



A health plan offered by WellCare Health Insurance of Arizona, Inc.

‘Ohana Medicaid (QExA) Preferred Drug List Update July 10, 2009

Dear Provider,

At the **June 30, 2009** Pharmacy & Therapeutics Committee meeting, the following medications were removed from the ‘Ohana Medicaid (QExA) Preferred Drug List (PDL), effective **August 9, 2009**:

- Alprazolam IntensoI™ Oral Solution (Concentrate)
- Chlordiazepoxide Hydrochloride/Clidinium Bromide 5mg-2.5mg Capsule
- Clorpres® Tablet
- Colchicine/Probenecid 0.5mg-500mg Tablet
- Diazepam IntensoI™ Oral Solution (Concentrate)
- Indomethacin 75mg ER Capsule
- Lorazepam IntensoI™ Oral Concentrate
- Menest® Tablet
- Morphine Sulfate Dilute-A-Jet® Prefilled Syringe
- Polyethylene Glycol 8000 Base Ointment
- Prednisone IntensoI™ Oral Solution (Concentrate)
- UTA® Capsule

| Brand name | Generic name | Therapeutic class | Alternative(s) |
|--|--|--|---|
| Alprazolam IntensoI™ Oral Solution (Concentrate) | Alprazolam | Benzodiazepine | <ul style="list-style-type: none"> • Alprazolam Tablet • Alprazolam Extended-Release Tablet |
| Chlordiazepoxide Hydrochloride/Clidinium Bromide 5mg-2.5mg Capsule | Chlordiazepoxide Hydrochloride/Clidinium Bromide | Gastrointestinal Agent | <ul style="list-style-type: none"> • Not a covered benefit – DESI drug |
| Clorpres® Tablet | Chlorthalidone/Clonidine Hydrochloride | Antihypertensive Agent | <ul style="list-style-type: none"> • Chlorthalidone Tablet* • Clonidine Tablet* *Not as combination product |
| Colchicine/Probenecid 0.5mg-500mg Tablet | Colchicine/Probenecid | Antigout Agent | <ul style="list-style-type: none"> • Colchicine Tablet* • Probenecid Tablet* *Not as combination product |
| Diazepam IntensoI™ Oral Solution (Concentrate) | Diazepam | Benzodiazepine | <ul style="list-style-type: none"> • Diazepam Tablet |
| Indomethacin 75mg ER Capsule | Indomethacin | Nonsteroidal Antiinflammatory Drug (NSAID) | <ul style="list-style-type: none"> • Indomethacin 25mg Capsule • Indomethacin 50mg Capsule |
| Lorazepam IntensoI™ Oral Concentrate | Lorazepam | Benzodiazepine | <ul style="list-style-type: none"> • Lorazepam Tablet |
| Menest® Tablet | Esterified Estrogens | Estrogens | <ul style="list-style-type: none"> • Estradiol Tablet • Estropipate Tablet • Premarin Tablet |
| Morphine Sulfate Dilute-A-Jet® Prefilled Syringe | Morphine Sulfate | Opiate Agonist | <ul style="list-style-type: none"> • Morphine Sulfate Tablet • Morphine Sulfate Extended-Release |

| | | | |
|--|--|---------------------|--|
| | | | <ul style="list-style-type: none"> Tablet • Morphine Sulfate Solution |
| Polyethylene Glycol 8000 Base Ointment | Polyethylene Glycol 8000 | Dermatologic Agent | <ul style="list-style-type: none"> • Not a covered benefit |
| Prednisone Intensol™ Oral Solution (Concentrate) | Prednisone | Glucocorticoid | <ul style="list-style-type: none"> • Prednisone Tablet • Prednisone 5mg/5mL Solution |
| UTA® Capsule | Hyoscyamine Sulfate; Methenamine; Methylene Blue; Phenyl Salicylate; Sodium Phosphate, Monobasic Anhydrous | Genitourinary Agent | <ul style="list-style-type: none"> • Phosphenamine Capsule |

'Ohana Health Plan's Pharmacy Help Desk and its affiliated vendor is available to assist providers seven days a week 24 hours a day. During weekends and after normal business hours (3am-5:30pm HST*), Walgreens Health Initiatives (WHI) is accessible to health care providers requiring pharmaceutical services. The Pharmacy contact number is (888) 505-1198. This contact number is available 24 hours a day, 7 days a week.

Thank you for your care of 'Ohana Medicaid (QExA) members.

Sincerely,

'Ohana Health Plan Pharmacy

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*Daylight Saving Time applies