androgens	
ANDROGEL	DER; 2.5gm, 5gm; QL=#62 pkts/31 ds; 75gm pump/31ds
<i>danazol</i>	
<i>flouxymesterone</i>	
<i>methyltestosterone</i>	
OXANDRIN	DER
TESLAC	
<i>testosterone cypionate, enanthate</i>	
Estrogens	
<i>estradiol patch, tablets</i>	
ESTRATAB, MENEST	

<i>estropipate</i>	
PREMARIN	
Estrogen/Progestin Combination	
PREMPHASE, PREMPRO	
Estrogen/Androgens Combination	
<i>esterified estrogens/methyltestosterone</i>	
Oral Contraceptives	
APRI	ERRIN MICROGESTIN TRI-SPRINTEC
BALZIVA	KARIVA NECON TRINESSA
AVIANE	LEVORA NORTREL TRIVORA
CAMILA	LOESTRIN SPRINTEC VELIVET
CRYSELE	LOW-OGESTREL SEASONALE ZOVIA
Contraceptives, Other	
DEPO-PROVERA	QL = #1 (syringe/vial)/93 ds
KORO-FLEX DIAPHRAGM	QL = #2/365 ds
MIRENA IUD	
NUVARING	
ORTHO EVRA PATCH	
Parathyroid/Metabolic Bone Disease Agents	
ACTONEL, with CALCIUM	
EVISTA	
FOSAMAX, PLUS D	
MIACALCIN	
Pituitary	
<i>desmopressin nasal spray, tablets</i>	
tablets: DER	
Thyroid	
ARMOUR THYROID	
CYTOMEL	
<i>levothyroxine</i>	
THYROLAR	
Nasal Preparations	
Nasal Corticosteroids	
<i>flunisolide</i>	
<i>fluticasone propionate</i>	
Other Nasal Products	
<i>cromolyn sodium - OTC (covered w/ Rx)</i>	
Ophthalmic Agents	
Ophthalmic Antibacterials	
<i>gentamicin or tobramycin</i>	
<i>HC/Neosporin/Polymyxin</i>	
<i>polymyxin b sul/trimethoprim</i>	
<i>erythromycin</i>	
Ophthalmic Anti-Inflammatory Agents	
<i>cromolyn sodium</i>	
Ophthalmic Antihistamine/Decongestant	
<i>naphazoline, naphazoline/pheniramine, naphazoline/antazoline</i>	
Respiratory Tract Agents	
Antileukotrienes	
SINGULAR	DER = Dx other than asthma
Bronchodilators, Anticholinergic	
ATROVENT	
<i>ipratropium</i>	
COMBIVENT	
Bronchodilators, Anti-Inflammatories	
ADVAIR DISKUS, HFA	
ASMANEX	
FLOVENT, HFA	
PULMICORT RESPULES	QL=#120 ml/31 ds; AGE: ≤ 8 years
QVAR	
Bronchodilators, Xanthines	
<i>aminophylline, theophylline, SR</i>	
Bronchodilators, Sympathomimetic	
<i>albuterol (all forms)</i>	
MAXAIR AUTOHALER	
<i>metaproterenol inhaler, solution</i>	
SEREVENT	
<i>terbutaline sulfate tablets</i>	
Mast Cell Stabilizers	
<i>cromolyn sodium (all forms)</i>	
TILADE	
Respiratory Tract Agents, Other	
<i>guaifenesin</i>	
<i>sodium chloride for inhalation</i>	
Skeletal Muscle Relaxants	
<i>baclofen</i>	
<i>carisprodol, cansprodol/ASA</i>	
<i>cyclobenzaprine</i>	
<i>diazepam</i>	
<i>methocarbamol, methocarbamol/ASA</i>	
<i>tizanidine</i>	

Top 50 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, RISPERDAL, SEROQUEL</i>
ACIPHEX	<i>Prilosec OTC - (covered w/ Rx)</i>
ACTIQ	<i>morphine sulfate</i>
ACTOS	AVANDIA
ADDERALL	<i>amphetamine salts</i>
ALLEGRA	<i>loratadine OTC - (covered w/ Rx)</i>
BONIVA	ACTONEL, EVISTA, FOSAMAX
BYETTA	LANTUS
CIPRODEX	<i>HC/neomycin/polymyxin b (for Dx: otitis externa)</i>
CIPRO HC OTIC	<i>HC/neomycin/polymyxin b (for Dx: otitis externa)</i>
CRESTOR	<i>lovastatin, simvastatin</i>
CYMBALTA	<i>venlafaxine, citalopram, fluoxetine, paroxetine</i>
DAYTRANA	<i>methylphenidate</i>
DUONEB	<i>albuterol & ipratropium</i>
DURAGESIC	<i>morphine sulfate extended-release</i>
EFFEXOR XR	<i>venlafaxine, citalopram, fluoxetine, paroxetine</i>
<i>fantanyl</i>	<i>morphine sulfate extended-release</i>
<i>fezolodin</i>	<i>loratadine OTC - (covered w/ Rx)</i>
FLOXIN OTIC	<i>HC/neomycin/polymyxin b (for Dx: otitis externa)</i>
GEODON	<i>clozapine, RISPERDAL, SEROQUEL</i>
HELIDAC THERAPY	<i>bismuth subsalicylate, metronidazole & tetracycline</i>
HUMULIN	NOVOLIN
HUMALOG	NOVOLOG
KADIAN	<i>morphine sulfate extended-release</i>
LEXAPRO	<i>venlafaxine, citalopram, fluoxetine, paroxetine</i>
LEVEMIR	LANTUS
LIDODERM	<i>lidocaine topical</i>
LIPITOR	<i>lovastatin, simvastatin</i>
LUNESTA	<i>estazolam, temazepam, AMBIEN (QL, SE)</i>
LYRICA	<i>gabapentin</i>
METADATE CD	<i>methylphenidate ER</i>
MS CONTIN	<i>morphine sulfate extended-release</i>
MSIR	<i>morphine sulfate</i>
NASONEX	<i>flunisolide, fluticasone</i>
NEXIUM	<i>Prilosec OTC - (covered w/ Rx)</i>
ORAMORPH SR	<i>morphine sulfate extended-release</i>
<i>oxycodone ER</i>	<i>morphine sulfate extended-release</i>
OXYCONTIN	<i>morphine sulfate extended-release</i>
PREVACID	<i>Prilosec OTC - (covered w/ Rx)</i>
PREVPAC	<i>amoxicillin, erythromycin & Prilosec OTC</i>
PROTONIX	<i>Prilosec OTC - (covered w/ Rx)</i>
RITALIN LA	<i>methylphenidate ER</i>
SONATA	<i>estazolam, temazepam, AMBIEN (QL, SE)</i>
SPIRIVA	ATROVENT, COMBIVENT
TRICOR	<i>gemfibrozil</i>
VYTORIN	<i>lovastatin, simvastatin</i>
XOPENEX	<i>albuterol</i>
ZELNORM	<i>dicyclomine, hyoscyamine</i>
ZYPREXA	<i>clozapine, RISPERDAL, SEROQUEL</i>
ZYRTEC	<i>loratadine OTC - (covered w/ Rx)</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 1-813-262-2907.

Any preferred medication being prescribed "brand medically necessary" (DAW) when a generic equivalent is available, requires prior authorization. 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/Providers/PharmacyServices.aspx?unsecuredProvider> 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.