

2009

Comprehensive Preferred Drug List

(List of Covered Drugs)

WellCare of Georgia, Inc.

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

Para solicitar este documento en español o para escuchar la traducción, llame al Servicio al Cliente al 1-866-231-1821 (TTY/TDD: 1-877-247-6272).

Last updated (09/22/2009)



WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
ANTI-HISTAMINE DRUGS				
Derivatives, Miscellaneous	<i>cyproheptadine hcl</i>	4MG, 2MG/5ML	TABS, SYRP	
Ethanolamine Derivatives	<i>diphenhydramine hcl</i>	50MG, 25MG	TABS, CAPS	OTC-Covered w/Rx
	<i>diphenhydramine hcl</i>	25MG, 50MG	CAPS	
Phenothiazine Derivatives	<i>promethazine hcl</i>	50MG, 25MG, 12.5MG, 6.25MG/5ML, 25MG, 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	AL (max: 20y)
	<i>promethazine vc plain</i>	5MG/5ML/ 6.25MG/5ML	SYRP	AL (max: 20y)
	<i>promethegan</i>	50MG, 25MG, 12.5MG	SUPP	
Propylamine Derivatives	<i>actanol</i>	60MG/2.5MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>allerfed</i>	60MG/ 2.5MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>allerfrim</i>	60MG/2.5MG, 30MG/5ML/ 1.25MG/5ML	TABS, SYRP	AL (max: 20y); OTC-Covered w/Rx
	<i>aller-time</i>	60MG/ 2.5MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>altafed</i>	30MG/5ML/ 1.25MG/5ML	SYRP	AL (max: 20y); OTC-Covered w/Rx
	ANTI-HISTAMINE	30MG/2.5MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>antihistamine / decongestant</i>	60MG/2.5MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>aprodine</i>	60MG/2.5MG, 30MG/5ML/ 1.25MG/5ML	TABS, SYRP	AL (max: 20y); OTC-Covered w/Rx
	<i>bpm pe</i>	4MG/5ML/ 7.5MG/5ML	LIQD	AL (max: 20y)
	<i>bpm pseudo</i>	6MG/45MG	TB12	AL (max: 20y)
	CHLORPHENIRAMINE / PSEUDOEPHEDRINE	2MG/5ML/ 30MG/5ML	SYRP	AL (max: 20y)
	<i>chlorpheniramine maleate</i>	4MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>chlorpheniramine/ pseudoephedrine cr</i>	8MG/120MG	CPCR	AL (max: 20y)
	<i>chlortan</i>	8MG/5ML	SUSP	AL (max: 20y)
	<i>cp dec</i>	4MG/5ML/ 12.5MG/5ML	SYRP	AL (max: 20y)
	<i>c-phen</i>	4MG/5ML/ 12.5MG/5ML	SYRP	AL (max: 20y)
	<i>decongestant / antihistamine</i>	60MG/2.5MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>dehistine</i>	2MG/5ML/ 1.25MG/5ML/ 10MG/5ML	SYRP	AL (max: 20y)
	<i>duradryl</i>	2MG/5ML/ 1.25MG/5ML/ 10MG/5ML	SYRP	AL (max: 20y)
	<i>genac</i>	60MG/2.5MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>histafed</i>	60MG/2.5MG	TABS	AL (max: 20y); OTC-Covered w/Rx

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>lohist-12d</i>	6MG/45MG	TB12	AL (max: 20y)
	<i>lohist-d</i>	2MG/5ML/ 30MG/5ML	LIQD	AL (max: 20y)
	<i>lohist-pd</i>	1MG/ML/ 12.5MG/ML	LIQD	AL (max: 20y)
	<i>nohist</i>	8MG/20MG	TBCR	AL (max: 20y)
	<i>pediaphyl</i>	8MG/5ML	SUSP	AL (max: 20y)
	<i>phenabid</i>	8MG/20MG	TBCR	AL (max: 20y)
	<i>phenylephrine hydrochloride/ brompheniramine maleate</i>	6MG/7.5MG, 12MG/15MG	CP12	AL (max: 20y)
	<i>pse bpm</i>	4MG/5ML/ 60MG/5ML	LIQD	AL (max: 20y)
	<i>respahist</i>	6MG/60MG	CPCR	AL (max: 20y)
	<i>rondex</i>	4MG/5ML/ 12.5MG/5ML, 1MG/ML/ 3.5MG/ML	SYRP, LIQD	AL (max: 20y)
	<i>silafed</i>	30MG/5ML/ 1.25MG/5ML	SYRP	AL (max: 20y); OTC-Covered w/Rx
	<i>sildec</i>	4MG/5ML/ 45MG/5ML	SYRP	AL (max: 20y)
	<i>sildec-pe</i>	4MG/5ML/ 12.5MG/5ML	SYRP	AL (max: 20y)
	<i>suclor</i>	8MG/ 120MG	CPCR	AL (max: 20y)
	<i>sudahist</i>	12MG/ 120MG	TB12	AL (max: 20y)
	<i>tri-afed allergy/ head cold</i>	60MG/ 2.5MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>tri-pseudaphed</i>	60MG/ 2.5MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>uni-hist</i>	1MG/ML/ 12.5MG/ML	LIQD	AL (max: 20y)
Second Generation Antihistamines	<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, 10MG	TABS, CHEW	OTC-Covered w/Rx
	<i>cetirizine hcl</i>	5MG/5ML, 1MG/ML	SYRP	
	<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

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>loratadine</i>	10MG	TABS	OTC-Covered w/Rx
	<i>loratadine hives relief</i>	5MG/5ML	SOLN	OTC-Covered w/Rx
ANTI-INFECTIVE AGENTS				
Anthelmintics	<i>ascarel</i>	250MG/5ML	SUSP	OTC-Covered w/Rx
	<i>mebendazole</i>	100MG	CHEW	QL (6.00 per 31 days)
	<i>pin-x</i>	50MG/ML, 250MG/5ML	SUSP	OTC-Covered w/Rx
Glycopeptides	VANCOCIN 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>cefepodoxime proxetil</i>	50MG/5ML, 100MG/5ML	SUSR	
Erythromycins	<i>e.e.s. 400</i>	400MG	TABS	
	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 / sulfisoxazole</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>	200MG/5ML, 100MG/5ML, 500MG, 2.5GM, 600MG	SUSR, SOLR, TABS	
	<i>azithromycin</i>	250MG	TABS	QL (6.00 per 31 days)

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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	
	<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	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	<i>doxycycline hyclate</i>	20MG, 50MG, 100MG	TABS, SOLR, CAPS	
	<i>doxycycline monohydrate</i>	50MG, 100MG	CAPS	
	<i>minocycline hcl</i>	75MG, 50MG, 100MG	CAPS	
	<i>tetracycline hcl</i>	500MG, 250MG	CAPS	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
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, SUSP	
	<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	
	<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, 100MG/ 25MG, 400MG/5ML/ 100MG/5ML	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)

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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 Inhibitors	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	QL (170.00 per 31 days)
	EPIVIR	300MG, 150MG, 10MG/ML	TABS, SOLN	
	EPIVIR HBV	100MG, 5MG/ML	TABS, SOLN	
	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 DISKHALER	5MG/BLISTER	AEPB	
	TAMIFLU	75MG, 45MG, 30MG, 12MG/ML	SUSR, CAPS	
Nucleosides and 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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>phosenamine</i>	0.12MG/120MG/10MG/36MG/ 40.8MG	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/ 40.8MG	CAPS	
ANTINEOPLASTIC AGENTS				
Antineoplastic Agents	<i>adriamycin</i>	50MG, 10MG, 2MG/ML	SOLR, SOLN	PA
	<i>adrucil</i>	50MG/ML	SOLN	PA
	ALKERAN	2MG	TABS	PA
	ARIMIDEX	1MG	TABS	PA
	AVASTIN	400MG/16ML, 100MG/4ML	SOLN	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, 10MG, 100MG	CAPS	PA
	<i>cisplatin</i>	50MG/50ML, 200MG/200ML, 100MG/100ML	SOLN	PA
	COSMEGEN	0.5MG	SOLR	PA
	CYCLOPHOSPHAMIDE	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
	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, 500MG/10ML, 5GM/100ML, 2.5GM/50ML, 1GM/20ML	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

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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
	<i>tamoxifen citrate</i>	20MG, 10MG	TABS	
	TARCEVA	25MG, 150MG, 100MG	TABS	PA
	TASIGNA	200MG	CAPS	PA
	TEMODAR	5MG, 250MG, 20MG, 180MG, 140MG, 100MG	CAPS	PA
	<i>toposar</i>	20MG/ML	SOLN	PA
	TRELSTAR DEPOT	3.75MG	SUSR	PA
	TRELSTAR DEPOT MIXJECT	3.75MG	SUSR	PA
	TRELSTAR LA	11.25MG	SUSR	PA
	TRELSTAR LA MIXJECT	11.25MG	SUSR	PA
	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
AUTONOMIC DRUGS				
Antimuscarinics/ Antispasmodics	ATROVENT HFA	17MCG/ACT	AERS	
	<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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>hyoscyamine sulfate</i>	0.375MG, 0.125MG/ML, 0.125MG/5ML, 0.125MG	TB12, SOLN, ELIX, TBDP, TABS	
	<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	
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	
	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>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>tizanidine hcl</i>	4MG, 2MG	TABS	
Sympatholytic Adrenergic Block	<i>ergoloid mesylates</i>	1MG	TABS	
	ERGOMAR	2MG	SUBL	
	MIGRANAL	4MG/ML	SOLN	QL (4.00 per 31 days)
Sympathomimetic Adrenergics	LUSONAL	7.5MG/5ML	LIQD	AL (max: 20y)

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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	
	<i>albuterol sulfate</i>	0.083%	NEBU	QL (720.00 per 31 days)
	<i>albuterol sulfate</i>	1.25MG/3ML, 0.63MG/3ML	NEBU	QL (300.00 per 31 days)
	<i>albuterol sulfate</i>	0.5%, 4MG, 2MG, 2MG/5ML	NEBU, TABS, SYRP	
	<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	SYRP	
	SEREVENT DISKUS	50MCG/DOSE	AEPB	
	<i>terbutaline sulfate</i>	5MG, 2.5MG, 1MG/ML	TABS, SOLN	
	VENTOLIN HFA	108MCG/ACT	AERS	
	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	AL (max: 20y); OTC-Covered w/Rx
BLOOD FORMATION, COAGULATION & THROMBOSIS				
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/5M G/6MG/200MG/10MG/18.2MG	CAPS	
	<i>iferex 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	
	<i>myferon 150 forte</i>	25MCG/ 1MG/ 150MG	CAPS	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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/5M G/6MG/200MG/10MG/18.2MG	CAPS	
Coumarin Derivatives	<i>jantoven</i>	10MG, 7.5MG, 6MG, 5MG, 4MG, 3MG, 2MG, 2.5MG, 1MG	TABS	
	<i>warfarin sodium</i>	10MG, 7.5MG, 6MG, 5MG, 4MG, 3MG, 2MG, 2.5MG, 1MG	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)
	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	
Platelet-reducing Agents	<i>anagrelide hydrochloride</i>	1MG, 0.5MG	CAPS	
Hematopoietic Agents	NEUPOGEN	480MCG/1.6ML, 480MCG/0.8ML, 300MCG/ML, 300MCG/0.5ML	SOLN	PA
	PROCRIT	4000UNIT/ML, 40000UNIT/ML, 3000UNIT/ML, 2000UNIT/ML, 20000UNIT/ML, 10000UNIT/ML	SOLN	PA
Hemorrhologic Agents	<i>pentoxifylline er</i>	400MG	TBCR	
CARDIOVASCULAR DRUGS				
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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
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	
	<i>PINDOLOL</i>	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>	20MG, 10MG, 5MG	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>	120MG, 90MG, 60MG, 30MG, 125MG/25ML, 50MG/10ML, 25MG/5ML, 360MG, 300MG, 240MG, 180MG, 120MG	TABS, SOLN, CP24	
	<i>diltiazem hcl er</i>	420MG, 300MG, 240MG, 180MG, 120MG, 90MG, 60MG	CP24, CP12	
	<i>diltiazem xr</i>	240MG	CP24	
	<i>verapamil hcl</i>	80MG, 40MG, 120MG	TABS	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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	
	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	
	MEXILETINE HCL	250MG, 200MG, 150MG	CAPS	
Class Ic Antiarrhythmics	<i>flecainide acetate</i>	50MG, 150MG, 100MG	TABS	
	<i>propafenone hcl</i>	300MG, 225MG, 150MG	TABS	
Class III Antiarrhythmics	<i>amiodarone hcl</i>	400MG, 200MG, 50MG/ML, 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>methyldopa</i>	500MG, 250MG	TABS	
	<i>methyldopa/ hydrochlorothiazide</i>	250MG/25MG, 250MG/15MG	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

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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, 25MG, 50MG	TABS	ST; QL (31.00 per 31 days); Must fail preferred ACE inhibitor
	HYZAAR	100MG/12.5MG, 50MG/12.5MG, 100MG/25MG	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 (31.00 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>	30MG, 20MG, 10MG, 5MG, 2.5MG	TABS, SUBL	
	<i>isosorbide dinitrate er</i>	40MG	TBCR	
	<i>isosorbide mononitrate</i>	20MG, 10MG	TABS	
	<i>isosorbide mononitrate er</i>	60MG, 30MG, 120MG	TB24	
	<i>nitroglycerin</i>	0.6MG/HR, 0.4MG/HR, 0.2MG/HR, 0.6MG, 0.4MG, 0.3MG	PT24, SUBL	
	<i>nitroglycerin cr</i>	9MG, 6.5MG	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	
Phosphodiesterase Inhibitors	REVATIO	20MG	TABS	PA
Vasodilating Agents, Miscellaneous	<i>dipyridamole</i>	75MG, 50MG, 25MG, 5MG/ML	TABS, SOLN	
	LETAIRIS	5MG	TABS	PA
CENTRAL NERVOUS SYSTEM AGENTS				
Analgesics and Antipyretics, Misc	<i>anolor 300</i>	50MG/325MG/40MG	CAPS	
	<i>bupap</i>	50MG/650MG	TABS	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>butalbital / apap / caffeine</i>	50MG/500MG/40MG, 50MG/325MG/40MG	TABS, CAPS	
	<i>butalbital/ acetaminophen</i>	50MG/325MG	TABS	
	<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	400MG, 200MG, 100MG, 50MG	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>salsalate</i>	500MG, 750MG	TABS	
Other Nonsteroidal Anti-inflammatory Agents	<i>childrens ibuprofen</i>	100MG/5ML, 40MG/ML	SUSP	OTC-Covered w/Rx
	<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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>	800MG, 600MG, 400MG, 100MG/5ML	TABS, SUSP	
	<i>indomethacin</i>	50MG, 25MG	CAPS	
	<i>indomethacin er</i>	75MG	CPCR	
	<i>ketoprofen</i>	75MG, 50MG	CAPS	
	<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>	120MG/5ML/ 12MG/5ML	SOLN	
	<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>	325MG/50MG/40MG/30MG	CAPS	
	<i>botal / asa / caff / cod</i>	325MG/50MG/40MG/30MG	CAPS	
	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)

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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)
	<i>hydromorphone hcl</i>	8MG, 4MG, 2MG, 3MG	TABS, SUPP	
	<i>margesic-h</i>	5MG/500MG	CAPS	QL (248.00 per 31 days)
	<i>meperidine hcl</i>	50MG, 100MG, 50MG/5ML	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	30MG, 15MG, 5MG, 30MG, 20MG, 10MG, 5MG, 50MG/ML, 25MG/ML, 20MG/ML, 20MG/5ML, 15MG/ML, 10MG/ML, 10MG/5ML, 8MG/ML, 5MG/ML, 1MG/ML, 0.5MG/ML	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)
	<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>	20MG/ML	CONC	QL (248.00 per 31 days)
	<i>oxycodone hcl</i>	5MG, 30MG, 15MG, 5MG/5ML, 20MG/ML	TABS, SOLN, CONC, CAPS	QL (248.00 per 31 days)
	<i>propoxyphene / acetaminophen</i>	65MG/650MG	TABS	
	<i>propoxyphene hcl</i>	65MG	CAPS	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>butorphanol tartrate</i>	10MG/ML	SOLN	QL (3.00 per 31 days)
	<i>pentazocine/ naloxone hcl</i>	0.5MG/50MG	TABS	
	SUBOXONE	8MG/2MG, 2MG/0.5MG	SUBL	PA
Amphetamines	ADDERALL XR <i>amphetamine / dextroamphetamine</i>	5MG, 10MG, 15MG, 20MG, 25MG, 30MG	CP24	QL (31.00 per 31 days)
	<i>amphetamine salt combo</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	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)
	METHYLIN	10MG, 5MG, 2.5MG	CHEW	
	<i>methylin</i>	20MG, 10MG, 5MG	TABS	
	<i>methylin er</i>	20MG, 10MG	TBCR	
	<i>methylphenidate hcl</i>	20MG, 10MG, 5MG	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	
	<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, 100MG/ML, 1000MG	TABS, SOLN	
	NEURONTIN	250MG/5ML	SOLN	QL (2500.00 per 31 days)
	<i>oxcarbazepine</i>	600MG, 300MG, 150MG	TABS	
	<i>topiramate</i>	25MG, 15MG	CPSP	FDA APPROVED INDICATIONS ONLY

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>topiramate</i>	50MG, 25MG, 200MG, 100MG	TABS	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	
Hydantoins	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	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)
	<i>sumatriptan succinate</i>	50MG, 25MG, 100MG, 6MG/0.5ML, 4MG/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	
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, 0.75MG, 0.5MG, 0.25MG, 0.125MG	TABS	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>bupirone 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	<i>phenobarbital</i>	97.2MG, 64.8MG, 60MG, 32.4MG, 30MG, 16.2MG, 15MG, 100MG, 20MG/5ML	TABS, ELIX
PHENOBARBITAL SODIUM		65MG/ML, 130MG/ML	SOLN	
<i>primidone</i>		50MG, 250MG	TABS	
Benzodiazepines	<i>alprazolam</i>	2MG, 1MG, 0.5MG, 0.25MG	TABS	
	<i>chlordiazepoxide hcl</i>	5MG, 25MG, 10MG	CAPS	
	<i>clonazepam</i>	2MG, 1MG, 0.5MG	TABS	
	<i>clonazepam orally disintegrating</i>	2MG, 1MG, 0.5MG, 0.25MG, 0.125MG	TBDP	
	<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>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
NAMENDA		5MG, 10MG, 10MG/5ML	TABS, SOLN	ST; Must fail preferred Aricept, Exelon
NAMENDA TITRATION PAK			TABS	ST; Must fail preferred Aricept, Exelon
Opiate Antagonists	<i>naltrexone hcl</i>	50MG	TABS	
Monoamine Oxidase Inhibitors	NARDIL	15MG	TABS	
	<i>tranylcypromine sulfate</i>	10MG	TABS	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Selective Serotonin- and Norepinephrine-reuptake Inhibitors	<i>venlafaxine hcl</i>	75MG, 50MG, 37.5MG, 25MG, 100MG	TABS	
	VENLAFAXINE HCL ER	225MG, 150MG, 75MG, 37.5MG	TB24	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>paroxetine hcl</i>	40MG, 30MG, 20MG, 10MG/5ML	TABS, SUSP	
	<i>paroxetine hcl er</i>	25MG, 12.5MG, 37.5MG	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 / chlordiazepoxide</i>	5MG/12.5MG, 10MG/25MG	TABS	
	<i>amitriptyline hcl</i>	75MG, 50MG, 25MG, 150MG, 10MG, 100MG	TABS	
	AMOXAPINE	50MG, 25MG, 150MG, 100MG	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	
<i>bupropion hcl sr</i>		200MG, 150MG, 100MG	TB12	
<i>bupropion hcl xl</i>		300MG	TB24	
<i>mirtazapine</i>		45MG, 30MG, 15MG, 7.5MG	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)

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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>	4MG, 3MG, 2MG, 1MG, 0.5MG	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	
CONTRACEPTIVES				
	ORTHO DIAPHRAGM ALL-FLEX/65MM		DPRH	
	ORTHO DIAPHRAGM ALL-FLEX/70MM		DPRH	
	ORTHO DIAPHRAGM ALL-FLEX/75MM		DPRH	
DEVICES				
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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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		MISC	
	INSULIN SYRINGES		MISC	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)
	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
	OPTICHAMBER FACE MASK/ SMALL		MISC	QL (2.00 per 365 days); OTC-Covered w/Rx

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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
DIAGNOSTIC AGENTS				
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
ELECTROLYTIC, CALORIC, AND WATER BALANCE				
Alkalinizing Agents	<i>cytra-2</i>	334MG/5ML/ 500MG/5ML	SOLN	QL (3600.00 per 31 days)
	<i>cytra-3</i>	334MG/5ML/ 550MG/5ML/ 500MG/5ML	SYRP	QL (3600.00 per 31 days)
	<i>liqui-dualcitra</i>	334MG/5ML/ 500MG/5ML	SOLN	QL (3600.00 per 31 days)
	SODIUM CITRATE		GRAN	OTC-Covered w/Rx
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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Potassium-sparing Diuretics	<i>amiloride / hydrochlorothiazide</i>	5MG/50MG	TABS	
	<i>triamterene / hydrochlorothiazide</i>	75MG/50MG, 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	
Phosphate-removing Agents	FOSRENOL	250MG, 500MG, 750MG, 1000MG	CHEW	
Potassium-removing Agents	<i>kionex</i>		POWD	
	<i>sodium polystyrene sulfonate</i>	50GM/200ML, 30GM/120ML	SUSP, POWD	
	SPS	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
	<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
	<i>normal saline flush</i>	0.9%	SOLN	
	<i>oralyte</i>	35MEQ/L/30MEQ/L/25GM/L/2 0MEQ/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/2 0MEQ/L/45MEQ/L	SOLN	QL (4000.00 per 31 days); OTC-Covered w/Rx
	PEDIALYTE FREEZER POPS	35MEQ/L/30MEQ/L/25GM/L/2 0MEQ/L/45MEQ/L	SOLN	QL (4000.00 per 31 days); OTC-Covered w/Rx

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>potassium chloride</i>	40MEQ/100ML, 30MEQ/100ML, 2MEQ/ML, 10MEQ/100ML, 0.4MEQ/ML, 20MEQ, 20%, 10%	SOLN, PACK, LIQD	QL (4000.00 per 31 days); OTC-Covered w/Rx
	<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% viaflex</i>	0.3%/ 0.9%	SOLN	PA
	<i>potassium chloride cr</i>	20MEQ, 10MEQ	TBCR	
	<i>potassium chloride er</i>	8MEQ, 20MEQ, 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/2 0MEQ/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/2 0MEQ/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/2 0MEQ/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/2 0MEQ/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	
EYE, EAR, NOSE & THROAT PREPARATIONS				
Antiallergic Agents	<i>alaway</i>	0.025%	SOLN	OTC-Covered w/Rx
	ASTELIN	137MCG/SPRAY	SOLN	
	<i>cromolyn sodium</i>	4%	SOLN	
	<i>cromolyn sodium</i>	5.2MG/ACT	AERS	OTC-Covered w/Rx
	<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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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/10000 UNIT/GM	OINT	
	<i>neocin-pg</i>	0.025MG/ML/ 2.5MG/ML/10000UNIT/ML	SOLN	
	<i>neomycin / polymyxin / gramicidin</i>	0.025MG/ML/1.75MG/ML/ 10000UNIT/ML	SOLN	
	<i>neomycin/ bacitracin zn/ polymyx</i>	400UNIT/GM/5MG/GM/10000 UNIT/GM	OINT	
	<i>ofloxacin otic</i>	0.3%	SOLN	
	<i>polycin b</i>	500UNIT/GM/10000UNIT/GM	OINT	
	<i>polymyxin b sulfate/ trimethoprim sulfate</i>	10000UNIT/ML/0.1%	SOLN	
	<i>sulfacetamide sodium</i>	10%	SOLN	
	<i>tobramycin sulfate</i>	0.3%	SOLN	
	<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

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>chlorhexidine gluconate</i>	0.12%	SOLN	QL (480.00 per 31 days)
	<i>chlorhexidine 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>murine ear</i>	6.5%	SOLN	OTC-Covered w/Rx
	<i>murine for ear wax removal system</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>acetazol hc</i>	2%/ 1%	SOLN	
	<i>cortomycin</i>	1%/3.5MG/ML/10000 UNIT/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	
	<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 / hydrocortisone</i>	1%/3.5MG/ML/ 10000UNIT/ML	SUSP, SOLN	
	<i>otirx</i>	1MG/ML/ 10MG/ML/ 10MG/ML	SOLN	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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</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>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	
	<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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	NAPHCAN	0.012%	SOLN	OTC-Covered w/Rx
	NAPHCAN-A	0.025%/0.3%	SOLN	OTC-Covered w/Rx
	OPCAN-A	0.027%/0.315%	SOLN	OTC-Covered w/Rx
	VASOCLEAR	0.02%	SOLN	OTC-Covered w/Rx
GASTROINTESTINAL DRUGS				
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
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	TABS	QL (62.00 per 31 days)
	<i>ondansetron hcl</i>	8MG, 4MG	TABS	QL (62.00 per 31 days)
	<i>ondansetron odt</i>	8MG, 4MG	TBDP	QL (12.00 per 31 days)
Antihistamines	<i>meclizine hcl</i>	12.5MG, 25MG	TABS	OTC-Covered w/Rx
	<i>meclizine hcl</i>	12.5MG, 25MG	TABS	
	<i>medi-meclizine</i>	25MG	TABS	OTC-Covered w/Rx
	<i>travel sickness</i>	25MG	CHEW	OTC-Covered w/Rx
Anti-inflammatory Agents	ASACOL	400MG	TBEC	ST; Must fail preferred Sulfasalazine
	<i>balsalazide disodium</i>	750MG	CAPS	
	<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	
	<i>famotidine</i>	10MG	TABS	OTC-Covered w/Rx
	<i>famotidine premixed</i>	0.4MG/ML/0.9%	SOLN	
	<i>ranitidine 75</i>	75MG	TABS	OTC-Covered w/Rx
	<i>ranitidine acid reducer</i>	75MG	TABS	OTC-Covered w/Rx

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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>sucrafate</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>docsate calcium</i>	240MG	CAPS	OTC-Covered w/Rx
	<i>docsate sodium</i>	100MG, 250MG, 100MG	TABS, CAPS	OTC-Covered w/Rx
	GOLYTELY	236GM/2.97GM/6.74GM/5.86 GM/ 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
	XENICAL	120MG	CAPS	PA; AL (min: 12y, max: 21y)
GOLD COMPOUNDS				
Gold Compounds	RIDAURA	3MG	CAPS	
HEAVY METAL ANTAGONISTS				
Heavy Metal Antagonists	CUPRIMINE	125MG	CAPS	
	<i>deferoxamine mesylate</i>	500MG, 2GM	SOLR	
HORMONES AND SYNTHETIC SUBSTITUTES				
Adrenals	<i>a-methapred</i>	40MG, 125MG	SOLR	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	ASMANEX 120 METERED DOSES	220MCG/INH	AEPB	
	ASMANEX 14 METERED DOSES	220MCG/INH	AEPB	
	ASMANEX 30 METERED DOSES	220MCG/INH, 110MCG/INH	AEPB	
	ASMANEX 60 METERED DOSES	220MCG/INH	AEPB	
	CELESTONE	0.6MG/5ML	SOLN	
	<i>cortisone acetate</i>	25MG	TABS	
	<i>dexamethasone</i>	6MG, 4MG, 2MG, 1MG, 1.5MG, 0.75MG, 0.5MG	TABS	
	<i>dexamethasone</i>	0.5MG/5ML, 0.5MG/5ML	SOLN, ELIX	
	<i>dexamethasone sodium phosphate</i>	4MG/ML, 10MG/ML	SOLN	
	FLOVENT DISKUS	50MCG/BLIST, 250MCG/BLIST, 100MCG/BLIST	AEPB	
	FLOVENT HFA	44MCG/ACT, 220MCG/ACT, 110MCG/ACT	AERO	
	<i>fludrocortisone acetate</i>	0.1MG	TABS	
	<i>hydrocortisone</i>	5MG, 20MG, 10MG	TABS	
	<i>methylprednisolone</i>	32MG, 16MG, 8MG, 4MG	TABS	
	<i>methylprednisolone acetate</i>	80MG/ML, 40MG/ML	SUSP	
	<i>methylprednisolone sodium succinate</i>	40MG, 1GM, 125MG, 1000MG	SOLR	
	<i>prednisolone</i>	5MG/5ML, 15MG/5ML	SYRP, SOLN	
	<i>prednisolone sodium phosphate</i>	15MG/5ML, 6.7MG/5ML, 5MG/5ML	SOLN	
	<i>prednisone</i>	5MG, 20MG, 2.5MG, 1MG, 10MG, 5MG/5ML	TABS, SOLN	
	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

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Biguanides	<i>metformin hcl</i>	850MG, 500MG, 1000MG	TABS	
	<i>metformin hcl er</i>	750MG, 500MG	TB24	
	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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	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)
	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>jolivette</i>	0.35MG	TABS	
	<i>junel 1.5/30</i>	30MCG/1.5MG	TABS	
	<i>junel 1/20</i>	20MCG/1MG	TABS	
	<i>junel fe 1.5/30</i>	30MCG/75MG/1.5MG	TABS	
	<i>junel fe 1/20</i>	20MCG/75MG/1MG	TABS	
	<i>kariva</i>		TABS	
	<i>kelnor 1/35</i>	35MCG/1MG	TABS	
	<i>lessina-28</i>	20MCG/0.1MG	TABS	
	<i>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>lutura</i>	20MCG/0.1MG	TABS	
	<i>microgestin 1.5/30</i>	30MCG/1.5MG	TABS	
	<i>microgestin 1/20</i>	20MCG/1MG	TABS	
	<i>microgestin fe</i>	20MCG/75MG/1MG	TABS	
	<i>microgestin fe 1.5/30</i>	30MCG/75MG/1.5MG	TABS	
	MIRENA	20MCG/24HR	IUD	
<i>mononessa</i>	35MCG/0.25MG	TABS		

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>necon 0.5/35-28</i>	35MCG/0.5MG	TABS	
	<i>necon 1/35-28</i>	35MCG/1MG	TABS	
	<i>necon 1/50-28</i>	50MCG/1MG	TABS	
	<i>necon 7/7/7</i>		TABS	
	<i>next choice</i>	0.75MG	TABS	QL (4.00 per 31 days)
	<i>nora-be</i>	0.35MG	TABS	
	<i>nortrel 0.5/35 (28)</i>	35MCG/0.5MG	TABS	
	<i>nortrel 1/35 (21)</i>	35MCG/1MG	TABS	
	<i>nortrel 1/35 (28)</i>	35MCG/1MG	TABS	
	<i>nortrel 7/7/7</i>		TABS	
	NUVARING	0.015MG/24HR/0.12MG /24HR	RING	
	<i>ocella</i>	3MG/0.03MG	TABS	
	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 Agonist-Antagonists	EVISTA	60MG	TABS	
Estrogens	<i>covaryx</i>	1.25MG/2.5MG	TABS	
	<i>covaryx hs</i>	0.625MG/1.25MG	TABS	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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/ methyltestosterone</i>	1.25MG/2.5MG	TABS	
	<i>esterified estrogens/ methyltestosterone ds</i>	1.25MG/2.5MG	TABS	
	<i>esterified estrogens/ methyltestosterone hs</i>	0.625MG/1.25MG	TABS	
	<i>estradiol</i>	2MG, 1MG, 0.5MG, 37.5MCG/24HR, 0.1MG/24HR, 0.075MG/24HR, 0.06MG/24HR, 0.05MG/24HR, 0.025MG/24HR	TABS, PTWK	
	<i>estropipate</i>	3MG, 1.5MG, 0.75MG	TABS	
	MENEST	2.5MG, 1.25MG, 0.625MG, 0.3MG	TABS	
	<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)

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>medroxyprogesterone acetate</i>	5MG, 2.5MG, 10MG	TABS	
	<i>norethindrone acetate</i>	5MG	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	
	<i>levothroid</i>	300MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG, 88MCG, 75MCG, 50MCG, 25MCG,	TABS	
	<i>levothyroxine sodium</i>	300MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG, 88MCG, 75MCG, 50MCG, 25MCG,	TABS, SOLR	
	<i>levoxyl</i>	200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG, 88MCG, 75MCG, 50MCG, 25MCG,	TABS	
	<i>liothyronine sodium</i>	5MCG, 50MCG, 25MCG	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>	300MCG, 200MCG, 175MCG, 150MCG, 137MCG, 125MCG, 112MCG, 100MCG, 88MCG, 75MCG, 50MCG, 25MCG,	TABS	
	<i>unithroid direct</i>	150MCG	TABS	
	WESTHROID	65MG, 32.5MG, 130MG	TABS	

LOCAL ANESTHETICS

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
Local Anesthetics	<i>lidocaine hcl</i>	2%, 1.5%, 1%, 0.5%	SOLN	
MISCELLANEOUS THERAPEUTIC AGENTS				
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
	COPAXONE	20MG/ML	KIT	PA
	REBIF	44MCG/0.5ML, 22MCG/0.5ML	SOLN	PA
	REBIF TITRATION PACK		SOLN	PA
	THALOMID	50MG, 200MG, 150MG, 100MG	CAPS	PA
Bone Resorption Inhibitors	<i>alendronate sodium</i>	70MG, 40MG, 35MG, 5MG, 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 Agents	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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	AZATHIOPRINE SODIUM	100MG	SOLR	
	<i>mycophenolate mofetil</i>	500MG, 250MG	TABS, CAPS	
	CELLCEPT	200MG/ML	SUSR	
	CELLCEPT INTRAVENOUS	500MG	SOLR	
	<i>cyclosporine</i>	50MG/ML, 25MG, 100MG, 100MG/ML	SOLN, CAPS	
	<i>cyclosporine modified</i>	100MG/ML, 50MG, 25MG, 100MG	SOLN, 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	
OXYTOCICS				
Oxytocics	ERGOTRATE MALEATE	0.2MG, 0.2MG/ML	TABS, SOLN	
	METHERGINE	0.2MG, 0.2MG/ML	TABS, SOLN	
PHARMACEUTICAL AIDS				
Pharmaceutical Aids	POLYETHYLENE GLYCOL 8000 BASE E		OINT	
RESPIRATORY TRACT AGENTS				
Leukotriene Modifiers	SINGULAIR	10MG, 4MG, 5MG	TABS, PACK, CHEW	PA; ST
Mast-cell Stabilizers	<i>cromolyn sodium</i>	20MG/2ML	NEBU	
Antitussives	<i>andehist dm nr</i>	4MG/5ML/15MG/5ML/45MG/5ML	SYRP	AL (max: 20y)
	<i>benzonatate</i>	100MG	CAPS	AL (max: 20y)
	<i>betavent</i>	20MG/5ML/100MG/5ML	LIQD	AL (max: 20y)
	<i>biotuss pediatric</i>	5MG/ML/50MG/ML/ 2.5MG/ML	LIQD	AL (max: 20y)
	<i>bromaline dm</i>	1MG/5ML/5MG/5ML/15MG/5ML	ELIX	AL (max: 20y); OTC-Covered w/Rx
	<i>bromhist-dm</i>	1MG/ML/4MG/ML/15MG/ML	LIQD	AL (max: 20y)
	<i>bromphenex dm</i>	4MG/5ML/30MG/5ML/60MG/5ML	SYRP	AL (max: 20y)
	<i>bromplex dm</i>	4MG/5ML/30MG/5ML/60MG/5ML	SYRP	AL (max: 20y)
	<i>broncotron</i>	10MG/5ML/100MG/5ML	LIQD	AL (max: 20y); OTC-Covered w/Rx
	<i>brotapp dm</i>	1MG/5ML/5MG/5ML/15MG/5ML	LIQD	AL (max: 20y); OTC-Covered w/Rx
	<i>carbodex dm</i>	4MG/5ML/15MG/5ML/45MG/5ML	SYRP	AL (max: 20y)
	<i>carbofed dm</i>	4MG/5ML/15MG/5ML/45MG/5ML	SYRP	AL (max: 20y)
	<i>cheratussin ac</i>	10MG/5ML/100MG/5ML	SYRP	AL (max: 20y)
	<i>cheratussin dac</i>	10MG/5ML/100MG/5ML/ 30MG/5ML	SOLN	AL (max: 20y)
	<i>chlordex gp</i>	2MG/5ML/7.5MG/5ML/100MG/5ML/10MG/5ML	SYRP	AL (max: 20y)

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>codeine phosphate 10mg/ guai 300mg</i>	10MG/5ML/300MG/5ML	LIQD	AL (max: 20y)
	<i>coldcough</i>	2MG/5ML/7.5MG/5ML/15MG/5ML	SYRP	AL (max: 20y)
	<i>coldec dm</i>	4MG/5ML/15MG/5ML/45MG/5ML	SYRP	AL (max: 20y)
	<i>cp dec-dm</i>	4MG/5ML/15MG/5ML/12.5MG/5ML, 1MG/ML/3MG/ML/3.5MG/ML	SYRP, LIQD	AL (max: 20y)
	<i>decon dm</i>	2MG/5ML/10MG/5ML/30MG/5ML	SYRP	AL (max: 20y)
	DELSYM	30MG/5ML	LQCR	AL (max: 20y); OTC-Covered w/Rx
	<i>dex pc</i>	2MG/5ML/15MG/5ML/6MG/5ML	SYRP	AL (max: 20y)
	<i>dexatrex d nasal</i>	10MG/5MG/20MG/5ML	ELIX	AL (max: 20y); OTC-Covered w/Rx
	<i>dextromethorphan / phenylephrine / chlorpheniramine</i>	2MG/5ML/15MG/5ML/10MG/5ML	LIQD	AL (max: 20y)
	<i>dex-tuss</i>	10MG/5ML/300MG/5ML	LIQD	AL (max: 20y)
	<i>dm 10mg/ guai 300mg</i>	10MG/5ML/300MG/5ML	LIQD	AL (max: 20y)
	<i>ed-a-hist dm</i>	4MG/5ML/15MG/5ML/10MG/5ML	LIQD	AL (max: 20y)
	<i>execlear-dm</i>	15MG/5ML/150MG/5ML/30MG/5ML	SYRP	AL (max: 20y)
	EXPECTUSS	20MG/5ML/75MG/5ML	LIQD	AL (max: 20y)
	<i>gani-tuss nr</i>	10MG/5ML/100MG/5ML	LIQD	AL (max: 20y)
	<i>genebrom dm</i>	2MG/5ML/10MG/5ML/30MG/5ML	SYRP	AL (max: 20y)
	<i>genedotuss-dm</i>	20MG/5ML/200MG/5ML	LIQD	AL (max: 20y)
	<i>giltuss tr</i>	14MG/288MG/7MG	CAPS	AL (max: 20y)
	<i>guaifenesin / dextromethorphan</i>	10MG/5ML/100MG/5ML	SYRP	AL (max: 20y); OTC-Covered w/Rx
	<i>guaifenesin/ codeine</i>	10MG/300MG	TABS	AL (max: 20y)
	<i>guaifenesin/ codeine phosphate</i>	10MG/5ML/100MG/5ML	SOLN	AL (max: 20y)
	<i>guaifenesin-dm nr</i>	10MG/5ML/100MG/5ML	LIQD	AL (max: 20y)
	<i>ht-tuss dm</i>	20MG/5ML/200MG/5ML	ELIX	AL (max: 20y)
	<i>hydrocodone / homatropine</i>	1.5MG/5ML/5MG/5ML	SYRP	AL (max: 20y)
	<i>hydromet</i>	1.5MG/5ML/5MG/5ML	SYRP	AL (max: 20y)
	<i>iophen c-nr</i>	10MG/5ML/100MG/5ML	LIQD	AL (max: 20y)
	<i>iophen dm-nr</i>	10MG/5ML/100MG/5ML	LIQD	AL (max: 20y)
	<i>mintuss dr</i>	2MG/5ML/15MG/5ML/6MG/5ML	SYRP	AL (max: 20y)
	<i>mucusrelief dm</i>	20MG/400MG	TABS	AL (max: 20y); OTC-Covered w/Rx
	<i>mytussin ac</i>	10MG/5ML/100MG/5ML	SYRP	AL (max: 20y)

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>mytussin ac</i>	10MG/5ML/100MG/5ML	SYRP	OTC-Covered w/Rx
	<i>mytussin dac</i>	10MG/5ML/100MG/5ML/ 30MG/5ML	SOLN	AL (max: 20y)
	<i>neotuss</i>	30MG/5ML/ 200MG/5ML	LIQD	AL (max: 20y); OTC-Covered w/Rx
	<i>nortuss-ex</i>	20MG/5ML/200MG/5ML	LIQD	AL (max: 20y)
	<i>novagest expectorant/ codeine</i>	10MG/5ML/100MG/5ML/ 30MG/5ML	SOLN	AL (max: 20y)
	<i>pediahist dm</i>	1MG/ML/4MG/ML/15MG/ML	LIQD	AL (max: 20y)
	<i>pe-hist dm</i>	2MG/5ML/15MG/5ML/ 5MG/5ML	SYRP	AL (max: 20y)
	<i>promethazine/codeine</i>	10MG/5ML/6.25MG/5ML	SYRP	AL (max: 20y)
	<i>promethazine / dextromethorphan</i>	15MG/5ML/6.25MG/5ML	SYRP	AL (max: 20y)
	<i>promethazine vc/ codeine</i>	10MG/5ML/5MG/5ML/ 6.25MG/5ML	SYRP	AL (max: 20y)
	<i>promethazine-dm</i>	15MG/5ML/6.25MG/5ML	SYRP	AL (max: 20y)
	<i>pse brom dm</i>	4MG/5ML/30MG/5ML/ 60MG/5ML	SYRP	AL (max: 20y)
	<i>pulexn dm</i>	10MG/5ML/100MG/5ML	SYRP	AL (max: 20y)
	<i>pulmari-gp</i>	20MG/5ML/100MG/5ML	LIQD	AL (max: 20y)
	<i>q-tapp dm</i>	1MG/5ML/5MG/5ML/15MG /5ML	ELIX	AL (max: 20y); OTC-Covered w/Rx
	<i>q-tussin dm</i>	10MG/5ML/100MG/5ML	SYRP	AL (max: 20y); OTC-Covered w/Rx
	<i>quartuss</i>	2MG/5ML/15MG/5ML/ 100MG/5ML/10MG/5ML	SYRP	AL (max: 20y)
	<i>reme tussin dm</i>	2MG/5ML/15MG/5ML/5MG /5ML	SYRP	AL (max: 20y)
	<i>robafen ac</i>	10MG/5ML/100MG/5ML	SYRP	AL (max: 20y)
	<i>robafen dm</i>	10MG/5ML/100MG/5ML	SYRP	AL (max: 20y); OTC-Covered w/Rx
	<i>robafen dm clear</i>	10MG/5ML/100MG/5ML	SYRP	AL (max: 20y); OTC-Covered w/Rx
	<i>romilar ac</i>	10MG/5ML/100MG/5ML	SOLN	AL (max: 20y)
	<i>sildec dm</i>	4MG/5ML/15MG/5ML/45MG/5 ML	SYRP	AL (max: 20y)
	<i>su-tuss dm</i>	20MG/5ML/200MG/5ML	ELIX	AL (max: 20y)
	<i>trital dm</i>	4MG/5ML/15MG/5ML/10MG/5 ML	LIQD	AL (max: 20y)
	TUSSIGON	1.5MG/5MG	TABS	AL (max: 20y)
	<i>tustan 12s</i>	30MG/5ML/4MG/5ML	SUSP	AL (max: 20y)
Expectorants	<i>altarussin-pe</i>	100MG/5ML/30MG/5ML	SYRP	AL (max: 20y); OTC-Covered w/Rx
	<i>bidex</i>	400MG	TABS	OTC-Covered w/Rx
	<i>crantex</i>	100MG/5ML/7.5MG/5ML	SYRP	AL (max: 20y)
	<i>despec</i>	100MG/5ML/5MG/5ML	LIQD	AL (max: 20y)

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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	AL (max: 20y); 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	AL (max: 20y)
	<i>humibid maximum strength</i>	1200MG	TB12	AL (max: 20y); OTC-Covered w/Rx
	<i>liquibid</i>	400MG	TABS	
	<i>mucus relief</i>	400MG	TABS	OTC-Covered w/Rx
	<i>organ-i nr</i>	200MG	TABS	
	<i>phenydex pediatric</i>	50MG/ML/5MG/ML	LIQD	AL (max: 20y)
	PSEUDOEPHEDRINE / GUAIFENESIN	200MG/5ML/40MG/5ML	SYRP	AL (max: 20y)
	<i>refenesen</i>	200MG	TABS	OTC-Covered w/Rx
	<i>refenesen 400</i>	400MG	TABS	OTC-Covered w/Rx
	<i>robitussin head/ chest congestion pe</i>	100MG/5ML/5MG/5ML	LIQD	AL (max: 20y); 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
SKIN AND MUCOUS MEMBRANE PREPARATIONS				
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

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>clotrimazole</i>	10MG, 1%	TROC, SOLN, LOZG, CREA	
	<i>clotrimazole 3 day</i>	2%	CREA	OTC-Covered w/Rx
	<i>clotrimazole anti-fungal</i>	1%	CREA	OTC-Covered w/Rx
	<i>clotrimazole/ betamethasone dipropionate</i>	0.05%/1%	LOTN, CREA	
	<i>econazole nitrate</i>	1%	CREA	
	GYNE-LOTRIMIN	100MG, 1%	TABS, CREA	OTC-Covered w/Rx
	GYNE-LOTRIMIN 3	2%	CREA	OTC-Covered w/Rx
	<i>ketoconazole</i>	2%	SHAM, CREA	
	LOTRIMIN AF	1%, 1%	SOLN, CREA	OTC-Covered w/Rx
	<i>miconazole</i>	2%	CREA	OTC-Covered w/Rx
	MICONAZOLE 3	200MG	SUPP	
	<i>miconazole 3 combo pack</i>		KIT	OTC-Covered w/Rx
	<i>miconazole 7</i>	100MG, 2%	SUPP, CREA	OTC-Covered w/Rx
	<i>miconazole nitrate</i>	100MG, 2%	SUPP, CREA	OTC-Covered w/Rx
	MONISTAT 1 COMBO PACK		KIT	OTC-Covered w/Rx
	MONISTAT 3	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 nail lacquer</i>	8%	SOLN	PA
	<i>ciclopirox olamine</i>	0.77%	CREA	
Polyenes	<i>nystatin</i>	100000UNIT/GM	POWD, OINT, CREA	
	NYSTATIN VAGINAL	100000UNIT	TABS	
Local Anti-infectives, Miscellaneous	<i>benzoyl peroxide</i>	10%, 5%	GEL, LOTN	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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>benzoyl peroxide creamy wash</i>	8%, 4%	LIQD	
	<i>hydrocortisone / iodoquinol</i>	1%/1%	CREA	
	<i>operand chlorhexidine 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	QL (60.00 per 31 days); 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)
	<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	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>fluticasone propionate</i>	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%, 0.5%	OINT, CREA	
	<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>amlactin</i>	12%	LOTN	OTC-Covered w/Rx
	<i>ammonium lactate</i>	12%	LOTN, CREA	OTC-Covered w/Rx
	<i>ammonium lactate</i>	12%	LOTN, CREA	
Keratolytic Agents	COMPOUND W	17%	LIQD	
	<i>sodium sulfacetamide-sulfur wash w/ meratan</i>	5%/10%/4%/5%/10%	KIT	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>urea</i>	40%, 50%	CREA	
Skin and Mucous Membrane Agents, Misc	<i>amnestem</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
	<i>fluorouracil</i>	5%, 2%	SOLN, CREA	PA
	<i>podofilox</i>	0.5%	SOLN	
	<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	
SMOOTH MUSCLE RELAXANTS				
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	TB24, TB12	
	<i>theophylline td</i>	300MG, 200MG, 100MG	TB12	
	UNIPHYL	600MG, 400MG	TB24	
VITAMINS				
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
	<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/5000UNIT/400UNIT	TABS	OTC-Covered w/Rx

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<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	
	<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/0.25MG/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/0.25MG/ML/8MG/ML/0.4MG/ML/0.6MG/ML/0.5MG/ML/1500UNIT/ML/5UNIT/ML	SOLN	
	<i>multi-vitamin drops</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>multivitamin drops/ 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/0.25MG/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>multi-vitamin/fe</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
	<i>multi-vit/ iron/ fluoride</i>	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/12MCG/50MG/1MG/90MG/30MG/20MG/20MG/3.4MG/ 3MG/30UNIT/2700UNIT/ 25MG	TABS	

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>mynatal-z</i>	70MG/200MG/2.2MCG/65MG/ 1MG/100MG/17MG/175MCG/ 2.2MG/1.6MG/65MCG/1.5MG/ 4000UNIT/400UNIT/10UNIT/1 5MG	TABS	
	<i>mynate 90 plus</i>	120MG/250MG/2MG/12MCG/ 50MG/400UNIT/90MG/1MG/2 0MG/0.15MG/20MG/3.4MG/3 MG/4000UNIT/30UNIT/25MG	TBCR	
	NATACHEW	120MG/1000UNIT/400UNIT/ 12MCG/29MG/1MG/20MG/ 10MG/3MG/2MG/11UNIT	CHEW	
	<i>polyvitamin</i>	35MG/ML/2MCG/ML/8MG/ML/ 0.4MG/ML/0.6MG/ML/0.5MG/ ML/1500UNIT/ML/400UNIT/M L/5UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>poly-vitamin/ fluoride</i>	35MG/ML/2MCG/ML/0.5MG/M L/8MG/ML/0.4MG/ML/0.6MG/ ML/0.5MG/ML/1500UNIT/ML/ 400UNIT/ML/5UNIT/ML, 35MG/ML/2MCG/ML/400UNIT /ML/0.25MG/ML/8MG/ML/0.4 MG/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/M L/5UNIT/ML, 35MG/ML/400UNIT/ML/10MG/ ML/8MG/ML/0.4MG/ML/0.6M G/ML/0.5MG/ML/1500UNIT/M L/5UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>poly-vitamin/ iron/ fluoride</i>	35MG/ML/2MCG/ML/0.5MG/M L/10MG/ML/8MG/ML/0.4MG/ ML/0.6MG/ML/0.5MG/ML/150 0UNIT/ML/400UNIT/ML/5UNI T/ML, 35MG/ML/2MCG/ML/0.25MG/ ML/10MG/ML/8MG/ML/0.4MG /ML/0.6MG/ML/0.5MG/ML/150 0UNIT/ML/400UNIT/ML/5UNI T/ML	SOLN	
	<i>poly-vitamin drops</i>	35MG/ML/ 50MCG/ML/ 2MCG/ML/ 8MG/ML/ 3MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML/ 5UNIT/ML	SOLN	OTC-Covered w/Rx
	<i>poly-vitamin/fluoride</i>	35MG/ML/ 50MCG/ML/ 2MCG/ML/ 0.25MG/ML/ 8MG/ML/ 3MG/ML/ 0.4MG/ML/ 0.6MG/ML/ 0.5MG/ML/ 1500UNIT/ML/ 400UNIT/ML/ 5UNIT/ML	SOLN	
	<i>poly-vitamin/iron drops</i>	60MG/ML/ 4.5MCG/ML/ 10MG/ML/ 13.5MG/ML/ 1.05MG/ML/ 1.2MG/ML/ 1.05MG/ML/ 2500UNIT/ML/ 400UNIT/ML/ 11UNIT/ML	SOLN	OTC-Covered w/Rx

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	<i>prenatabs obn</i>	120MG/200MG/400UNIT/8MCG/1MG/29MG/20MG/150MCG/3MG/3MG/3MG/30UNIT/15MG	TABS	
	<i>prenatabs rx</i>	120MG/400UNIT/30MCG/200MG/400UNIT/3MG/8MCG/1MG/29MG/100MG/20MG/7MG/150MCG/3MG/3MG/3MG/30UNIT/15MG	TABS	
	<i>prenatal 19</i>	100MG/1000UNIT/200MG/7MG/12MCG/25MG/29MG/1MG/6MG/20MG/3MG/3MG/400UNIT/30UNIT/20MG	CHEW	
	<i>prenatal low iron</i>	100MG/0/200MG/400UNIT/4MCG/27MG/0.8MG/18MG/2.6MG/1.7MG/1.5MG/400UNIT/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/400UNIT/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/400UNIT/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	
	TRI-VI-SOL/IRON	35MG/ML/ 10MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	OTC-Covered w/Rx
	<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/MG, 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>tri-vitamins</i>	35MG/ML/ 1500UNIT/ML/ 400UNIT/ML	SOLN	OTC-Covered w/Rx

WellCare Health Plan Georgia Preferred Drug List

Class	Product Name	Strengths	Form	Coverage Details
	ULTIMATECARE COMBO	100MG/35MCG/0/0/0/0/45MG/1.3MG/12MCG/260MG/50MG/40MG/30MG/1MG/30MG/30MG/50MCG/20MG/330MG/7MG/50MG/3.4MG/75MCG/35MG/3MG/30UNIT/90MCG/11MG	MISC	
	<i>vinate az</i>	120MG/3000UNIT/30MCG/150MG/8MG/400UNIT/2.5MG/12MCG/27MG/1MG/75MG/20MG/30MG/3.5MG/3MG/30UNIT/15MG	TABS	
	VINATE AZ EXTRA	120MG/3000UNIT/30MCG/8MG/400UNIT/12MCG/29MG/1MG/75MG/20MG/50MG/3.5MG/3MG/30UNIT/15MG	TABS	
	<i>vinate gt</i>	120MG/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	<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>calcitriol</i>	1MCG/ML, 0.5MCG, 0.25MCG	SOLN, CAPS	