

| WellCare of Georgia Preferred Drug List |            |                   |                              |                                       |                                 |   |  |
|---|------------|-------------------|------------------------------|---------------------------------------|---------------------------------|---|--|
| Wellcare Health Plans, Inc. - Georgia   |            |                   |                              |                                       |                                 |   |  |
|   | Cost Index | Quality Indicator | Quantity / Therapeutic Limit | Specific Limitations (Optional Info)  | Generic Name                    | Brand Name  | Update                                 |
| <b>ANALGESICS</b>                       |            |                   |                              |                                       |                                 |   |  |
| <b>Opioid Analgesics</b>                |            |                   |                              |                                       |                                 |   |  |
|   | G          |                   |                              |                                       | Aspirin/Caffeine/Butalbital     | BUTALBITAL COMPOUND, FIORINAL   |  |
|   | G          |                   |                              |                                       | Propoxyphene/APAP               | DARVOCET-N, N-100   |  |
|   | G          |                   |                              |                                       | Propoxyphene                    | DARVON  |  |
|   | G          |                   |                              |                                       | Propoxyphene HCL/ASA/Caffeine   | DARVON COMPOUND 65  | NO LONGER MARKETED-SEPTEMBER 2007      |
|   | G          |                   |                              |                                       | Meperidine                      | DEMEROL   |  |
|   | G          |                   |                              |                                       | Hydromorphone                   | DILAUDID  |  |
|   | G          |                   |                              |                                       | Methadone HCL                   | DOLOPHINE, METHADONE  |  |
|   | G          |                   |                              |                                       | Codeine/ASA                     | EMPIRIN/CODEINE   |  |
|   | G          |                   |                              |                                       | Acetaminophen/Caffeine/Butalb   | FIORICET  |  |
|   | G          |                   |                              |                                       | Butalbital/ASA/Caffeine/Codeine | FIORINAL/CODEINE  | UPDATED-SEPTEMBER 2007                 |
|   | G          | QL                | #248 / 31 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  |  |
|   | G          | QL                | #248 / 31 DS                 |                                       | Oxycodone/APAP                  | PERCOCET, TYLOX, ROXILOX, ENDOCET 5/325, 5/500, 7.5/500   | UPDATED-FEBRUARY 2007                  |
|   | \$\$\$\$   |                   |                              |                                       | Oxycodone/APAP                  | ROXICET(SOLN)   | GENERIC NO LONGER AVAILBLE -APRIL 2008 |
|   | G          | QL                | #248 / 31 DS                 |                                       | Oxycodone/ASA                   | PERCODAN  | UPDATED-JANUARY 2007                   |
|   | G          |                   |                              |                                       | Butalbital W/Acetaminophen      | PHRENILIN, PHRENILIN FORTE  |  |
|   | G          | QL                | #2.5mls / 31 DS              |                                       | 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          | PA, QL            | #10/31 DS                    |                                       | Fentanyl                        | DURAGESIC   | ADDED-MAY 2007                         |
| <b>Non-Opioid Analgesics</b>            |            |                   |                              |                                       |                                 |   |  |
|   | 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          |                   |                              |                                       | Diffunisal                      | DOLOBID   |  |
|   | G          |                   |                              |                                       | Piroxicam                       | FELDENE   |  |
|   | G          |                   |                              |                                       | Indomethacin, SR                | INDOCIN, SR   |  |
|   | G          |                   |                              |                                       | Etodolac                        | LODINE  |  |
|   | OTC        | OTC -COVERED w/RX | Age - OTC Susp               | Suspension covered for < 21 y.o. only | Ibuprofen                       | MOTRIN, SUSP (OTC)  |  |
|   | G          |                   |                              |                                       | Fenoprofen                      | NALFON  |  |
|   | G          |                   |                              |                                       | Naproxen                        | NAPROSYN  |  |
|   | G          |                   |                              |                                       | Ketoprofen                      | ORUDIS  |  |
|   | G          |                   |                              |                                       | Nabumetone                      | RELAFEN   |  |
|   | G          |                   |                              |                                       | Tolmetin                        | TOLECTIN  |  |
|   | G          | QL                | #20 / 31 DS                  | 5 Day supply / rx                     | Ketorolac                       | TORADOL   |  |
|   | G          |                   |                              |                                       | Choline Magnesium Trisalicylate | TRILISATE   |  |
|   | G          |                   |                              |                                       | Meloxicam                       | MOBIC   |  |
|   | G          |                   | 50mg and 75mg                |                                       | Diclofenac Sodium               | VOLTAREN  | UPDATED-JULY 2007                      |

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|   | \$\$\$\$\$\$\$\$ | SE, QL            | #31 / 31 DS                  | History use of 2 generic NSAIDS      | Celecoxib                     | CELEBREX                                       |                                   |
| <b>ANESTHETICS</b>                      |                  |                   |                              |                                      |                               |  |                                   |
|   | G                |                   |                              |                                      | Benzocaine/Antipyrine Otic    | AURALGAN, OTIC, A/B OTIC, AUROTO & RX-OTIC     |                                   |
|   | G                |                   |                              |                                      | Phenazopyridine               | PYRIDIUM                                       |                                   |
|   | G                |                   |                              |                                      | Lidocaine Topical             | XYLOCAINE                                      |                                   |
|   | G                |                   |                              |                                      | Lidocaine Viscous             | XYLOCAINE VISCOUS                              |                                   |
|   | G                |                   |                              |                                      | Lidocaine/Prilocaine          | EMLA   | UPDATED-APRIL 2007                |
| <b>ANTIBACTERIALS - ORAL</b>            |                  |                   |                              |                                      |                               |  |                                   |
| <b>Beta-Lactam, Cephalosporins</b>      |                  |                   |                              |                                      |                               |  |                                   |
|   | 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           |
| <b>Beta-Lactam, Penicillins</b>         |                  |                   |                              |                                      |                               |  |                                   |
|   | 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                             |                                   |
| <b>Macrolides</b>                       |                  |                   |                              |                                      |                               |  |                                   |
|   | 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                   |
| <b>Quinolones</b>                       |                  |                   |                              |                                      |                               |  |                                   |
|   | G                |                   |                              |                                      | Ciprofloxacin                 | CIPRO  |                                   |
|   | \$\$             | QL                | #14/31 DS                    |                                      | Moxifloxacin                  | AVELOX   |                                   |
| <b>Sulfonamides</b>                     |                  |                   |                              |                                      |                               |  |                                   |
|   | G                |                   |                              |                                      | Sulfamethoxazole/Trimethoprim | BACTRIM, DS                                    |                                   |
|   | G                |                   |                              |                                      | Sulfisoxazole                 | GANTRISIN                                      |                                   |
|   | G                |                   |                              |                                      | Erythromycin/Sulfisoxazole    | PEDIAZOLE                                      |                                   |
|   | G                |                   |                              |                                      | Sulfasalazine                 | AZULFIDINE                                     |                                   |

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| <b>Tetracyclines</b>                    | G                |                               |                              |                                      | Doxycycline capsules         | VIBRAMYCIN, VIBRATABS   |                    |
|   | G                |                               |                              |                                      | Minocycline                  | MINOCIN                 |                    |
|   | G                |                               |                              |                                      | Tetracycline                 | ACHROMYCIN, SUMYCIN     |                    |
| <b>Antibacterials, Other</b>            | G                | QL                            | Granules=200ml/3ODS          |                                      | 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                  |                    |
|   | \$\$\$\$\$\$\$\$ | PA                            |                              |                                      | Vancomycin oral              | VANCOCIN                |                    |
| <b>ANTI-CONVULSANTS</b>                 |                  |                               |                              |                                      |                              |                         |                    |
| <b>Benzodiazepines</b>                  | \$\$\$\$         |                               |                              |                                      | Diazepam                     | DIASTAT                 |                    |
| <b>Calcium Channel Modifying Agents</b> | G                |                               |                              |                                      | Ethosuximide                 | ZARONTIN                |                    |
|   | G                |                               |                              |                                      | Zonisamide                   | ZONEGRAN                |                    |
| <b>GABA Augmenting Agents</b>           | G                |                               |                              |                                      | Valproic Acid                | DEPAKENE                |                    |
|   | G                |                               |                              |                                      | Primidone                    | MYSOLINE                |                    |
|   | \$\$\$\$         |                               |                              |                                      | Divalproex                   | DEPAKOTE, ER, SPRINKLES |                    |
|   | \$\$\$\$         |                               |                              |                                      | Tiagabine                    | GABITRIL                |                    |
|   | G                |                               |                              |                                      | Gabapentin                   | NEURONTIN               |                    |
| <b>Glutamate Reducing Agents</b>        | \$\$\$\$         | FDA APPROVED INDICATIONS ONLY |                              |                                      | Lamotrigene                  | LAMICTAL                |                    |
|   | \$\$\$\$         | FDA APPROVED INDICATIONS ONLY |                              |                                      | Topiramate                   | TOPAMAX                 |                    |
| <b>Sodium Channel Inhibitors</b>        | G                |                               |                              |                                      | Phenytoin                    | DILANTIN                |                    |
|   | \$               |                               |                              |                                      | Phenytoin extended release   | PHENYTEK                | ADDED-MARCH 2007   |
|   | G                |                               |                              |                                      | Carbamazepine                | TEGRETOL                |                    |
|   | \$\$\$\$         |                               |                              |                                      | Carbamazepine XR             | CARBATROL               |                    |
|   | \$\$\$\$         |                               |                              |                                      | Levetiracetam                | KEPPRA                  |                    |
|   | \$\$\$\$         |                               |                              |                                      | Ethotoin                     | PEGANONE                |                    |
|   | G                |                               |                              |                                      | Oxcarbazepine                | TRILEPTAL               |                    |
| <b>ANTIDEMENTIA</b>                     |                  |                               |                              |                                      |                              |                         |                    |
| <b>Cholinesterase Inhibitors</b>        | \$\$\$\$         |                               |                              |                                      | Donepezil Hcl                | ARICEPT, ODT            | UPDATED-MAY 2007   |
|   | \$\$\$\$         |                               | Tablets and Solution         |                                      | Rivastigmine                 | EXELON                  | UPDATED-APRIL 2008 |

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| Antidementia Agents, Other                 | G          |                   |  |   | Ergoloid Mesylates                          | HYDERGINE                 |                        |
| <b>ANTIDEPRESSANTS</b>                     |            |                   |  |   |   |                           |                        |
| MAO Inhibitors                             | \$\$\$\$   |                   |  |   | Phenelzine                                  | NARDIL                    |                        |
|  | G          |                   |  |   | Tranylcypromine                             | PARNATE                   |                        |
| Reuptake Inhibitors                        |            |                   |  |   |   |                           |                        |
|  | G          |                   |  |   | Citalopram                                  | CELEXA                    |                        |
|  | G          |                   | Tablets and Suspension                 |   | Paroxetine                                  | PAXIL                     | UPDATED-AUGUST 2007    |
|  | G          |                   |  | 10mg & 20 mg Capsules ONLY              | Fluoxetine                                  | PROZAC                    | UPDATED-MARCH 2007     |
|  | G          |                   |  |   | Sertraline                                  | ZOLOFT                    | UPDATED-JULY 2007      |
|  | \$\$\$\$\$ | QL                | #31 / 31 DS                            |   | Paroxetine (extended release)               | PAXIL CR                  |                        |
| Antidepressants, Other                     | G          |                   |  |   | Clomipramine                                | ANAFRANIL                 |                        |
|  | G          |                   |  |   | Amoxapine                                   | ASENDIN                   |                        |
|  | G          |                   |  |   | Trazodone                                   | DESYREL                   |                        |
|  | G          |                   |  |   | Amitriptyline                               | ELAVIL                    |                        |
|  | 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  |
|  | G          |                   |  |   | Venlafaxine                                 | EFFEXOR                   |                        |
|  | \$\$\$     |                   |  |   | Bupropion (extended release)                | WELLBUTRIN XL             | UPDATED-FEBRUARY 2007  |
| <b>ANTIEMETICS</b>                         |            |                   |  |   |   |                           |                        |
|  | OTC        | OTC -COVERED w/RX |  |   | Meclizine                                   | ANTIVERT, OTC             |                        |
|  | 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                 |                        |
|  | G          | QL                | 4mg or 8mg=#12/31DS;<br>Sol=100ml/31DS | 24mg=#1/31DS                            | Ondansetron                                 | ZOFRAN                    | UPDATED-SEPTEMBER 2007 |
| <b>ANTIFUNGALS</b>                         |            |                   |  |   |   |                           |                        |
|  | G          | QL                | 150mg=#2 /31                           |   | Fluconazole                                 | DIFLUCAN                  | UPDATED-MAY 2007       |

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|   | G          |                   |                              |                                      | Nystatin oral                                   | MYCOSTATIN  |                      |
|   | \$\$\$     |                   |                              |                                      | Griseofulvin                                    | GRISPEG, GRIFULVIN V (SUSP)   |                      |
|   | \$\$\$\$\$ |                   |                              |                                      | Clotrimazole                                    | MYCELEX TROCHE  |                      |
|   | G          |                   |                              |                                      | Ketoconazole                                    | NIZORAL   |                      |
|   | G          | PA                |                              |                                      | Terbinafine                                     | LAMISIL   | UPDATED-JULY 2007    |
| <b>ANTIGOUT</b>   |            |                   |                              |                                      |   |   |                      |
|   | G          |                   |                              |                                      | Probenecid                                      | BENEMID   |                      |
|   | G          |                   |                              |                                      | Colchicine/Probenecid                           | COL-BENEMID   |                      |
|   | G          |                   |                              |                                      | Colchicine                                      | COLCHICINE  |                      |
|   | G          |                   |                              |                                      | Allopurinol                                     | ZYLOPRIM  |                      |
| <b>ANTIHISTAMINE DRUGS, ANTITUSSIVES, EXPECTORANTS, AND MUCOLYTIC AGENTS</b>  |            |                   |                              |                                      |   |   |                      |
| <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> |            |                   |                              |                                      |   |   |                      |
| <b>Antihistamine</b>  | 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   |                      |
| <b>Decongestant</b>   | G          |                   |                              |                                      | Phenylephrine                                   | LUSONAL   |                      |
| <b>Decongestant/ Expectorant</b>  | G          |                   |                              |                                      | Guaifenesin/Pseudoephedrine                     | DURASAL II, ENTEX PSE & GUAIFEN-PSE, AMITEX LA, KGS-PE, AMBI, WELLBID-D |                      |
| <b>Antihistamine/Decongestant</b>   | G          |                   |                              |                                      | Brompheniramine/Pseudoephedrine                 | PSEBROM-PD, IOFED-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, PHEN-TUSS AD   |                      |
|   | G          |                   |                              |                                      | Chlorpheniramine / Pseudoephedrine              | PEDIOX CHEWABLE, DE-CONGESTINE, - LO-HIST 12 D                          | UPDATED- MARCH 2007  |
| <b>Antitussives (Non-Narcotic)</b>  | G          |                   |                              |                                      | Promethazine/ Dextromethorphan                  | PROMETHAZINE DM   |                      |
|   | G          |                   |                              |                                      | Benzonatate                                     | TESSALON PERLES   |                      |
| <b>Antitussives (Non Narcotic) / Expectorant</b>  |            |                   |                              |                                      |   |   |                      |
|   | \$         |                   |                              |                                      | 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   |
| <b>Antitussives (Non-Narcotic) / Antihistamine</b>  | G          |                   |                              |                                      | Carbetapentane tannate/Chlorpheniramine tannate | TUSSI-12 S, TANNIC-12, TANNIHIST-12                                     |                      |

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| <b>Antitussives (Non-Narcotic) / Decongestant</b>                               | G          |                   |                              |                                      | Carbetapentane/ Pseudoephedrine  | RESPI-TANN, RESPI-TANN G, RESPI-TANN PD  | ADDED- September 2007 |
|   | G          |                   |                              |                                      | Brompheniramine/ Dextromethorphan/ Phenylephrine                           | ALACOL DM  | ADDED- September 2007 |
| <b>Antitussives (Non-Narcotic) / Decongestant / Expectorant</b>                 | G          |                   |                              |                                      | Dextromethorphan / Guaifenesin / Pseudoephedrine                           | MAXIFED DM, MAXIFED DMX  | ADDED-October 2007    |
| <b>Antitussives (Non-Narcotic) / Antihistamine / Decongestant / Expectorant</b> | 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                           | UPDATED-JANUARY 2007  |
|   | \$\$\$     |                   |                              |                                      | Dextromethorphan /Guaifenesin /Phenylephrine HCl/ Chlorpheniramine maleate | DONATUSSIN   |                       |
| <b>Antitussives - Narcotic</b>  | G          |                   |                              |                                      | Hydrocodone  | HYCODAN, TUSSIGON  |                       |
| <b>Antitussives (Narcotic) / Antihistamine</b>                                  | G          |                   |                              |                                      | Codeine/ Promethazine liquid   | PROMETHAZINE/CODEINE   |                       |
| <b>Antitussives (Narcotic) / Decongestant</b>                                   | G          |                   |                              |                                      | Hydrocodone/Pseudoephedrine  | DETUSSIN SOLUTION  |                       |
|   | G          |                   |                              |                                      | Hydrocodone/Phenylephrine  | LORTUSS HC LIQUID, TUSDEC-HC   | UPDATED-JANUARY 2007  |
| <b>Antitussives (Narcotic) / Antihistamine / Decongestant</b>                   | G          |                   |                              |                                      | Hydrocodone/ Chlorpheniramine/ Phenylephrine                               | ATUSS HC, ATUSS MS, HISTUSSIN HC, RELASIN HC   | UPDATED-JANUARY 2007  |
|   | G          |                   |                              |                                      | Hydrocodone/ Chlorpheniramine/ Pseudoephedrine                             | HISTINEX PV, HYDRON PSC LIQUID   |                       |
|   | G          |                   |                              |                                      | Codeine/Chlorpheniramine/Pseudoephedrine                                   | PHENYLHISTINE DH, RYNA-C   |                       |
|   | G          |                   |                              |                                      | Codeine/ Promethazine /Phenylephrine/                                      | PROMETHAZINE VC W/CODEINE  |                       |
| <b>Antitussives (Narcotic) / Expectorant</b>                                    | 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 AC, TUSSI-ORGNADIN-S-NR | UPDATED-JANUARY 2007  |
| <b>Antitussives (Narcotic) / Decongestant/ Expectorant</b>                      | 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 DAC                                   |                       |
| <b>ANTI-INFLAMMATORIES</b>  |            |                   |                              |                                      |  |  |                       |
| <b>Glucocorticoids</b>  | G          |                   |                              |                                      | Hydrocortisone   | CORTEF   |                       |
|   | G          |                   |                              |                                      | Cortisone Acetate  | CORTONE  |                       |

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|   | Cost Index   | Quality Indicator | Quantity / Therapeutic Limit | Specific Limitations (Optional Info) | Generic Name                          | Brand Name                  | Update  |
|   | 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                    |   |
| <b>ANTIMIGRAINES</b>                    |              |                   |                              |                                      |                                       |                             |   |
| <b>Anti-Abortive</b>                    |              |                   |                              |                                      |                                       |                             |   |
|   | G            |                   |                              |                                      | Ergotamine w/PB Belladonna            | BEL-PHEN-ERGOT-S            | NO LONGER MARKETED-SEPTEMBER 2007             |
|   | \$\$\$       |                   |                              |                                      | Ergotamine Tartrate                   | ERGOMAR                     | NAME CHANGE-SEPTEMBER 2007 (NO GENERIC AVAIL) |
|   | G            |                   |                              |                                      | Ergotamine Tartrate                   | ERGOSTAT                    |   |
|   | G            |                   |                              |                                      | APAP/Dichloralphenazone/Isometheptene | MIDRIN                      |   |
|   | \$\$\$\$\$   | QL                | #12 tablets / 31 DS          | 2 boxes of 6 tablets                 | Rizatriptan                           | MAXALT                      |   |
|   | \$\$\$\$\$   | QL                | #8mls / 31 DS                | 2 boxes of 4ml                       | Dihydroergotamine mesylate            | MIGRANAL                    |   |
|   | \$\$\$\$\$   | QL                | #12 / 31 DS                  | 2 boxes of 6 tablets                 | Eletriptan                            | RELPAK                      |   |
|   | \$\$\$\$\$\$ | QL                | #6 cartridges / 31 DS        | 3 boxes of 2 cartridges              | Sumatriptan                           | IMITREX Inj                 |   |
|   | \$\$\$\$\$\$ | QL                | #6 spray units / 31 DS       | 1 box of 6 spray units               | Sumatriptan                           | IMITREX Nasal Spray         |   |
|   | \$\$\$\$\$\$ | QL                | #9 tablets / 31 DS           | 1 box of 9 tablets                   | Sumatriptan                           | IMITREX Tabs                |   |
| <b>Prophylactic</b>                     |              |                   |                              |                                      |                                       |                             |   |
|   | G            |                   |                              |                                      | Propranolol hydrochloride             | INDERAL tabs                |   |
|   | G            |                   |                              |                                      | Propranolol hydrochloride ER          | INDERAL LA                  | UPDATED-JANUARY 2007                          |
|   | \$\$\$\$\$   |                   |                              |                                      | Divalproex                            | DEPAKOTE, ER                |   |
| <b>ANTIMYCOBACTERIALS</b>               |              |                   |                              |                                      |                                       |                             |   |
| <b>Antituberculars</b>                  |              |                   |                              |                                      |                                       |                             |   |
|   | G            |                   |                              |                                      | Isoniazid                             | INH, ISONIAZID              |   |
|   | G            |                   |                              |                                      | Pyrazinamide                          | PYRAZINAMIDE                |   |
|   | \$\$\$\$\$   |                   |                              |                                      | Rifampin                              | RIFADIN                     |   |
| <b>Antimycobacterials, Other</b>        |              |                   |                              |                                      |                                       |                             |   |
|   | \$\$\$\$\$   |                   |                              |                                      | Dapsone                               | DAPSONE                     |   |
|   | \$\$\$\$\$   |                   |                              |                                      | Rifabutin                             | MYCOBUTIN                   |   |
| <b>ANTINEOPLASTICS</b>                  |              |                   |                              |                                      |                                       |                             |   |
| <b>Aromatase Inhibitors</b>             |              |                   |                              |                                      |                                       |                             |   |
|   | \$\$\$\$\$   |                   |                              |                                      | Anastrozole                           | ARIMIDEX                    |   |
| <b>Antimetabolites</b>                  |              |                   |                              |                                      |                                       |                             |   |
|   | G            |                   |                              |                                      | Hydroxyurea                           | HYDREA                      |   |
|   | G            |                   |                              |                                      | Methotrexate, Methotrexate Inj        | RHEUMATREX                  | Updated-October 2007                          |
| <b>Miscellaneous Antineoplastics</b>    |              |                   |                              |                                      |                                       |                             |   |
|   | \$\$\$       |                   |                              |                                      | Mitotane                              | LYSODREN                    |   |
| <b>Alkylating Agents</b>                |              |                   |                              |                                      |                                       |                             |   |
|   | \$\$\$\$     |                   |                              |                                      | Busulfan                              | MYLERAN, BUSULFEX           |   |
|   | \$\$\$\$\$   |                   |                              |                                      | Estramustine Phosphate Sodium         | EMCYT                       |   |
|   | \$\$\$\$\$\$ |                   |                              |                                      | Altretamine                           | HEXALEN                     |   |
|   | \$\$\$\$\$\$ |                   |                              |                                      | Chlorambucil                          | LEUKERAN                    |   |
|   | \$\$\$\$\$\$ |                   |                              |                                      | Cyclophosphamide                      | CYTOXAN                     |   |

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|   | Cost Index       | Quality Indicator | Quantity / Therapeutic Limit | Specific Limitations (Optional Info) | Generic Name                   | Brand Name                  | Update                            |
|   | \$\$\$\$\$\$\$\$ |                   |                              |                                      | Melphalan                      | ALKERAN                     |                                   |
|   | \$\$\$\$\$\$\$\$ |                   |                              |                                      | Lomustine                      | CEENU                       |                                   |
| <b>Antibiotics</b>                      | \$\$\$\$         |                   |                              |                                      | Bleomycin                      | BLENOXANE                   |                                   |
|   | \$\$\$\$\$\$     |                   |                              |                                      | Dactinomycin                   | COSMEGEN                    |                                   |
|   | \$\$\$\$\$\$     |                   |                              |                                      | Mitomycin                      | MUTAMYCIN                   |                                   |
|   | \$\$\$\$\$\$     |                   |                              |                                      | Daunorubicin Citrate Liposomal | DAUNOXOME                   |                                   |
| <b>Antimetabolites</b>                  | G                |                   |                              |                                      | Allopurinol                    | ZYLOPRIM                    |                                   |
|   | \$\$\$\$         |                   |                              |                                      | Mercaptopurine                 | PURINETHOL                  |                                   |
|   | \$\$\$\$         |                   |                              |                                      | Thioguanine                    | TABLOID                     |                                   |
|   | \$\$\$\$         |                   |                              |                                      | Cytarabine                     |                             |                                   |
|   | \$\$\$\$\$\$     |                   |                              |                                      | Fluorouracil                   | ADRUCIL                     |                                   |
|   | \$\$\$\$\$\$     | PA                |                              |                                      | Capecitabine                   | XELODA                      |                                   |
| <b>Antimitotic Agents</b>               | \$\$\$\$         |                   |                              |                                      | Vinblastine Sulfate            | VELBAN                      |                                   |
|   | \$\$\$\$         |                   |                              |                                      | Vincristine Sulfate            | VINCASAR                    |                                   |
|   | \$\$\$\$         |                   |                              |                                      | Vinorelbine Tartrate           | NAVELBINE                   |                                   |
| <b>Biological Response Modifiers</b>    | \$\$             |                   |                              |                                      | Levamisole HCl                 | ERGAMISOL                   | NO LONGER MARKETED-SEPTEMBER 2007 |
|   | \$\$             | PA                |                              |                                      | Interferon Beta-1a             | REBBIF                      | ADDED-MAY 2007                    |
| <b>Epipodophyllotoxins</b>              | \$\$\$\$         |                   |                              |                                      | Etoposide                      | VEPESID, TOPOSAR, ETOPOPHOS |                                   |
| <b>Platinum Coordination Complex</b>    | \$\$\$\$         |                   |                              |                                      | Carboplatin                    | PARAPLATIN                  |                                   |
|   | \$\$\$\$         |                   |                              |                                      | Cisplatin                      | PLATINOL                    |                                   |
|   | \$\$\$\$         |                   |                              |                                      | Oxaliplatin                    | ELOXATIN                    |                                   |
| <b>Misc.</b>                            | G                |                   |                              |                                      | Leucovorin Calcium             | WELLCOVORIN                 |                                   |
| <b>ANTIPARASITICS</b>                   |                  |                   |                              |                                      |                                |                             |                                   |
| <b>Anthelmintics</b>                    | \$\$\$           |                   |                              |                                      | Pyrantel pamoate               | ANTIMINTH                   |                                   |
|   | G                | QL                | #2 tablets / 31 DS           |                                      | Mebendazole                    | VERMOX                      |                                   |
|   | \$\$\$\$         |                   |                              |                                      | Thiabendazole                  | MINTEZOL                    |                                   |
| <b>Antiprotozoals</b>                   | G                |                   |                              |                                      | Hydroxychloroquine             | PLAQUENIL                   |                                   |
|   | \$\$             |                   |                              |                                      | Pyrimethamine                  | DARAPRIM                    |                                   |
|   | \$\$\$           |                   |                              |                                      | Primaquine                     | PRIMAQUINE                  |                                   |
|   | \$\$\$\$\$\$     |                   |                              |                                      | Mefloquine                     | LARIAM                      |                                   |
|   | \$\$\$\$\$\$     |                   |                              |                                      | Atovaquone/Proguanil           | MALARONE                    |                                   |
| <b>Pediculicides/Scabicides</b>         | OTC              | OTC-Covered w/RX  |                              |                                      | Permethrin                     | NIX, RID- COVERED WITH A RX | UPDATED-JANUARY 2007              |
|   | \$\$\$           | QL                | #60mls / 31 DS               |                                      | Malathion                      | OVIDE                       |                                   |
|   | G                |                   |                              |                                      | Permethrin                     | ELIMITE                     |                                   |
|   | \$\$\$\$         |                   |                              |                                      | Crotamiton                     | EURAX LOTION                |                                   |
| <b>ANTIPARKINSON AGENTS</b>             |                  |                   |                              |                                      |                                |                             |                                   |
| <b>Dopamine Agonists</b>                | G                |                   |                              |                                      | Carbidopa/Levodopa             | SINEMET                     |                                   |
|   | G                |                   |                              |                                      | Carbidopa/Levodopa CR          | SINEMET, -CR                |                                   |
|   | G                | QL                | #62 / 31 DS                  |                                      | Amantadine                     | SYMMETREL                   |                                   |

| WellCare of Georgia Preferred Drug List                                 |                |                   |   |                                      |   |                          |                                   |
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|   | Cost Index     | Quality Indicator | Quantity / Therapeutic Limit                        | Specific Limitations (Optional Info) | Generic Name                            | Brand Name               | Update                            |
|   | \$\$\$\$       |                   |   |                                      | Pramipexole Di-Hcl                      | MIRAPEX                  |                                   |
|   | \$\$\$\$       |                   |   |                                      | Ropinirole Hcl                          | REQUIP                   |                                   |
|   | \$\$\$\$\$     |                   |   |                                      | Pergolide                               | PERMAX                   |                                   |
| <b>Antiparkinson Agents, Other</b>                                      | G              |                   |   |                                      | Trihexyphenidyl                         | ARTANE                   |                                   |
|   | G              |                   |   |                                      | Benztropine                             | COGENTIN                 |                                   |
|   | G              |                   |   |                                      | Selegiline                              | ELDEPRYL                 |                                   |
|   | G              |                   |   |                                      | Bromocriptine                           | PARLODEL                 |                                   |
| <b>ANTIPSYCHOTICS</b>   |                |                   |   |                                      |   |                          |                                   |
| <b>Non-Phenothiazines</b>   | G              |                   |   |                                      | Haloperidol                             | HALDOL, HALDOL DECANOATE |                                   |
|   | G              |                   |   |                                      | Loxapine                                | LOXITANE                 |                                   |
|   | G              |                   |   |                                      | Thiothixene                             | NAVANE                   |                                   |
|   | \$\$\$\$       |                   |   |                                      | Molindone                               | MOBAN                    |                                   |
|   | \$\$\$\$       |                   |   |                                      | Pimozide                                | ORAP                     |                                   |
|   | \$\$\$\$\$     |                   |   |                                      | Clozapine                               | CLOZARIL, FAZACLO        | UPDATED- November 2007            |
|   | \$\$\$\$\$     | QL, AGE           | #62 tablets / 31 DS # 2 syringes / 31 DS for Consta |                                      | Risperidone                             | RISPERDAL , RISPERDAL-M  | UPDATED-APRIL 2008                |
|   | \$\$\$\$\$\$\$ | QL:Age            | #62 / 31DS  | Not FDA indicated for < 12 years old | Quetiapine                              | SEROQUEL, XR             | UPDATED-AUGUST 2007               |
| <b>Phenothiazines</b>   | 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                 |                                   |
|   | \$\$\$\$       |                   |   |                                      | Mesoridazine                            | SERENTIL                 | NO LONGER MARKETED-SEPTEMBER 2007 |
| <b>ANTIVIRALS</b>   |                |                   |   |                                      |   |                          |                                   |
| <b>CMV Agents</b>   | G              |                   |   |                                      | Ganciclovir                             | CYTOVENE                 |                                   |
| <b>Antiherpetic Agents</b>  | G              |                   |   |                                      | Acyclovir                               | ZOVIRAX                  |                                   |
|   | \$\$\$\$       |                   |   |                                      | Valacyclovir                            | VALTREX                  |                                   |
| <b>Anti-HIV Agents, Fusion Inhibitors</b>                               | \$\$\$\$\$     | QL                | #1 kit / 31 DS                                      |                                      | Enfuvirtide                             | FUZEON                   |                                   |
|   | \$\$\$\$\$     | PA                |   |                                      | Maraviroc                               | SELZENTRY                | ADDED-SEPTEMBER 2007              |
| <b>Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors</b> | \$\$\$\$\$     |                   |   |                                      | Etravirine                              | INTELENCE                | ADDED-January 2008                |
|   | \$\$\$\$\$     |                   |   |                                      | Delavirdine Mesylate                    | RESCRIPTOR               |                                   |
|   | \$\$\$\$\$     |                   |   |                                      | Nevirapine                              | VIRAMUNE                 |                                   |
|   | \$\$\$\$\$     |                   |   |                                      | Efavirenz                               | SUSTIVA                  |                                   |

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|  | Cost Index | Quality Indicator | Quantity / Therapeutic Limit  | Specific Limitations (Optional Info)             | Generic Name                           | Brand Name          | Update                            |
|--|------------|-------------------|---|--|--|---------------------|-----------------------------------|
| <b>Anti-HIV Agents, Nucleoside and Non-nucleoside Reverse Transcriptase Inhibitors</b> | \$\$\$\$   |                   |   |  | Lamivudine (3TC)                       | EPIVIR, HBV         | UPDATED- March 2008               |
|  | \$\$\$\$   |                   |   |  | Zalcitabine (DDC)                      | HIVID               | NO LONGER MARKETED-SEPTEMBER 2007 |
|  | \$\$\$\$   |                   |   |  | Zidovudine (AZT)                       | RETROVIR            |                                   |
|  | \$\$\$\$   |                   |   |  | Didanosine (DDI)                       | VIDEX               |                                   |
|  | \$\$\$\$   |                   |   |  | Tenofovir Disoproxil Fumarate          | VIREAD              |                                   |
|  | \$\$\$\$   |                   |   |  | Stavudine (D4T)                        | ZERIT               |                                   |
|  | \$\$\$\$   |                   |   |  | Abacavir                               | ZIAGEN              |                                   |
|  | \$\$\$\$   |                   |   |  | Zidovudine/Lamivudine                  | COMBIVIR            |                                   |
|  | \$\$\$\$   | QL                | #31 / 31 DS   |  | Emtricitabine                          | EMTRIVA             |                                   |
|  | \$\$\$\$   | QL                | #62 / 31 DS   |  | Abacavir Sulfate/Lamivudine/Zidovudine | TRIZIVIR            |                                   |
|  | \$\$\$\$   | QL                | #31 / 31 DS   |  | Emtricitabine/ Tenofovir               | TRUVADA             |                                   |
|  | \$\$\$\$   | QL                | #31 / 31 DS   |  | Abacavir/ Lamivudine                   | EPZICOM             |                                   |
|  | \$\$\$\$   |                   |   |  | Efavirenz/Emtricitabine/Tenofovir      | ATRIPLA             |                                   |
| <b>Anti-HIV Agents, Protease Inhibitors</b>  | \$\$\$\$   |                   |   |  | Indinavir                              | CRIVIAN             |                                   |
|  | \$\$\$\$   |                   |   |  | Saquinavir                             | FORTOVASE           | NO LONGER MARKETED-SEPTEMBER 2007 |
|  | \$\$\$\$   |                   |   |  | Saquinavir                             | INVIRASE            |                                   |
|  | \$\$\$\$   | QL                | #124 tablets / 31 DS  | 320ml / 31 DS for soln                           | Lopinavir/ritonavir                    | KALETRA             |                                   |
|  | \$\$\$\$   |                   |   |  | Ritonavir                              | NORVIR              |                                   |
|  | \$\$\$\$   |                   |   |  | Darunavir                              | PREZISTA            |                                   |
|  | \$\$\$\$   | QL                | #310 / 31 DS  |  | Nelfinavir Mesylate                    | VIRACEPT            |                                   |
|  | \$\$\$\$   |                   |   |  | Amprenavir                             | AGENERASE           |                                   |
|  | \$\$\$\$   | QL                | #124 / 31 DS  |  | Fosamprenavir                          | LEXIVA              |                                   |
|  | \$\$\$\$   | QL                | #62 / 31 DS   |  | Atazanavir Sulfate                     | REYATAZ             |                                   |
|  | \$\$\$\$   |                   |   |  | Tipranavir                             | APTIVUS             | ADDED-MARCH 2007                  |
| <b>Anti-Influenza Agents</b>   | G          |                   |   |  | Rimantadine HCL                        | FLUMADINE           |                                   |
|  | G          |                   |   |  | Amantadine                             | SYMMETREL           |                                   |
|  | G          | PA, QL            | #10 capsules / 31 DS<br>75ml / 31 DS  | #20 caps / 6 months<br>250ml / 6 months for susp | Oseltamivir                            | TAMIFLU, SUSP, CAPS |                                   |
| <b>Antivirals, Other</b>   | \$\$\$     |                   |   |  | Ribavirin caps                         | COPEGUS             |                                   |
| <b>Hepatitis B Agents</b>  | \$\$\$     |                   |   |  | Lamivudine, 3TC                        | EPIVIR HBV          |                                   |
|  | \$\$\$\$   | PA                |   |  | Adefovir                               | HEPSERA             |                                   |
| <b>ANXIOLYTICS</b>   |            |                   |   |  |  |                     |                                   |
|  | G          | QL, AGE           | For ≥21 years old, only 3 rx fills / 365 DS<br>Not covered for ≥ 21 years old | Covered for <21 y.o.                             | Lorazepam                              | ATIVAN              |                                   |
|  | G          | AGE               | For ≥21 years old, only 3 rx fills / 365 DS                                   | Covered for <21 y.o.                             | Clonazepam                             | KLONOPIN            |                                   |
|  | G          | QL, AGE           | For ≥21 years old, only 3 rx fills / 365 DS                                   | Covered for <21 y.o.                             | Chlordiazepoxide                       | LIBRIUM             |                                   |
|  | G          | QL, AGE           | For ≥21 years old, only 3 rx fills / 365 DS                                   | Covered for <21 y.o.                             | Oxazepam                               | SERAX               |                                   |

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|   | Cost Index     | Quality Indicator | Quantity / Therapeutic Limit                | Specific Limitations (Optional Info) | Generic Name                 | Brand Name                      | Update               |
|   | G              | QL, AGE           | For ≥21 years old, only 3 rx fills / 365 DS | Covered for <21 y.o.                 | Diazepam                     | VALIUM                          |                      |
|   | G              | QL, AGE           | For ≥21 years old, only 3 rx fills / 365 DS | Covered for <21 y.o.                 | Alprazolam                   | XANAX                           |                      |
|   | G              | QL, AGE           | For ≥21 years old, only 3 rx fills / 365 DS | Covered for <21 y.o.                 | Clorazepate                  | TRANXENE                        |                      |
| <b>Anxiolytics, Other</b>               | G              |                   |   |                                      | Buspirone                    | BUSPAR                          |                      |
| <b>AUTONOMIC AGENTS</b>                 |                |                   |   |                                      |                              |                                 |                      |
| <b>Parasympatholytics</b>               | \$\$\$\$\$     |                   |   |                                      | Pyridostigmine               | MESTINON                        |                      |
| <b>Parasympathomimetics</b>             | G              |                   |   |                                      | Bethanechol                  | URECHOLINE                      |                      |
|   | \$\$\$\$\$     |                   |   |                                      | Neostigmine Bromide          | PROSTIGMIN                      |                      |
| <b>Sympathomimetics</b>                 | G              |                   |   |                                      | Methyldopa                   | ALDOMET                         |                      |
|   | G              |                   |   |                                      | Methyldopa/HCTZ              | ALDORIL                         |                      |
|   | G              |                   |   |                                      | Clonidine                    | CATAPRES                        |                      |
|   | G              |                   |   |                                      | Clonidine HCL/Chlorthalidone | CLORPRES                        |                      |
|   | G              |                   |   |                                      | Guanfacine                   | TENEX                           |                      |
|   | \$\$\$\$\$     | QL                | #2 injectors/ 31 DS                         |                                      | Epinephrine                  | EPIPEN, EPIPEN JR               |                      |
| <b>BIPOLAR AGENTS</b>                   | G              |                   |   |                                      | Lithium Carbonate            | ESKALITH, LITHOBID              |                      |
|   | \$\$           |                   |   |                                      | Lithium Carbonate            | ESKALITH CR                     |                      |
|   | \$\$\$\$\$     |                   |   |                                      | Divalproex                   | DEPAKOTE, ER                    |                      |
| <b>BLOOD GLUCOSE REGULATORS</b>         |                |                   |   |                                      |                              |                                 |                      |
| <b>Antihypoglycemics</b>                | G              |                   |   |                                      | Glyburide                    | DIABETA, MICRONASE              |                      |
|   | G              |                   |   |                                      | Glyburide/Metformin          | GLUCOVANCE                      |                      |
|   | G              |                   |   |                                      | Chlorpropamide               | DIABINESE                       |                      |
|   | G              |                   |   |                                      | Glipizide                    | GLUCOTROL                       |                      |
|   | G              |                   |   |                                      | Glyburide, micronized        | GLYNASE PRESTAB                 |                      |
|   | G              |                   |   |                                      | Glimepiride                  | AMARYL                          |                      |
|   | \$\$           |                   |   |                                      | Metformin                    | GLUCOPHAGE, XR, FORTAMET        | UPDATED- MARCH 2007  |
|   | \$\$           |                   |   |                                      | Glipizide XL                 | GLUCOTROL XL                    |                      |
|   | \$\$\$\$       |                   |   |                                      | Acarbose                     | PRECOSE                         |                      |
|   | \$\$\$\$       |                   |   |                                      | Repaglinide                  | PRANDIN                         |                      |
|   | \$\$\$\$\$\$\$ |                   |   |                                      | Rosiglitazone/Metformin HCL  | AVANDAMET                       | UPDATED- MARCH 2007  |
|   | \$\$\$\$\$\$\$ |                   |   |                                      | Rosiglitazone                | AVANDIA                         | UPDATED- MARCH 2007  |
|   | \$\$\$\$\$\$\$ |                   |   |                                      | Rosiglitazone/glimepiride    | AVANDARYL                       |                      |
|   | \$\$\$\$\$\$\$ |                   |   |                                      | Pioglitazone                 | ACTOS                           | ADDED-MAY 2007       |
|   | \$\$\$\$\$\$\$ |                   |   |                                      | Pioglitazone/Metformin       | ACTOPLUS MET                    | ADDED-MAY 2007       |
|   | \$\$\$\$\$\$\$ | PA                |   |                                      | Sitagliptin                  | JANUVIA                         | ADDED-JUNE 2007      |
|   | \$\$\$\$\$\$\$ | PA                |   |                                      | Sitagliptin/Metformin        | JANUMET                         | ADDED-JUNE 2007      |
| <b>Insulins</b>                         | \$\$\$         |                   |   |                                      | Insulin Lispro               | HUMULIN, HUMALOG, PENS          | Added-September 2007 |
|   | \$\$\$\$       |                   |   |                                      | Insulin Glargine             | LANTUS, SOLOSTAR                |                      |
| <b>Glucose Meters and Strips</b>        | G              | QL                | #200 / 31 DS                                |                                      | Lancets                      | MULTICLIX, SOFTCLIX, SOFT TOUCH |                      |

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|   | Cost Index     | Quality Indicator   | Quantity / Therapeutic Limit | Specific Limitations (Optional Info) | Generic Name                 | Brand Name   | Update          |
|   | G              | QL  | #100 / 31 DS                 |                                      | Syringes                     | ACCUSURE, AIMSCO, B-L, CARE ONE ULTIGUARD, EXEL, FIRST CHOICE, RELION, SURE-JECT, STORE BRAND  |                 |
|   | \$\$\$\$       | QL  | #100 / 31 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 through mail only: Accu-chek 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     |                 |
| <b>Diabetic Miscellaneous</b>               | \$\$\$\$       | QL  | #2 syringes / 31 DS          |                                      | Glucagon                     | GLUCAGON   |                 |
|   | OTC            | OTC -COVERED w/RX   | #100 / 31 DS                 |                                      | Urine Glucose Test strips    | CHEMSTRIP BG, CLINISTIX, DIASTIX   |                 |
| <b>BLOOD PRODUCTS, MODIFIERS, EXPANDERS</b> |                |   |                              |                                      |                              |  |                 |
| <b>Anticoagulants</b>                       | G              |   |                              |                                      | Warfarin Sodium              | COUMADIN   |                 |
|   | \$\$\$\$\$\$\$ | QL  | #20 syringes / 31 DS         |                                      | Enoxaparin                   | LOVENOX  |                 |
|   | \$\$\$\$\$\$\$ |   |                              |                                      | Fondaparinux                 | ARIXTRA  | ADDED-JUNE 2007 |
| <b>Platelet Aggregation Inhibitors</b>      | OTC            | OTC -COVERED w/RX   |                              |                                      | Aspirin                      | ASPIRIN  |                 |
|   | G              |   |                              |                                      | Dipyridamole                 | PERSANTINE   |                 |
|   | \$\$\$\$\$\$\$ |   |                              |                                      | Anagrelide                   | AGRYLIN  |                 |
|   | \$\$\$\$\$\$\$ |   |                              |                                      | Clopidogrel                  | PLAVIX* (try aspirin first)  |                 |
| <b>Hematological Agent, Other</b>           | G              |   |                              |                                      | Pentoxifylline               | TRENTAL  |                 |
| <b>CARDIOVASCULAR AGENTS</b>                |                |   |                              |                                      |                              |  |                 |
| <b>ACE Inhibitors</b>                       | G              |   |                              |                                      | Captopril                    | CAPOTEN  |                 |
|   | G              |   |                              |                                      | Captopril/HCTZ               | CAPOZIDE   |                 |
|   | G              |   |                              |                                      | Benazepril                   | LOTENSIN   |                 |
|   | G              |   |                              |                                      | Benazepril/ HCT              | LOTENSIN HCT   |                 |
|   | G              |   |                              |                                      | Lisinopril                   | PRINIVIL/ZESTRIL   |                 |
|   | G              |   |                              |                                      | Lisinopril/HCTZ              | PRINIZIDE  |                 |
|   | \$\$           |   |                              |                                      | Enalapril / HCTZ             | VASORETIC  |                 |
|   | \$\$           |   |                              |                                      | Enalapril                    | VASOTEC  |                 |
| <b>Angiotensin II Receptor Blocker</b>      | \$\$\$         | Use ACE-I 1st; QL   | #31 / 31 DS                  |                                      | Olmesartan                   | BENICAR  |                 |
|   | \$\$\$         | Use ACE-I 1st; QL   | #31 / 31 DS                  |                                      | Olmesartan/HCT               | BENICAR HCT  |                 |
|   | \$\$\$\$       | Use ACE-I 1st; QL   | #31 / 31 DS                  |                                      | Telmisartan                  | MICARDIS   |                 |
|   | \$\$\$\$       | Use ACE-I 1st; QL   | #62 / 31 DS                  |                                      | Telmisartan/HCT              | MICARDIS HCT   |                 |
| <b>Alpha-Adrenergic Agonists</b>            | G              |   |                              |                                      | Methyldopa/HCTZ              | ALDORIL  |                 |
|   | G              |   |                              |                                      | Clonidine                    | CATAPRES   |                 |
|   | G              |   |                              |                                      | Clonidine HCL/Chlorthalidone | CLORPRES   |                 |
|   | G              |   |                              |                                      | Guanfacine                   | TENEX  |                 |

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| <b>Alpha-Adrenergic Blocking Agents</b> | G          |                              |                              |                                      | Doxazosin                    | CARDURA                              |                        |
|   | G          |                              |                              |                                      | Terazosin                    | HYTRIN                               |                        |
|   | G          |                              |                              |                                      | Prazosin                     | MINIPRESS                            |                        |
| <b>Antiarrhythmics</b>                  | G          |                              |                              |                                      | Amiodarone                   | CORDARONE, PACERONE                  |                        |
|   | G          |                              |                              |                                      | Mexiletine                   | MEXITIL                              |                        |
|   | G          |                              |                              |                                      | Disopyramide, CR             | NORPACE, CR                          |                        |
|   | G          |                              |                              |                                      | Procainamide, SR             | PRONESTYL, PROCAN SR                 |                        |
|   | G          |                              |                              |                                      | Quinidine Gluconate          | QUINAGLUTE                           |                        |
|   | G          |                              |                              |                                      | Propafenone                  | RHYTHMOL                             |                        |
|   | \$\$\$     |                              |                              |                                      | Quinidine Sulfate SR         | QUINIDEX                             |                        |
|   | \$\$\$\$\$ |                              |                              |                                      | Sotalol                      | BETAPACE/AF                          |                        |
|   | \$\$\$\$\$ | QL                           | #248 / 31 DS                 |                                      | Flecainide                   | TAMBOCOR                             |                        |
|   | \$\$\$\$\$ |                              |                              |                                      | Tocainide                    | TONOCARD                             |                        |
| <b>Beta-adrenergic Blocking Agents</b>  | G          |                              |                              |                                      | Timolol                      | BLOCADREN                            |                        |
|   | G          |                              |                              |                                      | Nadolol                      | CORGARD                              |                        |
|   | G          |                              |                              |                                      | Propranolol Hydrochloride    | INDERAL                              |                        |
|   | G          |                              |                              |                                      | Propranolol Hydrochloride ER | INDERAL LA                           | UPDATED-JANUARY 2007   |
|   | 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 |
| <b>Calcium Channel Blocking Agents</b>  | G          |                              |                              |                                      | Verapamil, SR                | CALAN, CALAN SR                      |                        |
|   | G          |                              |                              |                                      | Nifedipine, SR               | PROCARDIA, XL; ADALAT CC             |                        |
|   | \$\$       |                              |                              |                                      | Nifedipine                   | NIFEDIAC CC                          | ADDED-APRIL 2007       |
|   | \$         |                              |                              |                                      | Nisoldipine                  | SULAR                                | UPDATED-FEBRUARY 2007  |
|   | \$\$\$     |                              |                              |                                      | Diltiazem, ER, HCL           | CARTIA XT,DILTIA XT,DILTIAZEM ER,HCL |                        |
|   | G          |                              |                              |                                      | Amlodipine                   | NORVASC                              | UPDATED-MARCH 2007     |
|   | G          |                              |                              |                                      | Amlodipine/Benazepril        | LOTREL                               | UPDATED-MAY 2007       |
| <b>Direct Cardiac Inotropics</b>        | G          |                              |                              |                                      | Digoxin                      | LANOXICAPS, LANOXIN                  |                        |
| <b>Diuretics</b>                        | G          |                              |                              |                                      | Spironolactone/HCTZ          | ALDACTAZIDE                          |                        |
|   | G          |                              |                              |                                      | Spironolactone               | ALDACTONE                            | UPDATED-FEBRUARY 2007  |
|   | G          |                              |                              |                                      | Bumetanide                   | BUMEX                                |                        |
|   | G          |                              |                              |                                      | Chlorothiazide               | DIURIL SUSP.                         |                        |
|   | G          |                              |                              |                                      | Triamterene/HCTZ             | DYAZIDE, MAXZIDE, -25                |                        |
|   | G          | 12.5mg-capsules also-eevered |                              |                                      | Hydrochlorothiazide          | HYDRODIURIL                          | Updated-November 2007  |
|   | G          |                              |                              |                                      | Chlorthalidone               | HYGROTON                             |                        |
|   | G          |                              |                              |                                      | Furosemide                   | LASIX                                |                        |
|   | G          |                              |                              |                                      | Indapamide                   | LOZOL                                |                        |
|   | G          |                              |                              |                                      | Amiloride/HCTZ               | MODURETIC                            |                        |

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| <b>Dyslipidemics</b>                    | G          |                   |                              |                                      | Gemfibrozil  | LOPID   |                       |
|   | G          |                   |                              |                                      | Lovastatin   | MEVACOR   | UPDATED-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   | UPDATED-FEBRUARY 2007 |
|   | G          |                   |                              |                                      | Simvastatin  | ZOCOR   | UPDATED-FEBRUARY 2007 |
| <b>Vasodilators</b>                     | G          |                   |                              |                                      | Hydralazine  | APRESOLINE  |                       |
|   | G          |                   |                              |                                      | Isosorbide mononitrate (extended release)                | IMDUR, MONOKET  |                       |
|   | G          |                   |                              |                                      | Isosorbide Dinitrate, SR                                 | ISORDIL, DILATRATE SR   |                       |
|   | G          | ORAL FORM ONLY    |                              |                                      | Minoxidil  | LONITEN   |                       |
|   | G          |                   |                              |                                      | Nitroglycerin ointment, patches, SR, tablets, sublingual | NITROGLYCERIN, NITREK, NITRO-DUR, NITROQUICK, NITRO-BID, NITROL OINTMENT, DEPONIT, MINITRAN, NITREK, MINITRAN, TRANSDERM-NITRO, NITRODISC, NITROSTAT                                      |                       |
| <b>CENTRAL NERVOUS SYSTEM AGENTS</b>    |            |                   |                              |                                      |  |   |                       |
| <b>Amphetamines</b>                     | G          |                   |                              |                                      | Amphet Asp/Amphet/D-Amphet                               | ADDERALL  |                       |
|   | \$\$\$\$   | QL                | #31 / 31 DS                  |                                      | Amphet Asp/Amphet/D-Amphet                               | ADDERALL XR   |                       |
|   | G          |                   |                              |                                      | Dextroamphetamine  | DEXEDRINE   |                       |
|   | G          |                   |                              |                                      | Dextroamphetamine ER                                     | DEXEDRINE SPANSULE  |                       |
|   | G          |                   |                              |                                      | D-Amphetamine Sulfate                                    | DEXTROSTAT  |                       |
|   | G          |                   |                              |                                      | Methylphenidate  | RITALIN   | UPDATED-FEBRUARY 2007 |
|   | \$\$\$     |                   |                              |                                      | Methylphenidate  | METHYLN, IR, ER, CHEWABLE TABS  | UPDATED-JULY 2007     |
|   | \$\$\$\$   | QL                | #31 / 31 DS                  |                                      | Methylphenidate - Extended Release                       | CONCERTA  |                       |
|   | G          | QL                | #93 / 31 DS                  |                                      | Methylphenidate - Extended Release                       | RITALIN SR  |                       |
|   | G          | QL                | #62 / 31 DS                  |                                      | Dexmethylphenidate                                       | FOCALIN   | UPDATED-JUNE 2007     |
| <b>Other</b>                            | G          |                   |                              |                                      | Phenobarbital  | PHENOBARBITAL   |                       |
| <b>DENTAL AND ORAL AGENTS</b>           |            |                   |                              |                                      |  |   |                       |
|   | 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   |                       |
| <b>DERMATOLOGICAL AGENTS</b>            |            |                   |                              |                                      |  |   |                       |
| <b>Dermatological Anesthetics</b>       | 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 831 OINTMENT, PAP-UREA DEBRIDGING OINTMENT, KOVIA OINTMENT, KOVIA 6.5 OINTMENT, ZIOX, ZIOX 405 | UPDATED-MAY 2007      |
| <b>Dermatological Antibacterials</b>    | G          |                   |                              |                                      | Bacitracin   | AK-TRACIN   |                       |
|   | G          |                   |                              |                                      | Clindamycin lotion, gel, solution                        | CLEOCIN T   |                       |
|   | G          |                   |                              |                                      | HC/Neosporin/Polymyxin                                   | CORTISPORIN CREAM, OINTMENT   |                       |

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|   | G          |                   |                              |                                      | Hydrocortisone/Iodoquinol                                    | DERMAZENE                  |                     |
|   | G          |                   |                              |                                      | Erythromycin 2% gel, solution                                | EMGEL, A/T/S               |                     |
|   | G          |                   |                              |                                      | Gentamicin   | GARAMYCIN CREAM, OINTMENT  |                     |
|   | G          |                   |                              |                                      | Mupirocin Ointment   | BACTROBAN OINTMENT         |                     |
|   | G          | QL                | #240gm / 31 DS               |                                      | Silver Sulfadiazine 1%                                       | SILVADENE CREAM            |                     |
|   | G          |                   |                              |                                      | Erythromycin pads, solution                                  | T-STAT                     |                     |
|   | \$\$       |                   |                              |                                      | Sulfacetamide/Sulfur   | SULFACET-R                 |                     |
| <b>Dermatological Antifungals</b>       | G          |                   |                              |                                      | Ciclopirox   | LOPROX                     | Added-November 2007 |
|   | G          | QL                | 150MG = #2 / 31 DS           |                                      | Fluconazole  | DIFLUCAN                   |                     |
|   | OTC        | COVERED W/RX      |                              |                                      | Clotrimazole   | LOTRIMIN, OTC              |                     |
|   | G          |                   |                              |                                      | Clotrimazole/Betamethasone                                   | LOTRISONE                  |                     |
|   | G          |                   |                              |                                      | Nystatin/Triamcinolone                                       | MYCOLOG TOPICAL            |                     |
|   | G          |                   |                              |                                      | Nystatin topical   | MYCOSTATIN TOPICAL         |                     |
|   | G          |                   |                              |                                      | Econazole  | SPECTAZOLE                 |                     |
|   | \$\$       |                   |                              |                                      | Sulconazole cream, solution                                  | EXELDERM                   |                     |
|   | OTC        | COVERED W/RX      |                              |                                      | Ketoconazole   | NIZORAL CREAM (USE OTC)    |                     |
|   | OTC        | COVERED W/RX      |                              |                                      | Terbinafine  | LAMISIL AT                 |                     |
|   | OTC        | Covered with Rx   |                              |                                      | Tolnaftate   | TINACTIN(OTC)              |                     |
|   | OTC        | Covered with Rx   |                              |                                      | Miconazole   | MONISTAT DERM(OTC)         |                     |
| <b>Group 1 Anti-Inflammatory Agents</b> | 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                    |                     |
| <b>Group 2 Anti-Inflammatory Agents</b> | G          |                   |                              |                                      | Amcinonide, 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                   |                     |
| <b>Group 3 Anti-Inflammatory Agents</b> | 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                   |                     |
| <b>Group 4 Anti-Inflammatory Agents</b> | G          |                   |                              |                                      | Triamcinolone, cream, ointment 0.025%                        | ARISTOCORT                 |                     |
|   | G          |                   |                              |                                      | Fluocinolone cream, soln, oil (scalp and topical), kit 0.01% | SYNALAR, DERMA-SMOOTHIE FS | UPDATED-MARCH 2007  |
|   | G          |                   |                              |                                      | Betamethasone valerate 0.01%                                 | VALISONE LP                |                     |
|   | OTC        | COVERED w/RX      |                              |                                      | Hydrocortisone, cream, ointment 0.1%                         | WESTCORT                   |                     |

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|   | Cost Index         | Quality Indicator | Quantity / Therapeutic Limit   | Specific Limitations (Optional Info)   | Generic Name                                      | Brand Name                           | Update                                    |
| <b>Group 5 Anti-Inflammatory Agents</b> | G                  |                   |  |  | Desonide cream, lotion, ointment 0.05%            | DESOWEN                              |   |
|   | G                  |                   |  |  | Hydrocortisone, cream, lotion, ointment 2.5%      | HYTONE                               |   |
|   | G                  |                   |  |  | Alclometasone dipropionate cream, oint 0.5%       | ACLOVATE                             |   |
|   | G                  |                   |  |  | Triamcinolone, cream, ointment 0.025%, 0.1%, 0.5% | ARISTOCORT                           |   |
| <b>Dermatological Antipruritic</b>      | \$\$\$\$           |                   |  |  | Hydrocortisone intrarectal foam                   | PROCTOFOAM                           |   |
|   | \$\$\$\$           |                   |  |  | Pramoxine/ Hydrocortisone                         | PROCTOFOAM HC                        |   |
| <b>Dermatological Keratolytics</b>      | G                  |                   |  |  | Benzoyl Peroxide Topical                          | BENZAC AC, DESQUAM, BENZOYL PEROXIDE |   |
|   | G                  |                   |  |  | Erythromycin/Benzoyl Peroxide                     | BENZAMYCIN                           |   |
| <b>Dermatological Miotic Inhibitors</b> | G                  |                   |  |  | Selenium Sulfide 2%                               | SELSUN                               |   |
|   | \$\$\$             |                   |  |  | <del>Cleoxine</del>                               | CAPITROL                             | NO LONGER MARKETED-SEPTEMBER 2007         |
|   | G                  |                   |  |  | Podofilox   | CONDYLOX                             | UPDATED-SEPTEMBER 2007                    |
|   | G                  |                   |  |  | Fluorouracil                                      | EFUDEX, FLUOROPLEX                   | UPDATED-MARCH 2007                        |
| <b>Dermatological Retinoids</b>         | G                  | SE, QL            | Pt must try 1st line topical acne products:i.e. Cleocin-T,Emgel, T-Stat and/or oral antibiotics; Must use at least 6-8 weeks prior to trying oral isotretinoin | QL=#62/31DS; Max duration of Therapy 20weeks.  | Isotretinoin                                      | AMNESTEEM, SOTRET                    | UPDATED-JANUARY 2007                      |
|   | \$\$\$\$\$         | AGE, QL           | #1 tube/31DS   | Covered for < 21 years old ONLY  | Tretinoin Topical                                 | AVITA                                |   |
|   | \$\$\$\$\$\$\$\$\$ |                   |  |  | Acitretin   | SORIATANE CK KITS                    | CAPSULES NO LONGER AVAILABLE-- MARCH 2008 |
| <b>Dermatological Tar Derivatives</b>   | \$\$\$\$\$         |                   |  |  | Anthralin   | DRITHOCREME                          |   |
| <b>Dermatological Vitamin D Analogs</b> | \$\$\$\$\$         |                   |  |  | Calcipotriene                                     | DOVONEX                              |   |
| <b>Dermatological Agents, Other</b>     | OTC                | COVERED w/RX      |  |  | Lactic Acid Lotion                                | AMLACTIN (OTC)                       |   |
|   | G                  |                   |  |  | Capsaicin   | CAPSAICIN                            |   |
|   | G                  |                   |  |  | Hydrocortisone/Iodoquinol                         | DERMAZENE                            |   |
|   | G                  |                   |  |  | Aluminum Chloride Hexahydrate                     | DRYSOL                               |   |
|   | G                  |                   |  |  | Podofilox   | CONDYLOX                             |   |
|   | G                  |                   |  |  | Fluorouracil                                      | EFUDEX, FLUOROPLEX                   | UPDATED-MARCH 2007                        |
|   | \$\$\$\$\$         |                   |  |  | Nitrofurazone                                     | FURACIN                              | NO LONGER MARKETED-SEPTEMBER 2007         |
|   | \$\$\$\$\$         |                   |  |  | Beta-Carotene                                     | SOLATENE                             |   |
|   | \$\$\$\$\$         | Age, QL           | #31/31 DS  | < 21 years of age  | Tazarotene  | TAZORAC                              | UPDATED-AUGUST 2007                       |
|   | \$\$\$\$\$\$\$\$\$ | ST,QL             | #31gm/31DS   | 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                         |
|   | \$\$\$\$\$\$\$\$\$ | PA                |  |  | Imiquimod   | ALDARA                               |   |
|   | \$\$\$\$\$\$\$\$\$ | PA                |  |  | Methoxsalen                                       | OXSORALEN                            |   |
|   | \$\$\$\$\$\$\$\$\$ | PA                |  |  | Methoxsalen                                       | OXSORALEN-ULTRA                      |   |

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|   | Cost Index | Quality Indicator | Quantity / Therapeutic Limit | Specific Limitations (Optional Info)   | Generic Name                     | Brand Name   | Update |
| <b>DETERRENTS / REPLACEMENTS</b>                      |            |                   |                              |  |                                  |  |        |
| <b>Alcohol Deterrents</b>                             | G          |                   |                              |  | Disulfiram                       | ANTABUSE   |        |
|   | \$\$       | QL                | QL=#186/31DS                 | Maximum duration of therapy of 90 days | Acamprosate                      | CAMPRAL  |        |
| <b>ENZYME REPLACEMENTS / MODIFIERS</b>                |            |                   |                              |  |                                  |  |        |
|   | G          |                   |                              |  | Pancreatin                       | LIPASE   |        |
|   | G          |                   |                              |  | Pancrelipase                     | LIPRAM, PANCREASE MT, CREON, KU-ZYME, ULTRASE, PANCREASE, PANOKASE, VIOKASE, PANCRELIPASE & PANCREATIC ENZYME, CREON |        |
| <b>EYE, EAR, NOSE, AND THORAT (EENT) PREPARATIONS</b> |            |                   |                              |  |                                  |  |        |
| <b>Nasal Corticosteroids</b>                          | G          |                   |                              |  | Fluticasone Propionate           | FLONASE  |        |
|   | G          |                   |                              |  | Flunisolide                      | NASALIDE   |        |
| <b>Other Nasal Products</b>                           | OTC        | OTC -COVERED w/RX |                              |  | Cromolyn Sodium (OTC)            | NASALCROM SPRAY (OTC)  |        |
|   | \$\$\$\$\$ |                   |                              |  | Azelastine                       | ASTELIN  |        |
| <b>GASTROINTESTINAL AGENTS</b>                        |            |                   |                              |  |                                  |  |        |
| <b>Antispasmodics, Gastrointestinal</b>               | G          |                   |                              |  | Dicyclomine                      | BENTYL   |        |
|   | G          |                   |                              |  | Hyoscyamine, Hyoscyamine Sulfate | HYOSPAZ, LEVBIID   |        |
|   | G          |                   |                              |  | Loperamide                       | IMODIUM A-D  |        |
|   | G          |                   |                              |  | L-Hyoscyamine                    | LEVSIN, LEVSINEX   |        |
|   | G          |                   |                              |  | Diphenoxylate/Atropine           | LOMOTIL  |        |
|   | G          |                   |                              |  | Paregoric                        | PAREGORIC  |        |
|   | G          |                   |                              |  | Propantheline                    | PROBANTHINE  |        |
|   | G          |                   |                              |  | Bethanechol                      | URECHOLINE   |        |
| <b>H2 Blocking Agents</b>                             | OTC        | OTC -COVERED w/RX | #62 / 31 DS                  |  | Famotidine                       | PEPCID, OTC  |        |
|   | OTC        | OTC -COVERED w/RX | #124 / 31 DS                 |  | Cimetidine                       | TAGAMET, OTC   |        |
|   | OTC        | OTC -COVERED w/RX | Tablets=#62 / 31 DS          |  | Ranitidine                       | ZANTAC TABLETS(OTC)  |        |
|   | \$         |                   |                              |  | Ranitidine                       | ZANTAC SYRUP   |        |
| <b>Protectants</b>                                    | G          |                   |                              |  | Sucralfate                       | CARAFATE   |        |
|   | \$\$\$\$\$ |                   |                              |  | Misoprostol                      | CYTOTEC  |        |
| <b>Proton Pump Inhibitors</b>                         | OTC        | OTC -COVERED w/RX |                              |  | Omeprazole                       | PRILOSEC TABLETS OTC   |        |
|   | \$\$       |                   |                              |  | Omeprazole;Sodium Bicarbonate    | ZEGERID  |        |
| <b>Gastrointestinal Agents, Others</b>                | G          |                   |                              |  | Ursodiol                         | ACTIGALL   |        |
|   | G          |                   |                              |  | Lactulose                        | CHRONULAC, ENULOSE, CEPHULAC & CONSTULOSE  |        |
|   | G          |                   |                              |  | Polyethylene Glycol              | GOLYTELY, NULYTELY   |        |
|   | G          | QL                | #527gm / 31 DS               |  | Polyethylene Glycol              | GLYCOLAX   |        |
|   | OTC        | OTC -COVERED w/RX |                              |  | Docusate Sodium                  | COLACE   |        |

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|   | OTC        | OTC -COVERED w/RX |                              |                                      | Psyllium  | METAMUCIL                  |                       |
| <b>GENITOURINARY AGENTS</b>                                 |            |                   |                              |                                      |   |                            |                       |
| <b>Antispasmodics, Urinary</b>                              | G          |                   |                              |                                      | Oxybutynin  | DITROPAN                   |                       |
|   | G          |                   |                              |                                      | Belladonna/Methylene Blue                                     | URISED                     |                       |
|   | \$\$\$\$\$ |                   |                              |                                      | Solifenacin   | VESICARE                   |                       |
| <b>Benign Prostatic Hypertrophy Agents</b>                  |            |                   |                              |                                      |   |                            |                       |
|   | G          |                   |                              |                                      | Finasteride   | PROSCAR                    |                       |
|   | \$\$\$     |                   |                              |                                      | Dutasteride   | AVODART                    |                       |
| <b>HORMONAL AGENTS, STIMULANT / REPLACEMENT / MODIFYING</b> |            |                   |                              |                                      |   |                            |                       |
| <b>Adrenal Topical</b>                                      |            |                   |                              |                                      |   |                            |                       |
| <b>Group 1 Anti-Inflammatory Agents</b>                     | 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                    |                       |
| <b>Group 2 Anti-Inflammatory Agents</b>                     | G          |                   |                              |                                      | Amcinonide  | CYCLOCORT                  |                       |
|   | G          |                   |                              |                                      | Betamethasone dipropionate cream, oint 0.05%                  | DIPROSONE                  |                       |
|   | G          |                   |                              |                                      | Triamcinolone acetone 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                   |                       |
| <b>Group 3 Anti-Inflammatory Agents</b>                     | G          |                   |                              |                                      | Triamcinolone cream, oint 0.1%                                | ARISTOCORT                 |                       |
|   | G          |                   |                              |                                      | Mometasone Furoate  | MOMETASONE                 |                       |
|   | G          |                   |                              |                                      | Fluocinolone cream, soln, oil (scalp and topical) , kit 0.01% | SYNALAR, DERMA-SMOOTHIE FS | UPDATED-FEBRUARY 2007 |
|   | G          |                   |                              |                                      | Desoximetasone cream 0.05%                                    | TOPICORT                   |                       |
|   | G          |                   |                              |                                      | Betamethasone valerate cream 0.1%                             | VALISONE                   |                       |
|   | G          |                   |                              |                                      | Fluticasone Propionate  | CUTIVATE                   |                       |
|   | G          |                   |                              |                                      | Hydrocortisone valerate cream, oint 0.2%                      | WESTCORT                   |                       |
| <b>Group 4 Anti-Inflammatory Agents</b>                     | G          |                   |                              |                                      | Triamcinolone 0.025%  | ARISTOCORT                 |                       |
|   | G          |                   |                              |                                      | Fluocinolone cream, soln, oil (scalp and topical) , kit 0.01% | SYNALAR, DERMA-SMOOTHIE FS | UPDATED-MARCH 2007    |
|   | G          |                   |                              |                                      | Betamethasone valerate 0.01%                                  | VALISONE LP                |                       |
|   | OTC        | COVERED w/RX      |                              |                                      | Hydrocortisone, cream, ointment 0.1%                          | CORTISONE                  |                       |

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| <b>Group 5 Anti-Inflammatory Agents</b>                           | G                |                   |                              |                                      | Desonide cream, lotion, ointment 0.05%            | DESOWEN                     |                    |
|   | 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                  |                    |
| <b>Adrenal Oral</b>   | 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                    |                    |
| <b>Parathyroid / Metabolic Bone Disease Agents/Osteoarthritis</b> | G                |                   |                              |                                      | Etidronate Disodium                               | DIDRONEL                    |                    |
|   | G                |                   |                              |                                      | Alendronate                                       | FOSAMAX, FOSAMAX -D         | UPDATED-APRIL 2008 |
|   | \$\$\$\$\$\$     |                   |                              |                                      | Risedronate                                       | ACTONEL, ACTONEL W/ CALCIUM |                    |
|   | \$\$\$\$\$\$     |                   |                              |                                      | Calcitonin  | MIACALCIN                   |                    |
|   | \$\$\$\$\$\$\$\$ |                   |                              |                                      | Raloxifene  | EVISTA                      |                    |
| <b>Pituitary</b>  | \$\$\$\$\$       |                   |                              |                                      | Desmopressin                                      | DDAVP NASAL SPRAY           |                    |
|   | \$\$\$\$\$\$\$\$ | PA                |                              |                                      | Desmopressin                                      | DDAVP TABLETS               |                    |
| <b>Prostaglandins</b>   | \$\$\$\$\$       |                   |                              |                                      | Misoprostol                                       | CYTOTEC                     |                    |
| <b>Androgens</b>  | G                |                   |                              |                                      | Danazol   | DANOCRINE                   |                    |
|   | G                |                   |                              |                                      | Fluoxymesterone                                   | HALOTESTIN                  |                    |
|   | G                |                   |                              |                                      | Testosterone Cypionate/Enanthate                  | DEPO-TESTOSTERONE           |                    |
|   | G                |                   |                              |                                      | Methyltestosterone                                | METANDREN                   |                    |
|   | \$\$\$\$\$       | PA, QL            | 75gm pump / 31 DS            | 2.5gm , 5gm packets / 31 DS #62      | Topical Testosterone                              | ANDROGEL                    |                    |
|   | \$\$\$\$\$       |                   |                              |                                      | Testolactone                                      | TESLAC                      |                    |
|   | \$\$\$\$\$\$\$\$ | PA                |                              |                                      | Oxandrolone                                       | OXANDRIN                    |                    |
| <b>Estrogens</b>  | G                |                   |                              |                                      | Estradiol patch                                   | CLIMARA                     |                    |
|   | G                |                   |                              |                                      | Estradiol tablets                                 | ESTRACE, ESTINYL            |                    |
|   | \$               |                   |                              |                                      | Esterified Estrogens                              | MENEST                      |                    |
|   | G                |                   |                              |                                      | Estropipate                                       | OGEN & ORTHO-EST            |                    |
|   | \$\$\$           |                   |                              |                                      | Conjugated Estrogens                              | PREMARIN, PREMARIN CREAM    |                    |
| <b>Estrogen/Progestin combination</b>                             |                  |                   |                              |                                      |   |                             |                    |
|   | \$\$\$           |                   |                              |                                      | Conjugated Estrogens/Medroxyprogesterone          | PREMPHASE, PREMPRO          |                    |
| <b>Estrogen/Androgen combination</b>                              |                  |                   |                              |                                      |   |                             |                    |
|   | G                |                   |                              |                                      | Methyltestosterone/Estrogen                       | ESTRATEST, H.S.             |                    |
| <b>Thyroid</b>  |                  |                   |                              |                                      |   |                             |                    |
|   | G                |                   |                              |                                      | Levothyroxine                                     | LEVOXYL                     |                    |

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|  | \$             |                   |                                     |   | Thyroid, Dessicated                   | ARMOUR THYROID         |                                   |
|  | \$\$\$\$       |                   |                                     |   | Liothyronine                          | CYTOMEL                |                                   |
|  | \$\$\$\$       |                   |                                     |   | Liotrix                               | THYROLAR               |                                   |
| <b>HORMONAL AGENTS, SUPPRESSANT</b>                    |                |                   |                                     |   |                                       |                        |                                   |
| <b>Adrenal</b>   |                |                   |                                     |   |                                       |                        |                                   |
|  | \$\$\$\$\$     |                   |                                     |   | Aminoglutethimide                     | CYTADREN               | NO LONGER MARKETED-SEPTEMBER 2007 |
| <b>Pituitary</b>                                       |                |                   |                                     |   |                                       |                        |                                   |
|  | G              |                   |                                     |   | Bromocriptine                         | PARLODEL               |                                   |
| <b>Sex Hormones / Modifiers</b>                        |                |                   |                                     |   |                                       |                        |                                   |
| <b>Thyroid</b>   |                |                   |                                     |   |                                       |                        |                                   |
|  | G              |                   |                                     |   | Propylthiouracil                      | PROPYLTHIOURACIL & PTU |                                   |
|  | \$\$\$\$       |                   |                                     |   | Methimazole                           | TAPAZOLE               |                                   |
| <b>IMMUNOLOGICAL AGENTS</b>                            |                |                   |                                     |   |                                       |                        |                                   |
| <b>Immune Suppressants</b>                             |                |                   |                                     |   |                                       |                        |                                   |
|  | G              |                   |                                     |   | Azathioprine                          | IMURAN                 |                                   |
|  | \$\$\$\$\$     |                   |                                     |   | Penicillamine                         | CUPRIMINE              |                                   |
|  | \$\$\$\$\$\$\$ |                   |                                     |   | Mycophenolate mofetil                 | CELLCEPT               |                                   |
|  | \$\$\$\$\$\$\$ |                   |                                     |   | Tacrolimus                            | PROGRAF                |                                   |
|  | \$\$\$\$\$\$\$ |                   |                                     |   | Cyclosporine                          | SANDIMMUNE, NEORAL     |                                   |
| <b>Immunomodulators</b>                                |                |                   |                                     |   |                                       |                        |                                   |
|  | G              | QL                | 10mg , 20mg=<br>#31 tablets / 31 DS | 100mg=<br>3 tablets / 31 DS #                                       | Leflunomide                           | ARAVA                  | Updated- March 2008               |
|  | \$\$\$\$\$\$\$ |                   |                                     |   | Auranofin                             | RIDAURA                |                                   |
|  | \$\$\$\$\$\$\$ | PA                |                                     |   | Imiquimod                             | ALDARA                 |                                   |
| <b>INFLAMMATORY BOWEL DISEASE AGENTS</b>               |                |                   |                                     |   |                                       |                        |                                   |
| <b>Glucocorticoids</b>                                 |                |                   |                                     |   |                                       |                        |                                   |
|  | G              |                   |                                     |   | Hydrocortisone hemorrhoid cream, supp | ANUSOL-HC              |                                   |
|  | \$\$\$\$       |                   |                                     |   | Hydrocortisone intrarectal foam       | PROCTOFOAM             |                                   |
|  | \$\$\$\$       |                   |                                     |   | Pramoxine/ Hydrocortisone             | PROCTOFOAM HC          |                                   |
| <b>Salicylates</b>                                     |                |                   |                                     |   |                                       |                        |                                   |
|  | \$\$\$\$       | ST                |                                     | Sulfasalazine is the first line of treatment for ulcerative colitis | Mesalamine                            | ASACOL                 |                                   |
| <b>Sulfonamides</b>                                    |                |                   |                                     |   |                                       |                        |                                   |
|  | G              |                   |                                     |   | Sulfasalazine, Enteric Coated         | AZULFIDINE, ENTABS     |                                   |
| <b>JOINT/CONNECTIVE TISSUE/ MUSCULOSKELETAL AGENTS</b> |                |                   |                                     |   |                                       |                        |                                   |
| <b>Antirheumatics</b>                                  |                |                   |                                     |   |                                       |                        |                                   |
|  | \$\$\$\$\$\$\$ |                   |                                     |   | Auranofin                             | RIDAURA                |                                   |
| <b>MISCELLANEOUS THERAPEUTIC</b>                       |                |                   |                                     |   |                                       |                        |                                   |
|  | G              |                   |                                     |   | Naltrexone                            | REVIA                  |                                   |

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|   | \$\$\$\$\$ |                   |                              |                                      | Ergonovine Maleate                    | ERGOTRATE                            |        |
| <b>OPHTHALMIC AGENTS</b>                |            |                   |                              |                                      |                                       |                                      |        |
| <b>Ophthalmic Anti-allergy Agents</b>   |            |                   |                              |                                      |                                       |                                      |        |
|   | \$\$\$     |                   |                              |                                      | Cromolyn Sodium                       | OPTICROM                             |        |
| <b>Ophthalmic Antibacterials</b>        |            |                   |                              |                                      |                                       |                                      |        |
|   | G          |                   |                              |                                      | Bacitracin                            | BACITRACIN O.O                       |        |
|   | G          |                   |                              |                                      | Sulfacetamide Sodium                  | BLEPH-10, SULAMYD                    |        |
|   | G          |                   |                              |                                      | Ciprofloxacin                         | CILOXAN SOL                          |        |
|   | G          |                   |                              |                                      | HC/Neosporin/Polymyxin                | CORTISPORIN                          |        |
|   | 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                            | TOBREX                               |        |
|   | \$\$       |                   |                              |                                      | Polymyxin B/Trimethoprim              | POLYTRIM                             |        |
|   | \$\$\$\$\$ |                   |                              |                                      | Gentamicin/Prednisolone               | PRED-G Ophthalmic                    |        |
|   | \$\$\$\$\$ |                   |                              |                                      | Tobramycin/dexamethasone              | TOBRADEX                             |        |
| <b>Ophthalmic Antiglaucoma Agents</b>   |            |                   |                              |                                      |                                       |                                      |        |
|   | 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/ 31 DS              |                                      | Bimatoprost                           | LUMIGAN                              |        |
|   | \$\$\$\$\$ |                   |                              |                                      | Dorzolamide                           | TRUSOPT                              |        |
|   | \$\$\$\$\$ |                   |                              |                                      | Travoprost                            | TRAVATAN                             |        |
| <b>Ophthalmic Ani-inflammatories</b>    |            |                   |                              |                                      |                                       |                                      |        |
|   | G          |                   |                              |                                      | HC/Neomycin/Polymyxin/Bacitracin      | CORTISPORIN O.O.                     |        |
|   | G          |                   |                              |                                      | Dexamethasone                         | DECADRON                             |        |
|   | G          |                   |                              |                                      | Fluoromethalone Acetate               | FLAREX                               |        |
|   | G          |                   |                              |                                      | Fluorometholone                       | FML                                  |        |
|   | G          |                   |                              |                                      | Fluorometholone Sulfacetamide         | FML-S Liquifilm                      |        |
|   | G          |                   |                              |                                      | Prednisolone Sodium Phosphate         | INFLAMASE, FORTE                     |        |
|   | G          |                   |                              |                                      | Dexamethasone/Neomycin/Polymyxin      | MAXITROL                             |        |
|   | G          |                   |                              |                                      | Prednisolone / Sulfacetamide          | METIMYD, VASOCIDIN , ISOPTO CETAPRED |        |
|   | G          |                   |                              |                                      | Dexamethasone/Neomycin Ophthalmic     | NEODECADRON                          |        |

| WellCare of Georgia Preferred Drug List            |            |                   |                              |                                      |  |  |                      |
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|  | Cost Index | Quality Indicator | Quantity / Therapeutic Limit | Specific Limitations (Optional Info) | Generic Name                                     | Brand Name   | Update               |
|  | G          |                   |                              |                                      | Flurbiprofen Sodium                              | OCUFEN   |                      |
|  | G          |                   |                              |                                      | Prednisolone Acetate                             | PRED MILD, FORTE   |                      |
|  | \$\$\$     |                   |                              |                                      | Cromolyn Sodium                                  | OPTICROM   |                      |
|  | \$\$\$     |                   |                              |                                      | Prednisolone/Neomycin/Polymyxin                  | POLYPRED Suspension  |                      |
|  | \$\$\$\$   |                   |                              |                                      | Ketorolac  | ACULAR, LS   |                      |
|  | \$\$\$\$   |                   |                              |                                      | Loteprednol                                      | LOTEMAX  |                      |
|  | \$\$\$\$   |                   |                              |                                      | Rimexolone                                       | VEXOL SUSP   |                      |
|  | OTC        |                   |                              |                                      | Ketotifen  | ZADITOR  | ADDED- NOVEMBER 2007 |
| <b>Ophthalmic Antivirals</b>                       |            |                   |                              |                                      |  |  |                      |
|  | G          |                   |                              |                                      | Trifluridine                                     | VIROPTIC   |                      |
| <b>Ophthalmic Antihistamine/Decongestant Combo</b> |            |                   |                              |                                      |  |  |                      |
|  | OTC        | OTC -COVERED w/RX |                              |                                      | Naphazoline                                      | NAPHCN (OTC)   |                      |
|  | OTC        | OTC-Covered w/RX  |                              |                                      | Naphazoline/Pheniramine                          | NAPHCN-A (OTC),OPCN-A (OTC), VISINE-A (OTC), OCUHIST   | UPDATED-APRIL 2007   |
|  | OTC        | OTC -COVERED w/RX |                              |                                      | Naphazoline/Antazoline                           | VASOCON-A (OTC)  |                      |
|  | \$\$\$\$   |                   |                              |                                      | Vidarabine                                       | VIRA-A O.O.  |                      |
| <b>OBSTETRICAL &amp; GYNECOLOGICAL AGENTS</b>      |            |                   |                              |                                      |  |  |                      |
| <b>Monophasic Oral Contraceptives</b>              |            |                   |                              |                                      |  |  |                      |
|  | 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 Estradiol .03         | LEVORA, PORTIA   |                      |
|  | G          |                   |                              |                                      | Norgestrel 0.3/Ethinyl Estradiol 0.03            | LOW-OGESTREL, CRYSELLE   |                      |
|  | G          |                   |                              |                                      | Ethinyl estradiol/ Norethindrone acetate         | MICROGESTIN Fe 1/20, JUNEL Fe 1/20   |                      |
|  | G          |                   |                              |                                      | Ethinyl estradiol/ Norethindrone acetate         | MICROGESTIN Fe 1.5/31; 1/20, JUNEL Fe 1.5/31; 1/20, NECON 1/35, NORTREL 1/35, OVCON, BALZIVA |                      |
|  | G          |                   |                              |                                      | Ethinyl estradiol/ Norgestimate                  | SPRINTEC   |                      |
|  | G          |                   |                              |                                      | Ethinyl estradiol/ Ethinyl Estradiol             | ZOVIA 1/35   |                      |
|  | \$\$\$     |                   |                              |                                      | Norethindrone Acetate/Ethinyl Estradiol          | LOESTRIN, FE   |                      |
|  | \$\$\$     |                   |                              |                                      | 6 mg Norelgestromin/0.75 mg ethinyl estradiol    | ORTHO EVRA PATCH   |                      |
|  | G          | QL                | #91 / 93 DS                  |                                      | Ethinyl Estradiol 0.03mg / Levonorgestrel 0.15mg | SEASONALE,QUASENSE   | UPDATED-MARCH 2007   |
| <b>Biphasic Oral Contraceptives</b>                |            |                   |                              |                                      |  |  |                      |
|  | G          |                   |                              |                                      | Norethindrone/Ethinyl estradiol                  | NECON 10/11  |                      |
| <b>Triphasic Oral Contraceptives</b>               |            |                   |                              |                                      |  |  |                      |
|  | 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  |                      |
| <b>Progestin Only Oral Contraceptives</b>          |            |                   |                              |                                      |  |  |                      |
|  | G          |                   |                              |                                      | Norethindrone                                    | CAMILA, ERRIN, NORA-BE, AYGESTIN   | UPDATED-October 2007 |
| <b>Progestin Agents</b>                            |            |                   |                              |                                      |  |  |                      |
|  | G          |                   |                              |                                      | Megestrol  | MEGACE   |                      |
|  | G          |                   |                              |                                      | Medroxyprogesterone Acetate                      | PROVERA  |                      |
|  | G          |                   | #1 vial/syringe / 90 DS      |                                      | Medroxyprogesterone Acetate                      | DEPO-PROVERA   |                      |
|  | \$\$       |                   |                              |                                      | Progesterone                                     | FIRST PROGESTERONE VAGINAL SUPPOSITORY   |                      |

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|---|------------|-------------------|------------------------------|--------------------------------------|---|--|-----------------------------------|
|   | \$\$       |                   | #1 vial/syringe / 90 DS      |                                      |   |  |                                   |
| <b>Contraceptives, Other</b>            | \$\$       | QL                | #2/365                       |                                      | Diaphragm                                     | KORO-FLEX                                  | NO LONGER MARKETED-SEPTEMBER 2007 |
|   | \$\$\$     | QL                | #1/31 DS                     |                                      | Etonogestrel / Ethinyl Estradiol              | NUVARING                                   | UPDATED-MARCH 2007                |
|   | \$\$\$     |                   |                              |                                      | 6 mg Norelgestromin/0.75 mg ethinyl estradiol | ORTHO EVRA PATCH                           |                                   |
|   | \$\$\$     | QL                | #1 (syringe/vial) / 93 DS    |                                      | Medroxyprogesterone Acetate                   | DEPO- PROVERA                              |                                   |
|   | \$\$\$     |                   |                              |                                      | Levonorgestrel                                | MIRENA                                     |                                   |
|   |            |                   |                              |                                      |   |  |                                   |
|   |            |                   |                              |                                      |   |  |                                   |
| <b>OB/GYN Anti-infectives</b>           |            |                   |                              |                                      |   |  |                                   |
|   | 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-Sulfa Vaginal                          | SULTRIN                                    | NO LONGER MARKETED-SEPTEMBER 2007 |
|   | G          | QL                | 150mg=#2 /31DS               |                                      | Fluconazole                                   | DIFLUCAN                                   | UPDATED-MAY 2007                  |
|   | \$\$       |                   |                              |                                      | Butoconazole                                  | MYCELEX-3                                  |                                   |
|   | G          |                   |                              |                                      | Metronidazole                                 | METRO-GEL VAGINAL                          |                                   |
|   | \$\$\$\$   |                   |                              |                                      | Clindamycin                                   | CLEOCIN VAGINAL,CLINDESSE                  |                                   |
|   | \$\$\$\$   |                   |                              |                                      | Terconazole                                   | TERAZOL                                    |                                   |
|   |            |                   |                              |                                      |   |  |                                   |
| <b>Miscellaneous - OB/GYN</b>           |            |                   |                              |                                      |   |  |                                   |
|   | \$\$       | QL                | #2 tablets / 31 DS           |                                      | Levonorgestrel 0.75 mg                        | PLAN B                                     |                                   |
|   | \$\$\$\$   |                   |                              |                                      | Methylergonovine Maleate                      | METHERGINE                                 |                                   |
|   | \$\$\$\$   |                   |                              |                                      | Ergonovine Maleate                            | ERGOTRATE                                  |                                   |
|   |            |                   |                              |                                      |   |  |                                   |
| <b>OTIC AGENTS</b>                      |            |                   |                              |                                      |   |  |                                   |
| <b>Otic Antibacterials</b>              |            |                   |                              |                                      |   |  |                                   |
|   | G          |                   |                              |                                      | HC/Neomycin/Polymyxin Otic soln, susp         | CORTISPORIN OTIC                           |                                   |
|   | G          |                   |                              |                                      | Acetic Acid 2%/HC 1% Otic                     | VOSOL-HC OTIC                              |                                   |
|   | G          |                   |                              |                                      | Ofloxacin                                     | FLOXIN                                     | UPDATED- OCTOBER 2007             |
|   |            |                   |                              |                                      |   |  |                                   |
| <b>Otic Anti-inflammatories</b>         |            |                   |                              |                                      |   |  |                                   |
|   | \$\$       |                   |                              |                                      | HCL/Chloroxylenol                             | CORTANE-B & ZOTO-HC                        |                                   |
| <b>Otic, Other</b>                      |            |                   |                              |                                      |   |  |                                   |
|   | 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                  | TYMPAGESIC                                 |                                   |
| <b>RESPIRATORY TRACT AGENTS</b>         |            |                   |                              |                                      |   |  |                                   |
| <b>Antileukotrienes</b>                 |            |                   |                              |                                      |   |  |                                   |
|   | \$\$\$\$   | ASTHMA ONLY       |                              |                                      | Montelukast                                   | SINGULAIR                                  |                                   |
| <b>Bronchodilators, Anticholinergic</b> |            |                   |                              |                                      |   |  |                                   |
|   | \$\$       |                   |                              |                                      | Ipratropium                                   | ATROVENT ,HFA                              |                                   |

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|   | Cost Index         | Quality Indicator | Quantity / Therapeutic Limit | Specific Limitations (Optional Info) | Generic Name                                   | Brand Name                               | Update             |
|   | \$\$\$\$\$         |                   |                              |                                      | Ipratropium/albuterol                          | COMBIVENT                                |                    |
| <b>Bronchodilators, Anti-inflammatory</b> | \$\$\$             |                   |                              |                                      | Beclomethasone                                 | QVAR                                     |                    |
|   | \$\$\$\$           |                   |                              |                                      | Mometasone                                     | ASMANEX                                  |                    |
|   | \$\$\$\$\$         |                   |                              |                                      | Fluticasone Propionate                         | FLOVENT, HFA, DISKUS                     |                    |
|   | \$\$\$\$\$\$\$     |                   |                              |                                      | Fluticasone/Salmeterol                         | ADVAIR, HFA                              |                    |
|   | \$\$\$\$\$\$\$\$\$ | QL, AGE           | #120 mls / 31 DS             | Indicated only for ≤ 8 years old     | Budesonide                                     | PULMICORT RESP                           |                    |
|   | \$\$\$\$\$\$\$\$\$ |                   |                              |                                      | Budesonide/Formoterol                          | SYMBICORT                                | ADDED-JUNE 2007    |
| <b>Bronchodilators, Xanthines</b>         |                    |                   |                              |                                      |  |  |                    |
|   | G                  |                   |                              |                                      | Aminophylline                                  | AMINOPHYLLINE, SOMOPHYLLIN               |                    |
|   | G                  |                   |                              |                                      | Theophylline, Theophylline SR (tablets only)   | THEOPHYLLINE, SLO-BID, THEO DUR, UNIPHYL | UPDATED-MARCH 2007 |
| <b>Bronchodilators, Sympathomimetic</b>   |                    |                   |                              |                                      |  |  |                    |
|   | 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  |
| <b>Mast Cell Stabilizers</b>              |                    |                   |                              |                                      |  |  |                    |
|   | G                  |                   |                              |                                      | Cromolyn Sodium (all forms)                    | INTAL                                    |                    |
|   | \$\$\$\$           |                   |                              |                                      | Nedocromil                                     | TILADE                                   |                    |
| <b>Mucolytics</b>                         |                    |                   |                              |                                      |  |  |                    |
|   | G                  |                   |                              |                                      | Acetylcysteine                                 | MUCOMYST                                 |                    |
| <b>Respiratory Tract Agents, Other</b>    |                    |                   |                              |                                      |  |  |                    |
|   | G                  |                   |                              |                                      | Sodium Cl for Inhalation                       | BRONCHO SALINE                           |                    |
|   | G                  |                   |                              |                                      | Guaifenesin                                    | HUMIBID LA, HUMIBID, AMIBID LA, MUCO-FEN |                    |
|   | G                  |                   |                              |                                      | Potassium Iodide                               | SSKI                                     |                    |

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|  | Cost Index     | Quality Indicator | Quantity / Therapeutic Limit   | Specific Limitations (Optional Info)      | Generic Name   | Brand Name  | Update                                     |
|  | \$\$\$\$\$     | QL                | #2 / 365 DS                    |   | Spacer/Mask  | E-Z SPACER, OPTI CHAMBER, AEROCHAMBER, ECLIPSE COMPACT, MICROCHAMBER, MICROSPACER, OPTICHAMBER, OPITHALER |  |
|  | \$             | QL                | #1 /365 DS                     |   | Peak Flow Meter  | POCKET PEAK, TRUZONE PEAK FLOW METER, ZOEY  | UPDATED-SEPTEMBER 2007                     |
| <b>SEDATIVES / HYPNOTICS</b>                           |                |                   |                                |   |  |   |  |
|  | G              |                   |                                |   | Estazolam  | PROSOM  |  |
|  | G              |                   |                                |   | Temazepam  | RESTORIL  |  |
|  | G              | QL, ST            | #14/31 DS                      | History use of Generic Prosom or Restoril | Zolpidem   | AMBIEN  | UPDATED-MARCH 2007                         |
| <b>SKELETAL MUSCLE RELAXANTS</b>                       |                |                   |                                |   |  |   |  |
|  | 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                       |
| <b>THERAPEUTIC NUTRIENTS / MINERALS / ELECTROLYTES</b> |                |                   |                                |   |  |   |  |
| <b>Electrolytes / Minerals</b>                         |                |                   |                                |   |  |   |  |
|  | OTC            | OTC -COVERED w/RX |                                |   | Aluminum Hydroxide                                     | ALTERNAGEL, AMPHOJEL  |  |
|  | OTC            | OTC -COVERED w/RX |                                |   | Calcium Carbonate / Glycine                            | Calcium Carbonate / Glycine   |  |
|  | OTC            | OTC -COVERED w/RX |                                |   | Calcium Lactate  | CAL-LAC   |  |
|  | OTC            | OTC -COVERED w/RX |                                |   | Diocetyl Calcium Sulfosuccinate (Docusate Calcium)     | SURFAK  |  |
|  | 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   |  |
|  | OTC            | OTC -COVERED w/RX |                                |   | Niacin   | NIASPAN, SLO-NIACIN   |  |
|  | OTC            | OTC -COVERED w/RX |                                |   | Calcium Carbonate                                      | OSCAL, TUMS   |  |
|  | G              |                   |                                |   | Sodium Polystyrene                                     | SODIUM POLYSTYRENE  |  |
|  | \$             |                   |                                |   | Calcium acetate  | PHOSLO  |  |
|  | \$\$\$\$\$\$\$ | PA, QL            | #600 tablets / 31 DS           |   | Sevelamer HCL  | RENAGEL   |  |
| <b>Miscellaneous</b>                                   |                |                   |                                |   |  |   |  |
|  | G              |                   |                                |   | Caffeine Citrate                                       | CAFCIT  | ADDED-OCTOBER 2007                         |
|  | G              |                   |                                |   | Levocarnitine  | CARNITOR  |  |
| <b>Vitamins</b>  |                |                   |                                |   |  |   |  |
|  | G              | AGE               | DER required for <21 years old | Not covered for ≥ 21 years old            | Vitamin E  | ALPH-E  |  |
|  | \$             |                   |                                |   | FE Fumarate/Vitamin                                    | CHROMAGEN   | (NO Generic available-UPDATED-AUGUST 2007) |

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| Wellcare Health Plans, Inc. - Georgia   |            |                          |                                |                                      |                             |  |                                   |
|   | Cost Index | Quality Indicator        | Quantity / Therapeutic Limit   | Specific Limitations (Optional Info) | Generic Name                | Brand Name   | Update                            |
|   | OTC        | OTC -COVERED w/RX        |                                |                                      | Ferrous Sulfate             | FEOSOL   |                                   |
|   | G          |                          |                                |                                      | Folic Acid                  | FOLVITE 1mg only   |                                   |
|   | G          |                          |                                |                                      |                             | ULTRA NATALCARE, ULTRA NATAL, MYNATE 90 PLUS, PRENATAL MR 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, PRENATAVITE,PRENATAL 1 PLUS 1, PRENATAL LOW IRON, PRENATABS OBN,VINATE-M,UNI-KAR PLUS C, NATALCARE PIC, ANEMAGEN-OB, TRINATE,VINATE-AZ, NATELLE, OPTINATE , RE KAR C PLUS SR, NATAFORT | UPDATED- SEPTEMBER 2007           |
|   | G          | AGE                      | DER required for <21 years old | Not covered for ≥ 21 years old       | Coenzyme Q-10               | OLEO-MED CELL Q  |                                   |
|   | G          | AGE                      | For <21 years old only         | Not covered for ≥ 21 years old       | Multivitamins/fluoride      | POLY-VI-FLOR   |                                   |
|   | G          | AGE                      | For <21 years old only         | Not covered for ≥ 21 years old       | Multivitamins/fluoride/iron | POLY-VI-FLOR with IRON   |                                   |
|   |            |                          |                                |                                      | Poly-saccharide iron        | FERREX 150 FORTE   | ADDED-MARCH 2007                  |
|   | OTC        | OTC -COVERED w/RX        |                                |                                      | Pyridoxine HCL              | Pyridoxine HCL   |                                   |
|   | OTC        | OTC -COVERED w/RX        |                                |                                      | Thiamine HCL                | Thiamine HCL   |                                   |
|   | G          | AGE                      | For <21 years old only         | Not covered for ≥ 21 years old       | Vitamins ADC/fluoride       | TRI-VI-FLOR  |                                   |
|   | G          | AGE                      | For <21 years old only         | Not covered for ≥ 21 years old       | Vitamins ADC/fluoride/iron  | TRI-VI-FLOR with IRON  |                                   |
|   | \$\$       |                          |                                |                                      | Vitamin B preps             | CALAFOL RX   | ADDED-APRIL 2007                  |
|   | OTC        | OTC -COVERED w/RX        |                                |                                      | Vitamin B Complex           | Vitamin B Complex  |                                   |
|   | G          |                          |                                |                                      | Cyanocobalamin Injection    | VITAMIN B-12 INJECTION   |                                   |
|   | OTC        | OTC-Covered with rx; Age | For <21 years old only         | Not covered for ≥ 21 years old       | Multivitamins OTC           |  |                                   |
|   | OTC        | OTC-Covered with rx; Age | For <21 years old only         | Not covered for ≥ 21 years old       | Multivitamins/iron OTC      |  |                                   |
|   | \$\$\$     |                          |                                |                                      | Ergocalciferol              | CALCIFEROL   |                                   |
|   | \$\$\$     |                          |                                |                                      | Phytonadione                | MEPHYTON   |                                   |
|   | \$\$\$\$   |                          |                                |                                      | Calcifediol                 | CALDEROL   | NO LONGER MARKETED-SEPTEMBER 2007 |
|   | \$\$\$\$   |                          |                                |                                      | Calcitriol                  | ROCALTROL  |                                   |
| <b>WEIGHT LOSS</b>                      |            |                          |                                |                                      |                             |  |                                   |
|   | \$\$\$\$   | PA, AGE                  | For <21 years old only         | Not covered for ≥ 21 years old       | Subutramine                 | MERIDIA  |                                   |