

2010 'Ohana 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)
<b>Note: ALL covered OTC drugs require a prescription.</b>

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

Glucose Meters and Strips
ACCU-CHEK
FREESTYLE, PRECISION XTRA
<b>Blood Regulators</b>
<i>jantoven</i>
<i>pentoxifylline ER</i>
<i>warfarin sodium</i>
<b>Cardiovascular Agents</b>
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, SA</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>bisoprolol, bisoprolol/HCTZ</i>
<i>carvedilol</i>
<i>labetalol</i>
<i>metoprolol, ER</i>
<i>nadolol</i>
<i>propranolol, ER, propranolol/HCTZ</i>
<i>timolol</i>
<i>sotalol hcl, AF</i>
Calcium Channel Blocking Agents
<i>amlodipine, amlodipine/benazepril</i>
<i>diltiazem hcl, ER</i>
<i>nifedipine, SR</i>
<i>verapamil, SR</i>
Direct Vasodilators
<i>hydralazine hcl</i>
<i>minoxidil</i>
Diuretics
<i>furosemide</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> <b>QL (powder only) = #756/31ds</b>
<i>fenofibrate, micronized</i>
<i>gemfibrozil</i>
<i>lovastatin</i>
<i>niacin - OTC (covered w/ Rx)</i>
<i>pravastatin</i>
<i>simvastatin</i>

Nitrates/Nitrites
<i>isosorbide dinitrate, ER</i>
<i>isosorbide mononitrate, ER</i>
<i>nitroglycerin sublingual, patch</i>
<b>Central Nervous System Agents</b>
Amphetamines
<b>All amphetamines are covered</b>
Anticholinergics
<i>benztropine mesylate</i>
<i>trihexphenidyl hcl</i>
Dopamine Precursors/Receptor Agonists
<i>carbidopa/levodopa, CR, ER, ODT, SR</i>
<b>Analgesics</b>
Non-opioid Analgesics
<i>aspirin - OTC (covered w/ Rx)</i>
<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> <b>QL = #20/31ds</b>
<i>meloxicam</i>
<i>nabumetone</i>
<i>naproxen, DR, sodium</i>
<i>oxaprozin</i>
<i>piroxicam</i>
<i>salsalate</i>
<i>sulindac</i>
<i>tolmentin sodium</i>
Opioid Analgesics
<i>acetaminophen/codeine, #2, #3, #4</i>
<i>buprenorphine/buprenorphine/codeine</i>
<i>buprenorphine/buprenorphine/codeine</i>
<i>buprenorphine/buprenorphine/codeine</i>
<i>hydrocodone/APAP, HS</i> <b>QL = #248/31 ds</b>
<i>hydromorphone</i>
<i>meprobamate</i>
<i>methadone</i>
<i>morphine sulfate IR, ER</i>
<i>oxycodone/APAP (5/325, 7.5/325, 10/325)</i> <b>QL = #248/31ds</b>
<i>oxycodone/ASA</i>
<i>oxycodone IR</i>
<i>propoxyphene, propoxyphene/APAP</i>
<i>tramadol</i>
<b>Antibacterials</b>
Beta-Lactam, Cephalosporins
<i>cephalexin - 1st generation</i>
<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>
Beta-Lactam, Penicillins
<i>amoxicillin, amoxicillin/clavulanate</i> <b>QL (250/5mL ONLY) = #300/31ds</b>
<i>ampicillin</i>
<i>dicloxacillin</i>
<i>penicillin v potassium</i>
Macrolides
<i>azithromycin</i> <b>QL (250mg tabs ONLY) = #6/31ds</b>
<i>clarithromycin</i>
<i>erythromycin (all salts) IR, delayed-release</i>
<i>erythromycin/sulfisoxazole</i>

Quinolones
<i>ciprofloxacin</i>
LEVAQUIN <b>QL = #14/31ds</b>
Sulfonamides
<i>sulfamethoxazole/trimethoprim, DS</i> <b>QL (susp ONLY) = #1200/31ds</b>
<i>sulfasalazine</i>
Tetracyclines
<i>doxycycline</i>
<i>minocycline</i>
<i>tetracycline</i>
Antibacterials, Other
<i>clindamycin</i> <b>QL (granules) = #300ml/31ds</b>
<i>metronidazole</i> <b>250mg &amp; 500mg tablets ONLY</b>
<i>nitrofurantoin</i>
<i>trimethoprim</i>
<b>Anticonvulsants</b>
<b>All anticonvulsants are covered</b>
<b>Gastrointestinal Agents</b>
Antidiarrheals
<i>diphenoxylate/atropine</i>
<i>lonox</i>
<i>loperamide hcl</i>
Gastrointestinal Agents, Other
<i>lactulose</i> <b>QL = #2000/31ds</b>
<i>docusate sodium, calcium - OTC (covered w/ Rx)</i>
<i>peg 3350/electrolyte</i> <b>QL = #4000/31ds</b>
<i>polyethylene glycol</i> <b>QL = #527/31ds</b>
<i>ursodiol</i>
Histamine 2 Blocking Agents
<i>cimetidine</i>
<i>famotidine</i>
<i>ranitidine</i> <b>QL (syrup) = #600/31ds</b>
Protectants
<i>misoprostol</i>
<i>sucralfate</i>
Proton Pump Inhibitors
<i>omeprazole</i>
<i>lansoprazole</i> <b>SE; trial of omeprazole</b>
<b>Hormonal Agents: Stimulant/Replacement/Modifying</b>
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/Progesterone Combination
PREMPHASE, PREMPRO
Oral Contraceptives
<i>apri aviane balziva camila cryselle</i>
<i>enpresse errin jolivette junel, FE karva</i>
<i>kelnor lessina levora low-ogestrel lutera</i>
<i>microgestin, FE mononessa neon nora-be</i>
<i>nortrel ocella portia previfem quasense</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>

2010 'Ohana Abbreviated Preferred Drug List

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
AMBIEN CR	estazolam, temazepam; then zolpidem
CELEBREX	SE; meloxicam, ibuprofen, naproxen
COZAAR	SE; ACE Inhibitor
CRESTOR	lovastatin, simvastatin
CYTOMEL	liothyronine
DIOVAN	SE; ACE Inhibitor
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, lansoprazole (SE; failure of omeprazole)
NIASPAN	niacin - OTC (covered w/Rx)
OXYCONTIN	morphine sulfate ER, methadone
PERCOCET	oxycodone/APAP (5/325, 7.5/325, 10/325) QL = 248/31ds
PREVACID	omeprazole, lansoprazole (SE; failure of omeprazole)
PRILOSEC OTC	omeprazole, lansoprazole (SE; failure of omeprazole)
PROAIR HFA	VENTOLIN HFA
PROGRAF	tacrolimus
PROTONIX	omeprazole, lansoprazole (SE; failure of omeprazole)
RENAGEL	calcium acetate, FOSRENOL
RENVELA	calcium acetate, FOSRENOL
SENSIPAR	calcitriol
SINGULAIR	PA; cetirizine, loratadine if DX other than asthma
SPIRIVA	ATROVENT HFA
TRICOR	fenofibrate, gemfibrozil
XOPENEX	albuterol 0.63mg/mL, 1.25mg/mL QL = #300/31ds
PLEASE NOTE:	
For prior authorizations, the prescriber may fax a DER form, along with supporting medical records, to 1-888-877-8239. 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 1-866-201-0657.	
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 'Ohana at 1-888-846-4262 or by going to <a href="http://www.ohanahealthplan.com/WCAssets/hawaii/assets/Ohana_Forms_Medicaid_Drug_Evaluation_Review_Form.pdf">http://www.ohanahealthplan.com/WCAssets/hawaii/assets/Ohana_Forms_Medicaid_Drug_Evaluation_Review_Form.pdf</a> .	
This document lists only the most utilized medications. Please visit <a href="http://www.ohanahealthplan.com">http://www.ohanahealthplan.com</a> , click Provider Resources, then Pharmacy 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.	

Pituitary	desmopressin nasal spray, tablets
Antithyroid/Thyroid Agents	methimazole propylthiouracil QL = #558/31ds
levothyroid	levothyroxine sodium
levoyal	SE; ACE Inhibitor
thyroid	unithroid
Nasal Preparations	Nasal Corticosteroids
flunisolide	fluticasone propionate
Antidepressants	All antidepressants are covered
Antiemetics	chlorpromazine meclizine metoclopramide prochlorperazine promethazine, promethazine vc promethegan ondansetron ODT QL = #12/31ds ondansetron QL = #62/31ds ondansetron soln
Antifungals	clotrimazole fluconazole ketconazole griseofulvin suspension nystatin terbinafine hcl terconazole
Antihistamines, Antitussives, Expectorants, & Mucolytic Agents	Antihistamines chlorpheniramine maleate cypripheptadine diphenhydramine hydroxyzine hcl, pamoate
Antitussives	benzonatate betavent codeine/guaifenesin codeine/promethazine QL = #900/31ds
Mucolytics	dextromethorphan/guaifenesin hydrocodone/homatropine promethazine/dextromethorphan
Expectorants	guaifenesin guaifenesin/pseudoephedrine
Antimigraine	sumatriptan succinate tabs QL: #9/31ds
Ophthalmic Agents	beta-Adrenergic Blocking Agents carteolol hcl levobunolol hcl metipranolol timolol maleate
Antibacterials/Antivirals/Corticosteroids	bacitracin, bacitracin/polymyxin b ciprofloxacin hcl

Antibacterials/Antivirals/Corticosteroids cont.	dexamethasone erythromycin fluorometholone gentamicin neomycin/polymyxin b/bacitracin neomycin/polymyxin b/dexamethasone neomycin/polymyxin b/gramicidin ofloxacin polymyxin b/trimethoprim, polymyxin b/heomycin/hydrocortisone tobramycin trifluridine
Carbonic Anhydrase Inhibitors	acetazolamide dorzolamide, dorzolamide hcl/timolol maleate methazolamide
Anti-Inflammatory Agents	cromolyn sodium Local Anesthetics antipyrine/benzocaine chloroxylenol/pramoxine
Mydriatics	atropine sulfate cyclogolate hcl
NSAIDs	flurbiprofen Vasconstrictors naphazoline
Respiratory Agents	Antileukotrienes SINGULAIR SE; PA Required if DX other than asthma Bronchodilators, Anticholinergic ATROVENT HFA ipratropium 0.02% QL = #480/31ds COMBIVENT ADV AIR DISKUS, HFA ASMANEX FLOVENT DISKUS, HFA PULMICORT RESPULES QL = #120/31 ds; AL = ≤ 8 years SYMBICORT QVAR Bronchodilators, Xanthines aminophylline theophylline, CR, ER, TD Bronchodilators, Sympathomimetic albuterol tabs, soln QL (soln ONLY) = #720/31ds metaproterenol syrup SEREVENT DISKUS 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	oxybutynin chloride, ER QL (Syrup ONLY) = #600/31ds

Prophylactic	propranolol, ER divalproex sodium, ER refer to full PDL for QLS
Antineoplastics	All antineoplastics require PA
Antiparasitics	Pediculicides/Scabicides permethrin QL = #60/31ds
Antipsychotics	All antipsychotics are covered.
Antituberculars	isoniazid pyrazinamide rifampin
Antivirals	ganciclovir acyclovir QL (soln ONLY) = #2500/31ds valacyclovir QL = #62/31ds
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; SE = trial of estazolam/temazepam
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 refer to full PDL for QLS
Blood Glucose Regulators	Antihypoglycemics chlorpropamide glimperide glipizide, ER, XL glyburide, micronized glyburide/metformin metformin, ER Insulins NOVOLIN, NOVOLOG, FLEXPENS QL = #60/31ds LEVEMIR QL = #60/31ds