

2011 New York Approved Preferred Drug List

Important New York Phone Numbers	
NY Member Services	1-800-288-5441
NY Provider/Pharmacy Helpdesk	1-800-288-5441
Pharmacy DER (Prior Authorization) Fax	1-866-388-1517

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:	
- select Prenatal vitamins	
- Prescription strength folic acid as a single entity	
- Prescription strength fluoride as a single entity	
- select once daily multi-vitamin or multi-vitamin/mineral	
- Fluoridated pediatric vitamins for children < 17 yrs	
- Prescribed ferrous sulfate, gluconate, or fumarate	
- Investigational or experimental drugs	
- All other OTC products not specified above	
- Agents prescribed for any indications not medically accepted	

COVERED OTC DRUGS	
- Prescribed insulin	
- Prescribed OTC drugs	
- Acetaminophen	
- Aspirin	
- Sodium chloride solution for inhalation therapy	
- Guaifenesin as a single entity expectorant, either liquid or solid form	
- Transdermal patches or gum containing nicotine	
- 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.	

Central Nervous System Agents	
Amphetamines	
<i>amphetamine/d-amphetamine tabs</i>	
<i>amphetamine/d-amphetamine caps</i>	QL = #62/31ds
<i>dextroamphetamine, dextroamphetamine ER</i>	
Stimulants	
<i>dexmethylphenidate</i>	QL = #62/31ds
<i>methylin, methylin ER</i>	tabs, chew tabs only
<i>methylphenidate, methylphenidate SR</i>	
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>fenopropfen</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>	QL = #248/31ds
<i>butalbital/ASA/caffeine</i>	
<i>butalbital/APAP, butalbital/APAP/caffeine</i>	
<i>butalbital/APAP/caffeine/codeine</i>	QL = #186/31ds
<i>fentanyl patch</i>	PA, QL = #10/31ds
<i>hydrocodone/APAP</i>	
<i>hydrocodone/APAP</i>	QL = #248/31ds
<i>hydromorphone tabs</i>	
<i>methadone tabs</i>	QL = #248/31ds
<i>morphine sulfate IR, ER tabs</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>	QL = #248/31ds
Antibacterials	
Beta-Lactam, Cephalosporins	
<i>cefadroxil - 1st generation</i>	
<i>cephalexin - 1st generation</i>	
<i>cefazolin - 1st generation</i>	
<i>cefaclor - 2nd generation</i>	
<i>cefprozil - 2nd generation</i>	
<i>cefuroxime - 2nd generation</i>	
<i>cefdinir - 3rd generation</i>	
<i>crisefolvin suspension</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>levofloxacin</i>	QL = #14/31ds
Sulfonamides	
<i>sulfamethoxazole/trimethoprim, DS tabs</i>	
<i>sulfamethoxazole/trimethoprim, DS susp</i>	QL = #1200mL/31ds
<i>sulfasalazine</i>	

Estrogen/Progestin Combination	
PREMPHASE, PREMPRO	
Oral Contraceptives	
<i>apri aviane balziva camila cryselle</i>	
<i>enpresse erin gianvi jolivet junel, FE</i>	
<i>kanva kelnor lessina levora low-ogestrel</i>	
<i>lutera microgestin, FE mononessa necon nora-be</i>	
<i>nortrel ocella portia previfem quasense (QL = #91/91ds)</i>	
<i>reclipsen solia sprintec sronyx trinessa</i>	
<i>tri-previfem tri-sprintec trivora velivet zovia</i>	
Parathyroid/Metabolic Bone Disease Agents	
<i>alendronate</i>	
<i>calcitonin-salmon nasal spray</i>	
<i>fortical</i>	
Pituitary	
<i>desmopressin nasal spray, tablets</i>	
Antithyroid/Thyroid Agents	
<i>methimazole</i>	
<i>propylthiouracil</i>	QL = #558/31ds
<i>levotiroid</i>	
<i>levothyroxine sodium</i>	
<i>unithroid</i>	
Nasal Preparations	
Nasal Corticosteroids	
<i>flunisolide</i>	
<i>fluticasone propionate</i>	
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>clonipramine</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
Antiemetics	
<i>metoclopramide</i>	
<i>metoclopramide</i>	QL (soln) = 1500mL/31ds
<i>promethazine</i>	
<i>promethegan</i>	
<i>ondansetron, ODT, soln</i>	QL (24mg tabs) = #31/31ds
Antifungals	
<i>clotrimazole cream</i>	
<i>fluconazole</i>	
<i>ketocoazole</i>	
<i>griseofulvin suspension</i>	
<i>nystatin</i>	
<i>terbinafine hcl</i>	
<i>terconazole</i>	
Antihistamines, Antitussives, Expectorants, & Mucolytic Agents	
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>	

Respiratory Tract Agents, Other	
ASMANEX	
FLOVENT DISKUS, FLOVENT HFA	
QVAR	
<i>sodium chloride - inhalation</i>	OTC covered w/ Rx
Skeletal Muscle Relaxants	
<i>baclofen</i>	
<i>carisoprodol</i>	QL = #124/31ds
<i>carisoprodol/ASA</i>	
<i>chlorzoxazone</i>	
<i>cyclobenzaprine</i>	QL = #93/31ds
<i>diazepam</i>	
<i>methocarbamol</i>	
<i>tizanidine</i>	
Smooth Muscle Relaxants	
<i>oxybutynin chloride, ER</i>	
Antiparasitics	
Pediculicides/Scabicides	
<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)#250mL/31ds; (elixir)#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>	AL (min) = 9y
<i>diazepam</i>	
<i>estazolam</i>	
<i>lorazepam</i>	
<i>oxazepam</i>	
<i>temazepam</i>	
<i>triazolam</i>	AL (min) = 18y
Anxiolytics/Sedatives, Other	
<i>buspirone</i>	
<i>meprobamate</i>	
<i>zolpidem</i>	QL = #31/31ds; AL (min) = 18y
Autonomic drugs	
Antimuscarinics/Antispasmodics	
<i>dicyclomine hcl</i>	
<i>glycopyrrolate</i>	
Cholinergics	
<i>bethanechol chloride</i>	
<i>pilocarpine hcl</i>	
<i>pyridostigmine bromide</i>	

Blood Regulators
jantoven
pentoxifylline ER
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
disopyramide
flecainide
propafenone hcl
quinidine gluconate CR, ER
quinidine sulfate
Alpha Blockers/Adrenergic Agents
clonidine
doxazosin
guanfacine
methylodopa, methylodopa/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
nifedipine, ER
verapamil, ER
Direct Vasodilators
hydralazine hcl
minoxidil
Diuretics
amiloride/HCTZ
bumetanide
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
nitroglycerin, nitroglycerin transdermal
NITROSTAT

Tetracyclines
doxycycline
minocycline
tetracycline
Antibacterials, Other
clindamycin caps
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 caps
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
testosterone cypionate, enanthate
Estrogens
estradiol
estropipate

Antimigraine
Abortive
ergolamine/cafeine
sumatriptan tabs, solution QL = #9/31ds
sumatriptan nasal spray QL = #12/31ds
Antineoplastics
All antineoplastics are covered, but require a PA for coordination of therapy.
Ophthalmic Agents
Beta-Adrenergic Blocking Agents
carteolol hcl
levobunolol hcl
metipranolol
timolol maleate
Carbonic Anhydrase Inhibitors
acetazolamide
dorzolamide, dorzolamide hcl/timolol maleate
methazolamide
AZOPT
Antibacterials/Antivirals/Corticosteroids
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
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 if Dx not asthma
Bronchodilators, Anticholinergic
ATROVENT HFA
budesonide susp QL = #120mL/31 ds; AL = <8y
COMBIVENT
ipratropium 0.02% QL = #480mL/31ds
ipratropium/albuterol QL = #720mL/31ds
Bronchodilators, Xanthines
aminophylline
ADVAIR DISKUS QL = #60/30ds
ADVAIR HFA QL = #12/30ds
SYMBICORT
theophylline CR, 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

Bipolar Agents
lithium citrate, lithium carbonate, lithium carbonate ER
Blood Glucose Regulators
Antihypoglycemics
chlorpropamide
glimepiride
glipizide, ER, XL
glyburide, glyburide micronized
glyburide/metformin
metformin hcl, metformin hcl ER
Insulins
NOVOLIN, NOVLOG QL = #60mL/31ds
HUMULIN HUMALOG QL = #60mL/31ds
LEVEMIR, FLEXPEN QL = #60mL/31ds
Glucose Meters and Strips
ACCU-CHEK
FREESTYLE, PRECISION XTRA

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 risperidone (AL, QL)
AMLODIPINE/BENAZEPRIL amlodipine and benazepril (not combination)
BENICAR HCT losartan/HCTZ (QL)
CRESTOR simvastatin, lovastatin
CYMBALTA venlafaxine, citalopram, fluoxetine
COZAAR losartan (QL)
DIOVAN losartan (QL)
DIOVAN HCT losartan/HCTZ (QL)
LOVAZA fenofibrate
LEXAPRO citalopram, fluoxetine, paroxetine
MICARDIS HCT losartan/HCTZ (QL)
NASONEX flunisolide, fluticasone
NEXIUM omeprazole, pantoprazole
PATANOL cromolyn sodium, ketotifen
PATADAY cromolyn sodium, ketotifen
RAMPRIIL lisinopril, enalapril, benazepril
SOLARAZE VOLTAREN gel
TRICOR fenofibrate
TRILIPIX fenofibrate

PLEASE NOTE:
For prior authorizations, the prescriber may fax a DER form, along with supporting medical records, to 1-866-388-1517. 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 Form which can be requested by calling Pharmacy Customer Service at 1-800-288-5441.

This document lists only the most utilized medications. Please visit <http://www.wellcare.com/provider/pharmacyservicesnewyork>, 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 non preferred until reviewed by the Pharmacy and Therapeutics (P&T) Committee.