



2012 WellCare of Kentucky Medicaid Abbreviated Preferred Drug List

Important Kentucky Phone Numbers	
KY Provider/Member Services	1-877-389-9457
KY Provider/Pharmacy Helpdesk	1-877-389-9457
Pharmacy DER (Prior Authorization) Fax	1-855-620-1868

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 gain or weight loss	
* 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 or drugs that may have been determined to be identical, similar or related	
* Investigational or experimental drugs	
* Vitamins, except for prenatal vitamins & vitamins on the PDL	
* Non-prescriptive, over-the-counter (OTC) drugs, except for those listed on the PDL	
* Fluoridated pediatric vitamins, except for children < 16 years of age	

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)	
Medicine	
Diabetic testing supplies (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 antineoplastics administered in a provider's office require prior authorization.	

Blood Regulators	
<i>jarntoven</i>	
<i>pentoxifylline ER</i>	
<i>warfarin sodium</i>	
<i>fondaparinux</i>	QL varies by strength
<i>enoxaparin</i>	QL varies by strength
PLAVIX	
XARELTO (10 mg only)	QL

BPH - Alpha Blockers	
<i>doxazosin mesylate</i>	
<i>prazosin hcl</i>	
<i>tamsulosin hcl</i>	
<i>terazosin hcl</i>	

Cardiovascular Agents	
ACE Inhibitors/Angiotensin II Receptor Blockers	
<i>benazepril hcl, benazepril hcl/HCTZ</i>	
<i>captopril, captopril/HCTZ</i>	
<i>enalapril maleate, enalapril maleate/HCTZ</i>	
<i>lisinopril, lisinopril/HCTZ</i>	
<i>losartan potassium, losartanpotassium/HCTZ</i>	QL

<i>diclofenac potassium, sodium, DR, ER</i>	
<i>diffunisal</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
<i>meloxicam tabs</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>	
Oploid Analgesics	
<i>acetaminophen/codeine, #2, #3, #4</i>	QL
<i>butalbital/ASA/caffeine</i>	
<i>butalbital/APAP, butalbital/APAP/caffeine</i>	QL
<i>butalbital/APAP/caffeine/codeine</i>	QL
<i>fentanyl patch</i>	PA, QL
<i>hydrocodone/APAP</i>	QL
<i>hydromorphone</i>	QL
<i>methadone</i>	QL
<i>morphine sulfate IR, ER</i>	QL
<i>oxycodone/APAP</i>	QL
<i>oxycodone IR, oxycodone/ASA</i>	QL
<i>tramadol hcl</i>	QL

Antibacterials	
Beta-Lactam, Cephalosporins	
<i>cefadroxil - 1st generation</i>	
<i>cephalexin - 1st generation</i>	
<i>cefazolin sodium - 1st generation</i>	
<i>cefaclor - 2nd generation</i>	
<i>cefprozil - 2nd generation</i>	
<i>cefuroxime axetil - 2nd generation</i>	
<i>cefdinir - 3rd generation</i>	
<i>cefepodoxime proxetil - 3rd generation</i>	
Beta-Lactam, Penicillins	
<i>amoxicillin, amoxicillin/clavulanate</i>	QL
<i>ampicillin</i>	
<i>dicloxacillin sodium</i>	
<i>penicillin v potassium</i>	QL
Macrolides	
<i>azithromycin</i>	QL
<i>clarithromycin</i>	
<i>erythromycin (all salts) IR, delayed-release</i>	
<i>erythromycin/sulfisoxazole</i>	
Quinolones	
<i>ciprofloxacin hcl</i>	
<i>levofloxacin</i>	QL
Sulfonamides	
<i>sulfamethoxazole/trimethoprim, DS tabs</i>	
<i>sulfamethoxazole/trimethoprim, DS susp</i>	QL
<i>sulfasalazine</i>	
Tetracyclines	
<i>doxycycline hyclate</i>	
<i>minocycline hcl</i>	
<i>tetracycline hcl</i>	
Antibacterials, Other	
<i>clindamycin caps</i>	
<i>clindamycin granules</i>	QL
<i>metronidazole tabs</i>	
<i>nitrofurantoin</i>	
<i>trimethoprim</i>	
SUPRAX tablet	QL

Anticonvulsants	
Calcium Channel Modifying Agents	
<i>ethosuximide</i>	QL
<i>zonisamide</i>	QL varies by strength
Gamma-aminobutyric Acid (GABA) Augmenting Agents	
<i>divalproex sodium, DR, ER</i>	QL varies by strength
<i>gabapentin</i>	QL varies by strength
<i>primidone</i>	QL varies by strength
<i>valproic acid</i>	QL

Thyroid and Bone Agents	
Parathyroid/Metabolic Bone Disease Agents	
<i>alendronate sodium</i>	
<i>calcitonin-salmon nasal spray</i>	
FORTICAL	
Pituitary	
<i>desmopressin acetate nasal spray, tablets</i>	
Antithyroid/Thyroid Agents	
<i>methimazole</i>	
<i>propylthiouracil</i>	QL
<i>levothroid</i>	
<i>levothyroxine sodium</i>	
SYNTHROID	AL
<i>lunithroid</i>	

Antidepressants	
MAO Inhibitors	
<i>phenelzine sulfate</i>	
<i>tranylcypromine sulfate</i>	
Selective Serotonin Reuptake Inhibitors	
<i>citalopram hydrobromide</i>	
<i>fluoxetine</i>	
<i>paroxetine hcl</i>	
<i>sertraline hcl</i>	
Antidepressants, Other	
<i>amitriptyline hcl</i>	
<i>amitriptyline/chlordiazepoxide, amitriptyline/perphenazine</i>	
<i>budiprion SR, XL</i>	
<i>bupropion hcl, SR, XL</i>	
<i>clomipramine hcl</i>	
<i>desipramine hcl</i>	
<i>doxepin hcl</i>	
<i>imipramine hcl</i>	
<i>mirtazapine, ODT</i>	
<i>nefazodone hcl</i>	
<i>nortriptyline</i>	QL
<i>protriptyline hcl</i>	
<i>trazodone hcl</i>	
<i>venlafaxine IR</i>	
<i>venlafaxine ER</i>	QL

Antiemetics	
<i>metoclopramide hcl</i>	
<i>promethazine hcl</i>	
<i>promethegan</i>	
<i>ondansetron, ODT, soln</i>	QL

Antihistamines, Antitussives, Expectorants, & Mucolytic Agents	
Antihistamines	
<i>chlorpheniramine maleate</i>	OTC covered w/ Rx
<i>cyproheptadine hcl</i>	
<i>diphenhydramine hcl</i>	OTC covered w/ Rx
<i>hydroxyzine hcl, pamoate</i>	
Antitussives	
<i>benzonatate</i>	
Expectorants	
<i>guaifenesin</i>	
Mucolytics	
<i>acetylcysteine</i>	

Antimigraine	
Abortive	
<i>ergotamine tartrate/caffeine</i>	
<i>sumatriptan succinate tabs, solution</i>	QL
<i>sumatriptan nasal spray</i>	QL

Antineoplastics	
All antineoplastics are covered, but require a PA for coordination of therapy.	

Ophthalmic Agents	
beta-Adrenergic Blocking Agents	
<i>carteolol hcl</i>	
<i>levobunolol hcl</i>	
<i>metipranolol</i>	
<i>timolol maleate</i>	

Smooth Muscle Relaxants	
<i>oxybutynin chloride, ER</i>	
<i>tropium chloride</i>	

Antiparasitics	
Pediculicides/Scabicides	
ACTICIN	QL
OVIDE	QL
<i>permethrin</i>	QL

Antituberculars	
<i>ethambutol hcl</i>	
<i>isoniazid</i>	
<i>pyrazinamide</i>	
<i>rifampin</i>	

Antivirals	
acyclovir caps, tabs	
<i>acyclovir susp</i>	QL
<i>ganciclovir</i>	
<i>valacyclovir</i>	QL
Anti-HIV Agents	
All HIV medications are covered.	
Anti-Influenza Agents	
<i>amantadine hcl</i>	
<i>rimantadine hcl</i>	
RELENZA DISKHALER	
TAMIFLU	
Antivirals, Other	
<i>ribavirin (tabs ONLY)</i>	

Anxiolytics/Sedatives/Hypnotics	
Benzodiazepines	
<i>alprazolam</i>	
<i>chlordiazepoxide hcl</i>	
<i>clonazepam</i>	
<i>clorazepate dipotassium</i>	AL
<i>diazepam</i>	
<i>estazolam</i>	
<i>lorazepam</i>	
<i>oxazepam</i>	
<i>temazepam</i>	
<i>triazolam</i>	AL
Anxiolytics/Sedatives, Other	
<i>buprion hcl</i>	
<i>meprobamate</i>	
<i>zolpidem tartrate</i>	AL, QL

Antipsychotics	
Non-Phenothiazines	
<i>haloperidol, decanoate, lactate</i>	
<i>loxapine succinate</i>	
<i>thiothixene</i>	
Non-Phenothiazines, Atypical	
<i>clozapine</i>	AL
<i>risperidone, m-tab, odt</i>	AL, QL
Phenothiazines	
<i>chlorpromazine hcl</i>	
<i>fluphenazine hcl, decanoate</i>	QL
<i>perphenazine</i>	
<i>prochlorperazine</i>	
<i>thioridazine hcl</i>	
<i>trifluoperazine hcl</i>	

Autonomic drugs	
Antimuscarinics/Antispasmodics	
<i>dicyclomine hcl</i>	
<i>glycopyrrolate</i>	
Cholinergics	
<i>bethanechol chloride</i>	
<i>pilocarpine hcl</i>	
<i>pyridostigmine bromide</i>	
Smoking Cessation	
CHANTIX	QL
<i>nicotine patch</i>	QL

Bipolar Agents	
<i>lithium citrate, carbonate, carbonate ER</i>	



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Antiarrhythmics
amiodarone hcl
disopyramide phosphate
flecainide acetate
propafenone hcl
quinidine gluconate CR, ER
quinidine sulfate
Alpha Blockers/Adrenergic Agents
clonidine hcl
guanfacine hcl
methylodopa, methylodopa/HCTZ
Beta-adrenergic Blocking Agents
atenolol
bisoprolol fumarate, bisoprolol fumarate/HCTZ
carvedilol
labetalol hcl
metoprolol tartrate, succinate ER
nadolol
propranolol hcl, ER, propranolol/HCTZ
sotalol hcl, sotalol hcl (AF)
timolol maleate
Calcium Channel Blocking Agents
amlodipine besylate
diltiazem hcl, CD, ER
nifedipine, ER
verapamil hcl, ER
Direct Vasodilators
hydralazine hcl
minoxidil
Diuretics
amilofide/HCTZ
bumetanide
chlorothiazide
chlorthalidone
furosemide
hydrochlorothiazide
indapamide
spironolactone, spironolactone/HCTZ
triamterene/HCTZ
Dyslipidemics
cholestyramine
cholestyramine light
fenofibrate, fenofibrate micronized
gemfibrozil
niacin, SR, TD, TR
OTC covered w/ Rx
lovastatin
pravastatin sodium
simvastatin
Nitrates/Nitrites
isosorbide dinitrate, ER
isosorbide mononitrate, ER
nitroglycerin patch
NITROSTAT
Central Nervous System Agents
Amphetamines
amphetamine/d-amphetamine tabs
amphetamine/d-amphetamine caps
QL
dextroamphetamine sulfate, dextroamphetamine ER
VYVANSE
Stimulants
dexmethylphenidate hcl
QL
methylphenidate hcl, ER, SR
QL
Antiparkinsonian Agents
Anticholinergics
benztropine mesylate
trihexyphenidyl hcl
Dopamine Precursors/Receptor Agonists
carbidopa/levodopa, CR, ER, SR
bromocriptine mesylate
pramipexole dihydrochloride
ropinirole hcl
Analgesics
Non-opioid Analgesics
aspirin
OTC covered w/ Rx
choline magnesium trisalcylate

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 sodium, ER caps
phenytoin susp
QL
oxcarbazepine
QL varies by strength
Anticonvulsants, Other
topiramate
QL varies by strength
Gastrointestinal Agents
Antidiarrheals
difenoxylate/atropine
lonox
loperamide hcl caps
Gastrointestinal Agents, Other
lactulose
QL
docusate sodium, calcium
OTC covered w/ Rx
peg 3350/electrolytes
QL
polyethylene glycol 3350
QL
ursodiol
Histamine 2 Blocking Agents
cimetidine
famotidine
ranitidine tabs
ranitidine syrup
QL
Protectants
misoprostol
sucralfate
Proton Pump Inhibitors
omeprazole
pantoprazole sodium
Hormonal Agents: Stimulant/Replacement/Modifying
Adrenal
betamethasone
cortisone acetate
dexamethasone
fludrocortisone acetate
hydrocortisone
methylprednisolone, acetate, sodium succinate
prednisolone, sodium phosphate
prednisone
Androgens
danazol
testosterone cypionate, enanthate
TESTIM
PA
oxandrolone
PA
Estrogens
estradiol
estropipate
Estrogen/Progestin Combination
PREMPHASE, PREMPRO
Oral Contraceptives
apri
aviane
balziva
camila
crystelle-28
empresse-28
errin
gianvi
joliette
junel, FE
kanva
keilyn 1/35
lessina
levora 0.15/30-28
low-ogestrel
lutera
microgestin, FE
mononessa
necon
nora-be
nortrel
ocella
portia-28
previfem
quasense (QL)
reclipsen
solia
sprintec-28
sronyx
trinessa
tri-previfem
tri-sprintec
trivora-28
velivet
zovia
Antifungals
clotrimazole
fluconazole
ketocanazole
griseofulvin suspension
QL
nystatin
QL
terbinafine hcl
terconazole
Nasal Preparations
fluticasone
fluticasone propionate

Carbonic Anhydrase Inhibitors
acetazolamide
dorzolamide hcl, dorzolamide hcl/timolol maleate
methazolamide
AZOPT
Antibacterials/Antivirals/Corticosteroids
bacitracin/polymyxin b
ciprofloxacin hcl
dexamethasone
erythromycin
fluorometholone
gentamicin sulfate
neomycin/bacitracin/polymyxin
neomycin/polymyxin/dexamethasone
neomycin/polymyxin/gramicidin
neomycin/polymyxin/hydrocortisone
ofloxacin
polymyxin sulfate/trimethoprim
sulfacetamide sodium
tobramycin sulfate
trifluridine
Anti-Inflammatory Agents
cromolyn sodium
Local Anesthetics
antipyrine/benzocaine
OTICIN
Mydratics
atropine sulfate
cyclopentolate hcl
NSAIDs
flurbiprofen
Vasoconstrictors
naphazoline
Respiratory Agents
Antileukotrienes
SINGULAIR
ST; PA if Dx not asthma
zafirlukast
Bronchodilators, Anticholinergic
ATROVENT HFA
VENTOLIN HFA
budesonide susp
QL
COMBIVENT
VENTOLIN HFA
ipratropium bromide 0.02%
QL
ipratropium bromide/albuterol sulfate
QL
Bronchodilators, Xanthines
aminophylline
theophylline CR, ER
Bronchodilators, Sympathomimetic
ADVAIR DISKUS
QL
ADVAIR HFA
QL
albuterol sulfate
metaproterenol syrup
SEREVENT DISKUS
QL
SYMBICORT
terbutaline sulfate
VENTOLIN HFA
Mast Cell Stabilizers
cromolyn sodium
Respiratory Tract Agents, Other
ASMANEX
FLOVENT DISKUS, FLOVENT HFA
QVAR
sodium chloride for inhalation
QL
Skeletal Muscle Relaxants
baclofen
carisoprodol
QL
chlorzoxazone
cyclobenzaprine hcl
QL
diazepam
methocarbamol
tizanidine hcl
Parasympathomimetic (Cholinergic) Agents
bethanechol chloride
donepezil hcl
EXELON patch
rivastigmine tartrate

Blood Glucose Regulators	
Antihypoglycemics	
chlorpropamide	
glimperide	
glipizide, ER, XL	
glyburide, micronized	
glyburide/metformin hcl	
metformin hcl, ER	
Insulins	
HUMULIN, HUMALOG, KWIKPENS	
QL	
NOVOLIN, NOVOLOG, FLEXPENS	
QL	
LEVEMIR, FLEXPEN	
QL	
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)	
ADDERALL XR	VYVANSE	
BENZACLIN	erythromycin/benzoyl peroxide	
CONCERTA	methylphenidate ER (QL)	
CRESTOR	simvastatin, lovastatin	
CYMBALTA	venlafaxine, fluoxetine, paroxetine	
EFFEXOR XR	venlafaxine ER (QL)	
FOCALIN XR	dexmethylphenidate (QL)	
INTUNIV	guanfacine IR	
lansoprazole	pantoprazole, omeprazole	
LANTUS	LEVEMIR	
LANTUS SOLOSTAR	LEVEMIR FLEXPEN	
LYRICA	gabapentin (QL)	
NASONEX	fluticasone	
NEXIUM	omeprazole, pantoprazole	
ORTHO TRI-CYCLEN LO	low-ogestrel, microgestin FE	
OXYCONTIN	oxycodone, morphine (QL)	
PATADAY	naphazoline	
PROVENTIL HFA	VENTOLIN HFA	
PRIOSECC OTC	omeprazole, pantoprazole	
PROAIR HFA	VENTOLIN HFA	
RETIN-A	erythromycin/benzoyl peroxide	
SEASONIQUE	api, kariva, junel	
SPIRIVA	COMBIVENT, ATROVENT HFA	
STRATTERA	d-amphetamine/amphetamine	
TRICOR	fenofibrate	
VALTRESX	valacyclovir (QL)	
ZOVIRAX	DENAVIR	

PLEASE NOTE:

For prior authorizations, the prescriber may fax a DER form, along with supporting medical records, to 1-855-620-1868. 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 1-877-389-9457.

This document lists only the most utilized medications. Please visit <http://kentucky.wellcare.com/provider/resources>, select For Providers then Pharmacy 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.