

2011 `Ohana (QEXA) Medicaid Abbreviated Preferred Drug List

Important `Ohana Phone Numbers	
Ohana Provider/Member Services	1-888-846-4262
Ohana Pharmacy Helpdesk	1-888-505-1198
Pharmacy DER (Prior Authorization) Fax	1-888-877-8239

KEY
AL = age limit requirement
APAP = Acetaminophen
ASA = Aspirin
DX = diagnosis
PA = prior authorization requirement
QL = quantity limit requirement
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 for the treatment of erectile dysfunction
- Agents prescribed for any indications not medically accepted
- DESI drugs
- Investigational or experimental drugs
- Vitamins, except for prenatal vitamins & vitamins on the PDL

COVERED OTC DRUGS
Multi-vitamins with or without iron
Enteric coated aspirin
Ibuprofen suspension
Diphenhydramine (25mg, 50mg)
Insulin and insulin syringes
Non-sedating antihistamines (cetirizine OTC, loratadine OTC)
Iron (generic only; i.e. Ferrous Sulfate)
Meclizine
Lancets
Alcohol swabs
ACCU-CHEK, FREESTYLE, and PRECISION XTRA brand test strips
Urine test strips (glucose sticks)
H2 receptor antagonists (i.e. ranitidine, cimetidine)
Topical antifungals (i.e. clotrimazole)
Note: ALL covered OTC drugs require a prescription.

PLEASE NOTE:
All HIV medications are covered.
All anticonvulsants are covered.
All antidepressants are covered.
All antipsychotics are covered.

Top Non-Preferred Medications

Glucose Meters and Strips
ACCU-CHEK
FREESTYLE, PRECISION XTRA
Blood Regulators
<i>jantoven</i>
<i>pentoxifylline ER</i>
<i>warfarin sodium</i>
Cardiovascular Agents
ACE Inhibitors/Angiotensin II Receptor Blockers
<i>benazepril, benazepril/HCTZ</i>
<i>captopril, captopril/HCTZ</i>
<i>enalapril, enalapril/HCTZ</i>
<i>lisinopril, lisinopril/HCTZ</i>
Antiarrhythmics
<i>disopyramide</i>
<i>flecainide</i>
<i>propafenone hcl</i>
<i>quinidine gluconate CR, ER</i>
<i>quinidine sulfate</i>
<i>amiodarone</i>
Alpha Blockers/Adrenergic Agents
<i>clonidine</i>
<i>doxazosin</i>
<i>guanfacine</i>
<i>methylodopa, methylodopa/HCTZ</i>
<i>prazosin</i>
<i>terazosin</i>
Beta-adrenergic Blocking Agents
<i>atenolol</i>
<i>atenolol/chlorthalidone</i>
<i>bisoprolol, bisoprolol/HCTZ</i>
<i>carvedilol</i>
<i>labetalol</i>
<i>metoprolol, ER</i>
<i>nadolol</i>
<i>propranolol, ER, propranolol/HCTZ</i>
<i>sotalol hcl, AF</i>
<i>timolol</i>
Calcium Channel Blocking Agents
<i>amlodipine, amlodipine/benazepril</i>
<i>diltiazem hcl, ER, CD</i>
<i>nifedipine, ER</i>
<i>verapamil, ER, SR</i>
Direct Vasodilators
<i>hydralazine hcl</i>
<i>minoxidil</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, spironolactone/HCTZ</i>
<i>triamterene/HCTZ</i>
Dyslipidemics
<i>cholestyramine</i>
<i>cholestyramine light</i> QL (powder only) = #756/31ds
<i>fenofibrate, micronized</i>
<i>gemfibrozil</i>
<i>lovastatin</i>
<i>niacin, SR, TD, TR</i> OTC (covered w/ Rx)
<i>pravastatin</i>
<i>simvastatin</i>
Pituitary
<i>desmopressin nasal spray, tablets</i>
<i>levotirodine</i>
<i>levothyroxine sodium</i>

Dopamine Precursors/Receptor Agonists
<i>carbidopa/levodopa, CR, ER, SR</i>
Analgesics
Non-opioid Analgesics
<i>aspirin</i> OTC (covered w/ Rx)
<i>choline magnesium trisalicylate</i>
<i>diclofenac potassium, sodium, sodium ER</i>
<i>diflunisal</i>
<i>etodolac</i>
<i>fenoprofen calcium</i>
<i>flurbiprofen</i>
<i>ibuprofen</i>
<i>indomethacin</i>
<i>ketoprofen</i>
<i>ketorolac tromethamine</i> QL = #20/31ds
<i>meloxicam</i>
<i>nabumetone</i>
<i>naproxen, DR, 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>hydrocodone/APAP</i> QL = #248/31ds
<i>hydromorphone</i>
<i>meperidine</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/ASA</i> QL = #248/31ds
<i>oxycodone IR</i>
<i>tramadol</i>
Antibacterials
Beta-Lactam, Cephalosporins
<i>cephalexin - 1st generation</i> QL (250/5mL) = #400mL/31ds
<i>cefadroxil - 1st generation</i>
<i>cefaclor - 2nd generation</i>
<i>cefprozil - 2nd generation</i>
<i>cefuroxime - 2nd generation</i>
<i>cefdinir - 3rd generation</i>
<i>cefepodoxime - 3rd generation</i>
Beta-Lactam, Penicillins
<i>amoxicillin, amoxicillin/clavulanate</i> QL (250/5mL) = #300mL/31ds
<i>ampicillin</i>
<i>dicloxacillin</i>
<i>penicillin v potassium</i>
Macrolides
<i>azithromycin</i> QL (250mg tabs) = #6/31ds
<i>clarithromycin</i>
<i>erythromycin (all salts) IR, delayed-release</i>
<i>erythromycin/sulfisoxazole</i>
Antibacterials/Antivirals/Corticosteroids cont.
<i>dexamethasone</i>
<i>erythromycin</i>
<i>fluorometholone</i>
<i>gentamicin</i>
<i>neomycin/polymyxin b/bacitracin</i>
<i>neomycin/polymyxin b/dexamethasone</i>
<i>neomycin/polymyxin b/gramicidin</i>
<i>ofloxacin</i>
<i>polymyxin b/trimethoprim, polymyxin b/neomycin/hydrocortisone</i>
<i>tobramycin</i>
<i>trifluridine</i>
Carbonic Anhydrase Inhibitors

Tetracyclines
<i>doxycycline</i>
<i>minocycline</i>
<i>tetracycline</i>
Antibacterials, Other
<i>clindamycin caps</i>
<i>clindamycin susp</i> QL = #300mL/31ds
<i>metronidazole tabs</i>
<i>nitrofurantoin</i>
<i>trimethoprim</i>
Anticonvulsants
All anticonvulsants are covered
Gastrointestinal Agents
Antidiarrheals
<i>difenoxylate/atropine</i>
<i>lonox</i>
<i>loperamide hcl</i>
Gastrointestinal Agents, Other
<i>lactulose</i> QL = #2000mL/31ds
<i>docusate sodium, calcium</i> OTC (covered w/ Rx)
<i>peg 3350/electrolyte</i> QL = #4000/31ds
<i>polyethylene glycol</i> QL = #527/31ds
<i>ursodiol</i>
Histamine 2 Blocking Agents
<i>cimetidine</i>
<i>famotidine</i>
<i>ranitidine tabs</i>
<i>ranitidine syrup</i> QL = #600mL/31ds
Protectants
<i>misoprostol</i>
<i>sucralate</i>
Proton Pump Inhibitors
<i>omeprazole</i>
<i>pantoprazole</i>
Hormonal Agents: Stimulant/Replacement/Modifying
Adrenal
<i>betamethasone</i>
<i>cortisone acetate</i>
<i>dexamethasone</i>
<i>fludrocortisone</i>
<i>hydrocortisone</i>
<i>methylprednisolone, acetate, sodium succinate</i>
<i>prednisolone, sodium phosphate</i>
<i>prednisone</i>
Androgens
<i>danazol</i>
<i>testosterone cypionate, enanthate</i>
Estrogens
<i>estradiol</i>
<i>estropipate</i>
Estrogen/Progestin Combination
PREMPHASE, PREMPRO
Oral Contraceptives
<i>apri aviane balziva camila cryselle</i>
<i>enpresse errin gianvi jolivette junel, FE</i>
<i>karva kelnor lessina levora low-ogestrel</i>
<i>lutera microgestin, FE mononessa neon 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 spray</i>
Prophylactic
<i>propranolol, ER</i>
<i>divalproex sodium, ER, DR</i> QL varies by strength
Antineoplastics
All antineoplastics require PA
Antiparasitics

2011 `Ohana (QEXA) Medicaid Abbreviated Preferred Drug List

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
AMBIEN CR	zolpidem QL = #31/31 ds
CELEBREX	SE; meloxicam, ibuprofen, naproxen
COZAAR	losartan potassium
CRESTOR	lovastatin, simvastatin
CYTOMEL	liothyronine
DIOVAN	losartan potassium
fentanyl patch	methadone, morphine sulfate ER
FLOMAX	doxazosin, terazosin
LANTUS	LEVEMIR QL = #60/31ds
LIDODERM	meloxicam, naproxen, VOLTAREN Gel
LIPITOR	lovastatin, simvastatin
LYRICA	gabapentin, VOLTAREN Gel
NEXIUM	omeprazole, pantoprazole
NIASPAN	niacin - OTC (covered w/Rx)
OXYCONTIN	morphine sulfate ER, methadone
PERCOCET	oxycodone/APAP QL = #248/31ds
PREVACID	omeprazole, pantoprazole
PRILOSEC OTC	omeprazole, pantoprazole
PROAIR HFA	VENTOLIN HFA
PROGRAF	tacrolimus
PROTONIX	pantoprazole
RENAGEL	calcium acetate, FOSRENOL
RENVELA	calcium acetate, FOSRENOL
SENSIPAR	calcitriol
SINGULAIR	PA; cetirizine, loratadine if DX other than asthma
SPIRIVA	ATROVENT HFA, COMBIVENT
TRICOR	fenofibrate, gemfibrozil
XOPENEX	albuterol 0.63mg/mL, 1.25mg/mL QL = #300/31ds

PLEASE NOTE:

For prior authorizations, the prescriber (or pharmacy agent) may fax a DER form, along with supporting medical records, to 1-888-877-8239. Please allow up to 72 hours (from the time WellCare receives the DER) for review. The determination will then be faxed to the Members have the right to appeal a drug coverage determination. prescriber. 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 (or pharmacy agent) must submit a DER form which can be requested by calling `Ohana at 1-888-846-4262 or by going to http://www.ohanahealthplan.com/WCAssets/hawaii/assets/Ohana_Forms_Medicaid_Drug_Evaluation_Review_Form.pdf

This document lists only the most utilized medications. Please visit <http://www.ohanahealthplan.com>, click Provider Resources, then 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.

untithroid
Nasal Preparations
Nasal Corticosteroids
flunisolide
fluticasone propionate
Antidepressants
All antidepressants are covered
Antiemetics
chlorpromazine
meclizine
metoclopramide QL = #1500mL/31ds
prochlorperazine
promethazine, promethazine vc
promethegan
ondansetron, ODT QL (4mg, 8mg) = #62/31ds; (24mg) = #12/31ds
ondansetron soln QL = #300mL/31ds
Antifungals
clotrimazole
fluconazole
ketconazole
griseofulvin suspension
nystatin
terbinafine hcl
terconazole
Antihistamines, Antitussives, Expectorants, & Mucolytic Agents
Antihistamines
chlorpheniramine maleate
cyproheptadine
diphenhydramine
hydroxyzine hcl, pamoate
Antitussives
benzonatate
Expectorants
guaifenesin
Mucolytics
acetylcysteine
Antimigraine
Abortive
ergotamine/caffeine
sumatriptan tabs, kit QL = #9/31ds
sumatriptan nasal spray QL = #12/31ds
Ophthalmic Agents
beta-Adrenergic Blocking Agents
carteolol hcl
levobunolol hcl
metipranolol
timolol maleate
Antibacterials/Antivirals/Corticosteroids
bacitracin, bacitracin/polymyxin b
ciprofloxacin hcl
Nitrates/Nitrites
isosorbide dinitrate, ER
isosorbide mononitrate, ER
nitroglycerin sublingual, patch
NITROSTAT
Central Nervous System Agents
Amphetamines
All amphetamines are covered
Anticholinergics
benztropine mesylate
trihexphenidyl hcl

acetazolamide
doxolamide, doxolamide hcl/timolol maleate
methazolamide
Anti-Inflammatory Agents
cromolyn sodium
Local Anesthetics
antipyrine/benzocaine
chloroxylenol/pramoxine
Mydriatics
atropine sulfate
cyclopentolate hcl
NSAIDs
flurbiprofen
Vasoconstrictors
naphazoline
Respiratory Agents
Antileukotrienes
SINGULAIR SE; PA if DX not asthma
Bronchodilators, Anticholinergic
ADVAIR DISKUS QL = #60/30ds
ADVAIR HFA QL = #12/30ds
ASMANEX
ATROVENT HFA
terconazole susp QL = #120mL/31ds; AL < 8 yrs
COMBIVENT
FLOVENT DISKUS, HFA
ipratropium 0.02% QL = #480mL/31ds
ipratropium/albuterol QL = #720mL/31ds
SYMBICORT
QVAR
Bronchodilators, Xanthines
aminophylline
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 (all forms)
Respiratory Tract Agents, Other
guaifenesin
sodium chloride for inhalation
Skeletal Muscle Relaxants
baclofen
carisoprodol, carisoprodol/ASA
chlorzoxazone
cyclobenzaprine
diazepam
methocarbamol
tizanidine
Smooth Muscle Relaxants
nitroglycerin sublingual, ER
oxybutynin chloride QL = #600mL/31ds
Quinolones
ciprofloxacin
LEVAQUIN QL = #14/31ds
Sulfonamides
sulfamethoxazole/trimethoprim, DS tabs
sulfamethoxazole/trimethoprim, DS susp QL = #1200mL/31ds
sulfasalazine

Pediculicides/Scabicides
permethrin QL = #60/31ds
Antipsychotics
All antipsychotics are covered.
Antituberculars
isoniazid
pyrazinamide
rifampin
Antivirals
ganciclovir
acyclovir caps, tabs
acyclovir soln QL = #3500mL/31ds
valacyclovir
Anti-HIV Agents
All HIV medications are covered.
Anti-Influenza Agents
amantadine
rimantadine
TAMIFLU
RELENZA DISKHALER
Antivirals, Other
ribavirin tabs ONLY
Anxiolytics/Sedatives/Hypnotics
Benzodiazepines
alprazolam
chlordiazepoxide
clonazepam
clorazepate
diazepam
estazolam
lorazepam
oxazepam
temazepam
triazolam
Anxiolytics/Sedatives, Other
buspirone
meprobamate
zolpidem QL = #31/31ds
Autonomic drugs
Antimuscarinics/Antispasmodics
dicyclomine hcl
hyoscyamine, hyoscyamine sulfate, ER
Cholinergics
bethanechol chloride
pilocarpine hcl
pyridostigmine bromide
Bipolar Agents
lithium citrate, carbonate, ER
divalproex sodium, ER, sprinkle QL varies by strength
Blood Glucose Regulators
Antihypoglycemics
chlorpropamide
glimperide
glipizide, ER, XL
glyburide, micronized
glyburide/metformin
metformin, ER
Insulins
NOVOLIN, NOVOLOG, FLEXPENS QL = #60mL/31ds
LEVEMIR, FLEXPEN QL = #60mL/31ds