

**2011 HealthEase/Staywell and Healthy Kids Abbreviated Preferred Drug List**

Important HealthEase/Staywell of Florida Phone Numbers	
FL Member Services	1-800-351-8777
FL Provider/Pharmacy Helpdesk	1-877-647-7473
Pharmacy DER (Prior Authorization) Fax	1-866-825-2884

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	
- Cough and cold combination medications for members >21yrs	
- 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	
- Guaifenesin 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.	

PLEASE NOTE:	
All HIV medications are covered.	
All antineoplastics administered in a provider's office require prior authorization.	

Anticholinergics	
<i>benztropine mesylate</i>	
<i>trihexyphenidyl 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>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>mepredine</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 - 1st generation</i>	
<i>cephalexin - 1st generation</i>	
<i>cefazolin - 1st generation</i>	
<i>cefactor - 2nd generation</i>	
<i>cefprozil - 2nd generation</i>	
<i>cefuroxime - 2nd generation</i>	
<i>cefdinir - 3rd generation</i>	
<i>cefepoxime - 3rd generation</i>	
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>LEVAQUIN</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>	
<i>clindamycin granules</i>	QL = #300mL/31ds
<i>metronidazole tabs</i>	

Antithyroid/Thyroid Agents	
<i>methimazole</i>	
<i>propylthiouracil</i>	QL = #558/31ds
<i>levothroid</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, ER caps</i>	
<i>phenytoin susp</i>	QL = #900mL/31ds
<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>budiprion SR, XL</i>	
<i>bupropion, SR, XL</i>	
<i>clomipramine</i>	
<i>desipramine</i>	
<i>doxepin</i>	
<i>imipramine</i>	
<i>mirtazapine, 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>metoclopramide</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, sdt</i>	QL = #300mL/31ds
Antifungals	
<i>clotrimazole cream</i>	
<i>fluconazole</i>	
<i>ketocanazole</i>	
<i>griseofulvin suspension</i>	
<i>nystatin</i>	
<i>terbinafine hcl</i>	
<i>terconazole</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>	OTC covered w/ Rx
<i>hydroxyzine</i>	
Antitussives	
<i>benzonatate</i>	
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
Antineoplastics	
All antineoplastics are covered, but require a PA for	

Smooth Muscle Relaxants	
<i>oxybutynin chloride, ER</i>	
Antiparasitics	
<i>Pediculicides/Scabicides</i>	
<i>permethrin</i>	QL = #60/31ds
Antipsychotics	
Non-Phenothiazines	
<i>haloperidol, haloperidol decanoate, haloperidol lactate</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>	
<i>TAMIFLU</i>	
<i>RELENZA DISKHALER</i>	
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, 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>	
Blood Glucose Regulators	
Antihypoglycemics	
<i>chlorpropamide</i>	
<i>glimpiride</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
<i>Glucose Meters and Strips</i>	
<i>ACCU-CHEK</i>	

<b>Blood Regulators</b>
JanToven
pentoxifylline ER
warfarin sodium
<b>Cardiovascular Agents</b>
ACE Inhibitors/Angiotensin II Receptor Blockers
benazepril, benazepril/HCTZ
captopril, captopril/HCTZ
enalapril, enalapril/HCTZ
lisinopril, lisinopril/HCTZ
<b>Antiarrhythmics</b>
amiodarone
disopyramide
flecainide
propafenone hcl
quinidine gluconate CR, ER
quinidine sulfate
<b>Alpha Blockers/Adrenergic Agents</b>
clonidine
doxazosin
guanfacine
methylidopa, methylidopa/HCTZ
prazosin
terazosin
<b>Beta-adrenergic Blocking Agents</b>
atenolol, atenolol/chlorothalidone
bisoprolol, bisoprolol/HCTZ
carvedilol
labetalol
metoprolol, ER
nadolol
propranolol, ER, propranolol/HCTZ
sotalol hcl, sotalol hcl (AF)
timolol
<b>Calcium Channel Blocking Agents</b>
amlodipine, amlodipine/benazepril
diltiazem hcl, diltiazem CD, ER
nifedipine, ER
verapamil, ER
<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
cholestyramine light <b>QL (Powder) = #756/31ds</b>
fenofibrate, fenofibrate micronized
gemfibrozil
lovastatin
niacin, SR, TD, TR <b>OTC covered w/ Rx</b>
pravastatin
simvastatin
<b>Nitrates/Nitrites</b>
isosorbide dinitrate, ER
isosorbide mononitrate, ER
nitroglycerin, nitroglycerin transdermal
<b>NITROSTAT</b>
<b>Central Nervous System Agents</b>
<b>Amphetamines</b>
amphetamine/d-amphetamine tabs
amphetamine/d-amphetamine caps <b>QL = #62/31ds</b>
dextroamphetamine, dextroamphetamine ER

nitrofurantoin
trimethoprim
<b>Anticonvulsants</b>
Calcium Channel Modifying Agents
ethosuximide <b>QL varies by strength</b>
zonisamide <b>QL varies by strength</b>
Gamma-aminobutyric Acid (GABA) Augmenting Agents
divalproex sodium, sprinkle <b>QL varies by strength</b>
gabapentin <b>QL varies by strength</b>
primidone <b>QL varies by strength</b>
valproic acid <b>QL varies by strength</b>
<b>Glutamate Reducing Agents</b>
lamotrigine <b>QL varies by strength</b>
<b>Stimulants</b>
dexamethylphenidate <b>QL = #62/31ds</b>
methylin, methylin ER <b>tabs, chew tabs only</b>
methylphenidate, methylphenidate SR
<b>Central Nervous System Agents, Other</b>
phenobarbital <b>QL varies by strength</b>
<b>Gastrointestinal Agents</b>
<b>Antidiarrheals</b>
diphenoxylate/atropine
lorox
loperamide hcl
<b>Gastrointestinal Agents, Other</b>
lactulose <b>QL = #2000mL/31ds</b>
docusate sodium, calcium <b>OTC covered w/ Rx</b>
peg 3350/electrolyte <b>QL = #4000/31ds</b>
polyethylene glycol 3350 <b>QL = #527/31ds</b>
sodiumol
<b>Histamine 2 Blocking Agents</b>
cimetidine
famotidine
ranitidine tabs
ranitidine syrup <b>QL = #600mL/31ds</b>
<b>Protectants</b>
misoprostol
sucralfate
<b>Proton Pump Inhibitors</b>
omeprazole
pantoprazole
<b>Hormonal Agents: Stimulant/Replacement/Modifying</b>
<b>Adrenal</b>
betamethasone
cortisone acetate
dexamethasone
fludrocortisone
hydrocortisone
methylprednisolone
prednisolone
prednisone
<b>Androgens</b>
danazol
testosterone cypionate, enanthate
<b>Estrogens</b>
estradiol
estropipate
<b>Estrogen/Progestin Combination</b>
PREMPHASE, PREMPRO
<b>Oral Contraceptives</b>
api aviane balziva camila cryselle
enpresse errin gianvi jolivette junel, FE
kariva kelnor lessina levora low-ogestrel
luteru microgestin, FE mononessa necon nora-be
nortrel ocella portia previfem quasense <b>(QL = #91/91ds)</b>
reclipsen sofia sprintec sronyx trinessa
tri-previem tri-sprintec trivora velivet zovia
<b>Parathyroid/Metabolic Bone Disease Agents</b>
alendronate
calcitonin-salmon nasal spray
Pituitary
desmopressin nasal spray, tablets

<b>coordination of therapy.</b>
<b>Ophthalmic Agents</b>
beta-Adrenergic Blocking Agents
carteolol hcl
levobunolol hcl
metipranolol
timolol maleate
Carbonic Anhydrase Inhibitors
acetazolamide
dorzolamide, dorzolamide hcl/timolol maleate
methazolamide
<b>Antibacterials/Antivirals/Corticosteroids</b>
bacitracin/polymyxin b
ciprofloxacin hcl
erythromycin
fluorometholone
gentamicin
neomycin/polymyxin b/bacitracin
neomycin/polymyxin b/dexamethasone
neomycin/polymyxin b/gramicidin
neomycin/polymyxin b/hydrocortisone
ofloxacin
polymyxin b/trimethoprim
sulfacetamide sodium
<b>Gastrointestinal Agents, Other</b>
lobramycin
trifluridine
<b>Anti-Inflammatory Agents</b>
cromolyn sodium
<b>Local Anesthetics</b>
antipyrine/benzocaine
chloroxylenol/pramoxine
<b>Mydriatics</b>
atropine sulfate
cyclopentolate hcl
<b>NSAIDs</b>
flurbiprofen
<b>Vasoconstrictors</b>
naphazoline
<b>Respiratory Agents</b>
<b>Antileukotrienes</b>
SINGULAIR <b>ST; PA if Dx not asthma</b>
<b>Bronchodilators, Anticholinergic</b>
ADV AIR DISKUS <b>QL = #60/30ds</b>
ADV AIR HFA <b>QL = #12/30ds</b>
ASMANEX
ATROVENT HFA
budesonide susp <b>QL = #120mL/31 ds; AL = &lt;8y</b>
COMBIVENT
FLOVENT DISKUS, FLOVENT HFA
ipratropium 0.02% <b>QL = #480mL/31ds</b>
ipratropium/albuterol <b>QL = #720mL/31ds</b>
QVAR
SYMBICORT
<b>Bronchodilators, Xanthines</b>
aminophylline
theophylline CR, ER
<b>Bronchodilators, Sympathomimetic</b>
albuterol sulfate <b>QL varies by strength</b>
metaproterenol syrup
SEREVENT DISKUS <b>QL = #60/30ds</b>
terbutaline sulfate tablets
VENTOLIN HFA
<b>Mast Cell Stabilizers</b>
cromolyn sodium
<b>Respiratory Tract Agents, Other</b>
sodium chloride for inhalation <b>OTC covered w/ Rx</b>
<b>Skeletal Muscle Relaxants</b>
baclofen
carisoprodol, carisoprodol/ASA
chlorzoxazone
cyclobenzaprine
diazepam
methocarbamol
tizanidine

<b>FREESTYLE, PRECISION XTRA</b>
<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 Preferred Alternative</b>
ABILIFY clozapine, risperidone (AL, QL)
ACIPHEX omeprazole, pantoprazole
ALLEGRA loratadine, cetirizine
AMBIEN zolpidem QL = #31/31ds
BONIVA alendronate
CIPRODEX ofloxacin
CYMBALTA venlafaxine, citalopram, fluoxetine
DAYTRANA methylphenidate
DUONEB albuterol/ipratropium (QL)
EFFEXOR XR venlafaxine, citalopram, fluoxetine
ELIDEL triamcinolone acetonide
fentanyl soln, lollipop morphine sulfate ER
FOCALIN XR dexamethylphenidate (QL)
GEODON clozapine, risperidone (AL, QL)
LXAPRO venlafaxine, citalopram, fluoxetine
LIDODERM gabapentin (QL), VOLTAREN Gel
LIPITOR lovastatin, simvastatin
LYRICA gabapentin (QL)
METADATE CD methylphenidate ER
NASONEX flunisolide, fluticasone
NEXIUM omeprazole, pantoprazole
NIZORAL ketoconazole
OXYCONTIN morphine sulfate ER
PERCOCET oxycodone/APAP
PREVACID omeprazole, pantoprazole
PROTONIX omeprazole, pantoprazole
RISPERDAL risperidone (AL, QL)
RITALIN LA methylphenidate ER
SEROQUEL XR risperidone (AL, QL)
SINGULAIR loratadine, cetirizine
SONATA zolpidem QL = #31/31ds
SPIRIVA ATROVENT HFA, COMBIVENT
STRATTERA methylphenidate ER
VYVANSE methylphenidate ER
XOPENEX albuterol (QL)
YAZ ocella
ZYPREXA clozapine, risperidone (AL, QL)
<b>PLEASE NOTE:</b>
For prior authorizations, the prescriber may fax a DER form, along with supporting medical records, to 1-866-825-2884. Please allow up to 72 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 Form which can be requested by calling Pharmacy Customer Service at 1-866-647-7473.
This document lists only the most utilized medications. Please visit <a href="http://www.wellcare.com/medicaid/florida">http://www.wellcare.com/medicaid/florida</a> , select a health plan 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.