

WellCare Health Plans, Inc. - Florida

	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
ANALGESICS							
Opioid Analgesics	G				Aspirin/Caffeine/Butalbital	BUTALBITAL COMPOUND, FIORINAL	
	G				Propoxyphene/APAP	DARVOCET-N, N-100	
	G				Propoxyphene	DARVON	
	G				Propoxyphene-HCL/ASA/Caffeine	DARVON-COMPOUND 66	NO LONGER MARKETED-SEPTEMBER 2007
	G				Meperidine	DEMEROL	
	G				Hydromorphone	DILAUDID	
	G				Methadone HCL	DOLOPHINE, METHADONE	
	G				Codeine/ASA	EMPIRIN/CODEINE	
	G				APAP/Butalbital/Caffeine	ESGIC, FIORICET	
	G				Butalbital/ASA/Caffeine/Codeine	FIORINAL/CODEINE	UPDATED-SEPTEMBER 2007
	G	QL	#240/30 DS		APAP/Hydrocodone	LORCET, LORTAB- 2.5/500, 5/500, 7.5/500, 7.5/650, 10/650, 10/500, ELIXIR, VICODIN 10/660, 7.5/750	UPDATED-JANUARY 2007
	G				Morphine Sulfate	MSIR TABS, MSIR ORAL CONC, MS CONTIN, ORAMORPH	
	G				Oxycodone	OXYCODONE IR, ROXICODONE	
	\$\$\$\$				Oxycodone/APAP	ROXICET (SOLN)	GENERIC NO LONGER AVAILABLE-APRIL 2008
	G	QL	#240/30 DS		Oxycodone/APAP	PERCOCET, TYLOX, ROXILOX, ENDOCET 5/500, 5/325, 7.5/500	UPDATED-FEBRUARY 2007
	G		#240/30 DS		Oxycodone/ASA	PERCODAN	UPDATED-JANUARY 2007
	G				Butalbital W/Acetaminophen	PHRENILIN, FORTE	
	G	QL	#2.5ml / 30DS		Butorphanol NS	STADOL NS	
	G				Pentazocine/Naloxone HCl	TALWIN NX	
	G				APAP/Codeine tablets, liquid	TYLENOL/CODEINE TABLET, LIQUID	
	G				Tramadol	ULTRAM	
	G				Codeine Phosphate, Sulfate	CODEINE	UPDATED-MAY 2007
	G	DER, QL	#10/30 DS		Fentanyl	DURAGESIC	ADDED-MAY 2007
Non-Opioid Analgesics	G				Naproxen sodium	ANAPROX	
	G				Flurbiprofen	ANSAID	
	OTC	OTC-Covered w/ Rx			Acetylsalicylic Acid	ASPIRIN	
	G				Diclofenac Potassium	CATAFLAM	
	G				Sulindac	CLINORIL	
	G				Oxaprozin	DAYPRO	
	G				Salsalate SR	DISALCID, SALFLEX	
	G				Diflunisal	DOLOBID	
	G				Piroxicam	FELDENE	
	G				Indomethacin, SR	INDOCIN, SR	
	G				Etodolac	LODINE	
	OTC	OTC-Covered w/ Rx			Ibuprofen	MOTRIN,SUSP (OTC)	
	G				Ibuprofen	MOTRIN (RX)	
	G				Fenoprofen	NALFON	
	G				Naproxen	NAPROSYN	
	G				Ketoprofen	ORUDIS	
	G				Nabumetone	RELAFEN	
	G				Tolmetin	TOLECTIN	
	G	QL	#20/30 DS	5 DS / RX	Ketorolac	TORADOL	
	G				Choline Magnesium Trisalicylate	TRILISATE	
	G				Meloxicam	MOBIC	
	G		50mg and 75mg		Diclofenac Sodium	VOLTAREN	UPDATED-JULY 2007
	\$\$\$\$\$\$\$\$	ST, QL	#30/30 DS	History of 2 generic NSAIDS	Celecoxib	CELEBREX	
ANESTHETICS							
	G				Benzocaine/Antipyrine Otic	AURALGAN, OTIC, A/B OTIC, AUROTO & RX-OTIC	
	G				Phenazopyridine	PYRIDIUM	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	G				Lidocaine Topical	XYLOCAINE	
	G				Lidocaine Viscous	XYLOCAINE VISCOUS	
	G				Lidocaine/Prilocaine	EMLA	UPDATED-APRIL 2007
ANTIBACTERIALS - ORAL							
Beta-Lactam, Cephalosporins	G				Cephalexin	KEFLEX - 1st GENERATION	
	G				Cefadroxil Hydrate	DURICEF - 1st GENERATION	
	G				Cefaclor	CECLOR - 2nd GENERATION	
	G				Cefuroxime	CEFTIN - 2nd GENERATION	
	G				Cefprozil	CEFZIL - 2nd GENERATION	UPDATED- FEBRUARY 2007
	G				Cefnidir	OMNICEF - 3rd GENERATION	New Generic-August 2007
Beta-Lactam, Penicillins	G				Amoxicillin	AMOXIL	
	G				Amoxicillin/Clavulanate	AUGMENTIN	
	G				Ampicillin	OMNIPEN, PRINCIPEN	
	G				Cloxacillin Sodium	CLOXACILLIN SODIUM	NO LONGER MARKETED-SEPTEMBER 2007
	G				Dicloxacillin	DYNAPEN	
	G				Oxacillin Sodium	OxACILLIN SODIUM	NO LONGER MARKETED-SEPTEMBER 2007
	G				Penicillin	VEETIDS, BEEPEN VK	
Macrolides	G				Erythromycin (All Salts)	E-MYCIN, ERY-TAB, ILOSONE, E.E.S., ERYTHROCIN,	
	G				Erythromycin/Sulfisoxazole	PEDIAZOLE	
	\$\$				Erythromycin, delayed-release	PCE	
	G				Azithromycin	ZITHROMAX(TABS , SUSP, VIAL)	UPDATED-MARCH 2007
	G				Clarithromycin	BIAXIN	ADDED-JULY 2007
Quinolones	G				Ciprofloxacin	CIPRO	
	\$\$	QL	#14/30 DS		Moxifloxacin	AVELOX	
Sulfonamides	G				Sulfamethoxazole/Trimethoprim	BACTRIM, DS	
	G				Sulfisoxazole	GANTRISIN	
	G				Erythromycin/Sulfisoxazole	PEDIAZOLE	
	G				Sulfasalazine	AZULFIDINE	
Tetracyclines	G				Doxycycline capsules	VIBRAMYCIN, VIBRATABS	
	G				Minocycline	MINOCIN	
	G				Tetracycline	ACHROMYCIN, SUMYCIN	
Antibacterials, Other	G	QL	Granules=200ml/30DS		Clindamycin	CLEOCIN	UPDATED-JUNE 2007
	G	250 & 500 mg tabs only			Metronidazole	FLAGYL	
	G				Nitrofurantoin	MACRODANTIN	
	G				Trimethoprim	PROLOPRIM	
	G				Nitrofurantoin macrocrystals	MACROBID	
	\$\$\$\$\$\$\$\$				Atovaquone	MEPRON	
	\$\$\$\$\$\$\$\$	DER			Vancomycin oral	VANCOCIN	
ANTI-CONVULSANTS							
Benzodiazepines	\$\$\$\$\$				Diazepam	DIASTAT	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
Calcium Channel Modifying Agents	G				Ethosuximide	ZARONTIN	
	G				Zonisamide	ZONEGRAN	
GABA Augmenting Agents	G				Valproic Acid	DEPAKENE	
	G				Primidone	MYSOLINE	
	\$\$\$\$\$				Divalproex	DEPAKOTE, ER, SPRINKLES	
	\$\$\$\$\$				Tiagabine	GABITRIL	
	G				Gabapentin	NEURONTIN	
Glutamate Reducing Agents	\$\$\$\$\$	FDA APPROVED INDICATIONS ONLY			Lamotrigene	LAMICTAL	
	\$\$\$\$\$	FDA APPROVED INDICATIONS ONLY			Topiramate	TOPAMAX	
Sodium Channel Inhibitors	G				Phenytoin(kapseals, susp)	DILANTIN	
	\$\$				Phenytoin extended release	PHENYTEK	ADDED-MARCH 2007
	G				Carbamazepine	TEGRETOL	
	\$\$\$\$\$				Carbamazepine XR	CARBATROL	
	\$\$\$\$\$				Levetiracetam	KEPPRA	
	\$\$\$\$\$				Ethotoin	PEGANONE	
	G				Oxcarbazepine	TRILEPTAL	UPDATED-December 2007
ANTIDEMENTIA							
Cholinesterase Inhibitors	\$\$\$\$				Donepezil Hcl	ARICEPT, ODT	UPDATED-MAY 2007
	\$\$\$\$		Tablets and Suspension		Rivastigmine	EXELON	UPDATED-APRIL 2008
Antidementia Agents, Other	G				Ergoloid Mesylates	HYDERGINE	
ANTIDEPRESSANTS							
MAO Inhibitors	\$\$\$\$\$				Phenelzine	NARDIL	
	G				Tranlycypromine	PARNATE	
Reuptake Inhibitors							
	G				Citalopram	CELEXA	
	G		Tablets and Suspension		Paroxetine	PAXIL	UPDATED-AUGUST 2007
	G			10 and 20 mg Capsules ONLY	Fluoxetine	PROZAC	UPDATED-FEBRUARY 2007
	G				Sertraline	ZOLOFT	UPDATED-JULY 2007
	\$\$\$\$\$	QL	#30/30 DS		Paroxetine (extended release)	PAXIL CR	
Antidepressants, Other	G				Clomipramine	ANAFRANIL	
	G				Amoxapine	ASENDIN	
	G				Trazodone	DESYREL	
	G				Amitriptyline	ELAVIL	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	G				Trimipramine	SURMONTIL	
	G				Perphenazine/Amitriptyline	ETRAFON, TRIAVIL	
	G				Amitriptyline/Chlordiazepoxide	LIMBITROL, LIMBITROL DS	UPDATED-FEBRUARY 2007
	G				Maprotiline	LUDIOMIL	
	G				Desipramine	NORPRAMIN	
	G				Nortriptyline	PAMELOR	
	G				Mirtazapine	REMERON	
	G				Nefazodone Hcl	SERZONE	
	G				Doxepin	SINEQUAN	
	G				Imipramine	TOFRANIL	
	G				Bupropion (immediate and sustained release)	WELLBUTRIN, WELLBUTRIN SR	UPDATED-FEBRUARY 2007
	\$\$\$\$				Bupropion (extended release)	WELLBUTRIN XL	UPDATED-FEBRUARY 2007
	G				Venlafaxine	EFFEXOR	
ANTIEMETICS							
	OTC	OTC-Covered w/ Rx			Meclizine	ANTIVERT	
	G				Hydroxyzine HCl, Pamoate	ATARAX, VISTARIL	
	OTC	OTC-Covered w/ Rx			Diphenhydramine 25 mg, 50mg	BENADRYL (OTC)	
	G				Prochlorperazine Tablets, Suppositories	COMPAZINE TABLETS	UPDATED-JULY 2007
	G				Promethazine	PHENERGAN	
	G				Metoclopramide	REGLAN	
	G				Chlorpromazine	THORAZINE	
	\$\$\$\$\$				Prochlorperazine	COMPazine SPANSULES	NO LONGER MARKETED-SEPTEMBER 2007
	G	QL	4mg or 8mg=#12/30DS; Sol=100ml/30DS	24mg=#1/30DS	Ondansetron	ZOFRAN	NEW GENERIC-JANUARY 2007; UPDATE-SEPTEMBER 2007
ANTIFUNGALS							
	G	QL	150mg=#2 / 30DS		Fluconazole	DIFLUCAN	UPDATED-MAY 2007
	G				Nystatin oral	MYCOSTATIN	
	\$\$\$				Griseofulvin	GRISPEG, GRIFULVIN V (SUSP)	
	\$\$\$\$\$				Clotrimazole	MYCELEX TROCHE	
	G				Ketoconazole	NIZORAL	
	G	DER			Terbinafine	LAMISIL	UPDATED-JULY 2007
ANTIGOUT							
	G				Probenecid	BENEMID	
	G				Colchicine/Probenecid	COL-BENEMID	
	G				Colchicine	COLCHICINE	
	G				Allopurinol	ZYLOPRIM	
ANTIHISTAMINE DRUGS, ANTITUSSIVES, EXPECTORANTS, AND MUCOLYTIC AGENTS							
<i>All cough/cold medication, other than single entity guaifenesin, including antitussives, decongestants, and expectorants or any combination are limited to recipients under the age of 21.</i>							
	G				Hydroxyzine HCl, Pamoate	ATARAX, VISTARIL	
	OTC	OTC-Covered w/ Rx			Diphenhydramine 25 mg, 50mg	BENADRYL (OTC)	
	OTC	OTC-Covered w/ Rx			Loratadine	CLARITIN, REDITABS, SYRUP, ALAVERT	
	G				Chlorpheniramine Tannate	PEDIATAN	ADDED-JANUARY 2007
	G				Cyproheptadine	PERIACTIN	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
Decongestant	\$				Phenylephrine	LUSONAL	
Decongestant/ Expectorant	G				Guaifenesin/Pseudoephedrine	DURASAL II, ENTEX PSE & GUAIFEN-PSE	
Antihistamine/Decongestant	G				Brompheniramine/Pseudoephedrine	IOFED-PD, PSEUBROM-PD, BROMHIST, LO-HIST PD, LO-HIST 12 D	UPDATED-MARCH 2007
	G				Brompheniramine/Phenylephrine	BROMFENEX PE	
	OTC	OTC-Covered w/ Rx			Loratadine/Pseudoephedrine	CLARITIN-D	
	G				Chlorpheniramine / Phenylephrine	NUHIST , R-TANNA, PEDIATAN D, PHENYL CHLOR-TAN, PD-HIST, RONDEX	UPDATED-JANUARY 2007
	G				Promethazine/Phenylephrine	PROMETHAZINE VC, PROMETH VC, PHEN-TUSS AD	
	G				Chlorpheniramine / Pseudoephedrine	PEDIOX CHEWABLE, DE-CONGESTINE,-LO-HIST D	UPDATED- MARCH 2007
Antitussives (Non-Narcotic)	G				Promethazine/ Dextromethorphan	PROMETH/DEXTROMETHORPHAN	
	G				Benzonatate	TESSALON PERLES	
Antitussives (Non Narcotic) / Expectorant							
	\$				Dextromethorphan / Guaifenesin	ALLFEN DM, AMIBID DM, BIDEX DM, DURADEX, TUSSI-ORGANADIN DM	UPDATED JANUARY 2007
	G				Carbetapentane Tannate/Guaifenesin	ALLFEN-C, AMBI	ADDED-OCTOBER 2007
Antitussives(Non-Narcotic)/Antihistamine							
	G				Carbetapentane tannate/Chlorpheniramine tannate	TUSSI-12 S, TANNIC-12, TANNIHIST-12	
Antitussives (Non-Narcotic) / Decongestant	G				Carbetapentane/ Pseudoephedrine	RESPI-TANN, RESPI-TANN G, RESPI-TANN PD	ADDED- September 2007
	G				Brompheniramine/ Dextromethorphan/ Phenylephrine	ALACOL DM	ADDED- September 2007
Antitussives (Non-Narcotic) / Decongestant / Expectorant	G				Dextromethorphan / Guaifenesin / Pseudoephedrine	MAXIFED DM, MAXIFED DMX	ADDED-October 2007
Antitussives (Non-Narcotic) / Antihistamine / Decongestant / Expectorant							
	G				Brompheniramine/Pseudoephedrine/Dextromethorphan	ANDEHIST DM, BROMATANE DX, BROMAXEFED DM	
	G				Chlorpheniramine/Phenylephrine/Dextromethorphan	TRI-VENT DPC, ATUSS DR, C-PHEN DM (DROPS), ATUSS-DM, DEC-CHLORPHEN DM, CARDEC DM	UPDATED-JANUARY 2007
	\$\$\$				Dextromethorphan /Guaifenesin /Phenylephrine HCl Chlorpheniramine maleate	DONATUSSIN	
Antitussives - Narcotic	G				Hydrocodone	HYCODAN, TUSSIGON	
Antitussives (Narcotic) / Antihistamine	G				Codeine/ Promethazine liquid	PROMETHAZINE/CODEINE	
Antitussives (Narcotic) / Decongestant	G				Hydrocodone/Pseudoephedrine	DETUSSIN SOLUTION	
	G				Hydrocodone/Phenylephrine	LORTUSS HC LIQUID, TUSDEC-HC	UPDATED-JANUARY 2007
Antitussives (Narcotic) / Antihistamine / Decongestant							
	G				Hydrocodone/ Chlorpheniramine/ Phenylephrine	ATUSS HC, ATUSS MS, HISTUSSIN HC, RELASIN-HC	UPDATED-JANUARY 2007

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	G				Hydrocodone/ Chlorpheniramine/ Pseudoephedrine	HISTINEX PV, HYDRON PSC LIQUID	
	G				Codeine/Chlorpheniramine/Pseudoephedrine	PHENYLHISTINE DH, RYNA-C	UPDATED-FEBRUARY 2007
	G				Codeine/ Promethazine /Phenylephrine	PROMETHAZINE VC/CODEINE	
Antitussives (Narcotic) / Expectorant	G				Hydrocodone / Pot. Guaiaacolsulfate	ATUSS EX	
	G				Hydrocodone / Guaifenesin	HYCOSIN, HYCOTUSS & VI-Q-TUSS	UPDATED-MAY 2007
	G				Codeine / Guaifenesin	ROBITUSSIN A-C, CHERATUSSIN AC, GANI- TUSS NR, HALOTUSSIN AC, MYTUSSIN DAC, TUSSI-ORGANADIN-S-NR	UPDATED-JANUARY 2007
Antitussives (Narcotic) / Decongestant/ Expectorant	G				Hydrocodone /Phenylephrine / Guaifenesin	ATUSS G, DONATUSSIN DC, EXETUSS-HC	
	G				Hydrocodone / Pseudoephedrine/ Guaifenesin	DRITUSS HD, MYTUSSIN DAC	
	G				Codeine / Pseudoephedrine/ Guaifenesin	ROBITUSSIN DAC, CHERATUSSIN DAC, HALOTUSSIN DAC, MYTUSSIN AC	
ANTI-INFLAMMATORIES							
Glucocorticoids	G				Hydrocortisone	CORTEF	
	G				Cortisone Acetate	CORTONE	
	G				Dexamethasone	DECADRON	
	G				Prednisone	DELTASONE	
	G				Methylprednisolone	MEDROL	
	G				Prednisolone Sodium Phosphate	ORAPRED, PEDIAPRED	
	G				Prednisolone	PREDNISOLONE, PRELONE SYRUP	
	\$\$\$\$				Betamethasone	CELESTONE	
	G				Fludrocortisone	FLORINEF	
ANTIMIGRAINES							
Abortive	G				Ergotamine/Caffeine	CAFERGOT	
	G				Ergotamine w/PB Belladonna	BEL-PHEN-ERGOT-S	NO LONGER MARKETED-SEPTEMBER 2007
	\$\$\$				Ergotamine Tartrate	ERGOMAR	NAME CHANGE-SEPTEMBER 2007
	G				APAP/Dichloralphenazone/Isometheptene	MIDRIN	
	\$\$\$\$\$	QL	#9 / 30DS		Rizatriptan	MAXALT	
	\$\$\$\$\$		#4/ 30 DS		Dihydroergotamine mesylate	MIGRANAL	
	\$\$\$\$\$	QL	#6 / 30DS		Eletriptan	RELPAK	
	\$\$\$\$\$	QL	#6 / 30DS		Sumatriptan	IMITREX Inj	
	\$\$\$\$\$	QL	#6 / 30DS		Sumatriptan	IMITREX Nasal Spray	
	\$\$\$\$\$	QL	#12/30 DS		Sumatriptan	IMITREX Tabs	
Prophylactic	G				Propranolol Hydrochloride	INDERAL tabs	
	G				Propranolol Hydrochloride ER	INDERAL LA	UPDATED-JANUARY 2007
	\$\$\$\$\$				Divalproex	DEPAKOTE, ER	
ANTIMYCOBACTERIALS							
Antituberculars	G				Isoniazid	INH, ISONIAZID	
	G				Pyrazinamide	PYRAZINAMIDE	
	\$\$\$\$\$				Rifampin	RIFADIN	
Antimycobacterials, Other	\$\$\$\$\$				Dapsone	DAPSONE	
	\$\$\$\$\$				Rifabutin	MYCOBUTIN	
ANTINEOPLASTICS							

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
Aromatase Inhibitors	\$\$\$\$\$				Anastrozole	ARIMIDEX	
Antimetabolites	G				Hydroxyurea	HYDREA	
	G				Methotrexate, Methotrexate Inj	RHEUMATREX	Updated-October 2007
Miscellaneous Antineoplastics	\$\$\$				Mitotane	LYSODREN	
Alkylating Agents	\$\$\$\$				Busulfan	MYLERAN, BUSULFEX	
	\$\$\$\$\$				Estramustine Phosphate Sodium	EMCYT	
	\$\$\$\$\$				Altretamine	HEXALEN	
	\$\$\$\$\$				Chlorambucil	LEUKERAN	
	\$\$\$\$\$				Cyclophosphamide	CYTOXAN	
	\$\$\$\$\$				Melphalan	ALKERAN	
	\$\$\$\$\$				Lomustine	CEENU	
Antibiotics	\$\$\$\$\$				Bleomycin	BLENOXANE	
	\$\$\$\$\$				Dactinomycin	COSMEGEN	
	\$\$\$\$\$				Mitomycin	MUTAMYCIN	
	\$\$\$\$\$				Daunorubicin Citrate Liposomal	DAUNOXOME	
Antimetabolites	G				Allopurinol	ZYLOPRIM	
	\$\$\$\$				Mercaptopurine	PURINETHOL	
	\$\$\$\$				Thioguanine	TABLOID	
	\$\$\$\$\$				Fluorouracil	ADRUCIL	
	\$\$\$\$\$	DER			Capecitabine	XELODA	
Antimitotic Agents	\$\$\$\$				Vinblastine Sulfate	VELBAN	
	\$\$\$\$				Vincristine Sulfate	VINCASAR	
	\$\$\$\$				Vinorelbine Tartrate	NAVELBINE	
Biological Response Modifiers	\$\$				Levamisole HCl	ERGAMISOL	NO LONGER MARKETED-SEPTEMBER 2007
	\$\$	PA			Interferon Beta-1a	REBIF	ADDED-MAY 2007
Epipodophyllotoxins	\$\$\$\$\$				Etoposide	VEPESID, TOPOSAR, ETOPOPHOS	
Platinum Coordination Complex	\$\$\$\$				Carboplatin	PARAPLATIN	
	\$\$\$\$				Cisplatin	PLATINOL	
	\$\$\$\$\$				Oxaliplatin	ELOXATIN	
Misc.	G				Leucovorin Calcium	WELLCOVORIN	
ANTIPARASITICS							
Anthelmintics	\$\$\$				Pyrantel pamoate	ANTIMINTH	
	G	QL	#2/30 DS		Mebendazole	VERMOX	
	\$\$\$\$\$				Thiabendazole	MINTEZOL	
Antiprotozoals	G				Hydroxychloroquine	PLAQUENIL	
	\$\$				Pyrimethamine	DARAPRIM	
	\$\$\$				Primaquine	PRIMAQUINE	
	\$\$\$\$\$				Mefloquine	LARIAM	
	\$\$\$\$\$				Atovaquone/Proguanil	MALARONE	
Pediculicides/Scabicides	OTC	OTC-Covered w/ Rx			Permethrin	NIX, RID	
	\$\$\$	QL	#60mls / 30DS		Malathion	OVIDE	
	G				Permethrin	ELIMITE	
	\$\$\$\$\$				Crotamiton	EURAX LOTION	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
ANTIPARKINSON AGENTS							
Dopamine Agonists							
	G				Carbidopa/Levodopa	SINEMET	
	G				Carbidopa/Levodopa CR	SINEMET, -CR	
	G	QL	#60 / 30DS		Amantadine	SYMMETREL	
	\$\$\$\$				Pramipexole Di-Hcl	MIRAPEX	
	\$\$\$\$				Ropinirole Hcl	REQUIP	
	\$\$\$\$				Pergolide	PERMAX	
Antiparkinson Agents, Other							
	G				Trihexyphenidyl	ARTANE	
	G				Benzotropine	COGENTIN	
	G				Selegiline	ELDEPRYL	
	G				Bromocriptine	PARLODEL	
ANTIPSYCHOTICS							
Non-Phenothiazines							
	G				Haloperidol	HALDOL, HALDOL DECANOATE	
	G				Loxapine	LOXITANE	
	G				Thiothixene	NAVANE	
	\$\$\$\$				Molindone	MOBAN	
	\$\$\$\$				Pimozide	ORAP	
Non-Phenothiazines, Atypical							
	\$\$\$\$				Clozapine	CLOZARIL, FAZACLO	UPDATED- November 2007
	\$\$\$\$	QL:Age	#60 / 30DS 2syringes/30 DS for Consta		Risperidone	RISPERDAL, RISPERDAL-M	UPDATED-APRIL 2008
	\$\$\$\$\$\$	QL:Age	#60 / 30DS	Not FDA indicated for < 12 years old	Quetiapine	SEROQUEL, XR	UPDATED-AUGUST 2007
Phenothiazines							
	G				Prochlorperazine Tablets, Suppositories	COMPazine TABLETS	UPDATED-JULY 2007
	G				Thioridazine	MELLARIL	
	G				Fluphenazine Decanoate	PROLIXIN	
	G				Trifluoperazine	STELAZINE	
	G				Chlorpromazine	THORAZINE	
	G				Perphenazine	TRILAFON	
	\$\$\$\$				Meseridazine	SERENTIL	NO LONGER MARKETED-SEPTEMBER 2007
ANTIVIRALS							
CMV Agents							
	G				Ganciclovir	CYTOVENE	
Antiherpetic Agents							
	G				Acyclovir	ZOVIRAX	
	\$\$\$\$				Valacyclovir	VALTREX	
Anti-HIV Agents, Fusion Inhibitors							
	\$\$\$\$	PA			Enfuvirtide	FUZEON	
	\$\$\$\$	PA			Mavavirroc	SELZENTRY	ADDED-SEPTEMBER 2007

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors	\$\$\$\$\$				Etravirine	INTELENCE	ADDED-January 2008
	\$\$\$\$\$				Delavirdine Mesylate	RESCRIPTOR	
	\$\$\$\$\$				Nevirapine	VIRAMUNE	
	\$\$\$\$\$\$				Efavirenz	SUSTIVA	
Anti-HIV Agents, Nucleoside and Non-nucleoside Reverse Transcriptase Inhibitors	\$\$\$\$\$				Lamivudine (3TC)	EPIVIR, HBV	UPDATED- March 2008
	\$\$\$\$\$				Zalcitabine (DDC)	HHV8	NO LONGER MARKETED-SEPTEMBER 2007
	\$\$\$\$\$				Zidovudine (AZT)	RETROVIR	
	\$\$\$\$\$				Didanosine (DDI)	VIDEX	
	\$\$\$\$\$				Tenofovir Disoproxil Fumarate	VIREAD	
	\$\$\$\$\$				Stavudine (D4T)	ZERIT	
	\$\$\$\$\$				Abacavir	ZIAGEN	
	\$\$\$\$\$\$				Zidovudine/Lamivudine	COMBIVIR	
	\$\$\$\$\$\$	QL	#30/30 DS		Emtricitabine	EMTRIVA	
	\$\$\$\$\$\$	QL	#60 / 30DS		Abacavir Sulfate/Lamivudine/Zidovudine	TRIZIVIR	
	\$\$\$\$\$\$	QL	#30/30 DS		Emtricitabine/ Tenofovir	TRUVADA	
	\$\$\$\$\$\$	QL	#30/30 DS		Abacavir/ Lamivudine	EPZICOM	
	\$\$\$\$\$\$				Efavirenz/Emtricitabine/Tenover	ATRIPLA	
Anti-HIV Agents, Protease Inhibitors	\$\$\$\$\$				Indinavir	CRIVIAN	
	\$\$\$\$\$				Saquinavir	FORTOVAISE	NO LONGER MARKETED-SEPTEMBER 2007
	\$\$\$\$\$				Saquinavir	INVIRASE	
	\$\$\$\$\$				Lopinavir/ritonavir	KALETRA	
	\$\$\$\$\$				Ritonavir	NORVIR	
	\$\$\$\$				Darunavir	PREZISTA	
	\$\$\$\$\$	QL	#300 / 30 DS		Nelfinavir Mesylate	VIRACEPT	
	\$\$\$\$\$				Amprénavir	AGENERASE	
	\$\$\$\$\$	QL	#120/30 DS		Fosamprenavir	LEXIVA	
	\$\$\$\$\$	QL	#60 / 30DS		Atazanavir Sulfate	REYATAZ	
	\$\$\$\$\$				Tipranavir	APTIVUS	ADDED-MARCH 2007
Anti-Influenza Agents	G				Rimantadine HCL	FLUMADINE	
	G				Amantadine	SYMMETREL	
	G	DER			Oseltamivir	TAMIFLU (Suspension, Capsules)	
Antivirals, Other	\$\$\$\$				Ribavirin Capules	COPEGUS	
Hepatitis B Agents	\$\$\$				Lamivudine, 3TC	EPIVIR HBV	
	\$\$\$\$	DER			Adefovir	HEPSERA	ADDED-MAY 2007
ANXIOLYTICS							
Benzodiazepines	G				Lorazepam	ATIVAN	
	G				Clonazepam	KLONOPIN	
	G				Chlordiazepoxide	LIBRIUM	
	G				Oxazepam	SERAX	
	G				Diazepam	VALIUM	
	G				Alprazolam	XANAX	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	G				Clorazepate	TRANXENE	
Anxiolytics, Other	G				Bupirone	BUSPAR	
AUTONOMIC AGENTS							
Parasympatholytics	\$\$\$\$				Pyridostigmine	MESTINON	
Parasympathomimetics	G				Bethanechol	URECHOLINE	
	\$\$\$\$				Neostigmine Bromide	PROSTIGMIN	
Sympathomimetics	G				Methyldopa	ALDOMET	
	G				Methyldopa/HCTZ	ALDORIL	
	G				Clonidine	CATAPRES	
	G				Clondine HCL/Chlorthalidone	CLORPRES	
	G				Guanfacine	TENEX	
	\$\$\$\$	QL	#2 inj/ 30DS		Epinephrine	EPIPEN, Jr	
BIPOLAR AGENTS							
	G				Lithium Carbonate	ESKALITH, LITHOBID	
	\$\$				Lithium Carbonate	ESKALITH CR	
	\$\$\$\$				Divalproex	DEPAKOTE, ER	
BLOOD GLUCOSE REGULATORS							
Antihypoglycemics	G				Glyburide	DIABETA, MICRONASE	
	G				Glyburide/Metformin	GLUCOVANCE	
	G				Chlorpropamide	DIABINESE	
	G				Glipizide	GLUCOTROL	
	G				Glyburide, micronized	GLYNASE PRESTAB	
	G				Glimepiride	AMARYL	
	G				Metformin	GLUCOPHAGE XR, FORTAMET	UPDATED-FEBRUARY 2007
	\$\$				Glipizide XL	GLUCOTROL XL	
	\$\$\$\$				Acarbose	PRECOSE	
	\$\$\$\$				Repaglinide	PRANDIN	
	\$\$\$\$\$\$\$				Rosiglitazone/Metformin HCL	AVANDAMET	
	\$\$\$\$\$\$\$				Rosiglitazone	AVANDIA	
	\$\$\$\$\$\$\$				Rosiglitazone/Glimepiride	AVANDARYL	
	\$\$\$\$\$\$\$				Pioglitazone	ACTOS	ADDED-MAY 2007
	\$\$\$\$\$\$\$				Pioglitazone/Metformin	ACTOPLUS MET	ADDED-MAY 2007
	\$\$\$\$\$\$\$	DER			Sitagliptin	JANUVIA	ADDED-JUNE 2007
	\$\$\$\$\$\$\$	DER			Sitagliptin/Metformin	JANUMET	ADDED-JUNE 2007
Insulins	\$\$\$				Insulin Lispro	HUMULIN, HUMALOG	Added-September 2007
	\$\$\$\$				Insulin Glargine	LANTUS, SOLOSTAR	
Glucose Meters and Strips	G	QL	#200/ 30 DS		Lancets	MULTI-CLIX, SOFTCLIX, SOFT TOUCH	
	G	QL	#100/30 DS		Syringes	ACCUSURE, AIMSCO, B-L, CARE ONE ULTIGUARD, EXEL, FIRST CHOICE, RELION, SURE-JECT, STORE BRAND	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	\$\$\$\$	QL	#100/30 DS		Test Strips	ASCENSIA ELITE, ASCENSIA AUTODISK, ASCENSIA BREEZE 2, ASCENSIA CONTOUR, ACCU-CHEK ADVANTAGE, ACCU-CHEK COMFORT CURVE, ACCU-CHEK COMPACT, ACCU-CHEK ACTIVE, ACCU-CHEK AVIVA	
	\$\$\$\$	Please Call, available only through mail order only.	Accucheek 1-888-744-3671 Ascencia 1-877-229-3777		Glucometer(Meter)	ASCENSIA ELITE, ASCENSIA ELITE XL, ASCENSIA BREEZE, ASCENSIA BREEZE 2, ASCENSIA CONTOUR, ACCU-CHEK ADVANTAGE, ACC-CHEK COMPACT PLUS, ACCU-CHEK ACTIVE, ACCU-CHEK AVIVA	
Diabetic Miscellaneous	\$\$\$\$	QL	#2/30 DS		Glucagon	GLUCAGON	
	OTC	OTC-Covered w/ Rx	QL=#100/ 30 DS		Urine Glucose Test Strips	Chemstrip UG, CLIIINISTIX, DIASTIX	
BLOOD PRODUCTS, MODIFIERS, EXPANDERS							
Anticoagulants	G				Warfarin Sodium	COUMADIN	
	\$\$\$\$\$\$\$\$	QL	#20/30 DS		Enoxaparin	LOVENOX	
	\$\$\$\$\$\$\$\$	QL	#10/30DS		Fondaparinux	ARIXTRA	ADDED-JUNE 2007
Platelet Aggregation Inhibitors	OTC	OTC-Covered w/ Rx			Aspirin	ASPIRIN(OTC)	
	G				Dipyridamole	PERSANTINE	
	\$\$\$\$\$\$\$\$				Anagrelide	AGRYLIN	
	\$\$\$\$\$\$\$\$				Clopidogrel	PLAVIX* (try aspirin first)	
Hematological Agent, Other	G				Pentoxifylline	TRENTAL	
CARDIOVASCULAR AGENTS							
ACE Inhibitors	G				Captopril	CAPOTEN	
	G				Captopril/HCTZ	CAPOZIDE	
	G				Benazepril	LOTENSIN	
	G				Benazepril/ HCT	LOTENSIN HCT	
	G				Lisinopril	PRINIVIL/ZESTRIL	
	G				Lisinopril/HCTZ	PRINIZIDE	
	G				Enalapril / HCTZ	VASORETIC	
	G				Enalapril	VASOTEC	
Angiotensin II Receptor Blocker	\$\$\$	Use ACE-I 1st; QL	#30/30 DS		Olmesartan	BENICAR	
	\$\$\$	Use ACE-I 1st; QL	#30/30 DS		Olmesartan/HCT	BENICAR HCT	
	\$\$\$\$	Use ACE-I 1st; QL	#30/30 DS		Telmisartan	MICARDIS	
	\$\$\$\$	Use ACE-I 1st; QL	#60/30 DS		Telmisartan/HCT	MICARDIS HCT	
Alpha-Adrenergic Agonists	G				Methyldopa/HCTZ	ALDORIL	
	G				Clonidine	CATAPRES	
	G				Clonidine HCL/Chlorthalidone	CLORPRES	
	G				Guafacine	TENEX	
Alpha-Adrenergic Blocking Agents	G				Doxazosin	CARDURA	
	G				Terazosin	HYTRIN	
Antiarrhythmics	G				Amiodarone	CORDARONE, PACERONE	
	G				Mexiletine	MEXITIL	
	G				Disopyramide, CR	NORPACE, CR	

WellCare Health Plans, Inc. - Florida

	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	G				Procainamide, SR	PRONESTYL, PROCAN SR	
	G				Quinidine Gluconate	QUINAGLUTE	
	G				Propafenone	RHYTHMOL	
	\$\$\$				Quinidine Sulfate SR	QUINIDEX	
	\$\$\$\$				Sotalol	BETAPACE/AF	
	\$\$\$\$\$	QL	#240/30 DS		Flecainide	TAMBOCOR	
	\$\$\$\$\$				Tocainide	TONOCARD	
Beta-adrenergic Blocking Agents	G				Timolol	BLOCADREN	
	G				Nadolol	CORGARD	
	G				Propranolol Hydrochloride	INDERAL tabs	
	\$\$				Propranolol Hydrochloride ER	INDERAL LA	
	G				Propranolol/HCTZ	INDERIDE	
	G				Metoprolol Tartrate	LOPRESSOR	
	G				Labetalol Hcl	NORMODYNE, TRANDATE	
	G				Atenolol / Chlorthalidone	TENORETIC	
	G				Atenolol	TENORMIN	
	G				Pindolol	VISKEN	
	G				Bisoprolol Fumarate	ZEBETA	
	G				Bisoprolol/HCTZ	ZIAC	
	G	CHF ONLY			Metoprolol SR	TOPROL XL	
	G	CHF ONLY			Carvedilol	COREG	UPDATED-SEPTEMBER 2007
Calcium Channel Blocking Agents	G				Verapamil, SR	CALAN, CALAN SR	
	G				Nifedipine, SR	PROCARDIA, XL; ADALAT CC	
	\$\$				Nifedipine	NIFEDIAC CC	ADDED-APRIL 2007
	\$				Nisoldipine	SULAR	
	G				Diltiazem, ER, HCL, CD	CARTIA XT,DILTIA XT,DILTIAZEM ER,HCL	UPDATED-JULY 2007
	G				Amlodipine	NORVASC	UPDATED-MARCH 2007
	G				Amlodipine/Benazepril	LOTREL	UPDATED-MAY 2007
Direct Cardiac Inotropics	G				Digoxin	LANOXICAPS, LANOXIN	
Diuretics	G				Spironolactone/HCTZ	ALDACTAZIDE	
	G				Spironolactone	ALDACTONE	UPDATED-MARCH 2007
	G				Bumetanide	BUMEX	
	G				Triamterene/HCTZ	DYAZIDE, MAXZIDE, -25	
	G	12.5mg capsules also covered			Hydrochlorothiazide	HYDRODIURIL	Updated-November 2007
	G				Chlorthalidone	HYGROTON	
	\$\$				Chlorothiazide	DIURIL SUSP	
	G				Furosemide	LASIX	
	G				Indapamide	LOZOL	
	G				Amiloride/HCTZ	MODURETIC	
Dyslipidemics	G				Gemfibrozil	LOPID	
	G				Lovastatin	MEVACOR	UPATED-FEBRUARY 2007
	G				Pravastatin	PRAVACHOL	ADDED-AUGUST 2007
	G				Cholestyramine	QUESTRAN, QUESTRAN LIGHT	
	OTC	OTC-Covered w/ Rx			Niacin OTC	SLO NIACIN-OTC SUSTAINED RELEASE(OTC)	
	\$\$\$				Fluvastatin	LESCOL, LESCOL XL	UPATED-FEBRUARY 2007
	G				Simvastatin	ZOCOR	UPATED-FEBRUARY 2007
Vasodilators	G				Hydralazine	APRESOLINE	
	G				Isosorbide mononitrate (extended release)	IMDUR, MONOKET	
	G				Isosorbide Dinitrate, SR	ISORDIL, DILATRATE SR	
	G	ORAL FORM ONLY			Minoxidil	LOINITEN	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	G				Prazosin	MINIPRESS	
	G				Nitroglycerin ointment, patches, SR, tablets, sublingual	NITROGLYCERIN, NITREK, NITRO-DUR, NITROQUICK, NITRO-BID, NITROL OINTMENT, DEPONIT, MINITRAN, NITREK, MINITRAN, TRANSDERM-NITRO, NITRODISC, NITROSTAT	
CENTRAL NERVOUS SYSTEM AGENTS							
Amphetamines							
	G				Amphet Asp/Amphet/D-Amphet	ADDERALL	
	\$\$\$\$\$	QL	#30/30 DS		Amphet Asp/Amphet/D-Amphet	ADDERALL XR	
	G				Dextroamphetamine	DEXEDRINE	
	G				Dextroamphetamine ER	DEXEDRINE SPANSULE	
	G				D-Amphetamine Sulfate	DEXTROSTAT	
	G				Methylphenidate	RITALIN	
	G				Methylphenidate-Extended Release	RITALIN SR	
	\$\$\$\$\$	QL	#30 / 30 DS		Methylphenidate-Extended Release	CONCERTA	
	\$\$\$				Methylphenidate	METHYLIN, IR, ER, CHEWABLE TABS	UPDATED-JULY 2007
	G	QL	#60/ 30 DS		Dexmethylphenidate	FOCALIN	UPDATED-MAY 2007
Other							
	G				Phenobarbital	PHENOBARBITAL	
Smoking Cessation Agents							
	G				Nicotine Transdermal	NICOTROL	
	G				Bupropion ER/SR	ZYBAN	
					* There is a maximum 3 month per year benefit		
DENTAL AND ORAL AGENTS							
	G				Triamcinolone Acetate	KENALOG IN ORABASE	
	G				Sodium Fluoride drops, tablets, paste, gel	LURIDE, PREVIDENT 5000 PLUS & SF 5000 PLUS	UPDATED-MAY 2007
	G				Chlorhexidine	PERIDEX & PERIOGARD	
	G				Pilocarpine oral	SALAGEN	
DERMATOLOGICAL AGENTS							
Dermatological Anesthetics							
	G				Lidocaine Topical	XYLOCAINE	
	G				Lidocaine/Prilocaine	EMLA	UPDATED-APRIL 2007
	G				Chlorophyllin Coper Complex/Papain/Urea	ACCUZYME OINTMENT, ACCUZYME SE SPRAY EMULSION, ACCUZYME SPRAY, ETHEZYME OINTMENT, ETHEZYME 830 OINTMENT, PAP-UREA DEBRIDGING OINTMENT, KOVIA OINTMET, KOVIA 6.5 OINTMENT, ZIOX, ZIOX 405, ALLANAFIL SPRAY, ALLANZYME SPRAY	ADDED-MAY 2007
Dermatological Antibacterials							
	G				Bacitracin	AK-TRACIN	
	G				Clindamycin lotion, gel, solution	CLEOCIN T	
	G				HC/Neomycin/Polymyxin	CORTISPORIN CREAM, OINTMENT	
	G				Hydrocortisone/Idoquinol	DERMAZENE	
	G				Erythromycin 2% gel, solution	EMGEL, A/T/S	
	G				Gentamicin	GARAMYCIN CREAM, OINTMENT	
	G				Mupirocin Ointment	BACTROBAN OINTMENT	
	G	QL	#240gm/30 DS		Silver Sulfadiazine 1%	SILVADENE CREAM	
	G				Erythromycin pads, solution	T-STAT	
	\$\$				Sulfacetamide/Sulfur	SULFACET-R	
Dermatological Antifungals							
	G				Ciclopirox	LOPROX	Added-November 2007
	OTC	OTC-Covered w/ Rx			Clotrimazole	LOTTRIMIN AF	
	G				Clotrimazole/Betamethasone	LOTTRISONE	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	G				Nystatin/Triamcinolone	MYCOLOG TOPICAL	
	G				Nystatin topical	MYCOSTATIN TOPICAL	
	G				Econazole	SPECTAZOLE	
	OTC	OTC-Covered w/ Rx			Ketoconazole	NIZORAL CREAM (USE OTC)	
	OTC	OTC-Covered w/ Rx			Terbinafine	LAMISIL AT (OTC)	
	OTC	OTC-Covered w/ Rx			Miconazole	MONISTAT DERM(OTC)	
	OTC	OTC-Covered w/ Rx			Tolfunate	TINACTIN(OTC)	
Group 1 Anti-Inflammatory Agents	G				Clobetasol emollient, cream, oint, gel 0.05%	CORMAX, TEMOVATE	
	G				Betamethasone Dipropionate, cream lotion 0.05%	DIPROLENE	
	G				Betamethasone Diprop/Prop Gly, cream 0.05%	DIPROLENE AF	
	G				Diforason Diacetate, cream, ointment 0.05%	PSORCON	
Group 2 Anti-Inflammatory Agents	G				Aminonide, cream, lotion, ointment 0.1%	CYCLOCORT	
	G				Betamethasone dipropionate cream, oint 0.05%	DIPROSONE	
	G				Triamcinolone acetonide oint 0.1%	KENALOG	
	G				Fluocinonide, cream, ointment, gel solution 0.05%	LIDEX	
	G				Diforason Diacetate, cream, ointment 0.05%	MAXIFLOR	
	G				Fluocinolone cream, oint 0.025%	SYNALAR	
	G				Betamethasone valerate oint 0.1%	VALISONE	
Group 3 Anti-Inflammatory Agents	G				Triamcinolone cream, oint 0.1%	ARISTOCORT	
	G				Mometasone Furoate, cream, ointment 0.1%	MOMETASONE	
	G				Fluocinolone cream, oint 0.025%	SYNALAR	
	G				Desoximetasone cream 0.05%	TOPICORT	
	G				Betamethasone valerate cream 0.1%	VALISONE	
	G				Fluticasone Propionate, cream, ointment 0.05%	CUTIVATE	
	G				Hydrocortisone valerate cream, oint 0.2%	WESTCORT	
Group 4 Anti-Inflammatory Agents	G				Triamcinolone, cream, ointment 0.025%	ARISTOCORT	
	G				Fluocinolone cream, soln, oil (scalp and topical), kit 0.01%	SYNALAR, DERMA-SMOOTH FS	UPDATED-JANUARY 2007
	G				Betamethasone valerate 0.01%	VALISONE LP	
	OTC	OTC-Covered w/ Rx			Hydrocortisone, cream, ointment 0.1%	CORTISONE	
Group 5 Anti-Inflammatory Agents	G				Desonide cream, lotion, ointment 0.05%	DESOWEN	
	OTC	OTC-Covered w/ Rx			Hydrocortisone, cream, lotion, ointment 1%	HYTONE	
	G				Alclometasone dipropionate cream, oint 0.5%	ACLOVATE	
	G				Triamcinolone, cream, ointment 0.025%, 0.1%, 0.5%	ARISTOCORT	
Dermatological Antipruritic	\$\$\$				Hydrocortisone intrarectal foam	PROCTOFOAM	
	\$\$\$				Pramoxine/ Hydrocortisone	PROCTOFOAM HC	
Dermatological Keratolytics	G				Benzoyl Peroxide	BENZAC AC, DESQUAM, BENZOYL PEROXIDE	
	G				Erythromycin/Benzoyl Peroxide	BENZAMYCIN	
Dermatological Miotic Inhibitors	G				Selenium Sulfide 2%	SELSUN	
	\$\$\$				Clorexine	CAPITROL	NO LONGER MARKETED-SEPTEMBER 2007
	G				Podofilox	CONDYLOX	UPDATED-SEPTEMBER 2007
	G				Fluorouracil	EFUDEX, FLUOROPLEX	UPDATED-MARCH 2007

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
Dermatological Retinoids	G	ST, QL	Pt must try 1st line topical acne products:i.e. Cleocin-T,Emgel, T-Stat and/or oral antibiotics; Must use at least 8 weeks prior to trying oral isotretinoin	QL=#60/30DS; Max Duration of Therapy 20weeks. < 21 years of age	Isotretinoin	AMNESTEEM,SOTRET	UPDATED-JANUARY 2007
	\$\$\$\$\$	Age			Tretinoin Topical	AVITA	
	\$\$\$\$\$\$\$\$\$				Acitretin	SORIATANE CK KITS	(caps no longer Avail-MARCH 2008)
Dermatological Tar Derivatives	\$\$\$\$\$				Anthralin	DRITHOCREME	
Dermatological Vitamin D Analogs	\$\$\$\$\$				Calcipotriene	DOVONEX	
Dermatological Agents, Other	OTC	OTC-Covered w/ Rx			Lactic Acid Lotion	AMLACTIN (OTC)	
	G				Capsaicin	CAPSAICIN	
	G				Hydrocortisone/Iodoquinol	DERMAZENE	
	G				Aluminum Chloride Hexahydrate	DRYSOL	
	\$\$\$\$				Podofilox	CONDYLOX	
	\$\$\$\$\$				Fluorouracil	EFUDEX, FLUOROPLEX	UPDATED-MARCH 2007
	\$\$\$\$\$				5-Fluorouracil	FURACIN	NO LONGER MARKETED-SEPTEMBER 2007
	\$\$\$\$\$				Beta-Carotene	SOLATENE	
	\$\$\$\$\$	Age, QL	#30/30 DS	< 21 years of age	Tazarotene	TAZORAC	UPDATED-AUGUST 2007
	\$\$\$\$\$\$\$\$\$	ST, QL	#30gm/30DS	Step Edit: Look back 90days. Member must try a topical steroid for 4 weeks anytime in a 90-day look back period.	Pimecrolimus	ELIDEL	UPDATED-JULY 2007
	\$\$\$\$\$\$\$\$\$	DER			Imiquimod	ALDARA	
	\$\$\$\$\$\$\$\$\$	DER			Methoxsalen	OXSORALEN	
	\$\$\$\$\$\$\$\$\$	DER			Methoxsalen	OXSORALEN-ULTRA	
DETERRENTS / REPLACEMENTS							
Alcohol Deterrents	G				Disulfiram	ANTABUSE	
	\$\$	QL	QL=#180/30DS	Maximum duration of therapy of 90 days	Acamprosate	CAMPRAL	
ENZYME REPLACEMENTS / MODIFIERS							
	G				Pancreatin	LIPASE	
	G				Pancrelipase	LIPRAM, PANCREASE MT, CREON, KU-ZYME, ULTRASE, PANCREASE, PANOKASE, VIOKASE, PANCRELIPASE & PANCREATIC ENZYME, CREON	
EYE, EAR, NOSE, AND THORAT (EENT) PREPARATIONS							
Nasal Corticosteroids	G				Fluticasone	FLONASE	
	G				Flunisolide	NASALIDE	
Other Nasal Products	OTC	OTC-Covered w/ Rx			Cromolyn Sodium (OTC)	NASALCROM SPRAY (OTC)	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	\$\$\$\$\$				Azelastine	ASTELIN	
GASTROINTESTINAL AGENTS							
Antispasmodics, Gastrointestinal	G				Dicyclomine	BENTYL	
	G				Hyoscyamine, Hyoscyamine Sulfate	HYOSPAZ, LEVBID	
	G				Loperamide	IMODIUM A-D	
	G				L-Hyoscyamine	LEVSIN, LEVSINEX	
	G				Diphenoxylate/Atropine	LOMOTIL	
	G				Paregoric	PAREGORIC	
	G				Proprantheline	PROBANTHINE	
	G				Bethanechol	URECHOLINE	
H2 Blocking Agents	G				Famotidine	PEPCID	
	G				Cimetidine	TAGAMET	
	G				Ranitidine Tablets ONLY	ZANTAC TABLETS	
	\$				Ranitidine	ZANTAC SYRUP	
Protectants	G				Sucralfate	CARAFATE	
	\$\$\$\$\$				Misoprostol	CYTOTEC	
Proton Pump Inhibitors	OTC	OTC-Covered w/ Rx, QL			Omeprazole	PRILOSEC TABLETS OTC	
	\$\$\$				Omeprazole	ZEGERID	
Gastrointestinal Agents, Others	G				Ursodiol	ACTIGALL	
	G				Lactulose	CHRONULAC, ENULOSE, CEPHULAC & CONSTULOSE	
	G				Polyethylene Glycol/Electrolytes	GOLYTELY, NULYTELY	
	\$\$\$	QL	#527gm / 30DS		Polyethylene Glycol	GLYCOLAX	
	OTC	OTC-Covered w/ Rx			Docusate Sodium	COLACE(OTC)	
	OTC	OTC-Covered w/ Rx			Psyllium	METAMUCIL	
GENITOURINARY AGENTS							
Antispasmodics, Urinary	G				Oxybutynin	DITROPAN	
	G				Belladonna/Methylene Blue	URISED	
	\$\$\$\$\$				Solifenacin	VESICARE	
Benign Prostatic Hypertrophy Agents							
	G				Finasteride	PROSCAR	
	\$\$\$\$				Dutasteride	AVODART	
HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING							
Adrenal Topical							
Group 1 Anti-Inflammatory Agents	G				Clobetasol emollient, cream, oint, gel 0.05%	CORMAX, TEMOVATE	
	G				Betamethasone Dipropionate	DIPROLENE	
	G				Betamethasone Diprop/Prop Gly	DIPROLENE AF	
	G				Diforason Diacetate Cream	PSORCON	

WellCare Health Plans, Inc. - Florida

	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
Group 2 Anti-Inflammatory Agents	G				Aminonide	CYCLOCORT	
	G				Betamethasone dipropionate cream, oint 0.05%	DIPROSONE	
	G				Triamcinolone acetonide oint 0.1%	KENALOG	
	G				Fluocinonide 0.05%	LIDEX	
	G				Diforason Diacetate Cream	MAXIFLOR	
	G				Fluocinolone cream, oint 0.025%	SYNALAR	
	G				Betamethasone valerate oint 0.1%	VALISONE	
Group 3 Anti-Inflammatory Agents	G				Triamcinolone cream, oint 0.1%	ARISTOCORT	
	G				Mometasone Furoate	MOMETASONE	
	G				Fluocinolone cream, oint 0.025%	SYNALAR	
	G				Desoximetasone cream 0.05%	TOPICORT	
	G				Betamethasone valerate cream 0.1%	VALISONE	
	G				Fluticasone Propionate	CUTIVATE	
	G				Hydrocortisone valerate cream, oint 0.2%	CORTIZONE	
Group 4 Anti-Inflammatory Agents	G				Triamcinolone 0.025%	ARISTOCORT	
	G				Fluocinolone cream, soln, oil(scalp and topical), kit 0.01%	SYNALAR, DERMA-SMOOTH FS	
	G				Betamethasone valerate 0.01%	VALISONE LP	
	OTC	OTC-Covered w/RX			Hydrocortisone	CORTISONE	
Group 5 Anti-Inflammatory Agents	G				Desonide	DESOWEN	
	G				Hydrocortisone , cream, lotion 2.5%	HYTONE	
	G				Alclometasone dipropionate cream, oint	ACLOVATE	
	G				Triamcinolone	ARISTOCORT	
Adrenal Oral	G				Hydrocortisone	CORTEF	
	G				Cortisone Acetate	CORTONE	
	G				Dexamethasone	DECADRON	
	G				Prednisone	DELTASONE	
	G				Methylprednisolone	MEDROL	
	G				Prednisolone Sodium Phosphate	ORAPRED, PEDIAPRED	
	G				Prednisolone	PREDNISOLONE, PRELONE SYRUP	
	\$\$\$\$				Betamethasone	CELESTONE	
	G				Fludrocortisone	FLORINEF	
Parathyroid / Metabolic Bone Disease Agents/Osteoarthritis						DIDRONEL	
	G				Etidronate Disodium		
	\$\$\$\$\$\$				Alendronate	FOSAMAX,FOSAMAX-D	
	\$\$\$\$\$\$				Risedronate	ACTONEL, ACTONEL W/CALCIUM	
	\$\$\$\$\$\$\$\$				Calcitonin	MIACALCIN	
	\$\$\$\$\$\$\$\$				Raloxifene	EVISTA	
Pituitary	G				Desmopressin	DDAVP NASAL SPRAY	
	\$\$\$\$\$\$\$\$	DER			Desmopressin	DDAVP TABLETS	
Prostaglandins	\$\$\$\$				Misoprostol	CYTOTEC	
Androgens	G				Danazol	DANOCRINE	
	G				Fluoxymesterone	HALOTESTIN	
	G				Testosterone Cypionate/Enanthate	DEPO-TESTOSTERONE	
	G				Methyltestosterone	METANDREN	
	\$\$\$\$	DER			Topical Testosterone	ANDROGEL	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	\$\$\$\$				Testolactone	TESLAC	
	\$\$\$\$\$\$\$\$	DER			Oxandrolone	OXANDRIN	
Estrogens	G				Estradiol patch	CLIMARA	
	G				Estradiol tablets	ESTRACE, ESTINYL	
	\$\$\$				Esterified Estrogens	MENEST	
	G				Estropipate	OGEN & ORTHO-EST	
	\$\$\$				Conjugated Estrogens	PREMARIN, PREMARIN CREAM	
Estrogen/Progestin combination							
	\$\$\$				Conjugated Estrogens/Medroxyprogesterone	PREMPHASE, PREMPRO	
Estrogen/Androgen combination							
	G				Methyltestosterone/Estrogen	ESTRATEST, H.S.	
Contraceptives, Other							
	\$\$	QL	#2/365		Diaphragm	KORO-FLEX	NO LONGER MARKETED-SEPTEMBER 2007
	\$\$\$	QL	#1/30 DS		Ethinyl Estradiol/Etonogestrel	NUVARING	UPDATED-FEBRUARY 2007
	\$\$\$				6 mg Norelgestromin/0.75 mg ethinyl estradiol	ORTHO EVRA PATCH	
	G	QL	#1 vial/syringe / 90 DS		Medroxyprogesterone Acetate	DEPO- PROVERA	
	\$\$\$				Levonorgestrel	MIRENA	
Thyroid							
	G				Levothyroxine	LEVOXYL	
	\$				Thyroid, Dessicated	ARMOUR THYROID	
	\$\$\$\$				Liothyronine	CYTOMEL	
	\$\$\$\$				Liotrix	THYROLAR	
HORMONAL AGENTS, SUPPRESSANT							
Adrenal							
	\$\$\$\$				Aminoglutethimide	CYTADREN	NO LONGER MARKETED-SEPTEMBER 2007
Pituitary							
	G			2.5 mgs Tabs Only	Bromocriptine	PARLODEL	
Sex Hormones / Modifiers							
	G				Tamoxifen	NOLVADEX	
Thyroid							
	G				Propylthiouracil	PROPYLTHIURACIL & PTU	
	\$\$\$\$				Methimazole	TAPAZOLE	
IMMUNOLOGICAL AGENTS							
Immune Suppressants							
	G				Azathioprine	IMURAN	
	\$\$\$\$				Penicillamine	CUPRIMINE	
	\$\$\$\$\$\$\$				Mycophenolate mofetil	CELLCEPT	
	\$\$\$\$\$\$\$				Tacrolimus	PROGRAF	
	\$\$\$\$\$\$\$				Cyclosporine	SANDIMMUNE, NEORAL	
Immunomodulators							
	G				Leflunomide	ARAVA	Updated- March 2008
	\$\$\$\$\$\$\$				Auranofin	RIDAURA	
	\$\$\$\$\$\$\$\$	DER			Imiquimod	ALDARA	
INFLAMMATORY BOWEL DISEASE AGENTS							
Glucocorticoids							
	G				Hydrocortisone hemorrhoid cream, supp	ANUSOL-HC	
	\$\$\$\$				Hydrocortisone intrarectal foam	PROCTOFOAM	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	\$\$\$\$				Pramoxine/ Hydrocortisone	PROCTOFOAM HC	
Salicylates							
	G	ST		Sulfasalazine is the 1st line of therapy for ulcerative colitis	Mesalamine	ASACOL	
Sulfonamides							
	G				Sulfasalazine, Enteric Coated	AZULFIDINE, ENTABS	
JOINT/CONNECTIVE TISSUE/ MUSCULARSKELETAL AGENTS							
Antirheumatics	\$\$\$\$\$\$				Auranofin	RIDAURA	
MISCELLANEOUS THERAPEUTIC							
	G				Naltrexone	RE VIA	
	G				Naltrexone	RE VIA	
	\$\$\$\$				Ergonovine Maleate	ERGOTRATE	
OPHTHALMIC AGENTS							
Ophthalmic Anti-allergy Agents	\$\$\$				Cromolyn Sodium	OPTICROM	
Ophthalmic Antibacterials							
	G				Bacitracin	BACITRACIN O.O	
	G				Sulfacetamide Sodium	BLEPH-10, SULAMYD	
	G				Ciprofloxacin	CILOXAN SOL	
	G				HC/Neomycin/Polymyxin	CORTISPORIN	
	G				Ofloxacin	FLOXIN	
	G				Gentamicin	GARAMYCIN	
	G				Erythromycin	ILOTYCIN O.O.	
	G				Neomycin/Gramcidin/Polymyxin	NEOSPORIN	
	G				Neomycin/Polymyxin/Bacitracin	NEOSPORIN O.O.	
	G				Bacitracin and Polymyxin B Ophthalmic	POLYSPORIN	
	G				Tobramycin	TOBEX	
	\$\$				Polymyxin B/Trimethoprim	POLYTRIM	
	\$\$\$\$				Gentamicin/Prednisolone	PRED-G Ophthalmic	
	\$\$\$\$				Tobramycin/dexamethasone	TOBRADEX	
Ophthalmic Antiglaucoma Agents							
	G				Bromonidine	ALPHAGAN	
	G				Levobunolol	BETAGAN	
	G				Timolol	BETIMOL,TIMOPTIC	
	G				Cyclopentolate 1% soln	CYCLOGYL	
	G				Acetazolamide	DIAMOX	
	G				Methazolamide	NEPTAZANE	
	G				Carteolol HCL	OCUPRESS	
	G				Metipranolol	OPTIPRANOLOL	
	G				Dipivefrin	PROPINE	
	\$\$\$				Scopolamine	ISOPTO-ATROPINE	
	\$\$\$\$				Betaxolol HCL	BETOPTIC	
	\$\$\$\$				Betaxolol	BETOPTIC-S	
	\$\$\$\$				Timolol Maleate/Dorzolam HCL	COSOPT	
	\$\$\$\$				Bromonidine	ALPHAGAN P	
	\$\$\$\$				Brinzolamide	AZOPT	
	\$\$\$\$	QL	#2.5 mls / 30DS		Bimatoprost	LUMIGAN	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	\$\$\$\$				Dorzolamide	TRUSOPT	
	\$\$\$\$				Travoprost	TRAVATAN	
Ophthalmic Anti-inflammatories							
	G				HC/Neomycin/Polymyxin/Bacitracin	CORTISPORIN O.O.	
	G				Dexamethasone	DECADRON	
	G				Fluorometholone Acetate	FLAREX	
	G				Fluorometholone	FML	
	G				Fluorometholone Sulfacetamide	FML-S Liquifilm	
	G				Prednisone Sodium Phosphate	INFLAMASE, FORTE	
	G				Dexamethasone/Neomycin/Polymyxin	MAXITROL	
	G				Prednisolone / Sulfacetamide	METIMYD, VASOCIDIN , ISOPTO CETAPRED	
	G				Dexamethasone/Neomycin Ophthalmic	NEODECADRON	
	G				Flurbiprofen Sodium	OCUFEN	
	G				Prednisolone Acetate	PRED MILD, FORTE	
	\$\$\$				Cromolyn Sodium	OPTICROM	
	\$\$\$\$				Ketorolac	ACULAR,LS	
	\$\$\$				Prednisolone/Neomycin/Polymyxin	POLYPRED SUSP.	
	\$\$\$\$				Loteprednol	LOTEMAX	
	\$\$\$\$				Rimexolone	VEXOL SUSP	
	OTC				Ketotifen	ZADITOR	ADDED- NOVEMBER 2007
Ophthalmic Antivirals							
	G				Trifluridine	VIROPTIC	
Ophthalmic Antihistamine/Decongestant Combo							
	OTC	OTC-Covered w/RX			Naphazoline	NAPHCON (OTC)	
	OTC	OTC-Covered w/RX			Naphazoline/Pheniramine	NAPHCON-A (OTC),OPCON-A (OTC), VISINE-A (OTC), OCUHIST	UPDATED-APRIL 2007
	OTC	OTC-Covered w/RX			Naphazoline/Antazoline	VASOCON-A (OTC)	
	\$\$\$\$				Vidarabine	VIRA-A O.O.	
OBSTETRICAL & GYNECOLOGICAL AGENTS							
Monophasic Oral Contraceptives							
	G				Desogestrel 0.15/Ethinyl Estradiol 0.03	APRI	
	G				Levonorgestrel .1/Ethinyl Estradiol .02	AVIANE, LESSINA	
	G				Ethinyl estradiol/ Desogestrel .15	KARIVA	
	G				Levonorgestrel .15/Ethinyl Estrodiol .03	LEVORA, PORTIA	
	G				Norgestrel 0.3/Ethinyl Estradiol 0.03	LOW-OGESTREL, CRYSELLE	
	G				Ethinyl estradiol/ Norethindrone acetate	MICROGESTIN Fe „JUNEL Fe BALZIVA, OVCON, NECON 1/35, NORTEL	
	G				Ethinyl estradiol/ Norethindrone acetate	SPRINTEC	
	G				Ethynodiol/Ethinyl Estradiol	ZOVIA 1/35	
	\$\$\$				Ethinyl estradiol/ Norethindrone acetate	LOESTRIN, FE	
	\$\$\$				6 mg Norelgestromin/0.75 mg ethinyl estradiol	ORTHO EVRA PATCH	
	G	QL	#91 / 91 DS		Ethinyl Estradiol 0.03mg / Levonorgestrel 0.15mg	SEASONALE, QUASENSE	UPDATED-MARCH 2007
Biphasic Oral Contraceptives							
	G				Norethindrone/Ethinyl estradiol	NECON 10/11	
Triphasic Oral Contraceptives							
	G				Ethinyl Estradiol/ Norethindrone	NECON 7/7/7, NORTREL 7/7/7	
	G				Ethinyl Estradiol/ Norgestimate	TRINESSA, TRI-SPRINTEC	
	G				Levonorgestrel/Ethinyl Estradiol	TRIVORA, ENPRESSE	
	G				Ethinyl Estradiol/Desogestrel	VELIVET	
Progestin Only Oral Contraceptives							
	G				Norethindrone	CAMILA, ERRIN, NORA-BE, AYGESTIN	UPDATED-October 2007

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
Progestin Agents							
	G				Megestrol	MEGACE	
	G	QL	QL-Depo-Provera=#1vial/90DS		Medroxyprogesterone	PROVERA,DEPO-PROVERA	
	\$\$				Progesterone	FIRST-PROGESTERONE-VGS SUPPOSITORY	
Contraceptives,Other							
	\$\$	QL	#2/365		Diaphragm	KORO-FLEX	NO LONGER MARKETED-SEPTEMBER 2007
	\$\$\$	QL	#1/30 DS		Ethinyl Estradiol/Etonogestrel	NUVARING	UPDATED-FEBRUARY 2007
	\$\$\$				6 mg Norelgestromin/0.75 mg ethinyl estradiol	ORTHO EVRA PATCH	
	G	QL	#1 vial/syringe / 90 DS		Medroxyprogesterone Acetate	DEPO- PROVERA	
	\$\$\$				Levonorgestrel	MIRENA	
OB/GYN Anti-infectives							
	OTC	OTC-Covered w/ Rx			Clotrimazole	GYNE-LOTRIMIN (OTC)	
	OTC	OTC-Covered w/ Rx			Miconazole vaginal	MONISTAT (OTC)	
	OTC	OTC-Covered w/ Rx			Ticonazole	VAGISTAT-1 (OTC)	
	G				Sulfanilamide Compound	AVC CREAM	
	OTC	OTC-Covered w/ Rx			Miconazole	MONISTAT-DERM(OTC)	
	G				Nystatin Vaginal Tablets	MYCOSTATIN VAGINAL	
	G				Triple Sulfu Vaginal	SULTRIN	NO LONGER MARKETED-SEPTEMBER 2007
	\$\$	QL	150mg= #2 / 30DS		Fluconazole 150mg	DIFLUCAN	UPDATED-MAY 2007
	\$\$\$				Metronidazole	METRO-GEL VAGINAL	
	\$\$				Butoconazole	MYCELEX-3	
	\$\$\$\$				Clindamycin	CLEOCIN VAGINAL, CLINDESSE	
	\$\$\$\$				Terconazole	TERAZOL	
Miscellaneous - OB/GYN							

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	\$\$	QL	#2tabs/30 DS		Levonorgestrel 0.75 mg	PLAN B	
	\$\$\$\$				Methylethergonovine Maleate	METHERGINE	
	\$\$\$\$\$				Ergonovine Maleate	ERGOTRATE	
OTIC AGENTS							
Otic Antibacterials							
	G				HC/Neomycin/Polymyxin Otic soln, susp	CORTISPORIN OTIC	
	G				Acetic Acid 2%/HC 1% Otic	VOSOL-HC OTIC	
Otic Anti-inflammatories							
	\$\$				HCL/Chloroxylenol	CORTANE-B & ZOTO-HC	
Otic, Other							
	G				Benzocaine/Antipyrine Otic	AURALGAN, OTIC, A/B OTIC, AUROTO & RX-OTIC	
	G				Carbamide Peroxide	DEBROX-OTC	
	G				Acetic Acid/Aluminum Acetate	DOMEBORO OTIC	
	G				Phenylephrine/Antipy/B-caine	EARGESIC	
RESPIRATORY TRACT AGENTS							
Antileukotrienes							
	\$\$\$\$\$	ASTHMA ONLY			Montelukast	SINGULAIR	
Bronchodilators, Anticholinergic							
	\$\$\$				Ipratropium	ATROVENT, HFA	
	\$\$\$\$\$				Ipratropium/albuterol	COMBIVENT	
Bronchodilators, Anti-inflammatories							
	\$\$\$				Beclomethasone	QVAR	
	\$\$\$\$				Mometasone	ASMANEX	
	\$\$\$\$\$				Fluticasone Propionate	FLOVENT, HFA, DISKUS	
	\$\$\$\$\$\$\$				Fluticasone/Salmeterol	ADVAIR, HFA	
	\$\$\$\$\$\$\$\$\$	QL-AGE	#120mls/30 DS	Approved for children 8 years old or younger	Budesonide	PULMICORT RESP	
	\$\$\$\$\$\$\$\$\$				Budesonide/Formoterol	SYMBICORT	ADDED-JUNE 2007
Bronchodilators, Xanthines							
	G				Aminophylline	AMINOPHYLLINE, SOMOPHYLLIN	
	G				Theophylline,Theophylline SR(tablets only)	THEOPHYLLINE, SLO-BID, THEO DUR, UNIPHYL	UPDATED-MARCH 2007
Bronchodilators, Sympathomimetic							
	G				Metaproterenol Inhaler, Solution	ALUPENT INHALER, SOLUTION	
	G				Terbutaline sulfate tablets	BRETHINE	
	G				Albuterol 5% Solution, Inhaler,Tablets, Syrup	PROVENTIL	
	\$\$\$				Albuterol	VENTOLIN HFA, PROAIR HFA	ADDED-MARCH 2007
	\$\$\$				Pirbuterol	MAXAIR AUTOHALER	
	\$\$\$\$\$				Salmeterol	SEREVENT, DISKUS	UPDATED-JUNE 2007
Mast Cell Stabilizers							
	G				Cromolyn Sodium (all forms)	INTAL	
	\$\$\$\$				Nedocromil	TILADE	
Mucolytics							
	G				Acetylcysteine	MUCOMYST	
Respiratory Tract Agents, Other							
	G				Sodium Cl for Inhalation	BRONCHO SALINE	
	G				Guaifenesin	HUMIBID LA, HUMIBID, AMIBID LA, MUCO-FEN	
	G				Potassium Iodide	SSKI	
	\$\$\$\$\$	QL	#2/365 DS		Spacer	E-Z SPACER, OPTI CHAMBER, AEROCHAMBER, ECLIPSE COMPACT, MICROCHAMBER, MICROSPACER, OPTICHAMBER, OPITHALER	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update
	\$\$	QL	#1 /365 DS		Peak Flow Meter	POCKET PEAK, TRUZONE PEAK FLOW METER, ZOEY	UPDATED-SEPTEMBER 2007
SEDATIVES / HYPNOTICS							
	G				Estazolam	PROSOM	
	G				Temazepam	RESTORIL	
	G	ST, QL	#14/30 DS	History use of Generic Prosom or Restoril	Zolpidem	AMBIEN	UPDATED-MARCH 2007
SKELETAL MUSCLE RELAXANTS							
	G				Cyclobenzaprine	FLEXERIL	
	G				Baclofen	LIORESAL	
	G				Chlorzoxazone	PARAFON FORTE DSC	
	G				Methocarbamol	ROBAXIN	
	G				Methocarbamol / ASA	ROBAXSIL	
	G				Carisoprodol	SOMA	
	G				Carisoprodol/ ASA	SOMA COMPOUND	
	G				Diazepam	VALIUM	
	G				Tizanidine	ZANAFLEX	
	G				Dantrolene Sodium	DANTRIUM	UPDATED-JANUARY 2007
THERAPEUTIC NUTRIENTS / MINERALS / ELECTROLYTES							
Electrolytes / Minerals							
	G				Sodium Polystyrene Sulfonate	KAYEXALATE	
	G				Sodium Citrate	SODIUM CITRATE	
	G				Potassium Chloride Effervescent tablets, powder, 8 mEq	K-LOR, KLOR-CON, K-LYTE, MICRO-K, SLOW-K	
	G				Potassium Chloride 10% soln.	KAON-CL, KAY CIEL	
	G				Potassium Phosphate	NEUTRA-PHOS	
	G				Sodium Polystyrene	SODIUM POLYSTYRENE	
	\$\$				Calcium acetate	PHOSLO	
	OTC	OTC-Covered w/RX			Calcium Carbonate	OSCAL, TUMS	
	\$\$\$\$\$\$\$\$				Sevelamer HCL	RENAGEL	
Miscellaneous							
	G				Caffeine Citrate	CAFCIT	ADDED-OCTOBER 2007
	G				Levocarnitine	CARNITOR	
Vitamins							
	G				Vitamin A	AQUASOL A	
	\$\$				Vitamin B preps	CALAFOL RX	ADDED-APRIL 2007
	G				Vitamin B & C	BEROCA	
	G				Vitamin B & C w/ Folic Acid	BEROCA PLUS	
	OTC	OTC-Covered with rx			Ferrous Sulfate	FEOSOL	
	\$\$				FE Fumarate/Vitamin	CHROMAGEN	UPDATED-AUGUST 2007
	G				Folic Acid	FOLVITE	
	G				Prenatal Vitamins with 1mg Folic Acid	90 Fe, PRENATAL PLUS, PRENATAL Z, PREMESIS RX, PRIMACARE ONE, PRIMACARE COMBO, PRENATAL RX 1, PRENATAL -U, CAL-NATE,PRENATAL -H ,NATALCARE, NUTRINATE,PRENATAL RX, VINATE GT, VINATE II,ADVANCED NATALCARE,VITAFOL-OB, PRENATAL FORMULA 3,ADVANCED-RF NATALCARE,NUTRISPIRE,	UPDATED MARCH 2007, APRIL 2007 , SEPTEMBER 2007
	G				Multivitamins/fluoride/iron	POLY-VI-FLOR with IRON	
	G				Poly-saccharide iron complex	FERREX 150 FORTE	ADDED-MARCH 2007
	G				Vitamins ADC/fluoride	TRI-VI-FLOR	
	G				Vitamins ADC/fluoride/iron	TRI-VI-FLOR with IRON	
	G				Cyanocobalamin Injection	VITAMIN B-12 INJECTION	
	\$\$\$				Ergocalciferol	CALCIFEROL	
	\$\$\$				Phytonadione	MEPHYTON	
	\$\$\$\$\$				Calcifediol	CALDEROL	NO LONGER MARKETED-SEPTEMBER 2007
	\$\$\$\$\$				Calcitriol	ROCALTROL	

WellCare Health Plans, Inc. - Florida							
	Cost Index	Quality Indicator	QTY / Therapeutic Limit	Specific Limitations (Optional Info)	Generic Name	Brand Name	Update