

2021

Comprehensive Dual Eligible Preferred Drug List (List of Covered Drugs)

WellCare of Florida

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

Last updated (7/01/2021)



P=Preferred, Asterisk(*)=N/A, PA=Prior Authorization, ST=Step Therapy, QL=Quantity Limit, AL=Age Limit, OTC Products Require Rx, UPPERCASE= Brand name drugs/ lowercase italics= Generic drugs

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