

2009

# 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.

Last updated (10/02/2009 )



# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
<b>ANTIHISTAMINES</b>				
Derivatives, Miscellaneous	<i>cyproheptadine hcl</i>	4MG, 2MG/5ML	TABS, SYRP	
Ethanolamine Derivatives	<i>apap /phenyltoloxamine</i>	650MG/ 60MG	TABS	
	<i>diphenhydramine hcl</i>	50MG, 25MG	TABS, CAPS	OTC-Covered w/Rx
	<i>diphenhydramine hcl</i>	25MG, 50MG	CAPS	
	<i>vistra 650</i>	650MG/ 60MG	TABS	
Phenothiazine Derivatives	<i>promethazine hcl</i>	50MG, 25MG, 12.5MG, 6.25MG/5ML, 25MG/ML	TABS, SYRP, SUPP, SOLN	
	<i>promethazine hcl plain</i>	6.25MG/5ML	SYRP	
	<i>promethazine vc</i>	5MG/5ML/ 6.25MG/5ML	SYRP	
	<i>promethazine vc plain</i>	5MG/5ML/ 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>allerfed</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>allerfrim</i>	60MG/ 2.5MG, 30MG/5ML/ 1.25MG/5ML	TABS, SYRP	OTC-Covered w/Rx
	<i>aller-time</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>altafed</i>	30MG/5ML/ 1.25MG/5ML	SYRP	OTC-Covered w/Rx
	ANTIHISTAMINE	30MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>antihistamine /decongestant</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>aprodine</i>	60MG/ 2.5MG, 30MG/5ML/ 1.25MG/5ML	TABS, SYRP	OTC-Covered w/Rx
	<i>bpm pe</i>	4MG/5ML/ 7.5MG/5ML	LIQD	
	<i>bpm pseudo</i>	6MG/ 45MG	TB12	
	CHLORPHENIRAMINE /PSEUDOEPHEDRINE	2MG/5ML/ 30MG/5ML	SYRP	
	<i>chlorpheniramine maleate</i>	4MG	TABS	OTC-Covered w/Rx
	<i>chlorpheniramine/ pseudoephedrine cr</i>	8MG/ 120MG	CPCR	
	<i>chlortan</i>	8MG/5ML	SUSP	
	<i>cp dec</i>	4MG/5ML/ 12.5MG/5ML	SYRP	
	<i>c-phen</i>	4MG/5ML/ 12.5MG/5ML	SYRP	
	<i>decongestant /antihistamine</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>genac</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>histafed</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>lohist-12d</i>	6MG/ 45MG	TB12	
	<i>lohist-d</i>	2MG/5ML/ 30MG/5ML	LIQD	
	<i>lohist-pd</i>	1MG/ML/ 12.5MG/ML	LIQD	

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	<i>nohist</i>	8MG/ 20MG	TBCR	
	<i>pediaphyl</i>	8MG/5ML	SUSP	
	<i>phenabid</i>	8MG/ 20MG	TBCR	
	<i>phenylephrine hydrochloride / brompheniramine maleate</i>	6MG/ 7.5MG, 12MG/ 15MG	CP12	
	<i>pse bpm</i>	4MG/5ML/ 60MG/5ML	LIQD	
	<i>respahist</i>	6MG/ 60MG	CPCR	
	<i>rondex</i>	4MG/5ML/ 12.5MG/5ML, 1MG/ML/ 3.5MG/ML	SYRP, LIQD	
	<i>silafed</i>	30MG/5ML/ 1.25MG/5ML	SYRP	OTC-Covered w/Rx
	<i>sildec</i>	4MG/5ML/ 45MG/5ML	SYRP	
	<i>sildec-pe</i>	4MG/5ML/ 12.5MG/5ML	SYRP	
	<i>suclor</i>	8MG/ 120MG	CPCR	
	<i>sudahist</i>	12MG/ 120MG	TB12	
	<i>tri-afed allergy/head cold</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>tri-pseudaphed</i>	60MG/ 2.5MG	TABS	OTC-Covered w/Rx
	<i>uni-hist</i>	1MG/ML/ 12.5MG/ML	LIQD	
Second Generation Antihistamines	<i>alavert</i>	10MG	TBDP, TABS	OTC-Covered w/Rx
	<i>alavert allergy/sinus</i>	5MG/ 120MG	TB12	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	
	<i>cetirizine hcl</i>	5MG, 10MG	TABS, CHEW	OTC-Covered w/Rx
	<i>cetirizine hcl children's</i>	1MG/ML	SOLN	OTC-Covered w/Rx
	<i>cetirizine hcl children's allergy</i>	5MG/5ML, 1MG/ML	SYRP	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</i>	10MG	TABS	OTC-Covered w/Rx
	<i>clear-atadine childrens</i>	10MG, 5MG/5ML	TBDP, 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	OTC-Covered w/Rx
<b>ANTI-INFECTIVES</b>				
Anthelmintics	<i>ascarel</i>	250MG/5ML	SUSP	OTC-Covered w/Rx

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	<i>mebendazole</i>	100MG	CHEW	QL (6.00 per 31 days)
	<i>pin-x</i>	50MG/ML, 250MG/5ML	SUSP	OTC-Covered w/Rx
	<i>reeses pinworm medicine</i>	250MG/5ML	SUSP	OTC-Covered w/Rx
Glycopeptides	VANOCIN HCL	250MG, 125MG	CAPS	PA
	VANCOMYCIN HCL	750MG	SOLR	
Lincomycins	CLEOCIN	75MG	CAPS	
	CLEOCIN PEDIATRIC GRANULES	75MG/5ML	SOLR	QL (300.00 per 31 days)
	<i>clindamycin hcl</i>	300MG, 150MG	CAPS	
	<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>cephalexin</i>	250MG/5ML, 125MG/5ML, 500MG, 250MG	SUSR, CAPS	
Second Generation Cephalosporins	<i>cefaclor</i>	375MG/5ML, 500MG, 250MG	SUSR, CAPS	
	<i>cefprozil</i>	500MG, 250MG, 250MG/5ML, 125MG/5ML	TABS, SUSR	
	<i>cefuroxime axetil</i>	500MG, 250MG, 250MG/5ML, 125MG/5ML	TABS, SUSR	
Third Generation Cephalosporins	<i>cefdinir</i>	250MG/5ML, 125MG/5ML, 300MG	SUSR, CAPS	
	<i>cefpodoxime proxetil</i>	50MG/5ML, 100MG/5ML	SUSR	
Erythromycins	<i>e.e.s. 400</i>	400MG, 400MG/5ML	TABS, SUSP	
	E.E.S. GRANULES	200MG/5ML	SUSR	
	ERY-TAB	500MG, 333MG, 250MG	TBEC	
	ERYTHROCIN STEARATE	500MG, 250MG	TABS	
	<i>erythromycin</i>	250MG	CPEP	
	<i>erythromycin /sulfoxazole</i>	200MG/5ML/ 600MG/5ML	SUSR	
	<i>erythromycin base</i>	500MG, 250MG	TABS	
	<i>erythromycin ethylsuccinate</i>	400MG	TABS	
	PCE	500MG, 333MG	TBEC	
Other Macrolides	<i>azithromycin</i>	600MG, 500MG, 200MG/5ML, 100MG/5ML, 500MG, 2.5GM	TABS, SUSR, SOLR	
	<i>azithromycin</i>	250MG	TABS	QL (6.00 per 31 days)
	<i>clarithromycin</i>	500MG, 250MG, 250MG/5ML, 125MG/5ML	TABS, SUSR	
Natural Penicillins	BICILLIN C-R	900000UNIT/ML/ 300000UNIT/ML, 300000UNIT/ML/ 300000UNIT/ML	SUSP	
	BICILLIN L-A	600000UNIT/ML, 2400000UNIT/4ML, 1200000UNIT/2ML	SUSP	
	PENICILLIN G PROCAINE	600000UNIT/ML	SUSP	
	<i>penicillin v potassium</i>	500MG, 250MG, 250MG/5ML, 125MG/5ML	TABS, SOLR	

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	<i>veetids</i>	500MG, 125MG/5ML	TABS, SOLR	
Aminopenicillins	<i>amoclan</i>	400MG/5ML/ 57MG/5ML, 200MG/5ML/ 28.5MG/5ML	SUSR	
	<i>amoxicillin</i>	875MG, 500MG, 400MG/5ML, 250MG/5ML, 200MG/5ML, 125MG/5ML, 400MG, 250MG, 200MG, 125MG, 500MG, 250MG	TABS, SUSR, CHEW, CAPS	
	<i>amoxicillin/clavulanate potassium</i>	875MG/ 125MG, 500MG/ 125MG, 250MG/ 125MG, 600MG/5ML/ 42.9MG/5ML, 400MG/5ML/ 57MG/5ML, 200MG/5ML/ 28.5MG/5ML, 400MG/ 57MG, 200MG/ 28.5MG	TABS, SUSR, CHEW	
	<i>ampicillin</i>	250MG/5ML, 125MG/5ML, 500MG, 250MG	SUSR, CAPS	
Penicillinase-resistant Penicillins	<i>dicloxacillin sodium</i>	500MG, 250MG	CAPS	
	OXACILLIN SODIUM	2GM, 1GM, 10GM	SOLR	
Quinolones	<i>ciprofloxacin hcl</i>	750MG, 500MG, 250MG	TABS	
	LEVAQUIN	750MG, 500MG, 250MG	TABS	QL (14.00 per 31 days)
Sulfonamides	GANTRISIN PEDIATRIC	500MG/5ML	SUSP	
	<i>sulfamethoxazole /trimethoprim</i>	400MG/ 80MG	TABS	
	<i>sulfamethoxazole /trimethoprim</i>	200MG/5ML/ 40MG/5ML	SUSP	QL (1200.00 per 31 days)
	<i>sulfamethoxazole/ trimethoprim ds</i>	800MG/ 160MG	TABS	
	<i>sulfasalazine</i>	500MG	TBEC, TABS	
	<i>sulfatrim</i>	200MG/5ML/ 40MG/5ML	SUSP	QL (1200.00 per 31 days)
Tetracyclines	DECLOMYCIN	300MG, 150MG	TABS	
	<i>demeclocycline hcl</i>	300MG, 150MG	TABS	
	<i>doxycycline hyclate</i>	20MG, 100MG, 50MG	TABS, SOLR, CAPS	
	<i>doxycycline monohydrate</i>	25MG/5ML, 50MG, 100MG	SUSR, 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	
	GRIS-PEG	250MG, 125MG	TABS	
Azoles	<i>fluconazole</i>	50MG, 200MG, 150MG, 100MG, 40MG/ML, 10MG/ML	TABS, SUSR	
	<i>ketoconazole</i>	200MG	TABS	
Polyenes	<i>nystatin</i>	500000UNIT, 100000UNIT/ML	TABS, SUSP	
Antituberculosis Agents	<i>isoniazid</i>	300MG, 100MG, 100MG/ML	TABS, SOLN	
	MYCOBUTIN	150MG	CAPS	

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>pyrazinamide</i>	500MG	TABS	
	<i>rifampin</i>	600MG, 300MG, 150MG	SOLR, CAPS	
Antimalarials	DARAPRIM	25MG	TABS	
	<i>hydroxychloroquine sulfate</i>	200MG	TABS	
	MALARONE	62.5MG/ 25MG, 250MG/ 100MG	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, 333MG, 200MG, 100MG	CAPS	
	INVIRASE	500MG, 200MG	TABS, CAPS	
	KALETRA	200MG/ 50MG, 400MG/5ML/ 100MG/5ML, 100MG/25MG	TABS, SOLN	
	LEXIVA	50MG/ML	SUSP	
	LEXIVA	700MG	TABS	QL (124.00 per 31 days)
	NORVIR	80MG/ML, 100MG	SOLN, CAPS	
	PREZISTA	600MG, 400MG, 300MG, 150MG, 75MG	TABS	
	REYATAZ	300MG, 200MG, 150MG, 100MG	CAPS	QL (62.00 per 31 days)
	VIRACEPT	625MG, 250MG	TABS	QL (310.00 per 31 days)
Integrase Inhibitors	ISENTRESS	400MG	TABS	
Nonnucleoside Reverse Transcriptase Inhibitors	INTELENCE	100MG	TABS	
	RESCRIPTOR	200MG, 100MG	TABS	
	SUSTIVA	600MG, 50MG, 200MG	TABS, CAPS	
	VIRAMUNE	200MG, 50MG/5ML	TABS, SUSP	
Nucleoside and Nucleotide Reverse Transcriptase	COMBIVIR	150MG/ 300MG	TABS	
	<i>didanosine</i>	400MG, 250MG, 200MG, 125MG	CPDR	
	EMTRIVA	200MG	CAPS	QL (31.00 per 31 days)
	EMTRIVA	10MG/ML	SOLN, CAPS	QL (170.00 per 31 days)
	EPIVIR	300MG, 150MG, 10MG/ML	TABS, SOLN	
	EPIVIR HBV	100MG, 5MG/ML	TABS, SOLN	

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Class	Product Name	Strengths	Form	Coverage Detail
	EPZICOM	600MG/ 300MG	TABS	QL (31.00 per 31 days)
	<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	
	ZIAGEN	300MG, 20MG/ML	TABS, SOLN	
	<i>zidovudine</i>	300MG, 50MG/5ML, 100MG	TABS, SYRP, CAPS	
Miscellaneous Antiretrovirals	ATRIPLA	600MG/ 200MG/ 300MG	TABS	
Monoclonal Antibodies	SYNAGIS	50MG/0.5ML, 100MG/ML	SOLN	PA
Neuraminidase Inhibitors	RELENZA	5MG/BLISTER	AEPB	
	TAMIFLU	75MG, 45MG, 30MG, 12MG/ML	SUSR, CAPS	
Nucleosides & Nucleotides	<i>acyclovir</i>	800MG, 400MG, 200MG/5ML, 200MG	TABS, SUSP, CAPS	
	GANCICLOVIR	500MG, 250MG	CAPS	
	HEPSERA	10MG	TABS	PA
	<i>ribavirin</i>	200MG	TABS	
	VALTREX	500MG, 1GM	TABS	
Urinary Anti-infectives	<i>nitrofurantoin macrocrystalline</i>	50MG, 100MG	CAPS	
	<i>nitrofurantoin monohydrate</i>	100MG	CAPS	
	<i>trimethoprim</i>	100MG	TABS	
	URETRON D/S	0.12MG/ 120MG/ 10.8MG/ 36.2MG/ 40.8MG	TABS	
	<i>uticap</i>	0.12MG/120MG/10MG/36MG/40.8 MG	CAPS	
<b>ANTINEOPLASTICS</b>				
Antineoplastic Agents	<i>adriamycin</i>	50MG, 10MG, 2MG/ML	SOLR, SOLN	PA
	<i>adrucil</i>	50MG/ML	SOLN	PA
	ALKERAN	2MG, 50MG	TABS, SOLR	PA
	ARIMIDEX	1MG	TABS	PA
	<i>bleomycin sulfate</i>	30UNIT, 15UNIT	SOLR	PA
	BUSULFEX	6MG/ML	SOLN	PA
	<i>carboplatin</i>	50MG, 450MG, 150MG, 600MG/60ML, 50MG/5ML, 450MG/45ML, 150MG/15ML	SOLR, SOLN	PA
	CEENU	40MG, 300MG, 10MG, 100MG	CAPS	PA
	<i>cisplatin</i>	50MG/50ML, 200MG/200ML, 100MG/100ML	SOLN	PA
	COSMEGEN	0.5MG	SOLR	PA

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	<i>cyclophosphamide</i>	50MG, 25MG, 500MG, 2GM, 1GM	TABS, SOLR	PA
	<i>daunorubicin hcl</i>	20MG, 5MG/ML	SOLR, INJ	PA
	DAUNOXOME	2MG/ML	INJ	PA
	<i>doxorubicin hcl</i>	50MG, 10MG, 2MG/ML	SOLR, SOLN	PA
	ELIGARD	7.5MG, 45MG, 30MG, 22.5MG	KIT	PA
	ELOXATIN	50MG/10ML, 200MG/40ML, 100MG/20ML	SOLN	PA
	EMCYT	140MG	CAPS	PA
	<i>etoposide</i>	20MG/ML, 50MG	SOLN, CAPS	PA
	<i>fluorouracil</i>	50MG/ML, 50MG/ML, 500MG/10ML, 2.5GM/50ML, 1GM/20ML, 5GM/100ML	SOLN	PA
	GEMZAR	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
	LEUKERAN	2MG	TABS	PA
	LYSODREN	500MG	TABS	PA
	<i>megestrol acetate</i>	40MG, 20MG	TABS	
	<i>megestrol acetate</i>	40MG/ML	SUSP	QL (600.00 per 31 days)
	<i>mercaptopurine</i>	50MG	TABS	
	<i>methotrexate</i>	2.5MG	TABS	
	<i>methotrexate sodium</i>	1GM, 50MG/2ML, 25MG/ML, 250MG/10ML, 1GM/40ML	SOLR, SOLN	PA
	<i>mitomycin</i>	5MG, 40MG, 20MG	SOLR	PA
	MYLERAN	2MG	TABS	PA
	SPRYCEL	70MG, 50MG, 20MG, 100MG	TABS	PA
	SUTENT	50MG, 25MG, 12.5MG	CAPS	PA
	TABLOID	40MG	TABS	PA
	TARCEVA	25MG, 150MG, 100MG	TABS	PA
	<i>tamoxifen citrate</i>	20MG, 10MG	TABS	
	TASIGNA	200MG	CAPS	PA
	TEMODAR	5MG, 250MG, 20MG, 180MG, 140MG, 100MG	CAPS	PA
	TESLAC	50MG	TABS	PA
	<i>toposar</i>	20MG/ML	SOLN	PA

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	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
	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	
	BELLADONNA & OPIUM	16.2MG/ 30MG	SUPP	
	BELLADONNA ALKALOIDS & OPIUM	16.2MG/ 60MG	SUPP	
	<i>dicyclomine hcl</i>	20MG, 10MG/ML, 10MG/5ML, 10MG	TABS, SOLN, CAPS	
	<i>hyomax -dt</i>	0.375MG	TBCR	
	<i>hyomax-ft</i>	0.125MG	TBDP	
	<i>hyomax-sl</i>	0.125MG	SUBL	
	<i>hyomax-sr</i>	0.375MG	TB12	
	<i>hyoscyamine</i>	0.15MG	TABS	
	<i>hyoscyamine sulfate</i>	0.125MG, 0.375MG, 0.125MG, 0.125MG/ML, 0.125MG/5ML	TBDP, TB12, TABS, SOLN, ELIX	
	<i>hyoscyamine sulfate tr</i>	0.375MG	TB12	
	<i>ipratropium bromide</i>	0.06%, 0.03%	SOLN	
	<i>ipratropium bromide</i>	0.02%	SOLN	QL (480.00 per 31 days)
	PROPANTHELINE BROMIDE	15MG	TABS	
	SYMAX DUOTAB	0.375MG	TBCR	
	<i>symax fastabs</i>	0.125MG	TBDP	
	<i>symax-sr</i>	0.375MG	TB12	
Autonomic Drugs, Miscellaneous	<i>nicotine</i>	14MG/24HR, 7MG/24HR, 21MG/24HR	PT24	OTC-Covered w/ Rx; Max 3 month per year
Parasympathomimetic Cholinergic	ARICEPT	5MG, 10MG	TABS	
	ARICEPT ODT	5MG, 10MG	TBDP	
	<i>bethanechol chloride</i>	5MG, 50MG, 25MG, 10MG	TABS	
	EXELON	2MG/ML, 6MG, 4.5MG, 3MG, 1.5MG	SOLN, CAPS	
	MESTINON	60MG/5ML	SYRP	

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	MESTINON TIMESPAN	180MG	TBCR	
	<i>pilocarpine hydrochloride</i>	5MG, 7.5MG	TABS	
	PROSTIGMIN	15MG	TABS	
	<i>pyridostigmine bromide</i>	60MG	TABS	
Centrally Acting Skeletal Muscle Relaxants	<i>carisoprodol</i>	350MG	TABS	
	<i>carisoprodol /aspirin</i>	200MG/ 325MG	TABS	
	<i>carisoprodol /aspirin /codeine</i>	325MG/ 200MG/ 16MG	TABS	
	<i>chlorzoxazone</i>	500MG, 250MG	TABS	
	<i>cyclobenzaprine hcl</i>	5MG, 10MG	TABS	
	<i>methocarbamol</i>	750MG, 500MG	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	
Neuromuscular Blocking Agents	<i>atracurium besylate</i>	10MG/ML	SOLN	
	<i>tizanidine hcl</i>	4MG, 2MG	TABS	
Sympatholytic Adrenergic Block Agents	<i>ergoloid mesylates</i>	1MG	TABS	
	ERGOMAR	2MG	SUBL	
	MIGRANAL	4MG/ML	SOLN	QL (4.00 per 31 days)
Sympathomimetic Adrenergic	LUSONAL	7.5MG/5ML	LIQD	
	<i>midodrine hcl</i>	5MG, 2.5MG, 10MG	TABS	
	ADVAIR DISKUS	500MCG/DOSE/ 50MCG/DOSE, 250MCG/DOSE/ 50MCG/DOSE, 100MCG/DOSE/ 50MCG/DOSE	MISC	
	ADVAIR HFA	45MCG/ACT/ 21MCG/ACT, 230MCG/ACT/ 21MCG/ACT, 115MCG/ACT/ 21MCG/ACT	AERO	
	ALBUTEROL	90MCG/ACT	AERS	
	<i>albuterol sulfate</i>	0.5%	NEBU	
	<i>albuterol sulfate</i>	1.25MG/3ML, 0.63MG/3ML	NEBU	QL (300.00 per 31 days)
	<i>albuterol sulfate</i>	0.083%	NEBU	QL (720.00 per 31 days)
	<i>albuterol sulfate</i>	4MG, 2MG, 2MG/5ML	TABS, SYRP, NEBU	
	<i>albuterol sulfate er</i>	8MG, 4MG	TB12	
	COMBIVENT	103MCG/ACT/ 18MCG/ACT	AERO	
	<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, 0.6%, 0.4%	SYRP, NEBU	
	SEREVENT DISKUS	50MCG/DOSE	AEPB	
	<i>terbutaline sulfate</i>	5MG, 2.5MG, 1MG/ML	TABS, SOLN	

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Class	Product Name	Strengths	Form	Coverage Detail
	VENTOLIN HFA	108MCG/ACT	AERS	
	<i>ephedrine sulfate</i>	50MG/ML	SOLN	
	EPIPEN	1:1000	DEVI	QL (2.00 per 31 days)
	EPIPEN 2-PAK	1:1000	DEVI	QL (2.00 per 31 days)
	EPIPEN-JR	1:2000	DEVI	QL (2.00 per 31 days)
	EPIPEN-JR 2-PAK	1:2000	DEVI	QL (2.00 per 31 days)
	<i>pseudoephedrine hcl</i>	60MG, 30MG, 30MG/5ML	TABS, SYRP	OTC-Covered w/Rx
Skeletal Muscle Relaxants, Miscellaneous	<i>orphenadrine citrate</i>	30MG/ML	SOLN	
<b>BLOOD FORMATION, COAGULATION &amp; THROMBOSIS</b>				
Iron Preparations	FEOSOL	200MG	TABS	OTC-Covered w/Rx
	<i>ferrex 150</i>	150MG	CAPS	OTC-Covered w/Rx
	<i>ferrex 150</i>	150MG	CAPS	
	<i>ferrex 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	<i>ferrous gluconate</i>	225MG	TABS	OTC-Covered w/Rx
	<i>ferrous sulfate</i>	325MG, 324MG, 220MG/5ML	TBEC, TABS, ELIX	OTC-Covered w/Rx
	<i>ferrous sulfate cr</i>	160MG	TBCR	OTC-Covered w/Rx
	HEMOCYTE PLUS	10MG/ 0.8MG/ 15MCG/ 324MG/ 1MG/ 6.9MG/ 1.3MG/ 30MG/ 5MG/ 6MG/ 200MG/ 10MG/ 18.2MG	CAPS	
	<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>reocyte plus</i>	10MG/ 0.8MG/ 15MCG/ 324MG/ 1MG/ 6.9MG/ 1.3MG/ 30MG/ 5MG/ 6MG/ 200MG/ 10MG/ 18.2MG	CAPS	
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	
Heparins	LOVENOX	100MG/ML	SOLN	QL (28.00 per 31 days)
	LOVENOX	120MG/0.8ML	SOLN	QL (22.40 per 31 days)
	LOVENOX	150MG/ML	SOLN	QL (28.00 per 31 days)
	LOVENOX	300MG/3ML	SOLN	QL (24.00 per 31 days)
	LOVENOX	40MG/0.4ML, 30MG/0.3ML	SOLN	QL (8.40 per 31 days)
	LOVENOX	60MG/0.6ML	SOLN	QL (16.80 per 31 days)
	LOVENOX	80MG/0.8ML	SOLN	QL (22.40 per 31 days)
Miscellaneous Anticoagulants	ARIXTRA	10MG/0.8ML	SOLN	PA; QL (8.00 per 31 days)
	ARIXTRA	2.5MG/0.5ML	SOLN	PA; QL (5.00 per 31 days)

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Class	Product Name	Strengths	Form	Coverage Detail
	ARIXTRA	5MG/0.4ML	SOLN	PA; QL (4.00 per 31 days)
	ARIXTRA	7.5MG/0.6ML	SOLN	PA; QL (6.00 per 31 days)
Platelet-Aggregation Inhibitors	PLAVIX	75MG	TABS	
	<i>cilostazol</i>	50MG, 100MG	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, 4000UNIT/ML, 3000UNIT/ML, 2000UNIT/ML, 20000UNIT/ML, 10000UNIT/ML	SOLN	PA
Hemorrhologic Agents	<i>pentoxifylline er</i>	400MG	TBCR	
<b>CARDIOVASCULARS</b>				
alpha-Adrenergic Blocking Agents	<i>doxazosin mesylate</i>	8MG, 4MG, 2MG, 1MG	TABS	
	<i>prazosin hcl</i>	5MG, 2MG, 1MG	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/DOSE	POWD	QL (756.00 per 31 days)
	<i>cholestyramine light</i>	4GM	PACK	
	<i>colestipol hcl</i>	1GM, 5GM	TABS, GRAN	
	<i>colestipol hcl for oral suspension</i>	5GM	PACK	
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>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>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, 160MG	TABS	

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Class	Product Name	Strengths	Form	Coverage Detail
	PINDOLOL	5MG, 10MG	TABS	
	<i>propranolol/ hydrochlorothiazide</i>	80MG/ 25MG, 40MG/ 25MG	TABS	
	<i>propranolol hcl</i>	80MG, 60MG, 40MG, 20MG, 10MG, 1MG/ML	TABS, SOLN	
	<i>propranolol hcl er</i>	80MG, 60MG, 160MG, 120MG	CP24	
	<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	
	<i>diltiazem hcl</i>	90MG, 60MG, 30MG, 120MG, 5MG/ML, 360MG, 300MG, 240MG, 180MG	TABS, SOLN, CP24	
	<i>diltiazem hcl er</i>	420MG, 360MG, 300MG, 240MG, 180MG, 120MG, 90MG, 60MG	CP24, CP12	
	<i>diltiazem xr</i>	240MG	CP24	
	<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>	360MG, 240MG, 180MG, 120MG	CP24	
Dihydropyridines	<i>amlodipine besylate</i>	5MG, 2.5MG, 10MG	TABS	
	<i>amlodipine besylate/ benazepril hydrochloride</i>	5MG/ 20MG, 5MG/ 10MG, 2.5MG/ 10MG, 10MG/ 20MG	CAPS	
	<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	
	<i>disopyramide phosphate er</i>	150MG	CP12	
	NORPACE CR	150MG	CP12	
	PROCAINAMIDE HCL	500MG/ML, 100MG/ML	SOLN	
	QUINIDINE GLUCONATE	80MG/ML	SOLN	
	<i>quinidine gluconate cr</i>	324MG	TBCR	
	<i>quinidine gluconate er</i>	324MG	TBCR	
	<i>quinidine gluconate sa</i>	324MG	TBCR	
	<i>quinidine sulfate</i>	300MG	TABS	
Class Ib Antiarrhythmics	<i>lidocaine hcl</i>	20MG/ML	SOLN	

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Class	Product Name	Strengths	Form	Coverage Detail
	MEXILETINE HCL	250MG, 200MG, 150MG	CAPS	
Class Ic Antiarrhythmics	<i>flecainide acetate</i>	50MG, 150MG, 100MG	TABS	QL (248.00 per 31 days)
	<i>propafenone hcl</i>	300MG, 225MG, 150MG	TABS	
Antiarrhythmics Class III	<i>amiodarone hcl</i>	400MG, 200MG, 50MG/ML, 450MG/9ML	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	
	CLORPRES	15MG/ 0.3MG, 15MG/ 0.2MG, 15MG/ 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/ hydrochlorothiazide</i>	50MG/ 50MG, 25MG/ 25MG	CAPS	
	<i>hydralazine hcl</i>	50MG, 25MG, 10MG, 100MG, 20MG/ML	TABS, SOLN	
	<i>minoxidil</i>	2.5MG, 10MG	TABS	
Angiotensin II Receptor Antagonists	BENICAR	5MG, 40MG, 20MG	TABS	ST; QL (31.00 per 31 days); Must fail preferred ACE inhibitor
	BENICAR HCT	40MG/ 25MG, 40MG/ 12.5MG, 20MG/ 12.5MG	TABS	ST; QL (31.00 per 31 days); Must fail preferred ACE inhibitor
	COZAAR	100MG, 50MG, 25MG	TABS	ST; QL (31.00 per 31 days); Must fail preferred ACE inhibitor
	HYZAAR	100MG/25MG, 100MG/12.5MG, 50MG/12.5MG	TABS	ST; QL (31.00 per 31 days); Must fail preferred ACE inhibitor
	MICARDIS	80MG, 40MG, 20MG	TABS	ST; QL (31.00 per 31 days); Must fail preferred ACE inhibitor
	MICARDIS HCT	80MG/ 25MG, 80MG/ 12.5MG, 40MG/ 12.5MG	TABS	ST; QL (62.00 per 31 days); Must fail preferred ACE inhibitor
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>lisinopril</i>	5MG, 40MG, 30MG, 20MG, 2.5MG, 10MG	TABS	
	<i>lisinopril /hydrochlorothiazide</i>	20MG/ 25MG, 20MG/ 12.5MG, 10MG/ 12.5MG	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, 5MG, 2.5MG	TABS, SUBL	
	<i>isosorbide dinitrate er</i>	40MG	TBCR	
	<i>isosorbide mononitrate</i>	20MG, 10MG	TABS	

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>isosorbide mononitrate er</i>	60MG, 30MG, 120MG	TB24	
	<i>nitroglycerin</i>	0.6MG, 0.4MG, 0.3MG, 0.6MG/HR, 0.4MG/HR, 0.2MG/HR	SUBL, PT24	
	<i>nitroglycerin cr</i>	9MG, 6.5MG, 2.5MG	CPCR	
	<i>nitroglycerin er</i>	9MG, 6.5MG, 2.5MG	CPCR	
	<i>nitroglycerin sr</i>	2.5MG	CPCR	
	<i>nitroglycerin td</i>	9MG, 6.5MG, 2.5MG	CPCR	
	<i>nitroglycerin transdermal</i>	0.6MG/HR, 0.4MG/HR, 0.2MG/HR, 0.1MG/HR	PT24	
Vasodilators, Misc	<i>dipyridamole</i>	75MG, 50MG, 25MG, 5MG/ML	TABS, SOLN	
<b>CENTRAL NERVOUS SYSTEM AGENTS</b>				
Analgesics and Antipyretics, Misc	<i>anolor 300</i>	50MG/ 325MG/ 40MG	CAPS	
	<i>bupap</i>	50MG/ 650MG	TABS	
	<i>butalbital/acetaminophen</i>	50MG/ 325MG	TABS	
	<i>butalbital/apap/caffeine</i>	50MG/ 500MG/ 40MG, 50MG/ 325MG/ 40MG	TABS, CAPS	
	<i>cephadyn</i>	50MG/ 650MG	TABS	
	<i>margesic</i>	50MG/ 325MG/ 40MG	CAPS	
	<i>marten-tab</i>	50MG/ 325MG	TABS	
	<i>medigesic</i>	50MG/ 325MG/ 40MG	CAPS	
	<i>repan</i>	50MG/ 325MG/ 40MG	TABS	
	<i>tencet</i>	50MG/ 325MG/ 40MG	CAPS	
	<i>zebutal</i>	50MG/ 500MG/ 40MG	CAPS	
Cyclooxygenase-2 COX-2	CELEBREX	50MG, 400MG, 200MG, 100MG	CAPS	ST; QL (31.00 per 31 days); Must fail preferred NSAID
Salicylates	<i>aspirin</i>	81MG, 325MG, 600MG, 300MG	TABS, SUPP, CHEW	OTC-Covered w/Rx
	<i>aspirin childrens</i>	81MG	CHEW	OTC-Covered w/Rx
	<i>aspirin low dose</i>	81MG	TABS	OTC-Covered w/Rx
	<i>butalbital /aspirin /caffeine</i>	50MG/ 325MG/ 40MG	TABS, CAPS	
	<i>butalbital compound</i>	50MG/ 325MG/ 40MG	TABS, CAPS	
	<i>childrens aspirin</i>	81MG	CHEW	OTC-Covered w/Rx
	<i>childrens aspirin low strength</i>	81MG	CHEW	OTC-Covered w/Rx
	<i>choline magnesium trisalicylate</i>	750MG, 500MG, 1000MG, 500MG/5ML	TABS, LIQD	
	<i>norwich aspirin</i>	500MG, 325MG	TABS	OTC-Covered w/Rx
	<i>orphenadrine /asa /caffeine</i>	385MG/ 30MG/ 25MG	TABS	
	<i>salsalate</i>	750MG, 500MG	TABS	
Other Nonsteroidal Anti-inflammatory Agents	<i>childrens ibuprofen</i>	100MG/5ML, 40MG/ML	SUSP	OTC-Covered w/Rx

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>diclofenac potassium</i>	50MG	TABS	
	<i>diclofenac sodium</i>	75MG	TBEC	
	<i>diclofenac sodium dr</i>	50MG	TBEC	
	<i>diclofenac sodium ec</i>	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>fenoprofen calcium</i>	600MG	TABS	
	<i>flurbiprofen</i>	50MG, 100MG	TABS	
	<i>ibu-200</i>	200MG	TABS	OTC-Covered w/Rx
	<i>ibuprofen</i>	200MG, 100MG/5ML	TABS, SUSP	OTC-Covered w/Rx
	<i>ibuprofen</i>	400MG, 600MG, 800MG, 100MG/5ML	TABS, SUSP	
	<i>indomethacin</i>	50MG, 25MG	CAPS	
	<i>ketoprofen</i>	75MG, 50MG	CAPS	
	<i>ketorolac tromethamine</i>	10MG	TABS	QL (20.00 per 31 days)
	<i>meloxicam</i>	7.5MG, 15MG, 7.5MG/5ML	TABS, SUSP	
	<i>nabumetone</i>	750MG, 500MG	TABS	
	<i>naproxen</i>	500MG, 375MG, 250MG, 125MG/5ML	TABS, SUSP	
	<i>naproxen dr</i>	500MG	TBEC	
	<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	
Opiate Agonists	<i>acetaminophen /codeine</i>	300MG/ 60MG, 300MG/ 15MG, 120MG/5ML/ 12MG/5ML	TABS, SOLN	
	<i>acetaminophen/codeine #2</i>	300MG/ 15MG	TABS	
	<i>acetaminophen/codeine #3</i>	300MG/ 30MG	TABS	
	<i>acetaminophen/codeine #4</i>	300MG/ 60MG	TABS	
	<i>ascomp/codeine</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	
	<i>butal /asa /caff /cod</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	
	<i>butalbital /apap /caffeine /codeine</i>	50MG/ 325MG/ 40MG/ 30MG	CAPS	

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Class	Product Name	Strengths	Form	Coverage Detail
	CODEINE PHOSPHATE	30MG/ML, 15MG/ML	SOLN	
	<i>codeine sulfate</i>	60MG, 30MG	TABS	
	<i>co-gesic</i>	5MG/ 500MG	TABS	QL (248.00 per 31 days)
	DILAUDID-5	1MG/ML	LIQD	
	<i>dolacet</i>	5MG/ 500MG	CAPS	QL (248.00 per 31 days)
	<i>endocet</i>	7.5MG/ 500MG, 5MG/ 325MG	TABS	QL (248.00 per 31 days)
	<i>endodan</i>	325MG/ 4.5MG/ 0.38MG	TABS	QL (248.00 per 31 days)
	<i>fentanyl</i>	75MCG/HR, 50MCG/HR, 25MCG/HR, 12.5MCG/HR, 100MCG/HR	PT72	PA; QL (10.00 per 31 days)
	<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, 500MG/15ML/ 7.5MG/15ML	TABS, SOLN	QL (248.00 per 31 days)
	<i>hydrocodone /acetaminophen-hs</i>	2.5MG/ 500MG	TABS	QL (248.00 per 31 days)
	<i>hydrocodone bitartrate /acetaminophen</i>	10MG/ 750MG	TABS	QL (248.00 per 31 days)
	<i>hydrogesic</i>	5MG/500MG	CAPS	QL (248.00 per 31 days)
	HYDROMORPHONE /BUPIVACAINE /NS	0.125%/ 20MCG/ML/ 0.9%, 0.06%/ 20MCG/ML/ 0.9%	SOLN	
	<i>hydromorphone hcl</i>	8MG, 4MG, 2MG, 3MG	TABS, SUPP	
	LEVORPHANOL TARTRATE	2MG	TABS	
	LORCET PLUS	7.5MG/ 650MG	TABS	QL (240.00 per 31 days)
	<i>margesic-h</i>	5MG/ 500MG	CAPS	QL (248.00 per 31 days)
	<i>meperidine hcl</i>	50MG, 100MG, 75MG/ML, 50MG/ML, 25MG/ML, 10MG/ML, 100MG/ML	TABS, SOLN	
	<i>meperitab</i>	50MG, 100MG	TABS	
	<i>methadone hcl</i>	40MG, 5MG, 10MG, 5MG/5ML, 10MG/5ML, 10MG/ML	TBSO, TABS, SOLN, CONC	
	METHADONE HCL INTENSOL	10MG/ML	CONC	
	<i>methadose</i>	40MG, 5MG, 10MG, 10MG/ML	TBSO, TABS, CONC	
	MORPHINE SULFATE	15MG, 10MG, 30MG, 15MG, 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	TBSO, TABS, SUPP, SOLN	
	<i>morphine sulfate cr</i>	60MG, 30MG, 200MG, 15MG, 100MG	TB12	
	<i>morphine sulfate dilute-a-jet</i>	25MG/ML	SOLN	
	<i>morphine sulfate er</i>	60MG, 30MG, 200MG, 15MG, 100MG	TB12	
	<i>oxycodone /acetaminophen</i>	5MG/325MG, 2.5MG/325MG, 5MG/500MG	TABS, CAPS	QL (248.00 per 31 days)

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>oxycodone /apap</i>	7.5MG/ 500MG	TABS	QL (248.00 per 31 days)
	<i>oxycodone /aspirin</i>	325MG/ 4.5MG/ 0.38MG	TABS	QL (248.00 per 31 days)
	<i>oxycodone hcl</i>	5MG, 30MG, 15MG, 5MG/5ML, 20MG/ML, 5MG	TABS, SOLN, CONC, CAPS	
	<i>propoxyphene /acetaminophen</i>	65MG/ 650MG	TABS	
	<i>propoxyphene hcl</i>	65MG	CAPS	
	<i>propoxyphene-n /acetaminophen</i>	50MG/ 325MG, 100MG/ 650MG, 100MG/ 500MG	TABS	
	<i>roxicet</i>	5MG/ 325MG	TABS	QL (248.00 per 31 days)
	<i>tramadol hcl</i>	50MG	TABS	
Opiate Partial Agonists	<i>buprenorphine hcl</i>	0.3MG/ML	SOLN	
	<i>butorphanol tartrate</i>	10MG/ML	SOLN	QL (3.00 per 31 days)
	<i>nalbuphine hcl</i>	20MG/ML, 10MG/ML	SOLN	
	<i>pentazocine/naloxone hcl</i>	0.5MG/ 50MG	TABS	
	SUBOXONE	8MG/2MG, 2MG/0.5MG	SUBL	PA
Amphetamines	ADDERALL XR	5MG, 10MG, 15MG, 20MG, 25MG, 30MG	CP24	QL (31.00 per 31 days)
	<i>amphetamine /dextroamphetamine</i>	5MG, 10MG, 20MG, 30MG	TABS	
	<i>amphetamine salt combo</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	
Anorexigenics & Resp & Cereb Stim, Misc	AMMONIA AROMATIC INHALANT		SPRT	OTC-Covered w/Rx
	<i>ammonia inhalants</i>		INHA	OTC-Covered w/Rx
	<i>caffeine</i>	200MG	TABS	OTC-Covered w/Rx
	<i>caffeine citrate</i>	20MG/ML	SOLN	
	<i>caffeine citrate</i>	54MG, 36MG, 27MG, 18MG	TBCR	QL (31.00 per 31 days)
	CONCERTA	54MG, 36MG, 27MG, 18MG	TBCR	QL (31.00 per 31 days)
	<i>dexmethylphenidate hcl</i>	5MG, 2.5MG, 10MG	TABS	QL (62.00 per 31 days)
	<i>methylin</i>	5MG, 20MG, 10MG, 5MG, 2.5MG	TABS, CHEW	
	<i>methylin er</i>	20MG, 10MG	TBCR	
	<i>methylphenidate hcl</i>	20MG, 5MG, 10MG	TBCR, TABS	
	<i>methylphenidate hcl sr</i>	20MG	TBCR	
Anticonvulsants, Miscellaneous	<i>carbamazepine</i>	200MG, 100MG/5ML, 100MG	TABS, SUSP, CHEW	
	CARBATROL	300MG, 200MG, 100MG	CP12	
	<i>divalproex sodium</i>	500MG, 250MG, 125MG	TBEC, TB24, CPSP	
	<i>epitol</i>	200MG	TABS	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>gabapentin</i>	800MG, 600MG, 400MG, 300MG, 100MG	TABS, CAPS	
	GABITRIL	4MG, 2MG, 16MG, 12MG	TABS	
	KEPPRA	500MG/5ML	SOLN	
	<i>lamotrigine</i>	5MG, 25MG, 200MG, 150MG, 100MG	TBDP, TABS	
	<i>levetiracetam</i>	750MG, 500MG, 250MG	TABS	
	NEURONTIN	250MG/5ML	SOLN	QL (2500.00 per 31 days)
	<i>oxcarbazepine</i>	600MG, 300MG, 150MG	TABS	
	<i>topiramate</i>	50MG, 25MG, 200MG, 100MG	TABS	FDA APPROVED INDICATIONS ONLY
	<i>topiramate</i>	25MG, 15MG	CPSP	FDA APPROVED INDICATIONS ONLY
	TRILEPTAL	300MG/5ML	SUSP	QL (1500.00 per 31 days)
	<i>valproic acid</i>	250MG/5ML, 250MG	SYRP, CAPS	
	<i>zonisamide</i>	50MG, 25MG, 100MG	CAPS	
Barbiturates	<i>primidone</i>	50MG, 250MG	TABS	
Hydantoin	DILANTIN	30MG	CAPS	
	DILANTIN INFATABS	50MG	CHEW	
	PEGANONE	250MG	TABS	
	PHENYTEK	300MG, 200MG	CAPS	
	<i>phenytoin</i>	125MG/5ML	SUSP	
	<i>phenytoin sodium</i>	50MG/ML	SOLN	
	<i>phenytoin sodium extended</i>	100MG	CAPS	
Succinimides	<i>ethosuximide</i>	250MG/5ML, 250MG	SOLN, CAPS	
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, 8MEQ/5ML	SYRP, SOLN	
Antimigraine Agents, Miscellaneous	<i>epidrin</i>	65MG/ 100MG/ 325MG	CAPS	
	<i>ergotamine tartrate/caffeine isometheptene /dichloralphenazone /apap</i>	1MG/ 100MG	TABS	
		65MG/ 100MG/ 325MG	CAPS	
Selective Serotonin Agonists	SUMATRIPTAN	5MG/ACT, 20MG/ACT	SOLN	QL (12.00 per 31 days)
	SUMATRIPTAN SUCCINATE	50MG, 25MG, 100MG, 4MG/0.5ML, 6MG/0.5ML	TABS, SOLN, KIT	QL (9.00 per 31 days)
	SUMATRIPTAN SUCCINATE REFILL	6MG/0.5ML, 4MG/0.5ML	KIT	QL (9.00 per 31 days)
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	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
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 odt</i>	25MG/ 250MG, 10MG/ 100MG	TBDP	
	<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	MIRAPEX	1MG, 1.5MG, 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	SELEGILINE HCL	5MG	TABS, CAPS	
Anxiolytics, Sedatives, & Hypnotics - Misc	<i>buspirone hcl</i>	7.5MG, 5MG, 30MG, 15MG, 10MG	TABS	
	<i>diphenhydramine hcl</i>	50MG	TABS	OTC-Covered w/Rx
	<i>hydroxyzine hcl</i>	50MG, 25MG, 10MG, 10MG/5ML	TABS, SYRP	
	<i>hydroxyzine pamoate</i>	50MG, 25MG, 100MG	CAPS	
	<i>meprobamate</i>	400MG, 200MG	TABS	
	<i>zolpidem tartrate</i>	5MG, 10MG	TABS	ST; QL (31.00 per 31 days); Must fail preferred benzodiazepine
Barbiturates	PHENOBARBITAL	97.2MG, 64.8MG, 60MG, 32.4MG, 30MG, 16.2MG, 15MG, 100MG, 20MG/5ML	TABS, ELIX	
	PHENOBARBITAL SODIUM	65MG/ML, 130MG/ML	SOLN	
Benzodiazepines	<i>alprazolam</i>	2MG, 1MG, 0.5MG, 0.25MG	TABS	
	<i>clonazepam</i>	2MG, 1MG, 0.5MG	TABS	
	<i>clonazepam orally disintegrating</i>	2MG, 1MG, 0.5MG, 0.25MG, 0.125MG	TBDP	
	<i>chlordiazepoxide hcl</i>	5MG, 25MG, 10MG	CAPS	
	<i>clorazepate dipotassium</i>	7.5MG, 3.75MG, 15MG	TABS	
	DIASTAT ACUDIAL	20MG, 10MG	GEL	
	DIASTAT PEDIATRIC	2.5MG	GEL	
	<i>diazepam</i>	5MG, 2MG, 10MG, 5MG/ML, 1MG/ML	TABS, SOLN	
	<i>estazolam</i>	2MG, 1MG	TABS	
	<i>flurazepam hcl</i>	30MG, 15MG	CAPS	
	<i>lorazepam</i>	2MG, 1MG, 0.5MG, 4MG/ML, 2MG/ML	TABS, SOLN	
	<i>oxazepam</i>	30MG, 15MG, 10MG	CAPS	
	<i>temazepam</i>	30MG, 15MG	CAPS	
<i>triazolam</i>	0.25MG, 0.125MG	TABS		
Central Nervous System Agents, Misc	CAMPRAL	333MG	TBEC	QL (186.00 per 31 days)

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Class	Product Name	Strengths	Form	Coverage Detail
	NAMENDA	5MG, 10MG, 10MG/5ML	TABS, SOLN	ST; Must fail preferred Aricept, Exelon
	NAMENDA TITRATION PAK		TABS	ST; Must fail preferred Aricept, Exelon
	<i>flumazenil</i>	1MG/10ML, 0.5MG/5ML, 0.1MG/ML	SOLN	
Opiate Antagonists	<i>naltrexone hcl</i>	50MG	TABS	
Monoamine Oxidase Inhibitors	NARDIL	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	150MG, 225MG, 37.5MG, 75MG	TABS	ST; QL (31.00 per 31.00 days) Must fail preferred Venlafaxine
Selective Serotonin-reuptake Inhibitors	<i>citalopram hydrobromide</i>	40MG, 20MG, 10MG, 10MG/5ML	TABS, SOLN	
	<i>fluoxetine hcl</i>	20MG/5ML, 20MG, 10MG	SOLN, CAPS	
	<i>fluvoxamine maleate</i>	50MG, 25MG, 100MG	TABS	
	LEXAPRO	5MG, 20MG, 10MG, 5MG/5ML	TABS, SOLN	PA
	<i>paroxetine hcl</i>	40MG, 30MG, 20MG, 10MG/5ML	TABS, SUSP	
	<i>paroxetine hcl er</i>	37.5MG, 25MG, 12.5MG	TB24	QL (31.00 per 31 days)
	<i>sertraline hcl</i>	50MG, 25MG, 100MG, 20MG/ML	TABS, CONC	
Serotonin Modulators	NEFAZODONE HCL	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>	5MG/ 12.5MG, 10MG/ 25MG	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, 150MG, 10MG, 100MG	CONC, CAPS	
	<i>imipramine hcl</i>	50MG, 25MG, 10MG	TABS	
	MAPROTILINE HCL	75MG, 50MG, 25MG	TABS	
	<i>nortriptyline hcl</i>	10MG/5ML, 75MG, 50MG, 25MG, 10MG	SOLN, CAPS	
	PERPHENAZINE /AMITRIPTYLINE	4MG/ 50MG, 4MG/ 25MG, 4MG/ 10MG, 2MG/ 25MG, 2MG/ 10MG	TABS	
	<i>protriptyline hcl</i>	5MG, 10MG	TABS	
Miscellaneous Antidepressants	<i>budeprion sr</i>	150MG, 100MG	TB12	
	<i>budeprion xl</i>	300MG, 150MG	TB24	
	<i>bupropion hcl</i>	75MG, 100MG	TABS	

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Class	Product Name	Strengths	Form	Coverage Detail
	<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	
Atypical Antipsychotics	<i>clozapine</i>	50MG, 25MG, 200MG, 100MG	TABS	
	FAZACLO	12.5MG	TBDP	QL (31.00 per 31 days)
	RISPERDAL CONSTA	50MG, 37.5MG, 25MG, 12.5MG	SUSR	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: 12y); QL (62.00 per 31 days)
	<i>risperidone m - tab</i>	0.5MG, 1MG, 2MG, 3MG, 4MG	TBDP	AL (min: 12y); QL (62.00 per 31 days)
	<i>risperidone odt</i>	2MG, 0.5MG, 0.25MG	TBDP	AL (min: 12y); QL (62.00 per 31 days)
Butyrophenones	<i>haloperidol</i>	5MG, 2MG, 1MG, 10MG, 0.5MG, 2MG/ML	TABS, CONC	
	<i>haloperidol decanoate</i>	50MG/ML, 100MG/ML	SOLN	
	<i>haloperidol lactate</i>	5MG/ML	SOLN	
Phenothiazines	<i>chlorpromazine hcl</i>	50MG, 25MG, 200MG, 10MG, 100MG	TABS	
	<i>fluphenazine decanoate</i>	25MG/ML	SOLN	
	<i>fluphenazine hcl</i>	5MG, 2.5MG, 1MG, 10MG	TABS	
	<i>fluphenazine hydrochloride</i>	2.5MG/5ML, 5MG/ML	ELIX, CONC	
	<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	
Miscellaneous Antipsychotics	<i>loxapine succinate</i>	5MG, 50MG, 25MG, 10MG	CAPS	
	ORAP	2MG, 1MG	TABS	
<b>DEVICES</b>				
Devices	ACCU-CHEK ACTIVE CARE KIT		KIT	QL (2.00 per 365 days)
	ACCU-CHEK ACTIVE GLUCOSE CONTROL SOLUTION		LIQD	
	ACCU-CHEK ADVANTAGE DIABETES CARE KIT		KIT	QL (2.00 per 365 days)
	ACCU-CHEK AVIVA		KIT	QL (2.00 per 365 days)
	ACCU-CHEK COMFORT CURVE CONTROL SOLUTION (2 LEVELS)		SOLN	
	ACCU-CHEK COMPACT GLUCOSE CONTROL SOLUTION		LIQD	

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Class	Product Name	Strengths	Form	Coverage Detail
	ACCU-CHEK COMPACT PLUS CARE KIT		KIT	QL (2.00 per 365 days)
	ACCU-CHEK MULTICLIX LANCET DEVICE KIT		KIT	
	ACCU-CHEK MULTICLIX LANCETS		MISC	QL (204.00 per 31 days)
	ACCU-CHEK SOFT TOUCH LANCETS		MISC	QL (200.00 per 31 days)
	ACCU-CHEK SOFTCLIX LANCET DEVICE		MISC	
	ACCU-CHEK SOFTCLIX LANCETS		MISC	QL (200.00 per 31 days)
	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)
	AIMSCO ULTRA THIN AUTO LANCET		MISC	QL (200.00 per 31 days)
	AIMSCO ULTRA THIN LANCETS		MISC	QL (200.00 per 31 days)
	PEN NEEDLES			
	INSULIN SYRINGES			QL (100.00 per 31 days)
	E-Z SPACER		DEVI	QL (2.00 per 365 days)
	E-Z SPACER MASK		DEVI	QL (2.00 per 365 days)
	E-Z SPACER/MASK		DEVI	QL (2.00 per 365 days)
	FREESTYLE FREEDOM LITE		KIT	QL (2.00 per 365 days)
	FREESTYLE LANCETS		MISC	QL (200.00 per 31 days)
	FREESTYLE LITE BLOOD GLUCOSE MONITORING SYSTEM		DEVI	QL (2.00 per 365 days)
	MEDISENSE THIN LANCETS		MISC	QL (200.00 per 31 days)
	MICROCHAMBER		MISC	QL (2.00 per 365 days)
	MICROCHAMBER/ MASK MEDIUM		MISC	QL (2.00 per 365 days)
	MICROCHAMBER/ MASK SMALL		MISC	QL (2.00 per 365 days)
	MICROSPACER		MISC	QL (2.00 per 365 days)
	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

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Class	Product Name	Strengths	Form	Coverage Detail
	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
	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
	POCKETPEAK PEAK FLOW METER/ UNIVERSAL RANGE 50-720 LPM		DEVI	QL (2.00 per 365 days); OTC-Covered w/Rx
	PRECISION XTRA TRUZONE PEAK FLOW METER		DEVI	QL (2.00 per 365 days)
	ZOEY PERSONAL BEST FULL RANGE PEAK FLOW METER		DEVI	QL (2.00 per 365 days); OTC-Covered w/Rx
	ZOEY PERSONAL BEST LOW RANGE PEAK FLOW METER		DEVI	QL (2.00 per 365 days); OTC-Covered w/Rx
<b>DIAGNOSTIC AGENTS</b>				
Diabetes Mellitus	ACCU-CHEK ACTIVE STRIPS		STRP	QL (100.00 per 31 days)
	ACCU-CHEK AVIVA		STRP	QL (100.00 per 31 days)
	ACCU-CHEK COMFORT CURVE TEST STRIPS		STRP	QL (100.00 per 31 days)
	ACCU-CHEK COMPACT STRIPS		STRP	QL (102.00 per 31 days)
	ACCU-CHEK COMPACT TEST DRUM		STRP	QL (102.00 per 31 days)
	FREESTYLE LITE TEST STRIPS		STRP	QL (100.00 per 31 days)
	FREESTYLE TEST STRIPS		STRP	QL (100.00 per 31 days)
	PRECISION XTRA BLOOD GLUCOSE TEST STRIPS		STRP	QL (100.00 per 31 days)
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
	DIASTIX		STRP	QL (100.00 per 31 days); OTC-Covered w/Rx
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>				
Acidifiers	AMMONIUM CHLORIDE	5MEQ/ML	SOLN	
Alkalinizing Agents	<i>cytra k crystals</i>	1002MG/ 3300MG	PACK	
	<i>cytra-2</i>	334MG/5ML/ 500MG/5ML	SOLN	QL (3600.00 per 31 days)
	CYTRA-3	334MG/5ML/ 550MG/5ML/ 500MG/5ML	SYRP	QL (3600.00 per 31 days)
	<i>cytra-k</i>	334MG/5ML/ 1100MG/5ML	SOLN	
	<i>liqui-dualcitra</i>	334MG/5ML/ 500MG/5ML	SOLN	QL (3600.00 per 31 days)
	SODIUM CITRATE		GRAN	OTC-Covered w/Rx

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Class	Product Name	Strengths	Form	Coverage Detail
Ammonia Detoxicants	<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>	75MG/ 50MG, 37.5MG/ 25MG, 50MG/ 25MG, 37.5MG/ 25MG	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>	10MG, 5MG, 2.5MG	TABS	
Phosphate-removing Agents	FOSRENOL	1000MG, 750MG, 500MG, 250MG	CHEW	
Potassium-removing Agents	<i>kionex</i>		POWD	
	<i>sodium polystyrene sulfonate</i>	50GM/200ML, 30GM/120ML, 15GM/60ML	SUSP, POWD	
	<i>sps</i>	30GM/120ML, 15GM/60ML	SUSP	
Replacement Preparations	<i>bd posiflush</i>	0.9%	SOLN	
	<i>calcium acetate</i>	667MG	CAPS	
	<i>calcium carbonate</i>	600MG, 1500MG, 1250MG, 1250MG/5ML	TABS, SUSP	OTC-Covered w/Rx
	<i>calcium carbonate/ vitamin d</i>	600MG/ 400UNIT, 600MG/ 125UNIT	TABS	OTC-Covered w/Rx
	<i>calcium lactate</i>	650MG	TABS	OTC-Covered w/Rx
	CAL-LAC	500MG	CAPS	OTC-Covered w/Rx
	DEXTROSE 5% /POTASSIUM CHLORIDE 0.075%	5%/ 0.075%	SOLN	
	<i>dextrose 5%/ potassium chloride 0.15%</i>	5%/ 0.15%	SOLN	
	<i>ed k+10</i>	10MEQ	TBCR	
	ELIPHOS	667MG	TABS	
	<i>kaon-cl-10</i>	10MEQ	TBCR	
	<i>klor-con</i>	20MEQ	PACK	
	<i>klor-con 10</i>	10MEQ	TBCR	
	<i>klor-con 8</i>	8MEQ	TBCR	
	<i>klor-con m10</i>	10MEQ	TBCR	
	<i>klor-con m20</i>	20MEQ	TBCR	
	<i>k-vescent</i>	20MEQ	PACK	
	NEUTRA-PHOS	250MG/75ML/ 278MG/75ML/ 164MG/75ML	SOLR	OTC-Covered w/Rx

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>normal saline flush</i>	0.9%	SOLN	
	<i>oralyte</i>	35MEQ/L/30MEQ/L/25GM/L/20MEQ/L/45MEQ/L	SOLN	QL (4000.00 per 31 days) OTC-Covered w/Rx
	<i>oralyte freezer pops</i>	35MEQ/L/ 30MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L	SOLN	QL (4000.00 per 31 days); OTC-Covered w/Rx
	PEDIALYTE	4.2MEQ/118ML/ 3.6MEQ/118ML/ 3GM/118ML/ 2.4MEQ/118ML/ 5.3MEQ/118ML, 35MEQ/L/ 30MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L, 35MEQ/L/ 20GM/L/ 5GM/L/ 20MEQ/L/ 45MEQ/L, 3.6MEQ/118ML/ 3GM/118ML/ 2.4MEQ/118ML/ 4.2MEQ/118ML/ 5.3MEQ/118ML	SOLN	QL (4000.00 per 31 days); OTC-Covered w/Rx
	PEDIALYTE FREEZER POPS	35MEQ/L/ 30MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L	SOLN	QL (4000.00 per 31 days); OTC-Covered w/Rx
	PEDIALYTE SINGLES	8.3MEQ/240ML/ 7.1MEQ/240ML/ 4.7GM/240ML/ 1.2GM/240ML/ 4.7MEQ/240ML/ 10.6MEQ/240ML	SOLN	QL (4000.00 per 31 days); OTC-Covered w/Rx
	<i>potassium chloride</i>	40MEQ/100ML, 30MEQ/100ML, 2MEQ/ML, 10MEQ/100ML, 0.4MEQ/ML, 20MEQ, 20%, 10%	SOLN, PACK, LIQD	
	<i>potassium chloride 0.15% nacl 0.9%</i>	0.15%/ 0.9%	SOLN	PA
	<i>potassium chloride 0.15% w/nacl 0.9% viaflex</i>	0.15%/ 0.9%	SOLN	PA
	<i>potassium chloride 0.3%/nacl 0.9%</i>	0.3%/ 0.9%	SOLN	PA
	<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	0.3%/ 0.9%	SOLN	PA
	<i>potassium chloride cr</i>	20MEQ, 10MEQ	TBCR	
	<i>potassium chloride er</i>	8MEQ, 20MEQ, 10MEQ, 10MEQ	TBCR, CPCR	
	<i>potassium chloride sr</i>	8MEQ	TBCR	
	<i>potassium phosphate</i>	3MMOLE/ML	SOLN	PA
	<i>rehydralyte</i>	65MEQ/L/ 30MEQ/L/ 25GM/L/ 20MEQ/L/ 75MEQ/L	SOLN	QL (4000.00 per 31 days); OTC-Covered w/Rx
	<i>revital freezer pops</i>	35MEQ/L/ 30MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L	SOLN	QL (4000.00 per 31 days); OTC-Covered w/Rx
	<i>revital jell cups</i>	35MEQ/L/ 30MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L	SOLN	QL (4000.00 per 31 days); OTC-Covered w/Rx
	<i>revital liquid squeezers</i>	35MEQ/L/ 30MEQ/L/ 25GM/L/ 20MEQ/L/ 45MEQ/L	SOLN	QL (4000.00 per 31 days); OTC-Covered w/Rx
	<i>saline flush</i>	0.9%	SOLN	
	<i>sodium chloride</i>	0.9%	SOLN	
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
	ASTELIN	137MCG/SPRAY	SOLN	
	<i>cromolyn sodium</i>	5.2MG/ACT	AERS	OTC-Covered w/Rx
	<i>cromolyn sodium</i>	4%	SOLN, AERS	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>ketotifen fumarate</i>	0.025%	SOLN	OTC-Covered w/Rx
	NASALCROM	5.2MG/ACT	AERS	OTC-Covered w/Rx
alpha-Adrenergic Agonists	ALPHAGAN P	0.15%, 0.1%	SOLN	
	<i>brimonidine tartrate</i>	0.2%	SOLN	
beta-Adrenergic Blocking Agents	BETAXOLOL HCL	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>	2%/ 0.5%	SOLN	
	<i>methazolamide</i>	50MG, 25MG	TABS	
Prostaglandin Analogs	LUMIGAN	0.03%	SOLN	QL (5.00 per 31 days)
	TRAVATAN	0.004%	SOLN	QL (5.00 per 31 days)
	TRAVATAN Z	0.004%	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 /neomycin /polymyxin</i>	400UNIT/GM/ 5MG/GM/ 10000UNIT/GM	OINT	
	<i>bacitracin/polymyxin b</i>	500UNIT/GM/ 10000UNIT/GM	OINT	
	<i>ciprofloxacin hcl opth</i>	0.3%	SOLN	
	<i>erythromycin</i>	5MG/GM	OINT	
	<i>gentak</i>	0.3%	SOLN, OINT	
	<i>gentamicin sulfate</i>	0.3%	SOLN, OINT	
	<i>neocin</i>	400UNIT/GM/ 5MG/GM/ 10000UNIT/GM	OINT	
	<i>neocin-pg</i>	0.025MG/ML/ 2.5MG/ML/ 10000UNIT/ML	SOLN	
	<i>neomycin /polymyxin /gramicidin</i>	0.025MG/ML/ 2.5MG/ML/ 10000UNIT/ML	SOLN	
	<i>neomycin/bacitracin zn/polymyx</i>	400UNIT/GM/ 5MG/GM/ 10000UNIT/GM	OINT	
	<i>ofloxacin otic</i>	0.3%	SOLN	
	<i>polycin b</i>	500UNIT/GM/ 10000UNIT/GM	OINT	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<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	
	<i>tobrasol</i>	0.3%	SOLN	
	<i>trimethoprim sulfate/ polymyxin b sulfate</i>	10000UNIT/ML/ 0.1%	SOLN	
Antivirals	<i>trifluridine</i>	1%	SOLN	
EENT Anti-infectives, Miscellaneous	<i>auro eardrops</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>cankaid</i>	10%	SOLN	OTC-Covered w/Rx
	<i>chlorhexadine gluconate oral rinse</i>	0.12%	SOLN	QL (480.00 per 31 days)
	<i>dents ear wax drops</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>ear drops</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>ear drops earwax removal aid</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>ear wax drops</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>mollifene</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>oral peroxide</i>	10%	SOLN	OTC-Covered w/Rx
	<i>otix</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>periogard</i>	0.12%	SOLN	QL (480.00 per 31 days)
	<i>perisol</i>	0.12%	SOLN	QL (480.00 per 31 days)
	<i>thera-ear</i>	6.5%	SOLN	OTC-Covered w/Rx
Corticosteroids	<i>cortomycin</i>	1%/ 3.5MG/ML/ 10000UNIT/ML, 1%/ 3.5MG/ML/ 10000UNIT/ML	SUSP, SOLN	
	<i>dexamethasone sodium phosphate</i>	0.1%	SOLN	
	<i>dexasol</i>	0.1%	SOLN	
	<i>dexasporin</i>	0.1%/ 0.5%/ 10000UNIT/ML	SUSP	
	<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>methadex</i>	1MG/ML/ 3.5MG/ML/ 10000UNIT/ML	SUSP	
	NASONEX	50MCG/ACT	SUSP	PA

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>neomycin /polymyxin /dexamethasone</i>	0.1%/ 5MG/ML/ 10000UNIT/ML, 0.1%/ 5MG/GM/ 10000UNIT/GM, 0.1%/ 0.5%/ 10000UNIT/GM, 0.1%/ 0.35%/ 10000UNIT/GM	SUSP, OINT	
	<i>neomycin /polymyxin /hc</i>	1%/ 3.5MG/ML/ 10000UNIT/ML	SOLN	
	<i>neomycin /polymyxin /hydrocortisone</i>	1%/ 3.5MG/ML/ 10000UNIT/ML, 1%/ 3.5MG/ML/ 10000UNIT/ML	SUSP, SOLN	
	<i>otirx</i>	1MG/ML/ 10MG/ML/ 10MG/ML	SOLN	
	<i>poly-dex</i>	0.1%/ 0.5%/ 10000UNIT/ML, 0.1%/ 0.5%/ 10000UNIT/GM	SUSP, OINT	
	POLY-PRED	0.35%/ 10000UNIT/ML/ 0.5%	SUSP	
	PRED-G	0.3%/ 1%	SUSP	
	<i>prednisolone acetate</i>	1%	SUSP	
	PREDNISOLONE SODIUM PHOSPHATE	1%	SOLN	
	<i>re pramoxine-hc</i>	1MG/ML/10MG/ML/10MG/ML	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	ACULAR	0.5%	SOLN	
	ACULAR LS	0.4%	SOLN	
	<i>diclofenac sodium</i>	0.1%	SOLN	
	<i>flurbiprofen sodium</i>	0.03%	SOLN	
Contact Lens Solutions	<i>multi purpose saline</i>	0.9%	SOLN	OTC-Covered w/Rx
EENT Drugs, Miscellaneous	<i>acetic acid/aluminum acetate</i>	2%/ 0	SOLN	
	<i>optics eye wash</i>	0.9%	SOLN	OTC-Covered w/Rx
Local Anesthetics	<i>antipyrine /benzocaine</i>	54MG/ML/ 14MG/ML, 5.4%/ 1.4%	SOLN	
	<i>aurodex</i>	5.4%/ 1.4%	SOLN	
	<i>auroguard</i>	54MG/ML/ 14MG/ML	SOLN	
	<i>chloroxylenol /pramoxine</i>	1MG/ML/ 10MG/ML	LIQD	
	<i>lidocaine viscous</i>	2%	SOLN	
	PR OTIC SOLUTION	0.01%/ 5.4%/ 1.4%/ 0.01%	SOLN	
	<i>pro-otic</i>	5.4%/ 1.4%	SOLN	
	RE CHLORPHENYLCAINE	5%/5%/0.25%	SOLN	
Mydriatics	<i>ak-pentolate</i>	1%	SOLN	
	<i>atropine sulfate</i>	1%	SOLN, OINT	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>cyclopentolate hcl</i>	1%	SOLN	
	<i>cylate</i>	1%	SOLN	
	ISOPTO HYOSCINE	0.25%	SOLN	
Vasoconstrictors	<i>ak-con</i>	0.1%	SOLN	
	<i>naphazoline hcl</i>	0.1%	SOLN	
	NAPHCN	0.012%	SOLN	OTC-Covered w/Rx
	NAPHCN-A	0.025%/ 0.3%	SOLN	OTC-Covered w/Rx
	OPCON-A	0.027%/ 0.315%	SOLN	OTC-Covered w/Rx
	VASOCLEAR	0.02%	SOLN	OTC-Covered w/Rx
<b>GASTROINTESTINAL DRUGS</b>				
Antacids and Adsorbents	<i>alternagel</i>	600MG/5ML	SUSP	OTC-Covered w/Rx
	<i>aluminum hydroxide</i>	320MG/5ML	SUSP	OTC-Covered w/Rx
	<i>calcium carbonate</i>	500MG	CHEW	OTC-Covered w/Rx
	<i>sodium bicarbonate</i>	650MG, 325MG	TABS	OTC-Covered w/Rx
Antidiarrhea Agents	<i>diphenoxylate/atropine</i>	0.025MG/ 2.5MG, 0.025MG/5ML/ 2.5MG/5ML	TABS, LIQD	
	<i>lonox</i>	0.025MG/ 2.5MG	TABS	
	<i>loperamide hcl</i>	2MG	CAPS	
	<i>paregoric</i>	2MG/5ML	TINC	
5-HT3 Receptor Antagonists	<i>ondansetron hcl</i>	4MG/5ML	SOLN	
	<i>ondansetron hcl</i>	24MG, 8MG, 4MG	TABS	QL (62.00 per 31 days)
	<i>ondansetron odt</i>	8MG, 4MG	TBDP	QL (12.00 per 31 days)
Antiemetics, Misc	<i>formula em</i>	1.87GM/5ML/ 1.87GM/5ML/ 21.5MG/5ML	SOLN	OTC-Covered w/Rx
Antihistamines	<i>meclizine hcl</i>	12.5MG, 25MG	SOLN	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
Anti-inflammatory Agents	ASACOL	400MG	TBEC	ST; Must fail preferred Sulfasalazine
	<i>mesalamine</i>	4GM	ENEM	QL (1800.00 per 31 days)
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/ML, 40MG, 20MG	SOLN, TABS	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>famotidine</i>	10MG	TABS	OTC-Covered w/Rx
	<i>famotidine premixed</i>	0.4MG/ML/ 0.9%	SOLN	
	<i>ranitidine acid reducer</i>	75MG	TABS	OTC-Covered w/Rx
	<i>ranitidine hcl</i>	300MG, 150MG, 15MG/ML, 50MG/2ML, 25MG/ML, 150MG/6ML	TABS, SYRP, SOLN	
	<i>ranitidine hcl</i>	75MG	TABS	OTC-Covered w/Rx
Prostaglandins	<i>misoprostol</i>	200MCG, 100MCG	TABS	
Protectants	CARAFATE	1GM/10ML	SUSP	
	<i>sucralfate</i>	1GM	TABS	
Proton-pump Inhibitors	<i>omeprazole</i>	40MG, 20MG	CPDR	
	<i>pantoprazole sodium</i>	40MG, 20MG	TBEC	PA
	ZEGERID	40MG/ 1680MG, 20MG/ 1680MG, 40MG/ 1100MG, 20MG/ 1100MG	PACK, CAPS	
Cathartics and Laxatives	<i>docusate calcium</i>	240MG	CAPS	OTC-Covered w/Rx
	<i>docusate sodium</i>	100MG, 250MG, 100MG	TABS, CAPS	OTC-Covered w/Rx
	GOLYTELY	236GM/ 2.97GM/ 6.74GM/ 5.86GM/ 22.74GM, 227.1GM/ 2.82GM/ 6.36GM/ 5.53GM/ 21.5GM	SOLR	
	METAMUCIL	1.7GM, 0.52GM	WAFR, CAPS	OTC-Covered w/Rx
	NULYTELY/FLAVOR PACKS	420GM/ 1.48GM/ 5.72GM/ 11.2GM	SOLR	
	<i>peg 3350/electrolytes</i>	240GM; 2.98GM; 6.72GM; 5.84GM; 22.72GM	SOLR	QL (4000.00 per 31 days)
	<i>polyethylene glycol 3350</i>		POWD	QL (527.00 per 31 days)
	SORBITOL	70%	SOLN	OTC-Covered w/Rx
Cholelitholytic Agents	<i>ursodiol</i>	300MG	CAPS	
Digestants	<i>lipase concentrate-hp</i>	600UNIT	CAPS	OTC-Covered w/Rx
	PANCRELIPASE	30000UNIT/ 8000UNIT/ 30000UNIT	TABS	
Prokinetic Agents	<i>metoclopramide hcl</i>	5MG, 10MG, 5MG/5ML	TABS, SOLN	
GI Drugs, Miscellaneous	CIMZIA	200MG	KIT	PA
	CIMZIA	200MG/ML	KIT	PA
<b>GOLD COMPOUNDS</b>				
Gold Compounds	RIDAURA	3MG	CAPS	
<b>HEAVY METAL ANTAGONISTS</b>				
Heavy Metal Antagonists	CUPRIMINE	125MG	CAPS	
	<i>edetate disodium</i>	150MG/ML	SOLN	
<b>HORMONES &amp; SYNTHETIC SUBS</b>				
Adrenals	<i>a-methapred</i>	40MG, 125MG	SOLR	
	ASMANEX 120 METERED DOSES	220MCG/INH	AEPB	

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Class	Product Name	Strengths	Form	Coverage Detail
	ASMANEX 14 METERED DOSES	220MCG/INH	AEPB	
	ASMANEX 30 METERED DOSES	220MCG/INH, 110MCG/INH	AEPB	
	ASMANEX 60 METERED DOSES	220MCG/INH	AEPB	
	CELESTONE	0.6MG/5ML	SOLN	
	<i>cortisone acetate</i>	25MG	TABS	
	<i>dexamethasone</i>	6MG, 4MG, 2MG, 1MG, 1.5MG, 0.75MG, 0.5MG, 0.5MG/5ML, 0.5MG/5ML	TABS, SOLN, ELIX	
	<i>dexamethasone sodium phosphate</i>	4MG/ML, 10MG/ML	SOLN	
	FLOVENT DISKUS	50MCG/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>	500MG, 40MG, 1GM, 125MG, 1000MG	SOLR	
	<i>prednisolone</i>	5MG/5ML, 15MG/5ML	SYRP	
	<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	
	PREDNISONE INTENSOL	5MG/ML	CONC	
	PULMICORT	1MG/2ML, 0.5MG/2ML, 0.25MG/2ML	SUSP	AL (max: 8y); QL (120.00 per 31 days)
	QVAR	80MCG/ACT, 40MCG/ACT	AERS	
	SYMBICORT	80MCG/ACT/ 4.5MCG/ACT, 160MCG/ACT/ 4.5MCG/ACT	AERO	
Androgens	ANDROXY	10MG	TABS	
	<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	
Antidiabetic Agents, Miscellaneous	JANUMET	50MG/ 500MG, 50MG/ 1000MG	TABS	PA
Biguanides	<i>metformin hcl</i>	850MG, 500MG, 1000MG	TABS	
	<i>metformin hcl er</i>	750MG, 500MG	TB24	

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Class	Product Name	Strengths	Form	Coverage Detail
	RIOMET	500MG/5ML	SOLN	
Dipeptidyl Peptidase-4 (DPP-4)	JANUVIA	50MG, 25MG, 100MG	TABS	PA
Insulins	HUMALOG	100UNIT/ML	SOLN	
	HUMALOG MIX 50/50	50%/ 50%	SUSP	
	HUMALOG MIX 50/50 PEN	50%/ 50%	SUSP	
	HUMALOG MIX 75/25	25%/ 75%	SUSP	
	HUMALOG MIX 75/25 PEN	25%/ 75%	SUSP	
	HUMALOG PEN	100UNIT/ML	SOLN	
	HUMULIN 50/50	50%/ 50%	SUSP	
	HUMULIN 70/30	30%/ 70%	SUSP	
	HUMULIN 70/30 PEN	30%/ 70%	SUSP	
	HUMULIN N	100UNIT/ML	SUSP	
	HUMULIN N U-100 PEN	100UNIT/ML	SUSP	
	HUMULIN R	100UNIT/ML	SOLN	
	HUMULIN R U-500 (CONCENTRATED)	500UNIT/ML	SOLN	
	LEVEMIR	100UNIT/ML	SOLN	QL (60.00 per 31 days)
	LEVEMIR FLEXPEN	100UNIT/ML	SOLN	QL (60.00 per 31 days)
Meglitinides	PRANDIMET	500MG/2MG, 500MG/1MG	TABS	
	PRANDIN	2MG, 1MG, 0.5MG	TABS	
Sulfonylureas	<i>chlorpropamide</i>	250MG, 100MG	TABS	
	<i>glimepiride</i>	4MG, 2MG, 1MG	TABS	
	<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	850MG/ 15MG, 500MG/ 15MG	TABS	
	ACTOS	45MG, 30MG, 15MG	TABS	
	AVANDAMET	500MG/ 4MG, 500MG/ 2MG, 1000MG/ 4MG, 1000MG/ 2MG	TABS	
	AVANDARYL	4MG/ 8MG, 4MG/ 4MG, 2MG/ 8MG, 2MG/ 4MG, 1MG/ 4MG	TABS	
	AVANDIA	8MG, 4MG, 2MG	TABS	
Glycogenolytic Agents	GLUCAGEN	1MG	SOLR	QL (2.00 per 31 days)

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	GLUCAGEN HYPOKIT	1MG	SOLR	QL (2.00 per 31 days)
	GLUCAGON EMERGENCY KIT	1MG	KIT	QL (2.00 per 31 days)
Contraceptives	<i>apri</i>	0.15MG/ 30MCG	TABS	
	<i>aviane</i>	20MCG/ 0.1MG	TABS	
	<i>balziva</i>	35MCG/ 0.4MG	TABS	
	<i>camila</i>	0.35MG	TABS	
	<i>cryselle-28</i>	30MCG/ 0.3MG	TABS	
	<i>enpresse-28</i>		TABS	
	<i>errin</i>	0.35MG	TABS	
	<i>jolivet</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>levora 0.15/30-28</i>	30MCG/ 0.15MG	TABS	
	LOESTRIN 24 FE	20MCG/ 75MG/ 1MG	TABS	
	<i>low-ogestrel</i>	30MCG/ 0.3MG	TABS	
	<i>lutra</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	
	MIRENA	20MCG/24HR	IUD	
	<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		

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<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	
	ORTHO EVRA	20MCG/24HR/ 150MCG/24HR	PTWK	
	PLAN B	0.75MG	TABS	QL (2.00 per 31 days); Covered OTC
	<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>trinessa</i>		TABS	
	<i>tri-previfem</i>		TABS	
	<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 Agonists-Antagonists	EVISTA	60MG	TABS	
Estrogens	<i>covaryx</i>	1.25MG/ 2.5MG	TABS	
	<i>covaryx hs</i>	0.625MG/ 1.25MG	TABS	
	<i>eemt</i>	1.25MG/ 2.5MG	TABS	
	<i>eemt hs</i>	0.625MG/ 1.25MG	TABS	
	<i>essian</i>	1.25MG/ 2.5MG	TABS	
	<i>essian h.s.</i>	0.625MG/ 1.25MG	TABS	
	<i>esterified estrogens/ methyl testosterone</i>	1.25MG/ 2.5MG	TABS	
	<i>esterified estrogens/ methyl testosterone ds</i>	1.25MG/ 2.5MG	TABS	
	<i>esterified estrogens/ methyl testosterone hs</i>	0.625MG/ 1.25MG	TABS	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<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	
	<i>methyltestosterone/ esterified estrogens</i>	1.25MG/ 2.5MG	TABS	
	<i>methyltestosterone/ esterified estrogens hs</i>	0.625MG/ 1.25MG	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	
	FORTEO	600MCG/2.4ML	SOLN	PA
Pituitary	<i>desmopressin acetate</i>	0.01%	SOLN	
	<i>desmopressin acetate</i>	0.2MG, 0.1MG	TABS	PA
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	SUSP	QL (1.00 per 93 days)
	<i>medroxyprogesterone acetate</i>	5MG, 2.5MG, 10MG	TABS	
Somatotropin Agonists	HUMATROPE	6MG, 24MG, 12MG	SOLR	PA
	HUMATROPE COMBO PACK	5MG	SOLR	PA
	TEV-TROPIN	5MG	SOLR	PA
Antithyroid Agents	<i>methimazole</i>	5MG, 10MG	TABS	
	<i>propylthiouracil</i>	50MG	TABS	
	SSKI	1GM/ML	SOLN	
Thyroid Agents	ARMOUR THYROID	90MG, 60MG, 30MG, 300MG, 240MG, 180MG, 15MG, 120MG	TABS	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<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>levoxy</i>	88MCG, 75MCG, 50MCG, 25MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG	TABS	
	<i>liothyronine sodium</i>	50MCG, 25MCG, 5MCG,	TABS	
	NATURE-THROID	65MG, 32.5MG, 195MG, 16.25MG, 130MG	TABS	
	<i>thyroid</i>	65MG, 32.5MG, 195MG, 130MG	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, 125MCG, 112MCG, 100MCG	TABS	
	<i>unithroid direct</i>	150MCG	TABS	
	WESTHROID	65MG, 32.5MG, 130MG	TABS	
<b>LOCAL ANESTHETICS</b>				
Local Anesthetics	<i>lidocaine hcl</i>	2%, 1.5%, 1%, 0.5%	SOLN	
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>				
5-alpha-Reductase Inhibitors	AVODART	0.5MG	CAPS	
	<i>finasteride</i>	5MG	TABS	
Alcohol Deterrents	ANTABUSE	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	
	<i>colchicine</i>	0.6MG	TABS	
Biologic Response Modifiers	BETASERON	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

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
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	
	<i>fluoridex daily defense</i>	1.1%	GEL	
	<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, 0.125MG/DROP, 2.2MG, 1MG, 0.5MG, 0.25MG	SOLN, CHEW	
	SODIUM FLUORIDE PLAIN	1%	GEL	
Disease-modifying Antirheumatic Agent	HUMIRA	40MG/0.8ML, 20MG/0.4ML	KIT	PA
	HUMIRA PEN	40MG/0.8ML	KIT	PA
	HUMIRA PEN-CROHNS DISEASESTARTER	40MG/0.8ML	KIT	PA
	<i>leflunomide</i>	20MG, 10MG	TABS	
Immunosuppressive Agents	<i>azathioprine</i>	50MG	TABS	
	AZATHIOPRINE SODIUM	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>mycophenolate mofetil</i>	500MG, 250MG	TABS, CAPS	
	PROGRAF	5MG/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>levocarnitine</i>	330MG, 200MG/ML, 1GM/10ML	TABS, SOLN	
	<b>OXYTOCICS</b>			
Oxytocics	ERGOTRATE MALEATE	0.2MG, 0.2MG/ML	TABS, SOLN	
	METHERGINE	0.2MG, 0.2MG/ML	TABS, SOLN	
	ZAVESCA	100MG	CAPS	
Other Miscellaneous Therapeutic Agents	<i>ayr</i>		INHA	OTC-Covered w/Rx
	CYSTAGON	50MG, 150MG	CAPS	
	ORFADIN	5MG, 2MG, 10MG	CAPS	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
<b>PHARMACEUTICAL AIDS</b>				
Pharmaceutical Aids	COLA SYRUP		SYRP	OTC-Covered w/Rx
	POLYETHYLENE GLYCOL 8000 BASE E		OINT	
<b>RESPIRATORY TRACT AGENTS</b>				
Leukotriene Modifiers	SINGULAIR	10MG, 4MG, 5MG, 4MG	TABS, PACK, CHEW	APPROVED FOR ASTHMA ONLY; ST required for diagnosis of Allergic Rhinitis
Mast-cell Stabilizers	<i>cromolyn sodium</i>	20MG/2ML	NEBU	
Antitussives	<i>andehist dm nr</i>	4MG/5ML/ 15MG/5ML/ 45MG/5ML	SYRP	
	<i>benzonatate</i>	100MG	CAPS	
	<i>betavent</i>	20MG/5ML/ 100MG/5ML	LIQD	
	<i>biotuss pediatric</i>	5MG/ML/ 50MG/ML/ 2.5MG/ML	LIQD	
	<i>bromaline dm</i>	1MG/5ML/ 5MG/5ML/ 15MG/5ML	ELIX	OTC-Covered w/Rx
	<i>bromhist-dm</i>	1MG/ML/ 4MG/ML/ 15MG/ML	LIQD	
	<i>bromphenex dm</i>	4MG/5ML/ 30MG/5ML/ 60MG/5ML	SYRP	
	<i>bromplex dm</i>	4MG/5ML/ 30MG/5ML/ 60MG/5ML	SYRP	
	<i>broncotron</i>	10MG/5ML/ 100MG/5ML	LIQD	OTC-Covered w/Rx
	<i>brotapp dm</i>	1MG/5ML/ 5MG/5ML/ 15MG/5ML	LIQD	OTC-Covered w/Rx
	<i>carbodex dm</i>	4MG/5ML/ 15MG/5ML/ 45MG/5ML	SYRP	
	<i>carbofed dm</i>	4MG/5ML/ 15MG/5ML/ 45MG/5ML	SYRP	
	<i>ceron-dm</i>	4MG/5ML/ 15MG/5ML/ 12.5MG/5ML, 1MG/ML/ 3MG/ML/ 3.5MG/ML	SYRP, LIQD	
	<i>cheratussin ac</i>	10MG/5ML/ 100MG/5ML	SYRP	
	<i>cheratussin dac</i>	10MG/5ML/ 100MG/5ML/ 30MG/5ML	SOLN	
	<i>chlorderx gp</i>	2MG/5ML/ 7.5MG/5ML/ 100MG/5ML/ 10MG/5ML	SYRP	
	<i>codeine phosphate 10mg /guai 300mg</i>	10MG/5ML/ 300MG/5ML	LIQD	
	<i>coldcough</i>	2MG/5ML/ 7.5MG/5ML/ 15MG/5ML	SYRP	
	<i>coldec dm</i>	4MG/5ML/ 15MG/5ML/ 45MG/5ML	SYRP	
	<i>cp dec-dm</i>	4MG/5ML/ 15MG/5ML/ 12.5MG/5ML, 1MG/ML/ 3MG/ML/ 3.5MG/ML	SYRP, LIQD	
	<i>c-phen dm</i>	4MG/5ML/ 15MG/5ML/ 12.5MG/5ML, 1MG/ML/ 3MG/ML/ 3.5MG/ML	SYRP, LIQD	
	<i>decon dm</i>	2MG/5ML/ 10MG/5ML/ 30MG/5ML	SYRP	
	DELSYM	30MG/5ML	LQCR	OTC-Covered w/Rx
	<i>dex pc</i>	2MG/5ML/ 15MG/5ML/ 6MG/5ML	SYRP	
	<i>dexatrex d nasal</i>	10MG/5ML/ 20MG/5ML	ELIX	OTC-Covered w/Rx
	<i>dextromethorphan /chlorpheniramine /phenylephrine</i>	4MG/5ML/ 15MG/5ML/ 10MG/5ML, 2MG/5ML/ 15MG/5ML/ 10MG/5ML	LIQD	

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>dex-tuss</i>	10MG/5ML/ 300MG/5ML	LIQD	
	<i>dm 10mg/guai 300mg</i>	10MG/5ML/ 300MG/5ML	LIQD	
	<i>ed-a-hist dm</i>	4MG/5ML/ 15MG/5ML/ 10MG/5ML	LIQD	
	<i>execlear-dm</i>	15MG/5ML/ 150MG/5ML/ 30MG/5ML	SYRP	
	<i>expectuss</i>	20MG/5ML/ 75MG/5ML	LIQD	
	<i>gani-tuss nr</i>	10MG/5ML/ 100MG/5ML	LIQD	
	<i>genebrom dm</i>	2MG/5ML/ 10MG/5ML/ 30MG/5ML	SYRP	
	<i>genedotuss-dm</i>	20MG/5ML/ 200MG/5ML	LIQD	
	<i>giltuss tr</i>	14MG/ 288MG/ 7MG	CAPS	
	<i>guaifenesin /dextromethorphan</i>	10MG/5ML/ 100MG/5ML	SYRP	OTC-Covered w/Rx
	<i>guaifenesin dm nr</i>	10MG/5ML/ 100MG/5ML	LIQD	
	<i>guaifenesin/codeine</i>	10MG/ 300MG	TABS	
	<i>guaifenesin/codeine phosphate</i>	10MG/5ML/ 100MG/5ML	SOLN	
	<i>ht-tuss dm</i>	20MG/5ML/ 200MG/5ML	ELIX	
	<i>hydrocodone /homatropine</i>	1.5MG/5ML/ 5MG/5ML	SYRP	
	<i>hydromet</i>	1.5MG/5ML/ 5MG/5ML	SYRP	
	<i>iophen c-nr</i>	10MG/5ML/ 100MG/5ML	LIQD	
	<i>iophen dm-nr</i>	10MG/5ML/ 100MG/5ML	LIQD	
	<i>mintuss dr</i>	2MG/5ML/ 15MG/5ML/ 6MG/5ML	SYRP	
	<i>mucinex cough childrens</i>	5MG/5ML/ 100MG/5ML	LIQD	OTC-Covered w/Rx
	MUCINEX DM	30MG/ 600MG	TB12	OTC-Covered w/Rx
	<i>mucinex dm maximum strength</i>	60MG/ 1200MG	TB12	OTC-Covered w/Rx
	<i>mucusrelief dm</i>	20MG/ 400MG	TABS	OTC-Covered w/Rx
	<i>mytussin ac</i>	10MG/5ML/ 100MG/5ML	SYRP	
	<i>mytussin dac</i>	10MG/5ML/ 100MG/5ML/ 30MG/5ML	SOLN	
	<i>neotuss</i>	30MG/5ML/ 200MG/5ML	LIQD	OTC-Covered w/Rx
	<i>nortuss-ex</i>	20MG/5ML/ 200MG/5ML	LIQD	
	<i>novagest expectorant/codeine</i>	10MG/5ML/ 100MG/5ML/ 30MG/5ML	SOLN	
	<i>pediahist dm</i>	1MG/ML/ 4MG/ML/ 15MG/ML	LIQD	
	<i>pe-hist dm</i>	2MG/5ML/ 15MG/5ML/ 5MG/5ML	SYRP	
	<i>promethazine /codeine</i>	10MG/5ML/ 6.25MG/5ML	SYRP	
	<i>promethazine /dextromethorphan</i>	15MG/5ML/ 6.25MG/5ML	SYRP	
	<i>promethazine vc/codeine</i>	10MG/5ML/ 5MG/5ML/ 6.25MG/5ML	SYRP	

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>promethazine-dm</i>	15MG/5ML/ 6.25MG/5ML	SYRP	
	<i>pse brom dm</i>	4MG/5ML/ 30MG/5ML/ 60MG/5ML	SYRP	
	<i>pulexn dm</i>	10MG/5ML/ 100MG/5ML	SYRP	
	<i>pulmari-gp</i>	20MG/5ML/ 100MG/5ML	LIQD	
	<i>q-tapp dm</i>	1MG/5ML/ 5MG/5ML/ 15MG/5ML	ELIX	OTC-Covered w/Rx
	<i>q-tussin dm</i>	10MG/5ML/ 100MG/5ML	SYRP	OTC-Covered w/Rx
	<i>quartuss</i>	2MG/5ML/ 15MG/5ML/ 100MG/5ML/ 10MG/5ML	SYRP	
	<i>reme tussin dm</i>	2MG/5ML/ 15MG/5ML/ 5MG/5ML	SYRP	
	<i>robafen ac</i>	10MG/5ML/ 100MG/5ML	SYRP	
	<i>robafen dm</i>	10MG/5ML/ 100MG/5ML	SYRP	
	<i>robafen dm clear</i>	10MG/5ML/ 100MG/5ML	SYRP	
	<i>romilar ac</i>	10MG/5ML/ 100MG/5ML	SOLN	
	<i>sildec dm</i>	4MG/5ML/ 15MG/5ML/ 45MG/5ML	SYRP	
	<i>sildec pe-dm</i>	4MG/5ML/ 15MG/5ML/ 12.5MG/5ML	SYRP	
	<i>su-tuss dm</i>	20MG/5ML/ 200MG/5ML	ELIX	
	<i>trital dm</i>	4MG/5ML/ 15MG/5ML/ 10MG/5ML	LIQD	
	TUSSIGON	1.5MG/ 5MG	TABS	
	<i>tustan 12s</i>	30MG/5ML/ 4MG/5ML	SUSP	
Expectorants	<i>altarussin-pe</i>	100MG/5ML/ 30MG/5ML	SYRP	OTC-Covered w/Rx
	<i>bidex</i>	400MG	TABS	OTC-Covered w/Rx
	<i>crantex</i>	100MG/5ML/ 7.5MG/5ML	SYRP	
	<i>despec</i>	100MG/5ML/ 5MG/5ML	LIQD	
	<i>fenesin ir</i>	400MG	TABS	OTC-Covered w/Rx
	<i>gg 200 nr</i>	200MG	TABS	OTC-Covered w/Rx
	<i>guaifenesin</i>	100MG/5ML	SYRP	OTC-Covered w/Rx
	<i>guaifenesin</i>	200MG	TABS	
	<i>guaifenesin</i>	400MG	TABS	OTC-Covered w/Rx
	<i>guaifenesin /phenylephrine</i>	100MG/5ML/ 7.5MG/5ML	LIQD	
	<i>humibid maximum strength</i>	1200MG	TB12	OTC-Covered w/Rx
	<i>liquibid</i>	400MG	TABS	
	<i>mucinex maximum strength</i>	1200MG	TB12	OTC-Covered w/Rx
	<i>mucus relief</i>	400MG	TABS	OTC-Covered w/Rx
	<i>organ-i nr</i>	200MG	TABS	

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>phenydex pediatric</i>	50MG/ML/ 5MG/ML	LIQD	
	PSEUDOEPHEDRINE /GUAIFENESIN	200MG/5ML/ 40MG/5ML	SYRP	
	<i>q-tussin pe -af</i>	100MG/5ML/ 30MG/5ML	SYRP	OTC-Covered w/Rx
	<i>refenesen</i>	200MG	TABS	OTC-Covered w/Rx
	<i>refenesen 400</i>	400MG	TABS	OTC-Covered w/Rx
	<i>robatussin head/chest congestion pe</i>	100MG/5ML/ 5MG/5ML	LIQD	OTC-Covered w/Rx
	<i>xpect</i>	400MG	TABS	OTC-Covered w/Rx
Mucolytic Agents	<i>broncho saline</i>	0.9%	AERS	OTC-Covered w/Rx
	<i>sodium chloride</i>	0.9%	NEBU	OTC-Covered w/Rx
Respiratory Tract Agents, Miscellaneous	XOLAIR	150MG	SOLR	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
	<i>bacitracin/polymyxin</i>	500UNIT/GM/ 10000UNIT/GM	OINT	OTC-Covered w/Rx
	<i>clindamycin phosphate</i>	1%, 2%	SOLN, LOTN, GEL , CREA	
	<i>erythromycin</i>	2%	SOLN, GEL	
	<i>erythromycin/benzoyl peroxide</i>	5%/ 3%	GEL	
	<i>gentamicin sulfate</i>	0.1%	OINT, 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	
Azoles	<i>clotrimazole</i>	1%	SOLN, 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%, 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	
	LOTRIMIN AF	1%	SOLN, CREA	OTC-Covered w/Rx
	<i>miconazole</i>	2%	CREA	OTC-Covered w/Rx

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	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	200MG/5GM	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
	MONISTAT 7 COMBINATION PACK		KIT	
	<i>terconazole</i>	80MG, 0.8%, 0.4%	SUPP, CREA	
Hydroxypyridones	<i>ciclopirox</i>	0.77%	SUSP, GEL , CREA	
	<i>ciclopirox olamine</i>	0.77%	CREA	
Antifungal Polyenes	<i>nystatin</i>	100000UNIT/GM	POWD, OINT, CREA	
	NYSTATIN VAGINAL	100000UNIT	TABS	
Local Anti-infectives, Miscellaneous	ACID JELLY	0.92%	GEL	
	<i>benzoyl peroxide</i>	8.5%/ 10%, 6.5%/ 10%	CREA	
	<i>benzoyl peroxide</i>	10%, 5%	LOTN, GEL	OTC-Covered w/Rx
	<i>benzoyl peroxide</i>	10%, 5%	GEL	
	<i>benzoyl peroxide 10</i>	10%	LIQD, GEL	
	<i>benzoyl peroxide 5</i>	5%	LIQD, GEL	
	<i>benzoyl peroxide cleanser</i>	8.5%/ 10%, 6.5%/ 10%, 4.5%/ 10%	LIQD	
	<i>benzoyl peroxide creamy wash</i>	8%, 4%	LIQD	
	<i>hydrocortisone /iodoquinol operand chlorhexidine gluconate</i>	1%/ 1%	CREA	
	<i>gluconate</i>	4%	LIQD	QL (480.00 per 31 days); OTC-Covered w/Rx
	<i>selenium sulfide</i>	2.5%	LOTN	
	<i>silver sulfadiazine</i>	1%	CREA	QL (400.00 per 31 days)
	<i>ssd</i>	1%	CREA	QL (400.00 per 31 days)
	<i>ssd af</i>	1%	CREA	QL (400.00 per 31 days)
Scabicides and Pediculicides	<i>a-200</i>	0.5%	AERO	OTC-Covered w/Rx
	<i>acticin</i>	5%	CREA	QL (60.00 per 31 days)
	EURAX	10%	LOTN, CREA	
	OVIDE	0.5%	LOTN	QL (59.00 per 31 days)

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>permethrin</i>	5%	CREA	QL (60.00 per 31 days)
	<i>permethrin</i>	1%	LOTN, CREA	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>anucort-hc</i>	25MG	SUPP	
	<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 emollient</i>	0.05%	CREA	
	CORTISPORIN	400UNIT/GM/ 1%/ 0.5%/ 5000UNIT/GM	OINT	
	DERMA-SMOOTH/FS BODY OIL	0.01%	OIL	
	DERMA-SMOOTH/FS SCALP OIL	0.01%	OIL	
	<i>desonide</i>	0.05%	OINT, LOTN, CREA	
	<i>desoximetasone</i>	0.05%	CREA	
	<i>diflorasone diacetate</i>	0.05%	OINT, CREA	
	FLUOCINOLONE ACETONIDE	0.01%, 0.025%	SOLN, OINT, CREA	
	<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>hemorrhoidal-hc</i>	25MG	SUPP	
	<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 acetate</i>	30MG, 25MG	SUPP	
	<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>mometasone furoate</i>	0.1%	OINT, CREA	
	<i>nystatin/triamcinolone</i>	100000UNIT/GM/ 0.1%	OINT, CREA	
	<i>triamcinolone acetonide</i>	0.1%, 0.025%	OINT, CREA	

# WellCare Health Plan Ohio CFC Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Detail
	<i>triamcinolone in orabase</i>	0.1%	PSTE	
Antipruritics and Local Anesthetics	<i>lidocaine</i>	5%, 3%	OINT, LOTN, CREA	
	<i>lidocaine hcl</i>	4%	SOLN	
	<i>lidocaine hcl jelly</i>	2%	GEL	
	<i>lidocaine/prilocaine</i>	2.5%/ 2.5%	CREA	
	<i>phenazopyridine hcl</i>	200MG, 100MG	TABS	
	<i>pramoxine hcl</i>	1%	FOAM	OTC-Covered w/Rx
	PROCTOFOAM HC	1%/ 1%	FOAM	
	<i>prudoxin</i>	5%	CREA	QL (45.00 per 31 days)
Astringents	ALUMINUM ACETATE		SOLN	OTC-Covered w/Rx
Cell Stimulants and Proliferants	<i>avita</i>	0.025%	GEL , CREA	AL (max: 20y); QL (45.00 per 31 days)
	<i>tretinoin</i>	0.025%, 0.01%, 0.1%, 0.05%	GEL , CREA	AL (max: 20y); QL (45.00 per 31 days)
Pigmenting Agents	OXSORALEN	1%	LOTN	PA
	OXSORALEN ULTRA	10MG	CAPS	PA
Basic Lotions and Liniments	<i>ammonium lactate</i>	12%	LOTN, CREA	OTC-Covered w/Rx
	<i>ammonium lactate</i>	12%	LOTN, CREA	
	EUCALYPTUS OIL		OIL	OTC-Covered w/Rx
Keratolytic Agents	<i>clear away plantar system</i>	40%	PADS	OTC-Covered w/Rx
	<i>clear away wart remover system</i>	40%	PADS	OTC-Covered w/Rx
	COMPOUND W	17%	LIQD	OTC-Covered w/Rx
	COMPOUND W ONE STEP PLANTAR PADS	40%	PADS	OTC-Covered w/Rx
	FREEZONE	18%	LIQD	OTC-Covered w/Rx
	<i>salicylic acid</i>	6%	CREA	
	<i>scholls corn removers</i>	40%	PADS	OTC-Covered w/Rx
	<i>sodium sulfacetamide-sulfur wash w/meratan</i>	5%/ 10%/ 4%/ 5%/ 10%	KIT	
	<i>urea</i>	40%, 50%	CREA	
Skin and Mucous Membrane Agents, Misc	<i>amnesteem</i>	40MG, 20MG, 10MG	CAPS	ST; AL (min: 12y, max: 20y); QL (62.00 per 31 days); Must fail preferred topical antibiotic; Max duration of therapy 20 weeks
	<i>calcipotriene</i>	0.005%	SOLN	
	<i>capsaicin</i>	0.025%	CREA	OTC-Covered w/Rx
	DOVONEX	0.005%	CREA	
	DRITHO-CREME HP	1%	CREA	
	ELIDEL	1%	CREA	ST; QL (30.00 per 31 days); Must fail preferred topical corticosteroid

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>fluorouracil</i>	5%, 2%	SOLN, CREA	PA
	LEVULAN KERASTICK	20%	SOLR	
	<i>podofilox</i>	0.5%	SOLN	
	SANTYL	250UNIT/GM	OINT	
	<i>sotret</i>	40MG, 30MG, 20MG, 10MG	CAPS	ST; AL (min: 12y, max: 20y); QL (62.00 per 31 days); 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	
<b>SMOOTH MUSCLE RELAXANTS</b>				
Genitourinary Smooth Muscle Relaxants	<i>oxybutynin chloride</i>	5MG, 5MG/5ML	TABS, SYRP	
	<i>oxybutynin chloride er</i>	5MG, 15MG, 10MG	TB24	
	VESICARE	5MG, 10MG	TABS	
Respiratory Smooth Muscle Relaxants	<i>aminophylline</i>	200MG, 100MG, 25MG/ML	TABS, SOLN	
	<i>theophylline cr</i>	300MG, 200MG, 100MG	TB12	
	<i>theophylline er</i>	600MG, 400MG, 450MG, 300MG, 200MG, 100MG	TB24, TB12	
	<i>theophylline td</i>	300MG, 200MG, 100MG	TB12	
	UNIPHYL	600MG, 400MG	TB24	
<b>VITAMINS</b>				
Multivitamin Preparations	<i>baby vitamin</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>baby vitamin/iron</i>	35MG/ML/ 10MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML/ 5UNIT/ML	SOLN	OTC-Covered w/Rx
	ADVANCED NATALCARE	120MG/ 0/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 50MG/ 1MG/ 90MG/ 30MG/ 20MG/ 20MG/ 3.4MG/ 3MG/ 30UNIT/ 2700UNIT/ 25MG	TABS	
	ADVANCED-RF NATALCARE	120MG/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 50MG/ 1MG/ 90MG/ 30MG/ 20MG/ 20MG/ 3.4MG/ 3MG/ 30UNIT/ 25MG	TABS	
	CARDIOTEK	75MG/ 100MG/ 500MCG/ 800MCG/ 5MG/ 50MG/ 200UNIT	TBCR	OTC-Covered w/Rx
	<i>elite-ob</i>	120MG/ 2100UNIT/ 315UNIT/ 1MG/ 15MCG/ 20UNIT/ 1.25MG/ 50MG/ 15MG/ 10MG/ 10MG/ 3.4MG/ 2MG/ 10MG	TABS	
	<i>folbecal</i>	200MG/ 12MCG/ 1MG/ 75MG	TABS	
	<i>multivitamins</i>	37.5MG/ 20MG/ 1MG/ 0.1MG/ 2MG/ 1.5MG/ 500UNIT/ 400UNIT	TABS	OTC-Covered w/Rx
	<i>multivitamins/fluoride</i>	60MG/ 4.5MCG/ 400UNIT/ 0.5MG/ 0.3UNIT/ 12.9UNIT/ 10.5UNIT/ 1.6UNIT/ 1.3MG/ 2500UNIT/ 15MG, 60MG/ 4.5MCG/ 1MG/ 0.3MG/ 13.5MG/ 1.05MG/ 1.2MG/ 1.05MG/ 2500UNIT/ 400UNIT/ 15MG	CHEW	

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>multi-vit/fluoride</i>	35MG/ML/2MCG/ML/ 0.5MG/ML/ 8MG/ML/0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/1500UNIT/ML/ 400UNIT /ML/5UNIT/ML, 35MG/ML/2MCG/ML/400UNIT/ML/0.2 5MG/ML/8MG/ML/0.4MG/ML/0.6MG/ ML/0.5MG/ML/1500UNIT/ML/5UNIT /ML	SOLN	
	<i>multi-vitamin/fluoride</i>	35MG/ML/2MCG/ML/ 0.5MG/ML/ 8MG/ML/0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/1500UNIT/ML/ 400UNIT /ML/5UNIT/ML, 35MG/ML/2MCG/ML/400UNIT/ML/0.2 5MG/ML/8MG/ML/0.4MG/ML/0.6MG/ ML/0.5MG/ML/1500UNIT/ML/5UNIT /ML	SOLN	
	<i>multivitamin drops/fluoride/iron</i>	35MG/ML/2MCG/ML/ 0.5MG/ML/10MG/ML/ 8MG/ML/0.4MG/ML/ 0.6MG/ML/0.5MG/ML/ 1500UNIT/ML/400UNIT/ML/ 5UNIT/ML, 35MG/ML/2MCG/ML/0.25MG/ML/ 10MG/ML/8MG/ML/0.4MG/ML/ 0.6MG/ML/0.5MG/ML/ 1500UNIT/ML/400UNIT/ML 5UNIT/ML	SOLN	
	<i>mynatal advance</i>	120MG/0/200MG/400UNIT/2MG/12M CG/50MG/1MG/90MG/30MG/20MG/2 0MG/3.4MG/3MG/30UNIT/2700UNIT/ 25MG	TABS	
	<i>mynatal-z</i>	70MG/200MG/2.2MCG/65MG/1MG/10 0MG/17MG/175MCG/2.2MG/1.6MG/6 5MCG/1.5MG/4000UNIT/400UNIT/10 UNIT/ 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	
	NATACHEW	120MG/1000UNIT/400UNIT/12MCG/2 9MG/1MG/20MG/10MG/3MG/2MG/11 UNIT	CHEW	
	<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/fluoride</i>	35MG/ML/2MCG/ML/ 0.5MG/ML/ 8MG/ML/0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/1500UNIT/ML/ 400UNIT /ML/5UNIT/ML, 35MG/ML/2MCG/ML/400UNIT/ML/0.2 5MG/ML/8MG/ML/0.4MG/ML/0.6MG/ ML/0.5MG/ML/1500UNIT/ML/5UNIT /ML	SOLN	
	<i>polyvitamin /iron</i>	35MG/ML/ 10MG/ML/ 8MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML/ 5UNIT/ML, 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>prenatabs obn</i>	120MG/ 200MG/ 400UNIT/ 8MCG/ 1MG/ 29MG/ 20MG/ 150MCG/ 3MG/ 3MG/ 3MG/ 30UNIT/ 15MG	TABS	

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>prenatabs rx</i>	120MG/4000UNIT/30MCG/200MG/400UNIT/3MG/8MCG/1MG/29MG/100MG/20MG/7MG/150MCG/3MG/3MG/3MG/30UNIT/15MG	TABS	
	PRENATAL 19	100MG/ 1000UNIT/ 200MG/ 7MG/ 12MCG/ 25MG/ 29MG/ 1MG/ 6MG/ 20MG/ 3MG/ 3MG/ 400UNIT/ 30UNIT/ 20MG	CHEW	
	<i>prenatal low iron</i>	100MG/ 0/ 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/ 0/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 27MG/ 1MG/ 20MG/ 10MG/ 3MG/ 1.84MG/ 22MG/ 4000UNIT/ 25MG	TABS	
	<i>prenatal-u</i>	10MG/ 0.8MG/ 15MCG/ 106MG/ 1MG/ 1.3MG/ 30MG/ 5MG/ 6MG/ 200MG/ 10MG	CAPS	
	<i>prenavite multiple vitamin</i>	120MG/ 0/ 200MG/ 400UNIT/ 8MCG/ 28MG/ 800MCG/ 20MG/ 2.6MG/ 1.7MG/ 1.8MG/ 30UNIT/ 4000UNIT/ 25MG	TABS	OTC-Covered w/Rx
	<i>prenavite multiple vitamin</i>	120MG/0/200MG/400UNIT/8MCG/28MG/800MCG/20MG/2.6MG/1.7MG/1.8MG/30UNIT/4000UNIT/25MG	TABS	OTC-Covered w/Rx
	<i>pruet dhaec</i>	120MG/ 3000UNIT/ 200MG/ 400UNIT/ 2MG/ 12MCG/ 275MG/ 0/ 1MG/ 29MG/ 25MG/ 20MG/ 400MG/ 25MG/ 4MG/ 1.8MG/ 3MG/ 25MG	MISC	
	<i>re-nata 29 prenatal vitamin</i>	120MG/ 200MG/ 400UNIT/ 8MCG/ 1MG/ 29MG/ 20MG/ 150MCG/ 3MG/ 3MG/ 3MG/ 30UNIT/ 15MG	TABS	
	<i>therobec</i>	500MG/ 18MG/ 5MCG/ 0.5MG/ 100MG/ 4MG/ 15MG/ 15MG	TABS	
	<i>trinatal rx 1</i>	80MG/400UNIT/30MCG/200MG/400UNIT/3MG/2.5MCG/60MG/1MG/100MG/7MG/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>tri-vit/fluoride/iron</i>	35MG/ML/ 0.25MG/ML/ 10MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	
	<i>tri-vitamin</i>	35MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>tri-vitamin /fluoride</i>	35MG/ML/ 0.25MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	
	<i>tri-vitamin /iron /fluoride</i>	35UNIT/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, 35MG/ML/ 0.25MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	
	<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	

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Class	Product Name	Strengths	Form	Coverage Detail
	<i>vinate gt</i>	120MG/ 0/ 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/ 25MCG/ 2MG/ 12MCG/ 27MG/ 1MG/ 150MCG/ 25MG/ 5MG/ 25MCG/ 20MG/ 10MG/ 10MG/ 3.4MG/ 20MCG/ 3MG/ 5000UNIT/ 400UNIT/ 30UNIT/ 25MG	TABS	
	VITAFOL-OB	70MG/ 2700UNIT/ 100MG/ 400UNIT/ 2MG/ 12MCG/ 65MG/ 1MG/ 25MG/ 18MG/ 2.5MG/ 1.8MG/ 1.6MG/ 30UNIT/ 25MG	TABS	
	<i>vitamin b complex-c</i>	300MG/ 10MG/ 50MG/ 5MG/ 10.2MG/ 15MG	CAPS	OTC-Covered w/Rx
	<i>vitaphil aide</i>	150MG/ 2000UNIT/ 30MCG/ 6MG/ 400UNIT/ 90MG/ 2MG/ 12MCG/ 28MG/ 1MG/ 40MG/ 18MG/ 50MG/ 3MG/ 3MG/ 25UNIT/ 15MG	TABS	
Vitamin A	<i>vitamin a</i>	8000UNIT, 10000UNIT	CAPS	OTC-Covered w/Rx
Vitamin B Complex	CARDIOTEK-RX	500MG/ 500MCG/ 2MG/ 0/ 50MG	TABS	
	<i>cyanocobalamin</i>	1000MCG/ML	SOLN	
	<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>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	
Vitamin D	<i>calciferol</i>	8000UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>calcitriol</i>	1MCG/ML, 0.5MCG, 0.25MCG	SOLN, CAPS	