

2012

# Ohio Medicaid CFC Comprehensive Preferred Drug List (List of Covered Drugs)

WellCare of Ohio, Inc.

**Please read: This document contains information about the drugs we cover in this plan.**

**Please note that the Ohio Medicaid CFC Preferred Drug List is updated quarterly.**

**Providers, please visit our website at <http://ohio.wellcare.com/provider/pharmacyservices> to view updates to the preferred drug list.**

**Members, please visit our website at <http://ohio.wellcare.com/member/preferreddruglist> to view updates to the preferred drug list.**

Last updated (04/01/2012)





## Ohio Medicaid Cough & Cold Drug List

Non-Formulary Drugs		Preferred Formulary Drugs	
<b>ANTITUSSIVES, NON-NARCOTIC</b>			
<b>Benzonatate</b>			
TESSALON 200 MG CAPSULE		BENZONATATE 100 MG CAPSULE	BENZONATATE 200 MG CAPSULE
<b>Dextromethorphan Polistirex</b>			
		DELSYM 30 MG/5 ML EXTENDED-RELEASE SUSPENSION	
<b>Dextromethorphan HBr</b>			
		ROBITUSSIN PEDIATRIC COUGH SYP	
<b>NON-NARC ANTITUSS-1ST GEN. ANTIHISTAMINE-DECONGEST</b>			
<b>Brompheniramine/Dextromethorphan HBr/Pseudoephedrine HCl</b>			
ALLANHIST PDX DROPS	BROMHIST PDX DROPS	BROTAPP DM LIQUID	Q-TAPP DM ELIXIR
BROMFED DM SYRUP	ENDACOF-PD DROPS		
<b>Chlorpheniramine/Dextromethorphan HBr/Phenylephrine HCl</b>			
C-PHEN DM	RONDEX-DM SYRUP	DE-CHLOR DM LIQUID	NOHIST-DM
PD-COF SYRUP	SILDEC PE-DM SYRUP		
<b>Dexchlorpheniramine/Pseudoephedrine HCl/Chlophedianol HCl</b>			
		VANACOF LIQUID	
<b>Dextromethorphan HBr/Promethazine HCl</b>			
		PROMETHAZINE-DM SYRUP	
<b>Dextromethorphan HBr/Pseudoephedrine HCl/Chlorpheniramine</b>			
		PEDIATRIC COUGH-COLD LIQUID	
<b>EXPECTORANTS</b>			
<b>Guaifenesin</b>			
MUCINEX 600 MG TABLET		GUAIFENESIN 200 MG TABLET	PV CHEST CONGESTION RLF CPLT
		GUAIFENESIN 400 MG TABLET	REFENESIN 400 MG TABLET
<b>DECONGESTANT-EXPECTORANT COMBINATIONS</b>			
<b>Guaifenesin/Phenylephrine HCl</b>			
DONATUSSIN DROPS	PE-GUAI DROPS	DESPEC LIQUID	RESCON-GG LIQUID
<b>NON-NARCOTIC DECONGESTANT-EXPECTORANT-ANTITUSSIVE</b>			
<b>Guaifenesin/Dextromethorphan HBr/Phenylephrine</b>			
		ROBAFEN CF SYRUP	
<b>NON-NARCOTIC ANTITUSSIVE AND EXPECTORANT COMB.</b>			
<b>Dextromethorphan HBr/Guaifenesin</b>			
DURATUSS DM ELIXIR	SU-TUSS DM ELIXIR	GANI-TUSS-DM NR LIQUID	MUCUS RELIEF COUGH LIQUID
SIMUC-DM ELIXIR		GUAIFENESIN DM SYRUP	Q-TUSSIN-DM SYRUP
		IOPHEN DM-NR LIQUID	SILTUSSIN DM COUGH SYRUP



## Ohio Medicaid Cough & Cold Drug List

Non-Formulary Drugs	Preferred Formulary Drugs
<b>NARCOTIC ANTITUSSIVE-1ST GENERATION ANTIHISTAMINE</b>	
<b>Chlorpheniramine/Hydrocodone Polistirex</b>	
TUSSIONEX PENNKINETIC SUSP	TUSSICAPS
<b>Codeine Phosphate/Promethazine HCl</b>	
	PROMETHAZINE-CODEINE SYRUP
<b>NARCOTIC ANTITUSSIVE-1ST GEN. ANTIHISTAMINE-DECONGESTANT</b>	
<b>Dexbrompheniramine/Hydrocodone Bit/Phenylephrine HCl</b>	
CYTUSS-HC NR SYRUP HC 2.5-PE 5-DBROM 1 MG SYRUP	<b>Codeine/Phenylephrine HCl/Promethazine</b> PROMETH VC W/COD SYRUP PROMETHAZINE VC/COD SYRUP
<b>Pseudoephedrine HCl/Codeine/Chlorpheniramine</b>	
	PHENYLHISTINE DH
<b>NARCOTIC ANTITUSSIVE-ANTICHOLINERGIC COMBINATION</b>	
<b>Hydrocodone Bit/Homatropine</b>	
HYDROMET SYRUP	HYDROCODONE-HOMATROPINE
<b>NARCOTIC ANTITUSSIVE-EXPECTORANT COMBINATION</b>	
<b>Guaifenesin/Hydrocodone Bit</b>	
HYDROCODONE-GUAIFENESIN SYRUP NARCOF SYRUP	<b>Codeine Phosphate/Guaifenesin</b> CHERATUSSIN AC SYRUP GANI-TUSS NR LIQUID GUAIFENESIN-CODEINE SYRUP IOPHEN C-NR
<b>NARCOTIC ANTITUSSIVE-DECONGESTANT-EXPECTORANT COMBINATIONS</b>	
<b>Codeine Phosphate/Guaifenesin/Pseudoephedrine HCl</b>	
	CHERATUSSIN DAC SYRUP

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail	
<b>ANTIHISTAMINE DRUGS</b>					
Derivatives, Miscellaneous	<i>cyproheptadine hcl</i>	2MG/5ML	SYRP	QL (300.00 per 31 days)	
	<i>cyproheptadine hcl</i>	4MG	TABS		
Ethanalamine Derivatives	<i>clemastine fumarate</i>	2.68MG, 1.34MG	TABS		
	<i>diphenhydramine hcl</i>	50MG	CAPS		
	<i>diphenhydramine hcl</i>	50MG, 25MG	TABS, CAPS	OTC-Covered w/Rx	
Phenothiazine Derivatives	<i>promethazine hcl</i>	50MG, 25MG, 12.5MG, 25MG, 12.5MG	TABS, SUPP	OTC-Covered w/Rx	
	<i>promethazine hcl plain</i>	6.25MG/5ML	SYRP		
	<i>promethegan</i>	50MG, 25MG, 12.5MG	SUPP		
Propylamine Derivatives	<i>actanol</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx	
	<i>altafed</i>	30MG/5ML/ 1.25MG/5ML	SYRP	OTC-Covered w/Rx	
	<i>antihistamine/decongestant</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx	
	<i>aprodine</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx	
	<i>chlorpheniramine maleate</i>	12MG, 4MG	TBCR, TABS	OTC-Covered w/Rx	
	DIMETAPP COLD & ALLERGY	1MG/5ML/ 2.5MG/5ML	ELIX	OTC-Covered w/Rx	
	<i>genac</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx	
	<i>silafed</i>	30MG/5ML/ 1.25MG/5ML	SYRP	OTC-Covered w/Rx	
	<i>tri-afed allergy/head cold</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx	
	<i>alavert allergy/sinus</i>	5MG/ 120MG	TB12	OTC-Covered w/Rx	
	Second Generation Antihistamines	<i>allergy</i>	10MG, 10MG	TBDP, TABS	OTC-Covered w/Rx
<i>allergy relief</i>		10MG, 5MG/5ML	TABS, SYRP	OTC-Covered w/Rx	
<i>allergy relief for kids</i>		5MG/5ML	SYRP	OTC-Covered w/Rx	
<i>allergy relief/nasal decongestant</i>		10MG/ 240MG	TB24	OTC-Covered w/Rx	
<i>cetirizine hcl</i>		5MG/5ML, 1MG/ML	SYRP	QL (300.00 per 31 days)	
<i>cetirizine hcl</i>		5MG, 10MG	TABS, CHEW	OTC-Covered w/Rx	
<i>cetirizine hcl children's</i>		1MG/ML	SOLN	QL (300.00 per 31 days);OTC-Covered w/Rx	
<i>cetirizine hcl children's allergy</i>		5MG/5ML, 1MG/ML	SYRP	QL (300.00 per 31 days);OTC-Covered w/Rx	
<i>cetirizine hcl/pseudoephedrine hcl er</i>		5MG/ 120MG	TB12	OTC-Covered w/Rx	
<i>children's loratadine</i>		5MG/5ML	SYRP	OTC-Covered w/Rx	
<i>clear-atadine d</i>		10MG/ 240MG	TB24	OTC-Covered w/Rx	
<i>loratadine</i>		10MG	TABS	OTC-Covered w/Rx	
<i>loratadine hives relief</i>		5MG/5ML	SOLN	QL (300.00 per 31 days);OTC-Covered w/Rx	
<b>ANTI-INFECTIVE AGENTS</b>					
Anthelmintics		<i>reeses pinworm medicine</i>	144MG/ML	SUSP	OTC-Covered w/Rx
Aminoglycosides	TOBI	300MG/5ML	NEBU	PA	
Glycopeptides	VANCOGIN HCL	250MG, 125MG	CAPS	PA	
	<i>vancomycin hcl</i>	750MG, 500MG, 1000MG	SOLR		
Lincomycins	<i>clindamycin hcl</i>	300MG, 150MG, 75MG	CAPS		
	<i>clindamycin palmitate hcl</i>	75MG/5ML	SOLR	QL (2400.00 per 31 days)	
	<i>clindamycin phosphate</i>	900MG/6ML, 600MG/4ML, 300MG/2ML, 150MG/ML	SOLN		
First Generation Cephalosporins	<i>cefadroxil</i>	1GM, 500MG/5ML, 250MG/5ML, 500MG	TABS, SUSR, CAPS		
	<i>cefazolin sodium</i>	500MG, 1GM	SOLR		
	<i>cephalexin</i>	125MG/5ML, 500MG, 250MG	SUSR, CAPS		
	<i>cephalexin</i>	250MG/5ML	SUSR	QL (300.00 per 31 days)	
Second Generation Cephalosporins	<i>cefaclor</i>	500MG, 250MG	CAPS		
	<i>cefprozil</i>	500MG, 250MG, 250MG/5ML, 125MG/5ML	TABS, SUSR		
	<i>cefuroxime axetil</i>	500MG, 250MG, 125MG/5ML	TABS, SUSR		
Third Generation Cephalosporins	<i>cefdinir</i>	250MG/5ML, 125MG/5ML, 300MG	SUSR, CAPS		
	<i>cefepodoxime proxetil</i>	200MG, 100MG, 50MG/5ML, 100MG/5ML	TABS, SUSR		
	SUPRAX	400MG	TABS	QL (1.00 per 31 days)	
Erythromycins	E.E.S. 400	400MG	TABS		
	E.E.S. GRANULES	200MG/5ML	SUSR		
	ERYPED 200	200MG/5ML	SUSR		
	ERY-TAB	500MG, 333MG, 250MG	TBEC		
	ERYTHROCIN STEARATE	250MG	TABS		
	<i>erythromycin</i>	250MG	CPEP		
	<i>erythromycin base</i>	500MG, 250MG	TABS		
	<i>erythromycin ethylsuccinate</i>	400MG	TABS		
	<i>erythromycin/sulfisoxazole</i>	200MG/5ML/ 600MG/5ML	SUSR		
	Other Macrolides	<i>azithromycin</i>	200MG/5ML, 100MG/5ML, 2.5GM, 500MG, 600MG	SUSR, SOLR, TABS	
<i>azithromycin</i>		250MG	TABS	QL (6.00 per 31 days)	
<i>clarithromycin</i>		500MG, 250MG, 250MG/5ML, 125MG/5ML	TABS, SUSR		
Aminopenicillins	<i>amoxicillin</i>	200MG/5ML, 125MG/5ML, 250MG, 125MG, 500MG, 250MG, 875MG	SUSR, CHEW, CAPS, TABS		
	<i>amoxicillin</i>	400MG/5ML, 250MG/5ML	SUSR	QL (300.00 per 31 days)	
	<i>amoxicillin/clavulanate potassium</i>	250MG/5ML/ 62.5MG/5ML, 200MG/5ML/ 28.5MG/5ML	SUSR	QL (300.00 per 31 days)	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>amoxicillin/clavulanate potassium</i>	875MG/ 125MG, 500MG/ 125MG, 250MG/ 125MG, 600MG/5ML/ 42.9MG/5ML, 400MG/5ML/ 57MG/5ML, 400MG/5ML, 250MG/5ML	TABS, SUSR, CHEW	
	<i>ampicillin</i>	250MG/5ML, 125MG/5ML, 500MG, 250MG	SUSR, CAPS	
Natural Penicillins	BICILLIN C-R	900000UNIT/2ML/ 300000UNIT/2ML, 300000UNIT/ML/ 300000UNIT/ML	SUSP	
	BICILLIN L-A	600000UNIT/ML, 240000UNIT/4ML, 120000UNIT/2ML	SUSP	
	PENICILLIN G PROCAINE	600000UNIT/ML	SUSP	
	<i>penicillin v potassium</i>	125MG/5ML	SOLR	
	<i>penicillin v potassium</i>	250MG/5ML	SOLR	QL (300.00 per 31 days)
	<i>penicillin v potassium</i>	500MG, 250MG	TABS, SOLR	
	<i>pfizerpen-g</i>	5MU, 20MU	SOLR	
Penicillinase-resistant Penicillins	<i>dicloxacillin sodium</i>	500MG, 250MG	CAPS	
	<i>oxacillin sodium</i>	2GM, 1GM, 10GM	SOLR	
Quinolones	<i>ciprofloxacin hcl</i>	750MG, 500MG, 250MG	TABS	
	<i>levofloxacin</i>	750MG, 500MG, 250MG	TABS	QL (14.00 per 31 days)
	<i>ofloxacin</i>	400MG, 300MG, 200MG	TABS	
Sulfonamides	<i>sulfamethoxazole/trimethoprim</i>	800MG/20ML/ 160MG/20ML, 200MG/5ML/ 40MG/5ML	SUSP	QL (1200.00 per 31 days)
	<i>sulfamethoxazole/trimethoprim</i>	400MG/ 80MG	TABS	
	<i>sulfamethoxazole/trimethoprim ds</i>	800MG/ 160MG	TABS	
	<i>sulfasalazine</i>	500MG	TBEC, TABS	
Tetracyclines	<i>doxycycline hyclate</i>	20MG, 100MG, 50MG	TABS, SOLR, CAPS	
	<i>minocycline hcl</i>	75MG, 50MG, 100MG	CAPS	
	<i>tetracycline hcl</i>	500MG, 250MG	CAPS	
Allylamines	<i>terbinafine hcl</i>	250MG	TABS	
Antifungals, Miscellaneous	GRIFULVIN V	500MG	TABS	
	<i>griseofulvin microsize</i>	125MG/5ML	SUSP	QL (450.00 per 31 days)
	GRIS-PEG	250MG, 125MG	TABS	
Azoles	<i>fluconazole</i>	50MG, 200MG, 150MG, 100MG, 40MG/ML, 10MG/ML	TABS, SUSR	
	<i>ketoconazole</i>	200MG	TABS	
Polynes	<i>nystatin</i>	100000UNIT/ML	SUSP	QL (300.00 per 31 days)
	<i>nystatin</i>	500000UNIT	TABS	
Antimycobacterials, Miscellaneous	DAPSONE	25MG, 100MG	TABS	
Antituberculosis Agents	<i>ethambutol hcl</i>	400MG, 100MG	TABS	
	<i>isoniazid</i>	300MG, 100MG, 100MG/ML	TABS, SOLN	
	MYCOBUTIN	150MG	CAPS	
	<i>pyrazinamide</i>	500MG	TABS	
	<i>rifampin</i>	600MG, 300MG, 150MG	SOLR, CAPS	
Antimalarials	<i>atovaquone/proguanil hcl</i>	62.5MG/ 25MG, 250MG/ 100MG	TABS	
	<i>chloroquine phosphate</i>	500MG, 250MG	TABS	
	DARAPRIM	25MG	TABS	
	<i>hydroxychloroquine sulfate</i>	200MG	TABS	
	<i>mefloquine hcl</i>	250MG	TABS	
	PRIMAQUINE PHOSPHATE	26.3MG	TABS	
Antiprotozoals, Miscellaneous	MEPRON	750MG/5ML	SUSP	
	<i>metronidazole</i>	500MG, 250MG	TABS	
Adamantanes	<i>rimantadine hcl</i>	100MG	TABS	
HIV Entry and Fusion Inhibitors	FUZEON	90MG	KIT	
	SELZENTRY	300MG, 150MG	TABS	
HIV Protease Inhibitors	APTIVUS	250MG	CAPS	
	CRIXIVAN	400MG, 200MG	CAPS	
	INVIRASE	500MG, 200MG	TABS, CAPS	
	KALETRA	200MG/ 50MG, 100MG/ 25MG, 400MG/5ML/ 100MG/5ML	TABS, SOLN	
	LEXIVA	50MG/ML	SUSP	
	LEXIVA	700MG	TABS	QL (124.00 per 31 days)
	NORVIR	100MG, 80MG/ML	TABS, CAPS, SOLN	
	PREZISTA	75MG, 600MG, 400MG, 150MG	TABS	
	REYATAZ	300MG, 200MG, 150MG, 100MG	CAPS	QL (62.00 per 31 days)
	VIRACEPT	250MG	TABS	QL (310.00 per 31 days)
Integrase Inhibitors	ISENTRESS	400MG	TABS	
Nonnucleoside Reverse Transcriptase Inhibitors	ATRIPLA	600MG/ 200MG/ 300MG	TABS	
	COMPLERA	200MG/ 25MG/ 300MG	TABS	
	EDURANT	25MG	TABS	QL (31.00 per 31 days)
	INTELENCE	200MG, 100MG	TABS	
	RESCRIPTOR	200MG, 100MG	TABS	
	SUSTIVA	600MG, 50MG, 200MG	TABS, CAPS	
	VIRAMUNE	200MG, 50MG/5ML	TABS, SUSP	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail	
Nucleoside and Nucleotide Reverse Transcriptase Inhibitors	<i>didanosine</i>	400MG, 250MG, 200MG, 125MG	CPDR		
	EMTRIVA	200MG	CAPS	QL (31.00 per 31 days)	
	EMTRIVA	10MG/ML	SOLN	QL (170.00 per 31 days)	
	EPIVIR	10MG/ML	SOLN		
	EPIVIR HBV	100MG, 5MG/ML	TABS, SOLN		
	EPZICOM	600MG/ 300MG	TABS	QL (31.00 per 31 days)	
	<i>lamivudine</i>	300MG, 150MG	TABS		
	<i>lamivudine/zidovudine</i>	150MG/ 300MG	TABS		
	<i>stavudine</i>	1MG/ML, 40MG, 30MG, 20MG, 15MG	SOLR, CAPS		
	TRIZIVIR	300MG/ 150MG/ 300MG	TABS	QL (62.00 per 31 days)	
	TRUVADA	200MG/ 300MG	TABS	QL (31.00 per 31 days)	
	VIDEX PEDIATRIC	4GM, 2GM	SOLR		
	VIREAD	300MG	TABS		
	ZERIT	1MG/ML	SOLR		
	ZIAGEN	300MG, 20MG/ML	TABS, SOLN		
	<i>zidovudine</i>	50MG/5ML	SYRP, CAPS	QL (900.00 per 31 days)	
	<i>zidovudine</i>	300MG, 100MG	TABS, CAPS		
	Interferons	PEGASYS	180MCG/ML, 180MCG/0.5ML	SOLN, KIT	PA
		PEGASYS PROCLICK	180MCG/0.5ML, 135MCG/0.5ML	SOLN	PA
Monoclonal Antibodies	SYNAGIS	50MG/0.5ML, 100MG/ML	SOLN	PA	
Neuraminidase Inhibitors	RELENZA DISKHALER	5MG/BLISTER	AEPB		
	TAMIFLU	6MG/ML, 12MG/ML, 75MG, 45MG, 30MG	SUSR, CAPS		
Nucleosides and Nucleotides	<i>acyclovir</i>	200MG, 800MG, 400MG	CAPS, TABS		
	<i>acyclovir</i>	200MG/5ML	SUSP	QL (3500.00 per 31 days)	
	BARACLUDE	1MG, 0.5MG	TABS	PA	
	<i>ganciclovir</i>	500MG, 250MG	CAPS		
	<i>ribasphere</i>	200MG	TABS		
	<i>ribavirin</i>	200MG	TABS		
	<i>valacyclovir hcl</i>	500MG, 1000MG	TABS	QL (62.00 per 31 days)	
HCV Protease Inhibitors	INCIVEK	375MG	TABS	PA; QL (504.00 per 365 days)	
	VICTRELIS	200MG	CAPS	PA; QL (372.00 per 31 days)	
Urinary Anti-infectives	MACRODANTIN	25MG	CAPS		
	<i>nitrofurantoin macrocrystalline</i>	50MG, 100MG	CAPS		
	<i>nitrofurantoin monohydrate</i>	100MG	CAPS		
	<i>trimethoprim</i>	100MG	TABS		
	<i>uretron d/s</i>	0.12MG/ 120MG/ 10.8MG/ 36.2MG/ 40.8MG	TABS		
	<i>uticap</i>	0.12MG/ 120MG/ 10MG/ 36MG/ 40.8MG	CAPS		
<b>ANTINEOPLASTIC AGENTS</b>					
Antineoplastic Agents	<i>adriamycin</i>	50MG, 20MG, 10MG, 2MG/ML	SOLR, SOLN	PA	
	<i>adrucil</i>	500MG/10ML	SOLN	PA	
	ALKERAN	2MG	TABS	PA	
	<i>anastrozole</i>	1MG	TABS	PA	
	AVASTIN	400MG/16ML, 100MG/4ML	SOLN	PA	
	<i>bicalutamide</i>	50MG	TABS		
	<i>bleomycin sulfate</i>	30UNIT, 15UNIT	SOLR	PA	
	BUSULFEX	6MG/ML	SOLN	PA	
	<i>carboplatin</i>	150MG, 600MG/60ML, 50MG/5ML, 450MG/45ML, 150MG/15ML	SOLR, SOLN	PA	
	CEENU	40MG, 10MG, 100MG	CAPS	PA	
	<i>cisplatin</i>	50MG/50ML, 200MG/200ML, 100MG/100ML	SOLN	PA	
	CYCLOPHOSPHAMIDE	50MG, 25MG, 500MG, 2GM, 1GM	TABS, SOLR	PA	
	<i>dactinomycin</i>	0.5MG	SOLR	PA	
	<i>daunorubicin hcl</i>	20MG, 5MG/ML	SOLR, INJ	PA	
	DAUNOXOME	2MG/ML	INJ	PA	
	<i>doxorubicin hcl</i>	2MG/ML	SOLN	PA	
	EMCYT	140MG	CAPS	PA	
	<i>etoposide</i>	20MG/ML, 50MG	SOLN, CAPS	PA	
	<i>fluorouracil</i>	5GM/100ML, 500MG/10ML, 2.5GM/50ML, 1GM/20ML	SOLN	PA	
	<i>flutamide</i>	125MG	CAPS		
	<i>gemcitabine</i>	2GM/52.6ML, 200MG/5.26ML, 1GM/26.3ML	SOLN	PA	
	<i>gemcitabine hcl</i>	2GM, 200MG, 1GM	SOLR	PA	
	GLEEVEC	400MG, 100MG	TABS	PA	
	HEXALEN	50MG	CAPS	PA	
	<i>hydroxyurea</i>	500MG	CAPS	PA	
	IXEMPRA KIT	45MG, 15MG	SOLR	PA	
	JAKAFI	5MG, 25MG, 20MG, 15MG, 10MG	TABS	PA	
	LEUKERAN	2MG	TABS	PA	
	LYSODREN	500MG	TABS	PA	



# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>melfalan hydrochloride</i>	50MG	SOLR	PA
	<i>mercaptopurine</i>	50MG	TABS	
	<i>methotrexate</i>	2.5MG	TABS	
	<i>methotrexate sodium</i>	1GM, 25MG/ML	SOLR, SOLN	
	<i>mitomycin</i>	5MG, 40MG, 20MG	SOLR	PA
	MYLERAN	2MG	TABS	PA
	<i>oxaliplatin</i>	50MG, 100MG, 50MG/10ML, 100MG/20ML	SOLR, SOLN	PA
	REVLIMID	5MG, 25MG, 15MG, 10MG	CAPS	PA
	SPRYCEL	80MG, 70MG, 50MG, 20MG, 140MG, 100MG	TABS	PA
	SUTENT	50MG, 25MG, 12.5MG	CAPS	PA
	TABLOID	40MG	TABS	PA
	TARCEVA	25MG, 150MG, 100MG	TABS	PA
	TASIGNA	200MG, 150MG	CAPS	PA
	TEMODAR	5MG, 250MG, 20MG, 180MG, 140MG, 100MG	CAPS	PA
	<i>toposar</i>	20MG/ML	SOLN	PA
	TRELSTAR DEPOT	3.75MG	SUSR	PA
	TRELSTAR DEPOT MIXJECT	3.75MG	SUSR	PA
	TRELSTAR LA	11.25MG	SUSR	PA
	TRELSTAR LA MIXJECT	11.25MG	SUSR	PA
	TRELSTAR MIXJECT	22.5MG	SUSR	PA
	TYKERB	250MG	TABS	PA
	VINBLASTINE SULFATE	10MG, 1MG/ML	SOLR, SOLN	PA
	<i>vincristine sulfate</i>	1MG/ML	SOLN	PA
	<i>vinorelbine tartrate</i>	50MG/5ML, 10MG/ML	SOLN	PA
	XELODA	500MG, 150MG	TABS	PA
<b>AUTONOMIC DRUGS</b>				
Antimuscarinics/Antispasmodics	ATROVENT HFA	17MCG/ACT	AERS	
	<i>dicyclomine hcl</i>	20MG, 10MG/5ML, 10MG	TABS, SOLN, CAPS	
	<i>glycopyrrolate</i>	2MG, 1MG	TABS	
	<i>ipratropium bromide</i>	0.02%	SOLN	QL (480.00 per 31 days)
	<i>ipratropium bromide</i>	0.06%, 0.03%	SOLN	
	<i>propantheline bromide</i>	15MG	TABS	
	SPIRIVA HANDIHALER	18MCG	CAPS	QL (31.00 per 31 days)
Autonomic Drugs, Miscellaneous	<i>nicotine</i>	7MG/24HR, 21MG/24HR, 14MG/24HR	PT24	QL (93.00 per 365 days);OTC-Covered w/RX; Max 3 months per year
	<i>nicotine polacrilex</i>	2MG	GUM	QL (2232.00 per 365 days);OTC-Covered w/RX
	<i>nicotine polacrilex</i>	4MG, 2MG	LOZG	QL (620.00 per 31 days);OTC-Covered w/Rx
	<i>nicotine polacrilex starter kit</i>	4MG	GUM	QL (2232.00 per 365 days);OTC-Covered w/RX
Parasympathomimetic (Cholinergic)	<i>bethanechol chloride</i>	5MG, 50MG, 25MG, 10MG	TABS	
	<i>donepezil hcl</i>	5MG, 10MG	TABS	
	<i>donepezil hcl odt</i>	5MG, 10MG	TBDP	
	EXELON	9.5MG/24HR, 4.6MG/24HR	PT24	
	<i>galantamine hydrobromide</i>	8MG, 24MG, 16MG	CP24	QL (31.00 per 31 days)
	<i>galantamine hydrobromide</i>	4MG/ML	SOLN, CP24	
	<i>galantamine hydrobromide</i>	8MG, 4MG, 12MG	TABS, SOLN, CP24	QL (62.00 per 31 days)
	MESTINON	60MG/5ML	SYRP	
	MESTINON TIMESPAN	180MG	TBCR	
	<i>pilocarpine hydrochloride</i>	5MG, 7.5MG	TABS	
	PROSTIGMIN	15MG	TABS	
	<i>pyridostigmine bromide</i>	60MG	TABS	
	<i>rivastigmine tartrate</i>	6MG, 4.5MG, 3MG, 1.5MG	CAPS	
Centrally Acting Skeletal Muscle Relaxants	<i>carisoprodol</i>	350MG	TABS	QL (124.00 per 31 days)
	<i>chlorzoxazone</i>	500MG	TABS	
	<i>cyclobenzaprine hcl</i>	5MG, 10MG	TABS	QL (93.00 per 31 days)
	<i>methocarbamol</i>	750MG, 500MG	TABS	
	<i>tizanidine hcl</i>	4MG, 2MG	TABS	
Direct-acting Skeletal Muscle Relaxants	<i>dantrolene sodium</i>	50MG, 25MG, 100MG	CAPS	
GABA-derivative Skeletal Muscle Relaxants	<i>baclofen</i>	20MG, 10MG	TABS	
Sympatholytic (Adrenergic Blocking)	<i>ergoloid mesylates</i>	1MG	TABS	
	MIGRANAL	4MG/ML	SOLN	
<b>BLOOD FORMATION,COAGULATION &amp; THROMBOSIS</b>				
Iron Preparations	CENTRATEX	10MG/ 0.8MG/ 15MCG/ 106MG/ 1MG/ 6.9MG/ 1.3MG/ 30MG/ 5MG/ 6MG/ 200MG/ 10MG/ 18.2MG	CAPS	
	FEOSOL	200MG	TABS	OTC-Covered w/Rx
	<i>fer-iron</i>	15MG/ML	SOLN	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>ferrex 150</i>	150MG	CAPS	OTC-Covered w/Rx
	<i>ferrex 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	<i>ferrous sulfate</i>	325MG, 324MG, 220MG/5ML	TBEC, TABS, ELIX	OTC-Covered w/Rx
	<i>iferex 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	<i>myferon 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	<i>poly-iron 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	<i>slow release iron</i>	160MG	TBCR	OTC-Covered w/Rx
	<i>therems h</i>	11.7MG/ 140UNIT/ 0.67MG/ 50MCG/ 27MG/ 0.33MG/ 41.7MG/ 33.3MG/ 3.3MG/ 3.3MG/ 12MG/ 100MG/ 3.3MG/ 5UNIT/ 1400UNIT	TABS	
Hemostatics	AMICAR	500MG	TABS	
Coumarin Derivatives	<i>jantoven</i>	7.5MG, 6MG, 5MG, 4MG, 3MG, 2MG, 2.5MG, 1MG, 10MG	TABS	
	<i>warfarin sodium</i>	7.5MG, 6MG, 5MG, 4MG, 3MG, 2MG, 2.5MG, 1MG, 10MG	TABS	
Direct Factor Xa Inhibitors	<i>fondaparinux sodium</i>	10MG/0.8ML	SOLN	QL (11.20 per 31 days)
	<i>fondaparinux sodium</i>	2.5MG/0.5ML	SOLN	QL (16.00 per 31 days)
	<i>fondaparinux sodium</i>	5MG/0.4ML	SOLN	QL (5.60 per 31 days)
	<i>fondaparinux sodium</i>	7.5MG/0.6ML	SOLN	QL (8.40 per 31 days)
	XARELTO	10MG	TABS	QL (35.00 per 365 days)
Heparins	<i>enoxaparin sodium</i>	100MG/ML, 150MG/ML	SOLN	QL (28.00 per 31 days)
	<i>enoxaparin sodium</i>	120MG/0.8ML, 80MG/0.8ML	SOLN	QL (22.40 per 31 days)
	<i>enoxaparin sodium</i>	40MG/0.4ML, 30MG/0.3ML	SOLN	QL (8.40 per 31 days)
	<i>enoxaparin sodium</i>	60MG/0.6ML	SOLN	QL (16.80 per 31 days)
	LOVENOX	300MG/3ML	SOLN	QL (24.00 per 31 days)
Platelet-Aggregation Inhibitors	<i>cilostazol</i>	50MG, 100MG	TABS	
	PLAVIX	75MG	TABS	
Platelet-reducing Agents	<i>anagrelide hydrochloride</i>	1MG, 0.5MG	CAPS	
Hematopoietic Agents	NEUPOGEN	480MCG/1.6ML, 480MCG/0.8ML, 300MCG/ML, 300MCG/0.5ML	SOLN	PA
	PROCRIT	4000UNIT/ML, 40000UNIT/ML, 3000UNIT/ML, 2000UNIT/ML, 20000UNIT/ML, 10000UNIT/ML	SOLN	PA
Hemorrhologic Agents	<i>pentoxifylline er</i>	400MG	TBCR	
<b>CARDIOVASCULAR DRUGS</b>				
alpha-Adrenergic Blocking Agents	<i>doxazosin mesylate</i>	8MG, 4MG, 2MG, 1MG	TABS	
	<i>prazosin hcl</i>	5MG, 2MG, 1MG	CAPS	
	<i>tamsulosin hcl</i>	0.4MG	CAPS	
	<i>terazosin hcl</i>	5MG, 2MG, 1MG, 10MG	CAPS	
Bile Acid Sequestrants	<i>cholestyramine</i>	4GM/DOSE, 4GM	POWD, PACK	
	<i>cholestyramine light</i>	4GM	PACK	
	<i>cholestyramine light</i>	4GM/DOSE	POWD	QL (756.00 per 31 days)
Fibric Acid Derivatives	<i>fenofibrate</i>	54MG, 160MG	TABS	
	<i>fenofibrate micronized</i>	67MG, 200MG, 134MG	CAPS	
	<i>gemfibrozil</i>	600MG	TABS	
HMG-CoA Reductase Inhibitors	<i>atorvastatin calcium</i>	80MG, 40MG, 20MG, 10MG	TABS	ST; Must fail preferred Pravastatin, Simvastatin, Lovastatin
	<i>lovastatin</i>	40MG, 20MG, 10MG	TABS	
	<i>pravastatin sodium</i>	80MG, 40MG, 20MG, 10MG	TABS	
	<i>simvastatin</i>	80MG, 5MG, 40MG, 20MG, 10MG	TABS	
beta-Adrenergic Blocking Agents	<i>acebutolol hcl</i>	400MG, 200MG	CAPS	
	<i>atenolol</i>	50MG, 25MG, 100MG	TABS	
	<i>atenolol/chlorthalidone</i>	50MG/ 25MG, 100MG/ 25MG	TABS	
	<i>bisoprolol fumarate</i>	5MG, 10MG	TABS	
	<i>bisoprolol fumarate/hydrochlorothiazide</i>	5MG/ 6.25MG, 2.5MG/ 6.25MG, 10MG/ 6.25MG	TABS	
	<i>carvedilol</i>	6.25MG, 3.125MG, 25MG, 12.5MG	TABS	
	<i>labetalol hcl</i>	300MG, 200MG, 100MG, 5MG/ML	TABS, SOLN	
	<i>metoprolol succinate er</i>	50MG, 25MG, 200MG, 100MG	TB24	
	<i>metoprolol tartrate</i>	50MG, 25MG, 100MG, 1MG/ML	TABS, SOLN	
	<i>nadolol</i>	80MG, 40MG, 20MG	TABS	
	<i>pindolol</i>	5MG, 10MG	TABS	
	<i>propranolol hcl</i>	80MG, 60MG, 40MG, 20MG, 10MG, 40MG/5ML, 20MG/5ML, 1MG/ML	TABS, SOLN	
	<i>propranolol hcl er</i>	80MG, 60MG, 160MG, 120MG	CP24	
	<i>propranolol/ hydrochlorothiazide</i>	25MG/ 80MG, 25MG/ 40MG	TABS	
	<i>sorine</i>	80MG, 240MG, 160MG, 120MG	TABS	
	<i>sotalol hcl</i>	80MG, 240MG, 160MG, 120MG	TABS	
	<i>sotalol hcl (af)</i>	80MG, 160MG, 120MG	TABS	
	<i>timolol maleate</i>	5MG, 20MG, 10MG	TABS	
Calcium-Channel Blocking Agents, Misc	<i>cartia xt</i>	300MG, 240MG, 180MG, 120MG	CP24	
	<i>diltiazem cd</i>	300MG, 240MG, 180MG, 120MG	CP24	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>diltiazem hcl</i>	90MG, 60MG, 30MG, 120MG, 50MG/10ML, 25MG/5ML, 125MG/25ML, 360MG, 300MG, 240MG, 180MG	TABS, SOLN, CP24	
	<i>diltiazem hcl er</i>	420MG, 360MG, 300MG, 240MG, 180MG, 120MG, 90MG, 60MG	CP24, CP12	
	<i>matzim la</i>	420MG, 360MG, 300MG, 240MG, 180MG	TB24	
	<i>verapamil hcl</i>	80MG, 40MG, 120MG	TABS	
	<i>verapamil hcl er</i>	240MG, 180MG, 120MG, 300MG, 200MG, 100MG	TBCR, CP24	
	<i>verapamil hcl sr</i>	240MG, 360MG, 180MG, 120MG	TBCR, CP24	
Dihydropyridines	<i>amlodipine besylate</i>	5MG, 2.5MG, 10MG	TABS	
	<i>amlodipine besylate/benazepril hcl</i>	5MG/ 40MG, 10MG/ 40MG	CAPS	
	<i>amlodipine besylate/benazepril hydrochloride</i>	5MG/ 20MG, 5MG/ 10MG, 2.5MG/ 10MG, 10MG/ 20MG	CAPS	
	<i>felodipine er</i>	5MG, 2.5MG, 10MG	TB24	QL (31.00 per 31 days)
	<i>nicardipine hcl</i>	30MG, 20MG	CAPS	QL (124.00 per 31 days)
	<i>nifediac cc</i>	90MG, 60MG, 30MG	TB24	
	<i>nifedical xl</i>	60MG, 30MG	TB24	
	<i>nifedipine</i>	10MG	CAPS	
	<i>nifedipine er</i>	90MG, 60MG, 30MG	TB24	
Class Ia Antiarrhythmics	<i>disopyramide phosphate</i>	150MG, 100MG	CAPS	
	NORPACE CR	150MG	CP12	
	<i>procainamide hcl</i>	500MG/ML, 100MG/ML	SOLN	
	<i>quinidine gluconate</i>	80MG/ML	SOLN	
	<i>quinidine gluconate cr</i>	324MG	TBCR	
	<i>quinidine gluconate er</i>	324MG	TBCR	
	<i>quinidine sulfate</i>	300MG, 200MG	TABS	
Class Ib Antiarrhythmics	<i>lidocaine hcl</i>	20MG/ML	SOLN	
	<i>mexiletine hcl</i>	250MG, 200MG, 150MG	CAPS	
Class Ic Antiarrhythmics	<i>flecainide acetate</i>	50MG, 150MG, 100MG	TABS	
	<i>propafenone hcl</i>	300MG, 225MG, 150MG	TABS	
Class III Antiarrhythmics	<i>amiodarone hcl</i>	400MG, 200MG, 50MG/ML, 150MG/3ML	TABS, SOLN	
Cardiotonic Agents	<i>digoxin</i>	0.25MG, 0.125MG, 0.25MG/ML, 0.05MG/ML	TABS, SOLN	
Central Alpha-Agonists	<i>clonidine hcl</i>	0.3MG, 0.2MG, 0.1MG	TABS	
	<i>guanfacine hcl</i>	2MG, 1MG	TABS	
	<i>methyl dopa</i>	500MG, 250MG	TABS	
	<i>methyl dopa/ hydrochlorothiazide</i>	25MG/ 250MG, 15MG/ 250MG	TABS	
Direct Vasodilators	<i>hydralazine hcl</i>	50MG, 25MG, 10MG, 100MG, 20MG/ML	TABS, SOLN	
	<i>minoxidil</i>	2.5MG, 10MG	TABS	
Angiotensin II Receptor Antagonists	<i>losartan potassium</i>	50MG, 25MG, 100MG	TABS	QL (31.00 per 31 days)
	<i>losartan potassium/hydrochlorothiazide</i>	100MG/25MG, 50MG/12.5MG, 100MG/12.5MG	TABS	QL (31.00 per 31 days)
Angiotensin-Converting Enzyme Inhibitors	<i>benazepril hcl</i>	5MG, 40MG, 20MG, 10MG	TABS	
	<i>benazepril hcl/hydrochlorothiazide</i>	5MG/ 6.25MG, 20MG/ 25MG, 20MG/ 12.5MG, 10MG/ 12.5MG	TABS	
	<i>captopril</i>	50MG, 25MG, 12.5MG, 100MG	TABS	
	<i>captopril/hydrochlorothiazide</i>	50MG/ 25MG, 50MG/ 15MG, 25MG/ 25MG, 25MG/ 15MG	TABS	
	<i>enalapril maleate</i>	5MG, 20MG, 2.5MG, 10MG	TABS	
	<i>enalapril maleate/hydrochlorothiazide</i>	5MG/ 12.5MG, 10MG/ 25MG	TABS	
	<i>fosinopril sodium</i>	40MG, 20MG, 10MG	TABS	
	<i>fosinopril sodium/hydrochlorothiazide</i>	10MG/ 12.5MG	TABS	
	<i>lisinopril</i>	5MG, 40MG, 30MG, 20MG, 2.5MG, 10MG	TABS	
	<i>lisinopril/hydrochlorothiazide</i>	25MG/ 20MG, 12.5MG/ 20MG, 12.5MG/ 10MG	TABS	
	<i>quinapril hcl</i>	5MG, 40MG, 20MG, 10MG	TABS	
	<i>quinapril/hydrochlorothiazide</i>	25MG/ 20MG, 12.5MG/ 20MG, 12.5MG/ 10MG	TABS	
	<i>ramipril</i>	5MG, 2.5MG, 10MG, 1.25MG	CAPS	
	<i>trandolapril</i>	4MG, 2MG, 1MG	TABS	
Mineralocorticoid (Aldost)	<i>spironolactone</i>	50MG, 25MG, 100MG	TABS	
	<i>spironolactone/hydrochlorothiazide</i>	25MG/ 25MG	TABS	
Nitrates and Nitrites	<i>isosorbide dinitrate</i>	5MG, 30MG, 20MG, 10MG, 2.5MG	TABS, SUBL	
	<i>isosorbide dinitrate er</i>	40MG	TBCR	
	<i>isosorbide mononitrate</i>	20MG, 10MG	TABS	
	<i>isosorbide mononitrate er</i>	60MG, 30MG, 120MG	TB24	
	NITRO-BID	2%	OINT	
	<i>nitroglycerin transdermal</i>	0.6MG/HR, 0.4MG/HR, 0.2MG/HR, 0.1MG/HR	PT24	
	NITROSTAT	0.6MG, 0.4MG, 0.3MG	SUBL	
Phosphodiesterase Type 5 Inhibitors	ADCIRCA	20MG	TABS	PA
Vasodilating Agents, Miscellaneous	<i>dipyridamole</i>	75MG, 50MG, 25MG, 5MG/ML	TABS, SOLN	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	LETAIRIS	5MG	TABS	PA
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>				
Analgesics and Antipyretics, Misc				
	<i>acephen</i>	120MG	SUPP	
	<i>acetaminophen</i>	650MG, 325MG	SUPP	
	<i>bupap</i>	50MG/ 650MG	TABS	QL (93.00 per 31 days)
	<i>butalbital/acetaminophen</i>	50MG/ 325MG	TABS	QL (186.00 per 31 days)
	<i>butalbital/acetaminophen/caffeine</i>	50MG/ 325MG/ 40MG	TABS, CAPS	QL (186.00 per 31 days)
	<i>butalbital/acetaminophen/caffeine</i>	50MG/ 500MG/ 40MG	TABS	QL (124.00 per 31 days)
	<i>cephadyn</i>	50MG/ 650MG	TABS	QL (93.00 per 31 days)
	<i>feverall</i>	120MG	SUPP	
	<i>margesic</i>	50MG/ 325MG/ 40MG	CAPS	QL (186.00 per 31 days)
	<i>marten-tab</i>	50MG/ 325MG	TABS	
	<i>repan</i>	50MG/ 325MG/ 40MG	TABS	QL (186.00 per 31 days)
	<i>zebutal</i>	50MG/ 500MG/ 40MG	CAPS	QL (124.00 per 31 days)
Cyclooxygenase-2 (COX-2)	CELEBREX	50MG, 400MG, 200MG, 100MG	CAPS	QL (31.00 per 31 days); ST; Must fail preferred NSAID
Other Nonsteroidal Anti-inflammatory Agents				
	<i>children's ibuprofen</i>	40MG/ML, 100MG/5ML	SUSP	OTC-Covered w/Rx
	<i>diclofenac potassium</i>	50MG	TABS	
	<i>diclofenac sodium dr</i>	75MG, 50MG, 25MG	TBEC	
	<i>diclofenac sodium er</i>	100MG	TB24	
	<i>diclofenac sodium xr</i>	100MG	TB24	
	DIFLUNISAL	500MG	TABS	
	<i>etodolac</i>	500MG, 400MG, 300MG, 200MG	TABS, CAPS	
	<i>etodolac er</i>	600MG, 500MG, 400MG	TB24	
	<i>fenoprofen calcium</i>	600MG	TABS	
	<i>flurbiprofen</i>	50MG, 100MG	TABS	
	<i>ibuprofen</i>	200MG, 100MG/5ML	TABS, SUSP	OTC-Covered w/Rx
	<i>ibuprofen</i>	800MG, 600MG, 400MG, 100MG/5ML	TABS, SUSP	
	<i>indomethacin</i>	50MG, 25MG	CAPS	
	<i>indomethacin er</i>	75MG	CPCR	
	<i>ketoprofen</i>	75MG, 50MG	CAPS	
	KETOPROFEN ER	200MG	CP24	
	<i>ketorolac tromethamine</i>	10MG	TABS	QL (20.00 per 31 days)
	<i>meloxicam</i>	7.5MG, 15MG	TABS	
	<i>nabumetone</i>	750MG, 500MG	TABS	
	<i>naproxen</i>	125MG/5ML	SUSP	QL (2000.00 per 31 days)
	<i>naproxen</i>	500MG, 375MG, 250MG	TABS	
	<i>naproxen dr</i>	500MG, 375MG	TBEC	
	<i>naproxen sodium</i>	220MG	TABS	OTC-Covered w/Rx
	<i>naproxen sodium</i>	550MG, 275MG	TABS	
	<i>oxaprozin</i>	600MG	TABS	
	<i>piroxicam</i>	20MG, 10MG	CAPS	
	<i>sulindac</i>	200MG, 150MG	TABS	
	<i>tolmetin sodium</i>	400MG	CAPS	
Salicylates				
	<i>aspirin</i>	81MG, 325MG, 600MG, 300MG	CHEW, TABS, SUPP	OTC-Covered w/Rx
	<i>aspirin children's</i>	81MG	CHEW	OTC-Covered w/Rx
	<i>aspirin low dose</i>	81MG	TABS	OTC-Covered w/Rx
	<i>butalbital compound</i>	50MG/ 325MG/ 40MG	TABS	
	<i>butalbital/aspirin/caffeine</i>	50MG/ 325MG/ 40MG	TABS, CAPS	
	<i>children's aspirin low strength</i>	81MG	CHEW	OTC-Covered w/Rx
	<i>choline magnesium trisalicylate</i>	750MG, 500MG, 1000MG, 500MG/5ML	TABS, LIQD	
	<i>salsalate</i>	750MG, 500MG	TABS	
Opiate Agonists				
	<i>acetaminophen/codeine</i>	120MG/5ML/ 12MG/5ML	SOLN	
	<i>acetaminophen/codeine #2</i>	300MG/ 15MG	TABS	QL (248.00 per 31 days)
	<i>acetaminophen/codeine #3</i>	300MG/ 30MG	TABS	QL (248.00 per 31 days)
	<i>acetaminophen/codeine #4</i>	300MG/ 60MG	TABS	QL (248.00 per 31 days)
	<i>ascomp/codeine</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	
	<i>butalbital/acetaminophen/caffeine/ codeine</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	QL (186.00 per 31 days)
	<i>butalbital/aspirin/caffeine/codeine</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	
	<i>codeine phosphate</i>	30MG/ML, 15MG/ML	SOLN	
	<i>codeine sulfate</i>	60MG, 30MG, 15MG	TABS	QL (248.00 per 31 days)
	<i>co-gesic</i>	5MG/ 500MG	TABS	QL (248.00 per 31 days)
	DILAUDID-5	1MG/ML	LIQD	
	<i>endocet</i>	7.5MG/ 500MG, 7.5MG/ 325MG, 5MG/ 325MG, 10MG/ 325MG	TABS	QL (248.00 per 31 days)
	<i>endodan</i>	325MG/ 4.835MG	TABS	QL (248.00 per 31 days)
	<i>fentanyl</i>	75MCG/HR, 50MCG/HR, 25MCG/HR, 12MCG/HR, 100MCG/HR	PT72	PA; QL (10.00 per 31 days)
	<i>hydrocodone bitartrate/acetaminophen</i>	750MG/ 10MG	TABS	QL (248.00 per 31 days)
	<i>hydrocodone/acetaminophen</i>	500MG/15ML/ 7.5MG/15ML	SOLN	QL (3720.00 per 31 days)

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>hydrocodone/acetaminophen</i>	7.5MG/ 750MG, 7.5MG/ 650MG, 7.5MG/ 500MG, 7.5MG/ 325MG, 5MG/ 500MG, 5MG/ 325MG, 2.5MG/ 500MG, 10MG/ 660MG, 10MG/ 650MG, 10MG/ 500MG, 10MG/ 325MG	TABS	QL (248.00 per 31 days)
	<i>hydrogesic</i>	5MG/ 500MG	CAPS	QL (248.00 per 31 days)
	<i>hydromorphone hcl</i>	3MG	SUPP	
	<i>hydromorphone hcl</i>	8MG, 4MG, 2MG	TABS	QL (248.00 per 31 days)
	<i>meperidine hcl</i>	50MG, 100MG	TABS	
	<i>methadone hcl</i>	5MG/5ML, 10MG/5ML	SOLN	
	<i>methadone hcl</i>	5MG, 10MG	TABS	QL (248.00 per 31 days)
	<i>methadose</i>	10MG	TABS	QL (248.00 per 31 days)
	<i>morphine sulfate</i>	5MG, 30MG, 20MG, 10MG, 8MG/ML, 5MG/ML, 50MG/ML, 25MG/ML, 20MG/ML, 20MG/5ML, 1MG/ML, 15MG/ML, 10MG/ML, 10MG/5ML, 0.5MG/ML	SUPP, SOLN	
	<i>morphine sulfate</i>	30MG, 15MG	TABS	QL (248.00 per 31 days)
	<i>morphine sulfate er</i>	60MG, 30MG, 200MG, 15MG, 100MG	TB12	QL (248.00 per 31 days)
	<i>oxycodone hcl</i>	5MG, 30MG, 15MG, 20MG/ML	TABS, CAPS, CONC	QL (248.00 per 31 days)
	<i>oxycodone/acetaminophen</i>	7.5MG/ 500MG, 7.5MG/ 325MG, 5MG/ 325MG, 10MG/ 325MG, 5MG/ 500MG	TABS, CAPS	QL (248.00 per 31 days)
	<i>oxycodone/aspirin</i>	325MG/ 4.835MG	TABS	QL (248.00 per 31 days)
	<i>roxicet</i>	325MG/ 5MG	TABS	QL (248.00 per 31 days)
	<i>tramadol hcl</i>	50MG	TABS	QL (248.00 per 31 days)
Opiate Partial Agonists	<i>buprenorphine hcl</i>	8MG, 2MG	SUBL	PA
	<i>butorphanol tartrate</i>	10MG/ML	SOLN	QL (3.00 per 31 days)
	<i>pentazocine/naloxone hcl</i>	0.5MG/ 50MG	TABS	
Amphetamines	<i>amphetamine/dextroamphetamine</i>	5MG, 10MG, 15MG, 20MG, 25MG, 30MG	CP24	QL (62.00 per 31 days)
	<i>amphetamine/dextroamphetamine</i>	5MG, 7.5MG, 10MG, 12.5MG, 15MG, 20MG, 30MG	TABS	
	<i>dextroamphetamine sulfate</i>	5MG, 10MG	TABS	
	<i>dextroamphetamine sulfate er</i>	5MG, 15MG, 10MG	CP24	
	<i>VYVANSE</i>	70MG, 60MG, 50MG, 40MG, 30MG, 20MG	CAPS	QL (31.00 per 31 days)
Anorexigenics & Resp & Cereb Stim, Misc	<i>dexmethylphenidate hcl</i>	5MG, 2.5MG, 10MG	TABS	QL (62.00 per 31 days)
	<i>METHYLIN</i>	5MG, 2.5MG, 10MG	CHEW	
	<i>methylphenidate hcl</i>	5MG, 20MG, 10MG	TABS	
	<i>methylphenidate hcl er</i>	20MG, 10MG	TBCR	
	<i>methylphenidate hcl er</i>	36MG, 27MG, 18MG	TBCR	QL (62.00 per 31 days)
	<i>methylphenidate hcl er</i>	54MG	TBCR	QL (31.00 per 31 days)
	<i>methylphenidate hcl sr</i>	20MG	TBCR	
	<i>methylphenidate hydrochloride</i>	5MG/5ML, 10MG/5ML	SOLN	
Anticonvulsants, Miscellaneous	<i>carbamazepine</i>	100MG	CHEW	QL (310.00 per 31 days)
	<i>carbamazepine</i>	100MG/5ML	SUSP	QL (2500.00 per 31 days)
	<i>carbamazepine</i>	200MG	TABS	QL (248.00 per 31 days)
	<i>carbamazepine er</i>	400MG, 200MG, 300MG, 200MG, 100MG	TB12, CP12	
	<i>divalproex sodium</i>	125MG	CPSP	QL (310.00 per 31 days)
	<i>divalproex sodium dr</i>	250MG, 125MG	TBEC	QL (310.00 per 31 days)
	<i>divalproex sodium dr</i>	500MG	TBEC	QL (261.00 per 31 days)
	<i>divalproex sodium er</i>	250MG	TB24	QL (310.00 per 31 days)
	<i>divalproex sodium er</i>	500MG	TB24	QL (261.00 per 31 days)
	<i>epitol</i>	200MG	TABS	QL (248.00 per 31 days)
	<i>gabapentin</i>	100MG	CAPS	QL (310.00 per 31 days)
	<i>gabapentin</i>	300MG	CAPS	QL (372.00 per 31 days)
	<i>gabapentin</i>	400MG	CAPS	QL (279.00 per 31 days)
	<i>gabapentin</i>	250MG/5ML	SOLN	QL (2500.00 per 31 days)
	<i>gabapentin</i>	800MG, 600MG	TABS	
	<i>GABITRIL</i>	16MG, 12MG	TABS	
	<i>GABITRIL</i>	4MG, 2MG	TABS	QL (310.00 per 31 days)
	<i>lamotrigine</i>	5MG, 25MG	CHEW, TABS	QL (310.00 per 31 days)
	<i>lamotrigine</i>	200MG, 150MG, 100MG	TABS	
	<i>levetiracetam</i>	100MG/ML	SOLN	QL (4500.00 per 31 days)
	<i>levetiracetam</i>	750MG, 500MG, 1000MG, 500MG/5ML	TABS, SOLN	
	<i>levetiracetam</i>	250MG	TABS	QL (372.00 per 31 days)
	<i>oxcarbazepine</i>	300MG/5ML	SUSP	QL (1500.00 per 31 days)
	<i>oxcarbazepine</i>	150MG	TABS	QL (310.00 per 31 days)
	<i>oxcarbazepine</i>	300MG	TABS	QL (248.00 per 31 days)
	<i>oxcarbazepine</i>	600MG	TABS	
	<i>TEGRETOL-XR</i>	100MG	TB12	
	<i>topiramate</i>	100MG, 50MG, 25MG, 15MG	TABS, CPSP	QL (310.00 per 31 days)
	<i>topiramate</i>	200MG	TABS	QL (248.00 per 31 days)
	<i>valproic acid</i>	250MG	CAPS	QL (310.00 per 31 days)
	<i>valproic acid</i>	250MG/5ML	SYRP, SOLN	QL (2600.00 per 31 days)

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>zonisamide</i>	100MG	CAPS	
	<i>zonisamide</i>	25MG	CAPS	QL (310.00 per 31 days)
	<i>zonisamide</i>	50MG	CAPS	QL (372.00 per 31 days)
Barbiturates	<i>primidone</i>	250MG	TABS	QL (248.00 per 31 days)
	<i>primidone</i>	50MG	TABS	QL (310.00 per 31 days)
Benzodiazepines	<i>clonazepam</i>	2MG, 1MG, 0.5MG	TABS	
Hydantoin	DILANTIN	30MG	CAPS	QL (310.00 per 31 days)
	DILANTIN INFATABS	50MG	CHEW	QL (372.00 per 31 days)
	<i>fosphenytoin sodium</i>	100MG PE/2ML	SOLN	
	PEGANONE	250MG	TABS	QL (372.00 per 31 days)
	<i>phenytoin</i>	125MG/5ML	SUSP	QL (900.00 per 31 days)
	<i>phenytoin sodium</i>	50MG/ML	SOLN	
	<i>phenytoin sodium extended</i>	300MG, 200MG, 100MG	CAPS	
Succinimides	<i>ethosuximide</i>	250MG	CAPS	
	<i>ethosuximide</i>	250MG/5ML	SOLN	QL (1000.00 per 31 days)
Antimanic Agents	<i>lithium carbonate</i>	300MG, 600MG, 150MG	TABS, CAPS	
	<i>lithium carbonate er</i>	450MG, 300MG	TBCR	
	<i>lithium citrate</i>	8MEQ/5ML	SOLN	
Antimigraine Agents, Miscellaneous	<i>ergotamine tartrate/caffeine</i>	100MG/ 1MG	TABS	
Selective Serotonin Agonists	<i>sumatriptan</i>	5MG/ACT, 20MG/ACT	SOLN	QL (12.00 per 31 days)
	<i>sumatriptan succinate</i>	50MG, 25MG, 100MG, 6MG/0.5ML, 4MG/0.5ML	TABS, SOLN	QL (9.00 per 31 days)
	<i>sumatriptan succinate refill</i>	6MG/0.5ML, 4MG/0.5ML	SOLN	QL (9.00 per 31 days)
	TREXIMET	500MG/ 85MG	TABS	PA
Adamantanes	<i>amantadine hcl</i>	50MG/5ML, 100MG	SYRP, CAPS	
Anticholinergic Agents	<i>benztropine mesylate</i>	2MG, 1MG, 0.5MG	TABS	
	<i>trihexyphenidyl hcl</i>	5MG, 2MG, 0.4MG/ML	TABS, ELIX	
Dopamine Precursors	<i>carbidopa/levodopa</i>	25MG/ 250MG, 25MG/ 100MG, 10MG/ 100MG	TABS	
	<i>carbidopa/levodopa cr</i>	25MG/ 100MG	TBCR	
	<i>carbidopa/levodopa er</i>	50MG/ 200MG, 25MG/ 100MG	TBCR	
	<i>carbidopa/levodopa sr</i>	50MG/ 200MG, 25MG/ 100MG	TBCR	
Ergot-derivative Dopamine Receptor Agonists	<i>bromocriptine mesylate</i>	2.5MG, 5MG	TABS, CAPS	
Nonergot-derivative Dopamine Receptor Agonists	<i>pramipexole dihydrochloride</i>	1MG, 1.5MG, 0.75MG, 0.5MG, 0.25MG, 0.125MG	TABS	
	<i>ropinirole hcl</i>	5MG, 4MG, 3MG, 2MG, 1MG, 0.5MG, 0.25MG	TABS	
Monoamine Oxidase B Inhibitors	<i>selegiline hcl</i>	5MG	TABS, CAPS	
Anxiolytics, Sedatives, & Hypnotics Misc	<i>buspirone hcl</i>	7.5MG, 5MG, 30MG, 15MG, 10MG	TABS	
	CHLORAL HYDRATE	500MG/5ML	SYRP	
	<i>hydroxyzine hcl</i>	10MG/5ML	SYRP, SOLN	QL (450.00 per 31 days)
	<i>hydroxyzine hcl</i>	50MG, 25MG, 10MG	TABS	
	<i>hydroxyzine pamoate</i>	50MG, 25MG, 100MG	CAPS	
	<i>meprobamate</i>	400MG, 200MG	TABS	
	<i>zolpidem tartrate</i>	5MG, 10MG	TABS	AL (min: 18y); QL (31.00 per 31 days)
Barbiturates	<i>phenobarbital</i>	20MG/5ML	ELIX	QL (2000.00 per 31 days)
	<i>phenobarbital</i>	15MG	TABS	QL (310.00 per 31 days)
	<i>phenobarbital</i>	16.2MG	TABS	QL (383.00 per 31 days)
	<i>phenobarbital</i>	97.2MG, 64.8MG, 60MG, 32.4MG, 30MG, 100MG	TABS	
	<i>phenobarbital sodium</i>	65MG/ML, 130MG/ML	SOLN	
Benzodiazepines	<i>alprazolam</i>	2MG, 1MG, 0.5MG, 0.25MG	TABS	
	<i>chlordiazepoxide hcl</i>	5MG, 25MG, 10MG	CAPS	
	<i>clorazepate dipotassium</i>	7.5MG, 3.75MG, 15MG	TABS	AL (min: 9y)
	<i>diazepam</i>	20MG, 2.5MG, 10MG	KIT	QL (3.00 per 31 days)
	<i>diazepam</i>	5MG, 2MG, 10MG, 5MG/ML, 1MG/ML	TABS, SOLN	
	DIAZEPAM INTENSOL	5MG/ML	CONC	
	<i>estazolam</i>	2MG, 1MG	TABS	
	<i>flurazepam hcl</i>	30MG, 15MG	CAPS	QL (31.00 per 31 days)
	<i>lorazepam</i>	2MG, 1MG, 0.5MG	TABS	
	<i>lorazepam</i>	4MG/ML, 2MG/ML	SYRINGE	
	<i>oxazepam</i>	30MG, 15MG, 10MG	CAPS	
	<i>temazepam</i>	30MG, 15MG	CAPS	
	<i>triazolam</i>	0.25MG, 0.125MG	TABS	AL (min: 18y)
Central Nervous System Agents, Misc	CAMPRAL	333MG	TBEC	QL (186.00 per 31 days)
	NAMENDA	5MG, 10MG, 10MG/5ML	TABS, SOLN	
	NAMENDA TITRATION PAK		TABS	
Fibromyalgia Agents	SAVELLA	50MG, 25MG, 12.5MG, 100MG	TABS	
	SAVELLA TITRATION PACK		MISC	
Opiate Antagonists	<i>naltrexone hcl</i>	50MG	TABS	
Miscellaneous Antidepressants	<i>budeprion sr</i>	150MG, 100MG	TB12	
	<i>budeprion xl</i>	300MG, 150MG	TB24	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>bupropion hcl</i>	75MG, 100MG	TABS	
	<i>bupropion hcl sr</i>	200MG, 150MG, 100MG	TB12	
	<i>bupropion hcl xl</i>	300MG	TB24	
	<i>mirtazapine</i>	15MG, 7.5MG, 45MG, 30MG	TBDP, TABS	
	<i>mirtazapine odt</i>	45MG, 30MG	TBDP	
Monoamine Oxidase Inhibitors	<i>phenelzine sulfate</i>	15MG	TABS	
	<i>tranylcypromine sulfate</i>	10MG	TABS	
Selective Serotonin- and Norepinephrine-reuptake Inhibitors	<i>venlafaxine hcl</i>	75MG, 50MG, 37.5MG, 25MG, 100MG	TABS	
	VENLAFAXINE HCL ER	225MG	TB24	QL (31.00 per 31 days)
	<i>venlafaxine hcl er</i>	75MG, 37.5MG, 150MG	TB24, CP24	QL (31.00 per 31 days)
Selective Serotonin-reuptake Inhibitors	<i>citalopram hydrobromide</i>	40MG, 20MG, 10MG, 10MG/5ML	TABS, SOLN	
	<i>fluoxetine hcl</i>	20MG, 10MG, 40MG, 20MG/5ML	TABS, CAPS, SOLN	
	<i>fluvoxamine maleate</i>	100MG	TABS	QL (93.00 per 31 days)
	<i>fluvoxamine maleate</i>	50MG, 25MG	TABS	QL (62.00 per 31 days)
	<i>paroxetine hcl</i>	40MG, 30MG, 20MG, 10MG	TABS	
	PAXIL	10MG/5ML	SUSP	
	<i>sertraline hcl</i>	50MG, 25MG, 100MG, 20MG/ML	TABS, CONC	
Serotonin Modulators	<i>nefazodone hcl</i>	50MG, 250MG, 200MG, 150MG, 100MG	TABS	
	<i>trazodone hcl</i>	50MG, 300MG, 150MG, 100MG	TABS	
Tricyclics and Other Norepinephrine-reuptake Inhibitors	<i>amitriptyline hcl</i>	75MG, 50MG, 25MG, 150MG, 10MG, 100MG	TABS	
	AMOXAPINE	50MG, 25MG, 150MG, 100MG	TABS	
	<i>chlordiazepoxide/amitriptyline</i>	25MG/ 10MG, 12.5MG/ 5MG	TABS	
	<i>clomipramine hcl</i>	75MG, 50MG, 25MG	CAPS	
	<i>desipramine hcl</i>	75MG, 50MG, 25MG, 150MG, 10MG, 100MG	TABS	
	<i>doxepin hcl</i>	10MG/ML, 75MG, 50MG, 25MG, 10MG, 100MG	CONC, CAPS	
	<i>imipramine hcl</i>	50MG, 25MG, 10MG	TABS	
	<i>maprotiline hcl</i>	75MG, 50MG, 25MG	TABS	
	<i>nortriptyline hcl</i>	75MG, 50MG, 25MG, 10MG	CAPS	
	<i>nortriptyline hcl</i>	10MG/5ML	SOLN, CAPS	QL (1500.00 per 31 days)
	<i>perphenazine/ amitriptyline</i>	50MG/ 4MG, 25MG/ 4MG, 25MG/ 2MG, 10MG/ 4MG, 10MG/ 2MG	TABS	
	<i>protriptyline hcl</i>	5MG, 10MG	TABS	
Atypical Antipsychotics	<i>clozapine</i>	50MG, 25MG, 200MG, 100MG	TABS	
	RISPERDAL CONSTA	50MG, 37.5MG, 25MG, 12.5MG	SUSP	PA; AL (min: 12y); QL (2.00 per 31 days)
	<i>risperidone</i>	4MG, 3MG, 2MG, 1MG, 0.5MG, 0.25MG, 1MG/ML	TABS, SOLN	AL (min: 10y); QL (62.00 per 31 days)
	<i>risperidone m-tab</i>	4MG, 3MG, 2MG, 1MG, 0.5MG	TBDP	AL (min: 10y); QL (62.00 per 31 days)
	<i>risperidone odt</i>	4MG, 3MG, 2MG, 1MG, 0.5MG, 0.25MG	TBDP	AL (min: 10y); QL (62.00 per 31 days)
	SEROQUEL	50MG, 400MG, 300MG, 25MG, 200MG, 100MG	TABS	PA
Butyrophenones	HALDOL DECANOATE 50	50MG/ML	SOLN	
	<i>haloperidol</i>	5MG, 2MG, 20MG, 1MG, 10MG, 0.5MG, 2MG/ML	TABS, CONC	
	<i>haloperidol decanoate</i>	50MG/ML, 100MG/ML	SOLN	
	<i>haloperidol lactate</i>	5MG/ML	SOLN	
Miscellaneous Antipsychotics	<i>loxapine succinate</i>	5MG, 50MG, 25MG, 10MG	CAPS	
	ORAP	2MG, 1MG	TABS	
Phenothiazines	<i>chlorpromazine hcl</i>	50MG, 25MG, 200MG, 10MG, 100MG	TABS	
	<i>fluphenazine decanoate</i>	25MG/ML	SOLN	
	<i>fluphenazine hcl</i>	5MG/ML	CONC	QL (250.00 per 31 days)
	<i>fluphenazine hcl</i>	2.5MG/5ML	ELIX	QL (2500.00 per 31 days)
	<i>fluphenazine hcl</i>	5MG, 2.5MG, 1MG, 10MG, 2.5MG/ML	TABS, SOLN	
	<i>perphenazine</i>	8MG, 4MG, 2MG, 16MG	TABS	
	<i>prochlorperazine</i>	25MG	SUPP	
	<i>prochlorperazine maleate</i>	5MG, 10MG	TABS	
	<i>thioridazine hcl</i>	50MG, 25MG, 10MG, 100MG	TABS	
	<i>trifluoperazine hcl</i>	5MG, 2MG, 1MG, 10MG	TABS	
Thioxanthenes	<i>thiothixene</i>	5MG, 2MG, 1MG, 10MG	CAPS	
<b>CONTRACEPTIVES</b>				
Contraceptives	FC FEMALE CONDOM		MISC	
<b>DEVICES</b>				
Devices	ACCU-CHEK ACTIVE CARE KIT		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx
	ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION		LIQD	OTC-Covered w/Rx
	ACCU-CHEK ADVANTAGE DIABETES CARE KIT		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx



# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	ACCU-CHEK AVIVA		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx
	ACCU-CHEK AVIVA		SOLN	OTC-Covered w/Rx
	ACCU-CHEK COMFORT CURVE CONTROL SOLUTION (2 LEVELS)		SOLN	OTC-Covered w/Rx
	ACCU-CHEK COMPACT BLUE CONTROL SOLUTION (2 LEVELS)		LIQD	OTC-Covered w/Rx
	ACCU-CHEK COMPACT PLUS CARE KIT		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx
	ACCU-CHEK MULTICLIX LANCET DEVICE KIT		KIT	OTC-Covered w/Rx
	ACCU-CHEK SOFTCLIX LANCET DEVICE		MISC	OTC-Covered w/Rx
	ACCU-CHEK SOFTCLIX LANCET DEVICE KIT		KIT	OTC-Covered w/Rx
	AEROCHAMBER PLUS		MISC	QL (2.00 per 365 days)
	AEROCHAMBER PLUS/LARGE MASK		MISC	QL (2.00 per 365 days)
	AEROCHAMBER PLUS/MASK		MISC	QL (2.00 per 365 days)
	AEROCHAMBER PLUS/SMALL MASK		MISC	QL (2.00 per 365 days)
	ALCOHOL SWABS		PADS	OTC-Covered w/Rx
	E-Z SPACER		DEVI	QL (2.00 per 365 days)
	FREESTYLE FREEDOM LITE		KIT	QL (2.00 per 365 days);OTC-Covered w/Rx
	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	INSULIN SYRINGES		MISC	QL (100.00 per 31 days); OTC-Covered w/Rx
	LANCETS		MISC	Accu-Chek Multiclix lancets: QL (204.00 per 31 days); OTC Covered w/Rx All other lancets: QL (200.00 per 31 days); OTC Covered w/Rx
	MICROCHAMBER		MISC	QL (2.00 per 365 days)
	MICROSPACER		MISC	QL (2.00 per 365 days)
	NOVOPEN 3 INSULIN DELIVERY SYSTEM		MISC	
	OPTICHAMBER ADVANTAGE		MISC	QL (2.00 per 365 days)
	OPTICHAMBER ADVANTAGE/LARGE MASK		MISC	QL (2.00 per 365 days)
	OPTICHAMBER ADVANTAGE/MEDIUM FACE MASK		MISC	QL (2.00 per 365 days)
	OPTICHAMBER ADVANTAGE/SMALL FACE MASK		MISC	QL (2.00 per 365 days)
	OPTICHAMBER FACE MASK/LARGE		MISC	QL (2.00 per 365 days);OTC-Covered w/Rx
	OPTICHAMBER FACE MASK/MEDIUM		MISC	QL (2.00 per 365 days);OTC-Covered w/Rx
	OPTICHAMBER FACE MASK/SMALL		MISC	QL (2.00 per 365 days);OTC-Covered w/Rx
	OPTIHALER		MISC	QL (2.00 per 365 days)
	PEAK AIR PEAK FLOW METER ADULT/PEDIATRIC		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	PEAK FLOW METER		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	PEN NEEDLES		MISC	OTC-Covered w/Rx
	PERSONAL BEST FULL RANGE		DEVI	QL (2.00 per 365 days)
	PERSONAL BEST LOW RANGE		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	POCKET PEAK FLOW METER		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	POCKETPEAK PEAK FLOW METER LOW RANGE		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	PRECISION XTRA		DEVI	QL (2.00 per 365 days);OTC-Covered w/Rx
	TRUZONE PEAK FLOW METER		DEVI	QL (2.00 per 365 days)

**DIAGNOSTIC AGENTS**

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
Diabetes Mellitus	ACCU-CHEK ACTIVE STRIPS		STRP	OTC-Covered w/Rx QL:200/31 DS for Members 21years old and younger; QL: 100/31 DS for Members over 21 years old
	ACCU-CHEK AVIVA PLUS		STRP	OTC-Covered w/Rx QL:200/31 DS for Members 21years old and younger; QL: 100/31 DS for Members over 21 years old
	ACCU-CHEK COMFORT CURVE TEST STRIPS		STRP	OTC-Covered w/Rx QL:200/31 DS for Members 21 years old and younger; QL:100/31 DS for Members over 21 years old
	ACCU-CHEK COMPACT STRIPS		STRP	OTC-Covered w/Rx QL:204/31 DS for Members 21 years old and younger; QL:102/31 DS for Members over 21 years old
	ACCU-CHEK COMPACT TEST DRUM		STRP	OTC-Covered w/Rx QL:204/31 DS for Members 21 years old and younger; QL:102/31 DS for Members over 21 years old
	FREESTYLE LITE TEST STRIPS		STRP	OTC-Covered w/Rx QL:200/31 DS for Members 21 years old and younger; QL:100/31 DS for Members over 21 years old
	FREESTYLE TEST STRIPS		STRP	QL (100.00 per 31 days); OTC-Covered w/Rx QL:200/31 DS for Members 21 years old and younger; QL:100/31 DS for Members over 21 years old
	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS		STRP	OTC-Covered w/Rx QL:200/31 DS for Members 21 years old and younger; QL:100/31 DS for Members over 21 years old
Ketones	KETOSTIX		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
Sugar	CLINISTIX		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
	CLINITEST		TABS	
	DIASTIX		STRP	QL (100.00 per 31 days);OTC-Covered w/Rx
Urine and Feces Contents	KETO-DIASTIX		STRP	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>				
Alkalinizing Agents	<i>cytra-2</i>	334MG/5ML/ 500MG/5ML	SOLN	QL (3600.00 per 31 days)
	<i>cytra-3</i>	334MG/5ML/ 550MG/5ML/ 500MG/5ML	SYRP	QL (3600.00 per 31 days)
	<i>sodium citrate</i>		GRAN	OTC-Covered w/Rx
	UROCI-K 10	1080MG	TBCR	
	UROCI-K 5	540MG	TBCR	
Ammonia Detoxicants	<i>enulose</i>	10GM/15ML	SOLN	QL (2000.00 per 31 days)
	<i>generlac</i>	10GM/15ML	SOLN	QL (2000.00 per 31 days)
	<i>lactulose</i>	10GM/15ML	SOLN	QL (2000.00 per 31 days)
Loop Diuretics	<i>bumetanide</i>	2MG, 1MG, 0.5MG, 0.25MG/ML	TABS, SOLN	
	<i>furosemide</i>	80MG, 40MG, 20MG, 8MG/ML, 10MG/ML	TABS, SOLN	
Potassium-sparing Diuretics	<i>amiloride/hydrochlorothiazide</i>	5MG/ 50MG	TABS	
	<i>triamterene/hydrochlorothiazide</i>	50MG/ 75MG, 25MG/ 37.5MG	TABS, CAPS	
Thiazide Diuretics	<i>chlorothiazide</i>	500MG, 250MG	TABS	
	<i>hydrochlorothiazide</i>	50MG, 25MG, 12.5MG	TABS, CAPS	
Thiazide-like Diuretics	<i>chlorthalidone</i>	50MG, 25MG	TABS	
	<i>indapamide</i>	2.5MG, 1.25MG	TABS	
	<i>metolazone</i>	5MG, 2.5MG, 10MG	TABS	
Potassium-removing Agents	<i>kionex</i>		POWD	QL (454.00 per 31 days)
	<i>sodium polystyrene sulfonate</i>		POWD	QL (454.00 per 31 days)
	<i>sps</i>	15GM/60ML	SUSP	
Irrigating Solutions	<i>curity sterile saline</i>	0.9%	SOLN	
	<i>sodium chloride</i>	0.9%	SOLN	QL (1000.00 per 31 days)

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
Replacement Preparations	<i>calci-chew</i>	1250MG	CHEW	
	CALCIONATE	1.8GM/5ML	SYRP	
	<i>calcitrate</i>	950MG	TABS	
	<i>calcium acetate</i>	667MG	CAPS	QL (360.00 per 31 days)
	<i>calcium carbonate</i>	600MG, 1500MG, 1250MG, 1250MG/5ML	TABS, SUSP	OTC-Covered w/Rx
	<i>calcium carbonate/vitamin d</i>	600MG/ 400UNIT	TABS	OTC-Covered w/Rx
	<i>calcium citrate</i>	950MG	TABS	
	<i>calcium gluconate</i>	650MG	TABS	
	<i>calcium lactate</i>	650MG	TABS	OTC-Covered w/Rx
	CAL-LAC	500MG	CAPS	OTC-Covered w/Rx
	CALTRATE 600+D PLUS	600MG/ 400UNIT/ 1MG/ 40MG/ 1.8MG/ 250MCG/ 7.5MG	CHEW	
	ELIPHOS	667MG	TABS	QL (360.00 per 31 days)
	<i>klor-con</i>	20MEQ	PACK	
	<i>klor-con 10</i>	10MEQ	TBCR	
	KLOR-CON 25	25MEQ	PACK	
	<i>klor-con 8</i>	8MEQ	TBCR	
	<i>klor-con m10</i>	10MEQ	TBCR	
	<i>klor-con m20</i>	20MEQ	TBCR	
	<i>klor-con/ef</i>	25MEQ	TBEF	
	<i>mag64</i>	535MG	TBCR	
	<i>mag-delay</i>	64MG	TBCR	
	<i>magnesium</i>	500MG	TABS	
	<i>magnesium oxide</i>	420MG, 400MG, 250MG	TABS	
	<i>mag-sr</i>	535MG	TBCR	
	<i>mag-sr plus calcium</i>	535MG	TBCR	
	NEUTRA-PHOS	250MG/75ML/ 278MG/75ML/ 164MG/75ML	SOLR	OTC-Covered w/Rx
	<i>normal saline flush</i>	0.9%	SOLN	QL (310.00 per 31 days)
	<i>oralyte</i>	35MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L/ 7.8MG/L	SOLN	QL (4000.00 per 31 days);OTC-Covered w/Rx
	<i>oralyte freezer pops</i>	35MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L	SOLN	QL (4000.00 per 31 days);OTC-Covered w/Rx
	<i>oyster shell calcium 500 + d</i>	200UNIT/ 500MG	TABS	
	<i>oyster-d</i>	250MG/ 125UNIT	TABS	
	PEDIALYTE	35MEQ/L/ 30MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L	SOLN	
	<i>potassium chloride</i>	40MEQ/100ML, 30MEQ/100ML, 2MEQ/ML, 10MEQ/100ML, 10%, 0.4MEQ/ML, 20%	SOLN, LIQD	
	<i>potassium chloride cr</i>	10MEQ	TBCR	
	<i>potassium chloride er</i>	8MEQ, 20MEQ, 10MEQ	TBCR, CPCR	
	<i>potassium chloride sr</i>	8MEQ	TBCR	
	<i>saline flush</i>	0.9%	SOLN	QL (310.00 per 31 days)
	<i>sodium chloride</i>	0.9%	SYRINGE	QL (310.00 per 31 days)
	<i>sodium chloride</i>	0.9%	VIAL	
	Uricosuric Agents	<i>probenecid</i>	500MG	TABS
<i>probenecid/colchicine</i>		0.5MG/ 500MG	TABS	
<b>EYE, EAR, NOSE &amp; THROAT PREPARATIONS</b>				
Antiallergic Agents	<i>alaway</i>	0.025%	SOLN	OTC-Covered w/Rx
	<i>azelastine hcl</i>	137MCG/SPRAY	SOLN	
	<i>cromolyn sodium</i>	5.2MG/ACT	AERS	OTC-Covered w/Rx
	<i>cromolyn sodium</i>	4%, 5.2MG/ACT	SOLN	
	<i>ketotifen fumarate</i>	0.025%	SOLN	OTC-Covered w/Rx
alpha-Adrenergic Agonists	<i>brimonidine tartrate</i>	0.2%	SOLN	
beta-Adrenergic Blocking Agents	<i>betaxolol hcl</i>	0.5%	SOLN	
	BETOPTIC-S	0.25%	SUSP	
	<i>carteolol hcl</i>	1%	SOLN	
	<i>levobunolol hcl</i>	0.5%, 0.25%	SOLN	
	<i>metipranolol</i>	0.3%	SOLN	
	<i>timolol maleate</i>	0.5%, 0.25%	SOLN	
	<i>timolol maleate ophthalmic gel forming</i>	0.5%, 0.25%	SOLG	
Carbonic Anhydrase Inhibitors	<i>acetazolamide</i>	250MG, 125MG	TABS	
	AZOPT	1%	SUSP	
	<i>dorzolamide hcl</i>	2%	SOLN	
	<i>dorzolamide hcl/timolol maleate</i>	22.3MG/ML/ 6.8MG/ML	SOLN	QL (10.00 per 31 days)
	<i>methazolamide</i>	50MG, 25MG	TABS	
Miotics	<i>pilocarpine hcl</i>	4%, 2%, 1%	SOLN	
Prostaglandin Analogs	<i>latanoprost</i>	0.005%	SOLN	QL (5.00 per 31 days)
Antibacterials	<i>ak-poly-bac</i>	500UNIT/GM/ 10000UNIT/GM	OINT	
	<i>ak-tob</i>	0.3%	SOLN	
	<i>bacitracin/polymyxin b</i>	500UNIT/GM/ 10000UNIT/GM	OINT	
	<i>ciprofloxacin hcl ophth</i>	0.3%	SOLN	
	<i>erythromycin</i>	5MG/GM	OINT	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>gentamicin sulfate</i>	0.3%	SOLN	
	<i>neomycin/bacitracin/polymyxin</i>	400UNIT/GM/ 5MG/GM/ 10000UNIT/GM	OINT	
	<i>neomycin/polymyxin/gramicidin</i>	0.025MG/ML/ 1.75MG/ML/ 10000UNIT/ML	SOLN	
	<i>ofloxacin otic</i>	0.3%	SOLN	
	<i>polycin b</i>	500UNIT/GM/ 10000UNIT/GM	OINT	
	<i>polymyxin b sulfate/trimethoprim sulfate</i>	10000UNIT/ML/ 0.1%	SOLN	
	<i>sulfacetamide sodium</i>	10%	SOLN	
	<i>tobramycin sulfate</i>	0.3%	SOLN	
	TOBREX	0.3%	OINT	
Antivirals	<i>trifluridine</i>	1%	SOLN	
EENT Anti-infectives, Miscellaneous	<i>chlorhexidine gluconate oral rinse</i>	0.12%	SOLN	QL (480.00 per 31 days)
	perio gard	0.12%	SOLN	QL (480.00 per 31 days)
Corticosteroids	CIPRODEX	0.3%/ 0.1%	SUSP	ST; AL (max: 8y);Preferred for members 8 years old and younger; Members 9 years old and older: Covered w/step edit: Trial and Failure of Ofloxacin 0.3% ear drops
	<i>dexamethasone sodium phosphate</i>	0.1%	SOLN	
	<i>flunisolide</i>	29MCG/ACT, 0.025%	SOLN	
	<i>fluorometholone</i>	0.1%	SUSP	
	<i>fluor-op</i>	0.1%	SUSP	
	<i>fluticasone propionate</i>	50MCG/ACT	SUSP	
	FML FORTE	0.25%	SUSP	
	LOTEMAX	0.5%	SUSP	
	MAXIDEX	0.1%	SUSP	
	<i>neomycin/polymyxin/dexamethasone</i>	0.1%/ 3.5MG/ML/ 10000UNIT/ML, 0.1%/ 3.5MG/GM/ 10000UNIT/GM	SUSP, OINT	
	<i>neomycin/polymyxin/hydrocortisone</i>	1%/ 3.5MG/ML/ 10000UNIT/ML	SUSP, SOLN	
	<i>poly-dex</i>	0.1%/ 3.5MG/GM/ 10000UNIT/GM	OINT	
	PRED FORTE	1%	SUSP	
	PRED MILD	0.12%	SUSP	
	PRED-G	0.3%/ 1%	SUSP	
	<i>prednisolone acetate</i>	1%	SUSP	
	<i>prednisolone sodium phosphate</i>	1%	SOLN	
	<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	0.23%/ 10%	SOLN	
	TOBRADEX	0.1%/ 0.3%	OINT	
	VEXOL	1%	SUSP	
EENT Anti-inflammatory Agents, Misc	RESTASIS	0.05%	EMUL	
Nonsteroidal Anti-inflammatory Agents	<i>diclofenac sodium</i>	0.1%	SOLN	
	<i>flurbiprofen sodium</i>	0.03%	SOLN	
EENT Drugs, Miscellaneous	<i>acetic acid/aluminum acetate</i>	2%	SOLN	
	<i>optics eye wash</i>	0.9%	SOLN	OTC-Covered w/Rx
	REFRESH P.M.	42.5%/ 57.3%	OINT	OTC-Covered w/Rx
Local Anesthetics	<i>antipyrine/benzocaine</i>	54MG/ML/ 14MG/ML, 5.4%/ 1.4%	SOLN	
	<i>lidocaine viscous</i>	2%	SOLN	
	<i>oticin</i>	1MG/ML/ 10MG/ML	LIQD	
Mydriatics	<i>atropine sulfate</i>	1%, 1%	SOLN, OINT	
	ISOPTO HYOSCINE	0.25%	SOLN	
Vasoconstrictors	AK-CON	0.1%	SOLN	
	NAPHCN-A	0.025%/ 0.3%	SOLN	OTC-Covered w/Rx
<b>GASTROINTESTINAL DRUGS</b>				
Antacids and Adsorbents	<i>aluminum hydroxide</i>	600MG/5ML, 320MG/5ML	SUSP	OTC-Covered w/Rx
	<i>calcium carbonate</i>	500MG	CHEW	OTC-Covered w/Rx
	<i>sodium bicarbonate</i>	650MG, 325MG	TABS	
Antidiarrhea Agents	<i>diphenoxylate/atropine</i>	0.025MG/ 2.5MG, 0.025MG/5ML/ 2.5MG/5ML	TABS, LIQD	
	lonox	0.025MG/ 2.5MG	TABS	
	<i>loperamide hcl</i>	2MG	CAPS	
5-HT3 Receptor Antagonists	<i>ondansetron hcl</i>	4MG/5ML, 8MG, 4MG	SOLN, TABS	
	<i>ondansetron hcl</i>	24MG	TABS	QL (31.00 per 31 days)
	<i>ondansetron odt</i>	8MG, 4MG	TBDP	
Antiemetics, Miscellaneous	<i>anti-nausea</i>	1.87GM/5ML/ 1.87GM/5ML/ 21.5MG/5ML	SOLN	
Antihistamines	<i>dimenhydrinate</i>	50MG	TABS	
	<i>meclizine hcl</i>	12.5MG, 25MG	TABS	OTC-Covered w/Rx
	<i>meclizine hcl</i>	12.5MG, 25MG	TABS	
	<i>medi-meclizine</i>	25MG	TABS	OTC-Covered w/Rx
	<i>travel sickness</i>	25MG	CHEW	OTC-Covered w/Rx
	<i>trimethobenzamide hcl</i>	300MG	CAPS	
Anti-inflammatory Agents	APRISO	0.375GM	CP24	
	ASACOL	400MG	TBEC	QL (496.00 per 31 days)
	<i>balsalazide disodium</i>	750MG	CAPS	
	<i>mesalamine</i>	4GM	ENEM	QL (1800.00 per 31 days)

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail	
Histamine H2-Antagonists	<i>acid reducer</i>	75MG	TABS	OTC-Covered w/Rx	
	<i>cimetidine</i>	200MG	TABS	OTC-Covered w/Rx	
	<i>cimetidine</i>	800MG, 400MG, 300MG, 200MG	TABS		
	<i>cimetidine hcl</i>	300MG/5ML, 150MG/ML	SOLN		
	<i>famotidine</i>	10MG	TABS	OTC-Covered w/Rx	
	<i>famotidine</i>	40MG, 20MG, 10MG/ML	TABS, SOLN		
	<i>famotidine premixed</i>	0.4MG/ML/ 0.9%	SOLN		
	<i>ranitidine 75</i>	75MG	TABS	OTC-Covered w/Rx	
	<i>ranitidine acid reducer</i>	75MG	TABS	OTC-Covered w/Rx	
		<i>ranitidine hcl</i>	50MG/2ML, 25MG/ML, 150MG/6ML, 300MG, 150MG	SOLN, CAPS, TABS	
		<i>ranitidine hcl</i>	15MG/ML	SYRP	QL (600.00 per 31 days)
	Prostaglandins	<i>misoprostol</i>	200MCG, 100MCG	TABS	
Protectants	CARAFATE	1GM/10ML	SUSP	QL (1200.00 per 31 days)	
	<i>sucralfate</i>	1GM	TABS		
Proton-pump Inhibitors	<i>omeprazole</i>	40MG, 20MG, 10MG	CPDR		
	<i>pantoprazole sodium</i>	40MG, 20MG	TBEC		
Cathartics and Laxatives	<i>bisacodyl ec</i>	5MG	TBEC		
	<i>citrate of magnesia</i>		SOLN		
	<i>citroma</i>	1.745GM/30ML	SOLN		
	<i>docusate calcium</i>	240MG	CAPS	OTC-Covered w/Rx	
	<i>docusate sodium</i>	100MG, 60MG/15ML, 50MG/5ML, 250MG	TABS, SYRP, LIQD, CAPS	OTC-Covered w/Rx	
	<i>enemeez mini</i>	283MG	ENEM		
	FLEET BISACODYL	10MG/30ML	ENEM		
		<i>gavilyte-g</i>	236GM/ 2.97GM/ 6.74GM/ 5.86GM/ 22.74GM	SOLR	QL (4000.00 per 31 days)
		<i>gavilyte-n/flavor pack</i>	420GM/ 1.48GM/ 5.72GM/ 11.2GM	SOLR	QL (4000.00 per 31 days)
			227.1GM/ 2.82GM/ 6.36GM/ 5.53GM/ 21.5GM	SOLR	QL (1.00 per 31 days)
		GOLYTELY PACKET			
		<i>konsyl</i>	30.9%	POWD	
		KONSYL-D	52.3%	POWD	
		<i>magnesium citrate</i>	1.745GM/30ML	SOLN	
		METAMUCIL	0, 0.52GM	WAFR, CAPS	OTC-Covered w/Rx
		<i>milk of magnesia</i>	400MG/5ML	SUSP	
		<i>milk of magnesia concentrate</i>	2400MG/10ML	SUSP	
		<i>natural fiber therapy</i>	30.9%	POWD	
		<i>natural vegetable fiber</i>	48.57%	POWD	
		<i>natural vegetable fiber/smooth texture</i>	58.6%	POWD	
			240GM/ 2.98GM/ 6.72GM/ 5.84GM/ 22.72GM, 236GM/ 2.97GM/ 6.74GM/ 5.86GM/ 22.74GM	SOLR	QL (4000.00 per 31 days)
		<i>peg 3350/electrolytes</i>	420GM/ 1.48GM/ 5.72GM/ 11.2GM	SOLR	QL (4000.00 per 31 days)
		<i>peg-3350/nacl/na bicarbonate/kcl</i>		POWD	QL (527.00 per 31 days)
		<i>polyethylene glycol 3350</i>		SOLN	OTC-Covered w/Rx
		<i>sorbitol</i>	70%	SOLN	OTC-Covered w/Rx
		<i>trilyte</i>	420GM/ 1.48GM/ 5.72GM/ 11.2GM	SOLR	QL (4000.00 per 31 days)
	Cholelitholytic Agents	<i>ursodiol</i>	300MG	CAPS	
		82000UNIT/ 15000UNIT/ 51000UNIT, 55000UNIT/ 10000UNIT/ 34000UNIT, 27000UNIT/ 5000UNIT/ 17000UNIT, 16000UNIT/ 3000UNIT/ 10000UNIT, 136000UNIT/ 25000UNIT/ 85000UNIT, 109000UNIT/ 20000UNIT/ 68000UNIT			
Digestants	ZENPEP		CPEP		
Prokinetic Agents	<i>metoclopramide hcl</i>	5MG/5ML	SOLN	QL (1500.00 per 31 days)	
	<i>metoclopramide hcl</i>	5MG, 10MG	TABS		
<b>GOLD COMPOUNDS</b>					
Gold Compounds	RIDAURA	3MG	CAPS		
<b>HEAVY METAL ANTAGONISTS</b>					
Heavy Metal Antagonists	CHEMET	100MG	CAPS		
	CUPRIMINE	250MG	CAPS		
	<i>deferoxamine mesylate</i>	500MG, 2GM	SOLR		
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>					
Adrenals	<i>a-methapred</i>	40MG, 125MG	SOLR		
	ASMANEX 120 METERED DOSES	220MCG/INH	AEPB		
	ASMANEX 14 METERED DOSES	220MCG/INH	AEPB		
	ASMANEX 30 METERED DOSES	220MCG/INH, 110MCG/INH	AEPB		
	ASMANEX 60 METERED DOSES	220MCG/INH	AEPB		
	ASMANEX 7 METERED DOSES	110MCG/INH	AEPB		
	<i>baycadron</i>	0.5MG/5ML	ELIX		
	<i>budesonide</i>	0.5MG/2ML, 0.25MG/2ML	SUSP	AL (max: 8y); QL (120.00 per 31 days)	
	CELESTONE	0.6MG/5ML	SOLN		
	<i>cortisone acetate</i>	25MG	TABS		
		6MG, 4MG, 2MG, 1MG, 1.5MG, 0.75MG, 0.5MG, 0.5MG/5ML	TABS, SOLN, ELIX		

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>dexamethasone sodium phosphate</i>	4MG/ML, 10MG/ML	SOLN	
	FLOVENT DISKUS	50MCG/BLIST, 250MCG/BLIST, 100MCG/BLIST	AEPB	
	FLOVENT HFA	44MCG/ACT, 220MCG/ACT, 110MCG/ACT	AERO	
	<i>fludrocortisone acetate</i>	0.1MG	TABS	
	<i>hydrocortisone</i>	5MG, 20MG, 10MG	TABS	
	<i>methylprednisolone</i>	8MG, 4MG, 32MG, 16MG	TABS	
	<i>methylprednisolone acetate</i>	80MG/ML, 40MG/ML	SUSP	
	<i>methylprednisolone sodium succinate</i>	40MG, 1GM, 125MG, 1000MG	SOLR	
	<i>prednisolone</i>	15MG/5ML	SOLN	
	<i>prednisolone sodium phosphate</i>	6.7MG/5ML, 5MG/5ML, 15MG/5ML	SOLN	
	<i>prednisone</i>	5MG, 20MG, 2.5MG, 1MG, 10MG, 5MG/5ML	TABS, SOLN	
	PULMICORT	1MG/2ML	SUSP	AL (max: 8y); QL (120.00 per 31 days)
	QVAR	80MCG/ACT, 40MCG/ACT	AERS	
Androgens	<i>danazol</i>	50MG, 200MG, 100MG	CAPS	
	METHITEST	10MG	TABS	
	<i>oxandrolone</i>	2.5MG, 10MG	TABS	PA
	TESTIM	1%	GEL	PA
	<i>testosterone cypionate</i>	200MG/ML, 100MG/ML	OIL	
	<i>testosterone enanthate</i>	200MG/ML	OIL	
Alpha-Glucosidase Inhibitors	<i>acarbose</i>	50MG, 25MG, 100MG	TABS	
Biguanides	<i>metformin hcl er</i>	850MG, 500MG, 1000MG	TABS	
	<i>metformin hcl er</i>	750MG, 500MG	TB24	
	RIOMET	500MG/5ML	SOLN	QL (900.00 per 31 days)
Dipeptidyl Peptidase-4 (DPP-4)	JANUMET	500MG/ 50MG, 1000MG/ 50MG	TABS	ST ;Must fail preferred Metformin, Metformin ER, Riomet
	JANUVIA	50MG, 25MG, 100MG	TABS	ST ;Must fail preferred Metformin, Metformin ER, Riomet
	JUVISYNC	40MG/ 100MG, 20MG/ 100MG, 10MG/ 100MG	TABS	ST ;Must fail preferred Metformin, Metformin ER, Riomet
Insulins	HUMALOG	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	HUMALOG KWIKPEN	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	HUMALOG MIX 50/50	50%/ 50%	SUSP	QL (60.00 per 31 days)
	HUMALOG MIX 50/50 KWIKPEN	50%/ 50%	SUSP	QL (60.00 per 31 days)
	HUMALOG MIX 75/25	25%/ 75%	SUSP	QL (60.00 per 31 days)
	HUMALOG MIX 75/25 KWIKPEN	25%/ 75%	SUSP	QL (60.00 per 31 days)
	HUMULIN 70/30	30%/ 70%	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	HUMULIN 70/30 PEN	30%/ 70%	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	HUMULIN N	100UNIT/ML	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	HUMULIN N U-100 PEN	100UNIT/ML	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	HUMULIN R	100UNIT/ML	SOLN	QL (60.00 per 31 days);OTC-Covered w/Rx
	HUMULIN R U-500 (CONCENTRATED)	500UNIT/ML	SOLN	QL (60.00 per 31 days);OTC-Covered w/Rx
	LEVEMIR	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	LEVEMIR FLEXPEN	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	NOVOLIN 70/30	30%/ 70%	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	NOVOLIN N	100UNIT/ML	SUSP	QL (60.00 per 31 days);OTC-Covered w/Rx
	NOVOLIN R	100UNIT/ML	SOLN	QL (60.00 per 31 days);OTC-Covered w/Rx
	NOVOLOG	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	NOVOLOG FLEXPEN	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	NOVOLOG MIX 70/30	30%/ 70%	SUSP	QL (60.00 per 31 days)
	NOVOLOG MIX 70/30 PREFILLED FLEXPEN	30%/ 70%	SUSP	QL (60.00 per 31 days)
	NOVOLOG PENFILL	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	RELION HUMULIN	30%/ 70%	SUSP	QL (60.00 per 31 days); OTC-Covered w/Rx
	RELION HUMULIN R U-100	100UNIT/ML	SUSP	QL (60.00 per 31 days); OTC-Covered w/Rx
Meglitinides	PRANDIMET	2MG/ 500MG, 1MG/ 500MG	TABS	ST ;Must fail preferred Metformin, Metformin ER, Riomet
	PRANDIN	2MG, 1MG, 0.5MG	TABS	ST ;Must fail preferred Metformin, Metformin ER, Riomet
Sulfonylureas	<i>chlorpropamide</i>	250MG, 100MG	TABS	
	<i>glimpiride</i>	4MG, 2MG, 1MG	TABS	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>glipizide</i>	5MG, 10MG	TABS	
	<i>glipizide er</i>	5MG, 2.5MG, 10MG	TB24	
	<i>glipizide xl</i>	5MG, 2.5MG, 10MG	TB24	
	<i>glyburide</i>	5MG, 2.5MG, 1.25MG	TABS	
	<i>glyburide micronized</i>	6MG, 3MG, 1.5MG	TABS	
	<i>glyburide/metformin hcl</i>	5MG/ 500MG, 2.5MG/ 500MG, 1.25MG/ 250MG	TABS	
Thiazolidinediones	ACTOPLUS MET	15MG/ 850MG, 15MG/ 500MG	TABS	ST ;Must fail preferred Metformin, Metformin ER, Riomet
	ACTOS	45MG, 30MG, 15MG	TABS	ST ;Must fail preferred Metformin, Metformin ER, Riomet
	AVANDAMET	4MG/ 500MG, 2MG/ 500MG, 4MG/ 1000MG, 2MG/ 1000MG	TABS	ST ;Must fail preferred Metformin, Metformin ER, Riomet
	AVANDARYL	8MG/4MG, 4MG/ 4MG, 8MG/ 2MG, 4MG/ 2MG, 4MG/ 1MG	TABS	ST ;Must fail preferred Metformin, Metformin ER, Riomet
	AVANDIA	8MG, 4MG, 2MG	TABS	ST ;Must fail preferred Metformin, Metformin ER, Riomet
Antihypoglycemic Agents, Miscellaneous	<i>glucose 15</i>	40%	GEL	
Glycogenolytic Agents	GLUCAGEN	1MG	SOLR	QL (2.00 per 31 days)
	GLUCAGEN HYPOKIT	1MG	SOLR	QL (2.00 per 31 days)
	GLUCAGON EMERGENCY KIT	1MG	KIT	QL (2.00 per 31 days)
Contraceptives	<i>altavera</i>	0.03MG/ 0.15MG	TABS	
	<i>apri</i>	0.15MG/ 30MCG	TABS	
	<i>aviane</i>	20MCG/ 0.1MG	TABS	
	<i>balziva</i>	35MCG/ 0.4MG	TABS	
	<i>brillyn</i>	35MCG/ 0.4MG	TABS	
	<i>camila</i>	0.35MG	TABS	
	<i>caziant</i>		TABS	
	<i>cryselle-28</i>	30MCG/ 0.3MG	TABS	
	<i>emoquette</i>	0.15MG/ 30MCG	TABS	
	<i>enpresse-28</i>		TABS	
	<i>errin</i>	0.35MG	TABS	
	<i>gianvi</i>	3MG/ 0.02MG	TABS	
	<i>jolivette</i>	0.35MG	TABS	
	<i>junel 1.5/30</i>	30MCG/ 1.5MG	TABS	
	<i>junel 1/20</i>	20MCG/ 1MG	TABS	
	<i>junel fe 1.5/30</i>	30MCG/ 75MG/ 1.5MG	TABS	
	<i>junel fe 1/20</i>	20MCG/ 75MG/ 1MG	TABS	
	<i>kariva</i>		TABS	
	<i>kelnor 1/35</i>	35MCG/ 1MG	TABS	
	<i>lessina-28</i>	20MCG/ 0.1MG	TABS	
	<i>levonorgestrel</i>	0.75MG	TABS	QL (4.00 per 31 days)
	<i>levora 0.15/30-28</i>	30MCG/ 0.15MG	TABS	
	<i>loryna</i>	3MG/ 0.02MG	TABS	
	<i>low-ogestrel</i>	30MCG/ 0.3MG	TABS	
	<i>lutura</i>	20MCG/ 0.1MG	TABS	
	<i>microgestin 1.5/30</i>	30MCG/ 1.5MG	TABS	
	<i>microgestin 1/20</i>	20MCG/ 1MG	TABS	
	<i>microgestin fe</i>	20MCG/ 75MG/ 1MG	TABS	
	<i>microgestin fe 1.5/30</i>	30MCG/ 75MG/ 1.5MG	TABS	
	<i>mononessa</i>	35MCG/ 0.25MG	TABS	
	<i>necon 0.5/35-28</i>	35MCG/ 0.5MG	TABS	
	<i>necon 1/35-28</i>	35MCG/ 1MG	TABS	
	<i>necon 1/50-28</i>	50MCG/ 1MG	TABS	
	<i>necon 7/7/7</i>		TABS	
	<i>next choice</i>	0.75MG	TABS	QL (4.00 per 31 days)
	<i>nora-be</i>	0.35MG	TABS	
	<i>nortrel 0.5/35 (28)</i>	35MCG/ 0.5MG	TABS	
	<i>nortrel 1/35 (21)</i>	35MCG/ 1MG	TABS	
	<i>nortrel 1/35 (28)</i>	35MCG/ 1MG	TABS	
	<i>nortrel 7/7/7</i>		TABS	
	NUVARING	0.015MG/24HR/ 0.12MG/24HR	RING	
	<i>ocella</i>	3MG/ 0.03MG	TABS	
	<i>portia-28</i>	0.03MG/ 0.15MG	TABS	
	<i>previfem</i>	35MCG/ 0.25MG	TABS	
	<i>quasense</i>	0.03MG/ 0.15MG	TABS	QL (91.00 per 91 days)
	<i>reclipsen</i>	0.15MG/ 30MCG	TABS	
	<i>solia</i>	0.15MG/ 30MCG	TABS	
	<i>sprintec 28</i>	35MCG/ 0.25MG	TABS	
	<i>sronyx</i>	20MCG/ 0.1MG	TABS	
	<i>syeda</i>	3MG/ 0.03MG	TABS	
	<i>trinessa</i>		TABS	
	<i>tri-previfem</i>		TABS	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>tri-sprintec</i>		TABS	
	<i>trivora-28</i>		TABS	
	<i>velivet</i>		TABS	
	<i>zovia 1/35e</i>	35MCG/ 1MG	TABS	
	<i>zovia 1/50e</i>	50MCG/ 1MG	TABS	
Estrogen Agonist-Antagonists	EVISTA	60MG	TABS	
	<i>tamoxifen citrate</i>	20MG, 10MG	TABS	
Estrogens	ENJUVIA	1.25MG, 0.9MG, 0.625MG, 0.45MG, 0.3MG	TABS	
	<i>estradiol</i>	2MG, 1MG, 0.5MG, 37.5MCG/24HR, 0.1MG/24HR, 0.075MG/24HR, 0.06MG/24HR, 0.05MG/24HR, 0.025MG/24HR	TABS, PTWK	
	<i>estropipate</i>	3MG, 1.5MG, 0.75MG	TABS	
	MENEST	2.5MG, 1.25MG, 0.625MG, 0.3MG	TABS	
	PREMARIN	1.25MG, 0.9MG, 0.625MG, 0.45MG, 0.3MG, 25MG	TABS, SOLR	
	PREMARIN W/APPLICATOR	0.625MG/GM	CREA	
	PREMPHASE	0.625MG/ 5MG	TABS	
	PREMPRO	0.625MG/ 5MG, 0.625MG/ 2.5MG, 0.45MG/ 1.5MG, 0.3MG/ 1.5MG	TABS	
Parathyroid	<i>calcitonin-salmon</i>	200UNIT/ACT	SOLN	QL (3.70 per 31 days)
Pituitary	<i>desmopressin acetate</i>	0.2MG, 0.1MG, 0.01%	TABS, SOLN	
Progestins	ENDOMETRIN	100MG	INST	
	FIRST-PROGESTERONE VGS 100 COMPOUNDING KIT	100MG	SUPP	
	FIRST-PROGESTERONE VGS 200 COMPOUNDING KIT	200MG	SUPP	
	FIRST-PROGESTERONE VGS 25 COMPOUNDING KIT	25MG	SUPP	
	FIRST-PROGESTERONE VGS 400 COMPOUNDING KIT	400MG	SUPP	
	FIRST-PROGESTERONE VGS 50 COMPOUNDING KIT	50MG	SUPP	
	<i>medroxyprogesterone acetate</i>	150MG/ML	VIAL, SYRINGE	QL (1.00 per 93 days)
	<i>medroxyprogesterone acetate</i>	5MG, 2.5MG, 10MG	TABS	
	<i>megestrol acetate</i>	40MG/ML	SUSP	QL (600.00 per 31 days)
	<i>megestrol acetate</i>	40MG, 20MG	TABS	
	<i>norethindrone acetate</i>	5MG	TABS	
Somatotropin Agonists	TEV-TROPIN	5MG	SOLR	PA
Antithyroid Agents	<i>methimazole</i>	5MG, 10MG	TABS	
	<i>propylthiouracil</i>	50MG	TABS	QL (558.00 per 31 days)
	SSKI	1GM/ML	SOLN	
Thyroid Agents	ARMOUR THYROID	90MG, 60MG, 30MG, 300MG, 240MG, 180MG, 15MG, 120MG	TABS	
	<i>levothroid</i>	88MCG, 75MCG, 50MCG, 300MCG, 25MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG	TABS	
	<i>levothyroxine sodium</i>	88MCG, 75MCG, 50MCG, 300MCG, 25MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG, 500MCG	TABS, SOLR	
	<i>liothyronine sodium</i>	5MCG, 50MCG, 25MCG	TABS	
	NATURE-THROID	97.5MG, 65MG, 48.75MG, 32.5MG, 260MG, 195MG, 16.25MG, 130MG	TABS	
	NATURE-THROID NT-2.5	162.5MG	TABS	
	<i>np thyroid 30</i>	30MG	TABS	
	<i>np thyroid 60</i>	60MG	TABS	
	<i>np thyroid 90</i>	90MG	TABS	
	THYROLAR-1	60MG	TABS	
	THYROLAR-1/2	30MG	TABS	
	THYROLAR-1/4	15MG	TABS	
	THYROLAR-2	120MG	TABS	
	THYROLAR-3	180MG	TABS	
	<i>unithroid</i>	88MCG, 75MCG, 50MCG, 300MCG, 25MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG	TABS	
	<i>unithroid direct</i>	150MCG	TABS	
	WESTHROID	97.5MG, 65MG, 48.75MG, 32.5MG, 32.5MG, 260MG, 195MG, 16.25MG, 130MG	TABS	
<b>LOCAL ANESTHETICS</b>				
Local Anesthetics	<i>lidocaine hcl</i>	2%, 1.5%, 1%, 0.5%	SOLN	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>				
5-alpha-Reductase Inhibitors	AVODART	0.5MG	CAPS	
	<i>finasteride</i>	5MG	TABS	
Alcohol Deterrents	<i>disulfiram</i>	500MG, 250MG	TABS	
Antidotes	<i>acetylcysteine</i>	20%, 10%	SOLN	
	<i>leucovorin calcium</i>	5MG, 25MG, 350MG, 200MG, 100MG, 10MG/ML	TABS, SOLR, SOLN	
Antigout Agents	<i>allopurinol</i>	300MG, 100MG	TABS	
	<i>allopurinol sodium</i>	500MG	SOLR	
	COLCRYS	0.6MG	TABS	
Biologic Response Modifiers	COPAXONE	20MG/ML	KIT	PA
	EXTAVIA	0.3MG	SOLR	PA
	REBIF	44MCG/0.5ML, 22MCG/0.5ML	SOLN	PA
	REBIF TITRATION PACK		SOLN	PA
	THALOMID	50MG, 200MG, 150MG, 100MG	CAPS	PA
Bone Resorption Inhibitors	<i>alendronate sodium</i>	70MG, 5MG, 40MG, 35MG, 10MG	TABS	
Cariostatic Agents	<i>cavarest</i>	1.1%	GEL	
	<i>dentagel</i>	1.1%	GEL	
	FLUOR-A-DAY	1MG/ 236.79MG, 0.25MG/ 236.79MG	CHEW	
	<i>fluoridex daily defense</i>	1.1%	GEL	
	<i>fluoritab</i>	1MG	CHEW	
	<i>karigel</i>	1.1%	GEL	
	<i>karigel-n</i>	1.1%	GEL	
	<i>neutragard advanced</i>	1.1%	GEL	
	<i>phos-flur</i>	1.1%	GEL	
	<i>sf</i>	1.1%	GEL	
	<i>sodium fluoride</i>	0.5MG/ML, 2.2MG, 1MG, 0.5MG, 0.25MG	SOLN, CHEW	
Disease-modifying Antirheumatic Agents	HUMIRA	40MG/0.8ML, 20MG/0.4ML	KIT	PA
	HUMIRA PEN	40MG/0.8ML	KIT	PA
	HUMIRA PEN-CROHNS DISEASE STARTER	40MG/0.8ML	KIT	PA
	<i>leflunomide</i>	20MG, 10MG	TABS	
	SIMPONI	50MG/0.5ML	SOLN	PA
Immunosuppressive Agents	<i>azathioprine</i>	50MG	TABS	
	<i>azathioprine sodium</i>	100MG	SOLR	
	CELLCEPT	200MG/ML	SUSR	
	CELLCEPT INTRAVENOUS	500MG	SOLR	
	<i>cyclosporine</i>	50MG/ML, 100MG/ML, 25MG, 100MG	SOLN, CAPS	
	<i>cyclosporine modified</i>	100MG/ML, 50MG, 25MG, 100MG	SOLN, CAPS	
	<i>gengraf</i>	100MG/ML, 25MG, 100MG	SOLN, CAPS	
	<i>mycophenolate mofetil</i>	500MG, 250MG	TABS, CAPS	
	PROGRAF	5MG/ML	SOLN	
	SANDIMMUNE	50MG/ML	SOLN	
	<i>tacrolimus</i>	5MG, 1MG, 0.5MG	CAPS	
Other Miscellaneous Therapeutic Agents	CALAFOL RX	600MG/ 400UNIT/ 1.6MG/ 425MCG/ 5MG/ 25MG	TABS	
	<i>fish oil</i>	1000MG/ 300MG, 1000MG	CAPS	
	<i>levocarnitine</i>	1GM/10ML	SOLN	QL (900.00 per 31 days)
	<i>levocarnitine</i>	330MG, 200MG/ML	TABS, SOLN	
	SUPARTZ	25MG/2.5ML	SOLN	PA
<b>OXYTOCICS</b>				
Oxytocics	<i>methylergonovine maleate</i>	0.2MG, 0.2MG/ML	TABS, SOLN	
<b>PHARMACEUTICAL AIDS</b>				
Pharmaceutical Aids	ORA-BLEND		SUSP	
	ORA-BLEND SF		SUSP	
	ORA-PLUS		LIQD	
	ORA-SWEET	5%/ 4%/ 54%	SYRP	
	ORA-SWEET SF	9%/ 10%	SYRP	
<b>RESPIRATORY TRACT AGENTS</b>				
Leukotriene Modifiers	SINGULAIR	10MG, 4MG, 5MG	TABS, PACK, CHEW	PA; ST
	<i>zafirlukast</i>	20MG, 10MG	TABS	
Mast-cell Stabilizers	<i>cromolyn sodium</i>	20MG/2ML	NEBU	
Expectorants ("Please refer to Medicaid Cough Cold Drug List Attached")	<i>fenesin ir</i>	400MG	TABS	OTC-Covered w/Rx
	MUCINEX	600MG	TB12	OTC-Covered w/Rx
	MUCINEX D	600MG/ 60MG	TB12	OTC-Covered w/Rx
	MUCINEX MAXIMUM STRENGTH	1200MG	TB12	OTC-Covered w/Rx
Mucolytic Agents	<i>broncho saline</i>	0.9%	AERS	OTC-Covered w/Rx
	PULMOZYME	1MG/ML	SOLN	PA
	<i>sodium chloride</i>	0.9%	NEBU	OTC-Covered w/Rx
	<i>sodium chloride</i>	0.9%	NEBU	
Respiratory Tract Agents, Miscellaneous	XOLAIR	150MG	SOLR	PA

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
<b>SERUMS, TOXOIDS AND VACCINES</b>				
Vaccines	CERVARIX		SUSP	PA
	GARDASIL		SUSP	PA
<b>SKIN AND MUCOUS MEMBRANE PREPARATIONS</b>				
Antibacterials	<i>bacitracin</i>	500UNIT/GM	OINT	OTC-Covered w/Rx
	<i>bacitracin zinc</i>	500UNIT/GM	OINT	OTC-Covered w/Rx
	BENZAMYCIN	5%/ 3%	GEL	
	<i>clindamycin phosphate</i>	2%, 1%	SOLN, LOTN, GEL , CREA	
	<i>double antibiotic</i>	500UNIT/GM/ 10000UNIT/GM	OINT	OTC-Covered w/Rx
	<i>ery</i>	2%	PADS	
	<i>erythromycin</i>	2%	SOLN, GEL	
	<i>erythromycin/benzoyl peroxide</i>	5%/ 3%	GEL	
	<i>gentamicin sulfate</i>	0.1%	OINT, CREA	
	<i>metronidazole</i>	0.75%	CREA	
	<i>metronidazole vaginal</i>	0.75%	GEL	
	<i>mupirocin</i>	2%	OINT	
	<i>sulfacetamide sodium</i>	10%	SUSP	
	<i>vandazole</i>	0.75%	GEL	
Allylamines	<i>terbinafine hcl</i>	1%	CREA	
Azoles	<i>clotrimazole</i>	1%	CREA	OTC-Covered w/Rx
	<i>clotrimazole</i>	10MG, 1%	TROC, LOZG, SOLN, CREA	
	<i>clotrimazole 3 day</i>	2%	CREA	OTC-Covered w/Rx
	<i>clotrimazole anti-fungal</i>	1%	CREA	OTC-Covered w/Rx
	<i>clotrimazole/betamethasone dipropionate</i>	0.05%/ 1%	LOTN, CREA	
	<i>econazole nitrate</i>	1%	CREA	
	GYNE-LOTRIMIN	100MG, 1%	TABS, CREA	OTC-Covered w/Rx
	GYNE-LOTRIMIN 3	2%	CREA	OTC-Covered w/Rx
	<i>ketoconazole</i>	2%	SHAM, CREA	
	<i>miconazole</i>	2%	CREA	OTC-Covered w/Rx
	MICONAZOLE 3	200MG	SUPP	
	<i>miconazole 3 combo pack</i>		KIT	OTC-Covered w/Rx
	<i>miconazole 7</i>	100MG, 2%	SUPP, CREA	OTC-Covered w/Rx
	<i>miconazole nitrate</i>	100MG, 2%	SUPP, CREA	OTC-Covered w/Rx
	MONISTAT 1 COMBO PACK		KIT	OTC-Covered w/Rx
	MONISTAT 3	4%	CREA	OTC-Covered w/Rx
	MONISTAT 3 COMBINATION PACK		KIT	OTC-Covered w/Rx
	MONISTAT 7	100MG, 2%	SUPP, CREA	OTC-Covered w/Rx
	MONISTAT 7 COMBINATION PACK		KIT	OTC-Covered w/Rx
	<i>terconazole</i>	80MG, 0.8%, 0.4%	SUPP, CREA	
	VAGISTAT-1	6.5%	OINT	
Hydroxypyridones	<i>ciclopirox</i>	0.77%	SUSP, GEL	
	<i>ciclopirox nail lacquer</i>	8%	SOLN	
	<i>ciclopirox olamine</i>	0.77%	CREA	
Polyenes	<i>nystatin</i>	100000UNIT/GM	POWD, OINT, CREA	
	NYSTATIN VAGINAL	100000UNIT	TABS	
Thiocarbamates	<i>jock itch spray</i>	1%	AERP	
	<i>tolnaftate</i>	1%	SOLN, CREA	
Antivirals	DENAVIR	1%	CREA	
Local Anti-infectives, Miscellaneous	<i>acne medication 10</i>	10%	GEL	OTC-Covered w/Rx
	<i>benzoyl peroxide</i>	5%, 10%	GEL	
	<i>benzoyl peroxide</i>	5%, 10%	LOTN, GEL	OTC-Covered w/Rx
	<i>lavoclen-4 creamy wash</i>	4%	LIQD	
	<i>lavoclen-8 creamy wash</i>	8%	LIQD	
	<i>operand chlorhexidine gluconate</i>	4%	LIQD	QL (480.00 per 31 days);OTC-Covered w/Rx
	<i>selenium sulfide</i>	2.5%, 1%	LOTN	
	<i>silver sulfadiazine</i>	1%	CREA	QL (400.00 per 31 days)
	<i>ssd</i>	1%	CREA	QL (400.00 per 31 days)
Scabicides and Pediculicides	<i>acticin</i>	5%	CREA	QL (60.00 per 31 days)
	OVIDE	0.5%	LOTN	QL (118.00 per 31 days)
	<i>permethrin</i>	5%	CREA	QL (60.00 per 31 days)
	<i>permethrin</i>	1%	LOTN	QL (60.00 per 31 days);OTC-Covered w/Rx
Anti-inflammatory Agents	<i>alclometasone dipropionate</i>	0.05%	OINT, CREA	
	<i>amcinonide</i>	0.1%	LOTN, CREA	
	<i>augmented betamethasone dipropionate</i>	0.05%	CREA	
	<i>betamethasone dipropionate</i>	0.05%	OINT, LOTN, CREA	
	<i>betamethasone valerate</i>	0.1%	OINT, LOTN, CREA	
	<i>clobetasol propionate</i>	0.05%	OINT, GEL , CREA	
	<i>clobetasol propionate e</i>	0.05%	CREA	
	<i>clobetasol propionate emollient</i>	0.05%	CREA	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	CORTISPORIN	400UNIT/GM/ 1%/ 0.5%/ 5000UNIT/GM	OINT	
	<i>desonide</i>	0.05%	OINT, LOTN, CREA	
	<i>cliflorasone diacetate</i>	0.05%	OINT, CREA	
	<i>fluocinolone acetonide</i>	0.01%, 0.025%	SOLN, OINT, CREA	
	<i>fluocinolone acetonide body</i>	0.01%	OIL	
	<i>fluocinolone acetonide scalp</i>	0.01%	OIL	
	<i>fluocinonide</i>	0.05%	SOLN, OINT, GEL, CREA	
	<i>fluocinonide emollient base</i>	0.05%	CREA	
	<i>fluocinonide-e</i>	0.05%	CREA	
	<i>fluticasone propionate</i>	0.005%, 0.05%	OINT, CREA	
	<i>hydrocortisone</i>	100MG/60ML	ENEM	
	<i>hydrocortisone</i>	1%	OINT, LOTN, CREA	OTC-Covered w/Rx
	<i>hydrocortisone</i>	2.5%, 1%	OINT, LOTN, CREA	
	<i>hydrocortisone maximum strength</i>	1%	CREA	OTC-Covered w/Rx
	<i>hydrocortisone maximum strength plus 12 moisturizers</i>	1%	CREA	OTC-Covered w/Rx
	<i>hydrocortisone valerate</i>	0.2%	OINT, CREA	
	<i>hydroskin</i>	1%	CREA	OTC-Covered w/Rx
	<i>mometasone furoate</i>	0.1%	OINT, CREA	
	<i>nystatin/triamcinolone</i>	100000UNIT/GM/ 0.1%	OINT, CREA	
	<i>proctocream hc</i>	2.5%	CREA	
	<i>proctosol hc</i>	2.5%	CREA	
	<i>proctozone-hc</i>	2.5%	CREA	
	<i>triamcinolone acetonide</i>	0.1%, 0.025%	OINT	
	<i>triamcinolone acetonide</i>	0.5%, 0.1%, 0.025%	CREA	
	<i>triamcinolone in orabase</i>	0.1%	PSTE	
Antipruritics and Local Anesthetics	<i>lidocaine</i>	5%	OINT	
	<i>lidocaine hcl</i>	4%, 2%	SOLN, GEL	
	<i>lidocaine hcl jelly</i>	2%	GEL	
	<i>lidocaine/prilocaine</i>	2.5%/ 2.5%	KIT, CREA	
	<i>phenazopyridine hcl</i>	200MG, 100MG	TABS	
Astringents	<i>hypercare</i>	20%	SOLN	
Cell Stimulants and Proliferants	<i>avita</i>	0.025%, 0.025%	GEL, CREA	AL (max: 20y); QL (45.00 per 31 days)
	<i>hemorrhoidal suppositories</i>	85.5%/ 0.25%/ 3%	SUPP	
	<i>tretinoin</i>	0.025%, 0.01%, 0.1%, 0.05%	GEL, CREA	AL (max: 20y); QL (45.00 per 31 days)
Basic Lotions and Liniments	<i>amlectin</i>	12%	LOTN	OTC-Covered w/Rx
	<i>ammonium lactate</i>	12%	LOTN, CREA	QL (400.00 per 31 days);OTC-Covered w/Rx
	<i>ammonium lactate</i>	12%	LOTN, CREA	
Keratolytic Agents	<i>clear away</i>	17%	LIQD	OTC-Covered w/Rx
	CLEAR AWAY ONE STEP WART REMOVER	40%	PADS	OTC-Covered w/Rx
	CLEAR AWAY PLANTAR SYSTEM	40%	PADS	OTC-Covered w/Rx
	CLEAR AWAY WART REMOVER SYSTEM	40%	PADS	OTC-Covered w/Rx
	COMPOUND W	17%	LIQD	OTC-Covered w/Rx
	COMPOUND W MAXIMUM STRENGTH	17%	GEL	OTC-Covered w/Rx
	<i>compound w one step plantar pads</i>	40%	PADS	OTC-Covered w/Rx
	CORN REMOVER ONE STEP	40%	PADS	OTC-Covered w/Rx
	CORN REMOVER ULTRA THIN	40%	PADS	OTC-Covered w/Rx
	CORN REMOVER WATERPROOF	40%	PADS	OTC-Covered w/Rx
	<i>duofilm</i>	17%	SOLN	OTC-Covered w/Rx
	FREEZONE	17.6%	LIQD	OTC-Covered w/Rx
	<i>freezone callus remover</i>	40%	PADS	OTC-Covered w/Rx
	<i>freezone corn remover</i>	40%	PADS	OTC-Covered w/Rx
	<i>one step callus remover</i>	40%	PADS	OTC-Covered w/Rx
	<i>remeven</i>	50%	CREA	
	<i>salactic film</i>	17%	SOLN	OTC-Covered w/Rx
	<i>sal-plant</i>	17%	GEL	OTC-Covered w/Rx
	<i>scholls corn removers</i>	40%	PADS	OTC-Covered w/Rx
	<i>urea</i>	40%	CREA	
	WART OFF	17%	SOLN	OTC-Covered w/Rx
Skin and Mucous Membrane Agents, Misc	<i>amnestem</i>	40MG, 20MG, 10MG	CAPS	AL (min: 12y, max: 20y); QL (62.00 per 31 days); ST; Must fail preferred topical antibiotic; Max duration of therapy 20 weeks
	<i>calcipotriene</i>	0.005%	SOLN, OINT	
	<i>capsaicin</i>	0.025%	CREA	OTC-Covered w/Rx
	<i>claravis</i>	40MG, 30MG, 20MG, 10MG	CAPS	AL (min: 12y, max: 20y); QL (62.00 per 31 days); ST; Must fail preferred topical antibiotic; Max duration of therapy 20 weeks
	CONDYLOX	0.5%	GEL	PA

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	DOVONEX	0.005%	CREA	
	DRITHO-CREME HP	1%	CREA	
	ELIDEL	1%	CREA	QL (30.00 per 31 days); ST; Must fail preferred topical corticosteroid
	<i>fluorouracil</i>	2%, 5%	SOLN, CREA	PA
	<i>podofilox</i>	0.5%	SOLN	
	SANTYL	250UNIT/GM	OINT	PA
	<i>sotret</i>	30MG, 20MG, 10MG	CAPS	AL (min: 12y, max: 20y); QL (62.00 per 31 days); ST; Must fail preferred topical antibiotic; Max duration of therapy 20 weeks
	TAZORAC	0.1%, 0.05%	GEL , CREA	AL (max: 20y); QL (30.00 per 31 days)
	VOLTAREN	1%	GEL	QL (300.00 per 31 days)
<b>SMOOTH MUSCLE RELAXANTS</b>				
Genitourinary Smooth Muscle Relaxants	<i>oxybutynin chloride</i>	5MG/5ML	SYRP	QL (600.00 per 31 days)
	<i>oxybutynin chloride</i>	5MG	TABS	
	<i>oxybutynin chloride er</i>	5MG, 15MG, 10MG	TB24	
	<i>tropium chloride</i>	20MG	TABS	
Respiratory Smooth Muscle Relaxants	<i>aminophylline</i>	200MG, 100MG, 25MG/ML	TABS, SOLN	
	ELIXOPHYLLIN	80MG/15ML	ELIX	
	<i>theophylline cr</i>	200MG, 100MG	TB12	
	<i>theophylline er</i>	600MG, 400MG, 450MG, 300MG, 200MG, 100MG	TB24, TB12	
<b>SYMPATHOMIMETIC ADRENERGIC AGENTS</b>				
alpha-Adrenergic Agonists	LUSONAL	7.5MG/5ML	LIQD	
	<i>midodrine hcl</i>	5MG, 2.5MG, 10MG	TABS	
alpha- and beta-Adrenergic Agonists	<i>epinephrine</i>	0.3MG/0.3ML, 0.15MG/0.15ML	DEVI	QL (2.00 per 31 days)
	EPIPEN 2-PAK	0.3MG/0.3ML	DEVI	QL (2.00 per 31 days)
	EPIPEN-JR 2-PAK	0.15MG/0.3ML	DEVI	QL (2.00 per 31 days)
	<i>nasal decongestant</i>	30MG/5ML	SYRP	OTC-Covered w/Rx
	<i>pseudoephedrine hcl</i>	60MG, 30MG	TABS	OTC-Covered w/Rx
	<i>sudogest 12 hour</i>	120MG	TB12	
Selective beta-2-Adrenergic Agonists	ADVAIR DISKUS	500MCG/DOSE/ 50MCG/DOSE, 250MCG/DOSE/ 50MCG/DOSE, 100MCG/DOSE/ 50MCG/DOSE	AEPB	QL (60.00 per 30 days)
	ADVAIR HFA	45MCG/ACT/ 21MCG/ACT, 230MCG/ACT/ 21MCG/ACT, 115MCG/ACT/ 21MCG/ACT	AERO	QL (12.00 per 30 days)
	<i>albuterol sulfate</i>	0.083%	NEBU	QL (720.00 per 31 days)
	<i>albuterol sulfate</i>	0.5%	NEBU	QL (60.00 per 31 days)
	<i>albuterol sulfate</i>	1.25MG/3ML, 0.63MG/3ML	NEBU	QL (300.00 per 31 days)
	<i>albuterol sulfate</i>	2MG/5ML	SYRP	QL (2400.00 per 31 days)
	<i>albuterol sulfate</i>	4MG, 2MG	TABS	
	<i>albuterol sulfate er</i>	8MG, 4MG	TB12	
	COMBIVENT	103MCG/ACT/ 18MCG/ACT	AERO	
	DULERA	5MCG/ACT/ 200MCG/ACT, 5MCG/ACT/ 100MCG/ACT	AERO	QL (13.00 per 30 days)
	FORADIL AEROLIZER	12MCG	CAPS	QL (60.00 per 30 days)
	<i>ipratropium bromide/albuterol sulfate</i>	2.5MG/3ML/ 0.5MG/3ML	SOLN	QL (720.00 per 31 days)
	<i>metaproterenol sulfate</i>	10MG/5ML	SYRP	
	SEREVENT DISKUS	50MCG/DOSE	AEPB	QL (60.00 per 30 days)
	SYMBICORT	80MCG/ACT/ 4.5MCG/ACT, 160MCG/ACT/ 4.5MCG/ACT	AERO	
	<i>terbutaline sulfate</i>	5MG, 2.5MG, 1MG/ML	TABS, SOLN	
	VENTOLIN HFA	108MCG/ACT	AERS	
<b>VITAMINS</b>				
Multivitamin Preparations	AQUADEKS	10MG/ 100MCG/ 12MG/ 800UNIT/ 10MG/ 12MCG/ 200MCG/ 10MG/ 700MCG/ 1.9MG/ 1.7MG/ 75MCG/ 75MG/ 1.5MG/ 150UNIT/ 18167UNIT/ 80MG/ 10MG	CAPS	
	<i>bronto-vites</i>	60MG/ 4.5MCG/ 400UNIT/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 1.05MG/ 2500UNIT/ 15UNIT	CHEW	
	CAVAN-ALPHA KIT	120MG/ 3000UNIT/ 230MG/ 800UNIT/ 2MG/ 12MCG/ 200MG/ 1MG/ 220MCG/ 27MG/ 25MG/ 20MG/ 300MG/ 50MG/ 4MG/ 1.8MG/ 3MG/ 25MG	KIT	
	<i>centavite a-z complete multivitamin/minerals</i>	90MG/ 1250UNIT/ 35MCG/ 40MG/ 7.5MG/ 15MCG/ 2MG/ 9MCG/ 0.4MG/ 150MCG/ 27MG/ 100MG/ 5MG/ 15MCG/ 30MG/ 10MG/ 31MG/ 7.5MG/ 3MG/ 3.4MG/ 10MCG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT/ 15MG	TABS	



# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>cerovite</i>	60MG/15ML/ 300MCG/15ML/ 25MCG/15ML/ 6MCG/15ML/ 150MCG/15ML/ 9MG/15ML/ 2.5MG/15ML/ 25MCG/15ML/ 20MG/15ML/ 10MG/15ML/ 2MG/15ML/ 1.7MG/15ML/ 1.5MG/15ML/ 2500UNIT/15ML/ 400UNIT/15ML/ 30UNIT/15ML/ 3MG/15ML	LIQD	
	<i>cerovite advanced formula</i>	60MG/ 30MCG/ 75MCG/ 200MG/ 10MG/ 72MG/ 400UNIT/ 35MCG/ 0.5MG/ 6MCG/ 18MG/ 400MCG/ 50MG/ 2.3MG/ 20MG/ 5MCG/ 20MG/ 25MCG/ 80MG/ 150MCG/ 2MG/ 1.7MG/ 2MG/ 10MCG/ 45MCG/ 55MCG/ 10MCG/ 1.5MG/ 30UNIT/ 3500UNIT/ 11MG	TABS	
	<i>cerovite jr</i>	60MG/ 45MCG/ 108MG/ 10MG/ 400UNIT/ 20MCG/ 2MG/ 6MCG/ 18MG/ 400MCG/ 40MG/ 1MG/ 20MG/ 50MG/ 10MCG/ 150MCG/ 2MG/ 1.7MG/ 20MCG/ 1.5MG/ 3500UNIT/ 30UNIT/ 15MG	CHEW	
	<i>chewable vite with iron/childrens</i>	400UNIT/ 4.5MCG/ 15MG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 9MG/ 60MG/ 1.05MG/ 15UNIT/ 1250UNIT	CHEW	
	<i>daily vite</i>	60MG/ 6MCG/ 0.4MG/ 20MG/ 1.7MG/ 5000UNIT/ 400UNIT/ 15UNIT	TABS	
	<i>daily-vite/iron</i>	60MG/ 10MG/ 400UNIT/ 6MCG/ 18MG/ 400MCG/ 20MG/ 2MG/ 1.7MG/ 1.5MG/ 30UNIT/ 5000UNIT	TABS	
	ELITE-OB	120MG/ 2100UNIT/ 315UNIT/ 1MG/ 15MCG/ 20UNIT/ 1.25MG/ 50MG/ 15MG/ 10MG/ 10MG/ 3.4MG/ 2MG/ 10MG	TABS	
	FOLBECAL	200MG/ 12MCG/ 1MG/ 75MG	TABS	
	FOSFREE	50MG/ 300MG/ 2MG/ 14.5MG/ 10MG/ 1MG/ 3MG/ 2MG/ 5MG/ 1500UNIT/ 200UNIT	TABS	
	<i>geri-tonic</i>	100MG/30ML/ 1MCG/30ML/ 100MCG/30ML/ 15MG/30ML/ 2MG/30ML/ 2MG/30ML/ 50MG/30ML/ 10MG/30ML/ 1MG/30ML/ 2.5MG/30ML/ 5MG/30ML/ 2MG/30ML	LIQD	
	<i>i-vite</i>	60MG/ 5000UNIT/ 2MG/ 40MCG/ 30UNIT/ 40MG	TABS	
	<i>multi-delyn</i>	54MG/5ML/ 4.05MCG/5ML/ 12.2MG/5ML/ 0.945MG/5ML/ 1.08MG/5ML/ 0.842MG/5ML/ 13.5UNIT/5ML/ 2250UNIT/5ML/ 360UNIT/5ML	LIQD	
	MULTI-DELYN/IRON	60MG/5ML/ 4.5MCG/5ML/ 10MG/5ML/ 13.5MG/5ML/ 1.05MG/5ML/ 1.2MG/5ML/ 1.05MG/5ML/ 15UNIT/5ML/ 2500UNIT/5ML/ 400UNIT/5ML	LIQD	
	<i>multilex</i>	100MG/ 3MCG/ 15MG/ 30MG/ 10MG/ 5MG/ 10000UNIT/ 400UNIT/ 5UNIT	TABS	
	<i>multilex-t&amp;m</i>	150MG/ 7.5MCG/ 400UNIT/ 15MG/ 100MG/ 10MG/ 10MG/ 10000UNIT/ 5UNIT	TABS	
	<i>multi-vit/fluoride</i>	35MG/ML/ 400UNIT/ML/ 2MCG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 0.5MG/ML/ 5UNIT/ML/ 1500UNIT/ML, 35MG/ML/ 400UNIT/ML/ 2MCG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.25MG/ML/ 0.5MG/ML/ 5UNIT/ML/ 1500UNIT/ML	SOLN	
	<i>multi-vit/iron/fluoride</i>	35MG/ML/ 400UNIT/ML/ 10MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.25MG/ML/ 0.5MG/ML/ 5UNIT/ML/ 1500UNIT/ML	SOLN	
	<i>multivitamin/fluoride</i>	60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 1MG/ 1.05MG/ 15UNIT/ 2500UNIT, 60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 0/ 0.25MG/ 1.05MG/ 15UNIT/ 2500UNIT, 60MG/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 0.5MG/ 1.05MG/ 2500UNIT/ 400UNIT/ 15UNIT	CHEW	



# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>multi-vitamin/fluoride</i>	60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 1MG/ 1.05MG/ 2500UNIT/ 15MG, 60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 0.5MG/ 1.05MG/ 2500UNIT/ 15MG, 60MG/ 400UNIT/ 4.5MCG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 0.25MG/ 1.05MG/ 2500UNIT/ 15UNIT	CHEW	
	<i>multivitamins</i>	37.5MG/ 20MG/ 1MG/ 0.1MG/ 2MG/ 1.5MG/ 5000UNIT/ 400UNIT	TABS	OTC-Covered w/Rx
	<i>mynatal advance</i>	120MG/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 50MG/ 1MG/ 90MG/ 30MG/ 20MG/ 20MG/ 3.4MG/ 3MG/ 30UNIT/ 2700UNIT/ 25MG	TABS	
	<i>mynatal-z</i>	70MG/ 200MG/ 2.2MCG/ 65MG/ 1MG/ 100MG/ 17MG/ 175MCG/ 2.2MG/ 1.6MG/ 65MCG/ 1.5MG/ 4000UNIT/ 400UNIT/ 10UNIT/ 15MG	TABS	
	<i>mynate 90 plus</i>	120MG/ 250MG/ 2MG/ 12MCG/ 50MG/ 400UNIT/ 90MG/ 1MG/ 20MG/ 0.15MG/ 20MG/ 3.4MG/ 3MG/ 4000UNIT/ 30UNIT/ 25MG	TBCR	
	NEPHRO-VITE	60MG/ 300MCG/ 6MCG/ 800MCG/ 20MG/ 10MG/ 10MG/ 1.7MG/ 1.5MG	TABS	
	OCUVITE ADULT 50+	150MG/ 1MG/ 6MG/ 150MG/ 30UNIT/ 9MG	CAPS	
	<i>polyvitamin</i>	35MG/ML/ 2MCG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML/ 5UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>poly-vitamin drops</i>	35MG/ML/ 50MCG/ML/ 2MCG/ML/ 8MG/ML/ 3MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML/ 5UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>polyvitamin/iron</i>	35MG/ML/ 400UNIT/ML/ 10MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 5UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>poly-vitamin/iron drops</i>	60MG/ML/ 4.5MCG/ML/ 10MG/ML/ 13.5MG/ML/ 1.05MG/ML/ 1.2MG/ML/ 1.05MG/ML/ 2500UNIT/ML/ 400UNIT/ML/ 11UNIT/ML	SOLN	OTC-Covered w/Rx
	PR NATAL 400 EC	120MG/ 3000UNIT/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 275MG/ 1MG/ 29MG/ 25MG/ 20MG/ 400MG/ 25MG/ 4MG/ 1.8MG/ 3MG/ 25MG	MISC	
	<i>prenatabs obn</i>	120MG/ 200MG/ 400UNIT/ 8MCG/ 1MG/ 29MG/ 20MG/ 150MCG/ 3MG/ 3MG/ 3MG/ 30UNIT/ 15MG	TABS	
	<i>prenatabs rx</i>	120MG/ 4000UNIT/ 30MCG/ 200MG/ 400UNIT/ 3MG/ 8MCG/ 1MG/ 29MG/ 100MG/ 20MG/ 7MG/ 150MCG/ 3MG/ 3MG/ 3MG/ 30UNIT/ 15MG	TABS	
	<i>prenatal 19</i>	100MG/ 1000UNIT/ 200MG/ 7MG/ 12MCG/ 25MG/ 29MG/ 1MG/ 6MG/ 20MG/ 3MG/ 3MG/ 400UNIT/ 30UNIT/ 20MG	CHEW	
	<i>prenatal low iron</i>	100MG/ 200MG/ 400UNIT/ 4MCG/ 27MG/ 0.8MG/ 18MG/ 2.6MG/ 1.7MG/ 1.5MG/ 4000UNIT/ 11MG/ 25MG	TABS	OTC-Covered w/Rx
	<i>prenatal plus</i>	120MG/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 27MG/ 1MG/ 20MG/ 10MG/ 3MG/ 1.84MG/ 22MG/ 4000UNIT/ 25MG	TABS	
	<i>prenatal plus/iron</i>	120MG/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 27MG/ 1MG/ 20MG/ 10MG/ 3MG/ 1.84MG/ 22MG/ 4000UNIT/ 25MG	TABS	
	<i>prenavite multiple vitamin</i>	120MG/ 200MG/ 400UNIT/ 8MCG/ 28MG/ 800MCG/ 20MG/ 2.6MG/ 1.7MG/ 1.8MG/ 30UNIT/ 4000UNIT/ 25MG	TABS	OTC-Covered w/Rx
	PRESERVISION AREDS 2	113MG/ 0.4MG/ 87.5MG/ 162.5MG/ 2.5MG/ 250MG/ 100UNIT/ 0.5MG/ 17.4MG	CAPS	
	<i>stress formula w/iron</i>	600MG/ 12MCG/ 81MG/ 0.4MG/ 100MG/ 20MG/ 25MG/ 15MG/ 15MG/ 30UNIT	TABS	
	<i>stress formula/zinc</i>	600MG/ 45MG/ 3MG/ 12MCG/ 400MCG/ 100MG/ 20MG/ 5MG/ 10MG/ 15MG/ 30UNIT/ 23.9MG	TABS	



# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>thera-m</i>	120MG/ 15MCG/ 40MG/ 10MG/ 7.5MG/ 400UNIT/ 15MCG/ 2MG/ 9MCG/ 18MG/ 400MCG/ 100MG/ 5MG/ 30MG/ 31MG/ 7.5MG/ 150MCG/ 3MG/ 3.4MG/ 15MCG/ 10MCG/ 3MG/ 30UNIT/ 5500UNIT/ 15MG	TABS	
	THERA-M ENHANCED	90MG/ 30MCG/ 40MG/ 10MG/ 50MCG/ 2MG/ 12MCG/ 400UNIT/ 9MG/ 400MCG/ 100MG/ 2MG/ 20MG/ 5MCG/ 31MG/ 28MCG/ 7.5MG/ 150MCG/ 6MG/ 3.4MG/ 2MG/ 150MCG/ 10MCG/ 75MCG/ 70MCG/ 3MG/ 10MCG/ 60UNIT/ 5000UNIT/ 15MG	TABS	
	<i>thera-plus</i>	200MG/5ML/ 5MCG/5ML/ 100MG/5ML/ 21.4MG/5ML/ 4.1MG/5ML/ 10MG/5ML/ 10MG/5ML/ 5000UNIT/5ML/ 400UNIT/5ML	LIQD	
	<i>therems</i>	120MG/ 15MG/ 9MCG/ 30MG/ 10MG/ 3MG/ 3.4MG/ 3MG/ 5500UNIT/ 400UNIT/ 30UNIT	TABS	
	<i>therems m</i>	90MG/ 1250UNIT/ 35MCG/ 40MG/ 7.5MG/ 15MCG/ 2MG/ 9MCG/ 0.4MG/ 150MCG/ 27MG/ 100MG/ 5MG/ 15MCG/ 30MG/ 10MG/ 31MG/ 7.5MG/ 3MG/ 3.4MG/ 10MCG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT/ 15MG	TABS	
	<i>trinatal rx 1</i>	80MG/ 400UNIT/ 30MCG/ 200MG/ 400UNIT/ 3MG/ 2.5MCG/ 60MG/ 1MG/ 100MG/ 17MG/ 7MG/ 4MG/ 1.6MG/ 1.5MG/ 15UNIT/ 3600UNIT/ 25MG	TABS	
	TRINATE	120MG/ 3000UNIT/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 28MG/ 1MG/ 25MG/ 20MG/ 25MG/ 4MG/ 1.8MG/ 22MG/ 25MG	TABS	
	<i>triveen-u</i>	10MG/ 0.8MG/ 15MCG/ 106.5MG/ 1MG/ 1.3MG/ 30MG/ 5MG/ 6MG/ 200MG/ 10MG	CAPS	
	TRI-VI-SOL/IRON	35MG/ML/ 10MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>tri-vit/fluoride</i>	35MG/ML/ 400UNIT/ML/ 0.25MG/ML/ 1500UNIT/ML	SOLN	
	<i>tri-vit/fluoride/iron</i>	35MG/ML/ 0.25MG/ML/ 10MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	
	<i>tri-vitamin/fluoride</i>	35MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	
	<i>tri-vitamins</i>	35MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	OTC-Covered w/Rx
	ULTIMATECARE COMBO	100MG/ 35MCG/ 45MCG/ 1.3MG/ 12MCG/ 260MG/ 50MG/ 40MG/ 30MG/ 1MG/ 30MG/ 30MG/ 50MCG/ 20MG/ 330MG/ 7MG/ 50MG/ 3.4MG/ 75MCG/ 35MG/ 3MG/ 30UNIT/ 90MCG/ 11MG	MISC	
	<i>vigomar forte</i>	120MG/ 15MCG/ 41MG/ 7.5MG/ 15MCG/ 2MG/ 9MCG/ 0.4MG/ 150MCG/ 27MG/ 100MG/ 5MG/ 15MCG/ 30MG/ 10MG/ 7.5MG/ 3MG/ 3.4MG/ 10MCG/ 3MG/ 5500UNIT/ 400UNIT/ 30UNIT/ 15MG	TABS	
	<i>vinate az</i>	120MG/ 3000UNIT/ 30MCG/ 150MG/ 8MG/ 400UNIT/ 2.5MG/ 12MCG/ 27MG/ 1MG/ 75MG/ 20MG/ 30MG/ 3.5MG/ 3MG/ 30UNIT/ 15MG	TABS	
	VINATE AZ EXTRA	120MG/ 3000UNIT/ 30MCG/ 8MG/ 400UNIT/ 12MCG/ 29MG/ 1MG/ 75MG/ 20MG/ 50MG/ 3.5MG/ 3MG/ 30UNIT/ 15MG	TABS	
	<i>vinate gt</i>	120MG/ 30MCG/ 200MG/ 6MG/ 400UNIT/ 2MG/ 12MCG/ 50MG/ 1MG/ 90MG/ 30MG/ 20MG/ 20MG/ 3.4MG/ 3MG/ 10UNIT/ 2700UNIT/ 15MG	TABS	
	<i>vinate ii</i>	120MG/ 3000UNIT/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 29MG/ 1MG/ 25MG/ 20MG/ 25MG/ 4MG/ 1.8MG/ 30UNIT/ 25MG	TABS	
	<i>vinate m</i>	120MG/ 30MCG/ 200MG/ 10MG/ 400UNIT/ 25MCG/ 2MG/ 12MCG/ 27MG/ 1MG/ 25MG/ 5MG/ 20MG/ 150MCG/ 10MG/ 3.4MG/ 25MCG/ 20MCG/ 3MG/ 30UNIT/ 5000UNIT/ 25MG	TABS	
	VI-STRESS	500MG/ 45MCG/ 12MCG/ 0.4MG/ 100MG/ 20MG/ 5MG/ 10MG/ 15MG/ 30MG	TABS	



## WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>vitabee w/c</i>	300MG/ 300MCG/ 400MCG/ 50MG/ 10MG/ 5MG/ 10.2MG/ 15MG	TABS	
	<i>vitamin b complex-c</i>	300MG/ 10MG/ 50MG/ 5MG/ 10.2MG/ 15MG	CAPS	OTC-Covered w/Rx
	<i>vitamins a/c/d/fluoride</i>	35MG/ML/ 400UNIT/ML/ 0.25MG/ML/ 1500UNIT/ML	SOLN	
Vitamin A	<i>vitamin a</i>	8000UNIT, 10000UNIT	CAPS	OTC-Covered w/Rx
Vitamin B Complex	<i>cyanocobalamin</i>	1000MCG/ML	SOLN	
	<i>endur-acin</i>	500MG	TBCR	OTC-Covered w/Rx
	<i>folic acid</i>	1MG, 800MCG, 400MCG	TABS	OTC-Covered w/Rx
	<i>folic acid</i>	1MG	TABS	
	<i>niacin</i>	50MG, 500MG, 250MG, 100MG	TABS	OTC-Covered w/Rx
	<i>niacin sr</i>	500MG	CPCR	OTC-Covered w/Rx
	<i>niacin td</i>	500MG	TBCR	OTC-Covered w/Rx
	<i>niacin tr</i>	500MG	TBCR, CPCR	OTC-Covered w/Rx
	<i>SLO-NIACIN</i>	500MG	TBCR	
	<i>thiamine hcl</i>	100MG/ML	SOLN	
	<i>thiamine hcl</i>	100MG	TABS	OTC-Covered w/Rx
	<i>vitamin b-1</i>	50MG, 250MG, 100MG	TABS	OTC-Covered w/Rx
	<i>vitamin b-6</i>	50MG, 500MG, 25MG, 250MG, 100MG	TABS	OTC-Covered w/Rx
	<i>vitamin b-6 tr</i>	200MG	TBCR	OTC-Covered w/Rx
Vitamin C	<i>vitamin c</i>	500MG	TABS	
Vitamin D	<i>calcitriol</i>	1MCG/ML, 0.5MCG, 0.25MCG	SOLN, CAPS	
	<i>d 5000</i>	5000UNIT	CAPS	
	<i>vitamin d</i>	50000UNIT	CAPS	
	<i>vitamin d3</i>	5000UNIT, 5000UNIT/ML	TABS, LIQD	
	<i>vitamin d3 super strength</i>	2000UNIT	TABS	
Vitamin K Activity	<i>MEPHYTON</i>	5MG	TABS	