

## Rationale for Drug Restrictions (From PDL Comparison)

**MDwise 2007**

<b>Clinical Edits:</b>		
<b>PA - Prior Authorization</b>		
<b>QLL - Quantity Level Limits</b>		
<b>ST - Step Therapy</b>		
<b>AGE - Age Limit</b>		
<b>CT - Concurrent Therapy</b>		
<b>* Denotes Single Source Drug</b>		
<b>Drug</b>	<b>Restriction</b>	<b>Rationale for Restriction</b>
ACCOLATE*	CT	requires rx with inhaled corticosteroid
ADVAIR*	QLL 2 inh/RX	allow for ample supply (multiple caregivers)
ALINIA*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
ALLEGRA*	ST	requires prior rx with first line
ARANESP*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
ARICEPT*	PA	Ensure used for proper diagnosis
AUGMENTIN XR*	ST	requires prior rx with first line
AVELOX*	PA	Risk of antibiotic resistance with overutilization
AVONEX ADMIN PACK*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
azithromycin (except 1g)	ST	requires prior rx with first line unless current rx for certain drugs (e.g., antiretrovirals)
BACTROBAN OINT*	QLL 1- 22 gm tube/30 days	Ensure appropriate use
BENICAR*	ST,CT	ST requires prior rx with ACEI ; CT requires Rx for oral hypoglycemic
BENICAR HCT*	ST,CT	ST requires prior rx with ACEI ; CT requires Rx for oral hypoglycemic
BENZAMYCIN	AGE < 22 years	Ensure use for proper diagnosis
BIAXIN XL*	ST	requires prior rx with first line unless current rx for certain drugs (e.g., antiretrovirals)
cefdinir	ST	requires prior rx with first line; or PCN allergy
CELEBREX*	ST	Requires use of first-line NSAIDs
CHANTIX*	ST	Second-line: Claims history of prior appropriate use of nicotine replacement therapy AND bupropion (unless contraindicated)
CLIMARA*	QLL 5 patches/RX	Ensure appropriate use
desmopressin nasal spray	PA	Ensure use for proper diagnosis
DDAVP tablets*	QLL 5 tabs/month	Ensure use for proper diagnosis
DIOVAN*	ST,CT	ST requires prior rx with ACEI ; CT requires Rx for oral hypoglycemic
DIOVAN HCT*	ST,CT	ST requires prior rx with ACEI ; CT requires Rx for oral hypoglycemic

<b>Drug</b>	<b>Restriction</b>	<b>Rationale for Restriction</b>
ELIDEL*	ST	requires prior rx with first line
EMEND TRIFOLD PACK*	QLL-1 Pkt/Rx	Ensure appropriate use and dosing
ENBREL*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
EXFORGE*	ST	requires prior rx with ACEI
EXJADE*	PA	FIRST-LINE: DESFERAL
fentanyl transderm	QLL-10/30 days	allow for ample supply (multiple caregivers)
fexofenadine	ST	requires prior rx with first line
FLOXONASE*	QLL-2 bt/Rx	Allow for ample supply (multiple caregivers)
FLOVENT*	QLL 44mcg& 110, 220 mcg 2inh/RX	Allow for ample supply (multiple caregivers)
fluconazole 150 mg	QLL-1- 150mg tab/month	Ensure first-line failure and appropriate dosing
fluconazole liq	ST	requires prior rx with first line
flunisolide	QLL-2 bt/Rx	Allow for ample supply (multiple caregivers)
FORTEO*	PA	Ensure documented failure of first-line agents
glucagon	QLL-2/Rx	Allow for ample supply (multiple caregivers)
HEPSERA*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
HUMIRA*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
IMITREX*	QLL=9 tabs, 1 kit, or 1-6ml nasal spray disp units in 30 days	Safety of treating an average of > 4 HA's in a 30-day period has not been established
INSPRA*	PA	limited to those patients experiencing significant endocrine related adverse events e.g. gynecomastia/vaginal bleeding with spironolactone.
INTRON A*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
isotretinoin	ST	Use of at least 30 day therapy of systemic antibiotic (doxy, minocycline, tetracycline, erythro, TMP/SMX, or clindamycin first)
itraconazole	PA	Ensure use for proper diagnosis (not for cosmetic use)
JANUMET*	ST	requires prior rx with first line agents
JANUVIA*	ST	requires prior rx with first line agents
KINERET*	PA	Ensure failure of first-line alternatives (high cost, specialty item)
LIPITOR 80MG*	ST	requires prior rx with first line
LOVENOX*	QLL-10 day	Ensure appropriate therapy duration
LUPRON*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
MEGACE ES*	QLL-90 days	Ensure appropriate therapy duration
naltrexone	PA	Ensure use for proper diagnosis
NAMENDA*	PA	Ensure used for proper diagnosis
NEULASTA*	PA	High-Cost Narrow Therapeutic Use; Specialty Injectable item
NEUPOGEN*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)

<b>Drug</b>	<b>Restriction</b>	<b>Rationale for Restriction</b>
NIMOTOP*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
NORDITROPIN*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
OVIDE*	ST	require prior rx with first line
OXYCONTIN*	PA	Ensure documented failure of first-line agents
PATANOL*	ST	must fail first-line, preferred eye antihistamines
PREVACID SOLUTABS*	Age <13 yr; ST	first-line if < 13 y.o.; > 12 y.o. required prior Rx with Prilosec OTC
PATADAY	ST	requires prior rx with first line
PEGASYS*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
PROTONIX*	ST	requires prior rx PRILOSEC OTC and PREVACID SOLUTABS
PROTOPIC*	ST	requires prior rx with first line
PULMICORT RESPULES 0.5mg*	Age <4 y.o.	MDI inhaled corticosteroid preferred for age > 4 (convenience, cost, safety)
quinine	PA	Ensure use for proper diagnosis
RAPTIVA*	PA	Ensure failure of alternative agents and use for moderate to severe plaque psoriasis
REBETRON*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
RELPAK*	QLL 6 tabs/month	Ensure appropriate use and dosing
RHINOCORT AQUA*	ST	requires prior rx with first line
ribavirin tablets	PA	Ensure use for proper diagnosis
SEREVENT DISKUS*	CT	requires concurrent Rx with inhaled corticosteroid
SINGULAIR*	CT	requires rx with inhaled corticosteroid
SOMAVERT*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
SPORANOX liq*	PA	Ensure use for proper diagnosis (not for cosmetic use)
STIMATE*	PA	Ensure use for proper diagnosis
SYNAGIS*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
TAMIFLU*	PA	Confirmation of influenza diagnosis via in-office flu testing (QuickVue or Other)
TOBI*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
tretinoin	AGE < 22 years	Ensure use for proper diagnosis (not for cosmetic use)
XOLAIR*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
ZOFRAN*	4 mg & 8mg QLL= 8tab/30 days, 24 mg QLL= 5 tab/30 days	To focus use for oncologic/OB purposes vs. routine nausea,vomiting therapy
ZOFRAN ODT*	4 mg & 8mg QLL= 8tab/30 days, 24 mg QLL= 5 tab/30 days	To focus use for oncologic/OB purposes vs. routine nausea,vomiting therapy

<b>Drug</b>	<b>Restriction</b>	<b>Rationale for Restriction</b>
ZYRTEC Liq, Chew*	ST	requires prior rx with first line agent for ages 2-13 y; Age limited to children <2 y as first-line

## MCO PA Listing of Single Source Drugs

### MDwise 2007

* Denotes Single Source Drug		
PA - Prior Authorization		
QLL - Quantity Level Limits		
<u>Drug</u>	<u>Restriction</u>	<u>Rationale for Restriction</u>
ALINIA*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
ARANESP*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
ARICEPT*	PA	Ensure used for proper diagnosis
AVELOX*	PA	Risk of antibiotic resistance with overutilization
AVONEX ADMIN PACK*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
ENBREL*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
EXJADE*	PA	FIRST-LINE: DESFERAL
FORTEO*	PA	Ensure documented failure of first-line agents
HEPSERA*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
HUMIRA*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
INSPRA*	PA	limited to those patients experiencing significant endocrine related adverse events e.g. gynecomastia/vaginal bleeding with spironolactone.
INTRON A*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
KINERET*	PA	Ensure failure of first-line alternatives (high cost, specialty item)
LUPRON*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
NAMENDA*	PA	Ensure used for proper diagnosis
NEULASTA*	PA	High-Cost Narrow Therapeutic Use; Specialty Injectable item
NEUPOGEN*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
NIMOTOP*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
NORDITROPIN*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
OXYCONTIN*	PA	Ensure documented failure of first-line agents
PEGASYS*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
RAPTIVA*	PA	Ensure failure of alternative agents and use for moderate to severe plaque psoriasis
REBETRON*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)

<b><u>Drug</u></b>	<b><u>Restriction</u></b>	<b><u>Rationale for Restriction</u></b>
SOMAVERT*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
SPORANOX liq*	PA	Ensure use for proper diagnosis (not for cosmetic use)
STIMATE*	PA	Ensure use for proper diagnosis
SYNAGIS*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
TAMIFLU*	PA	Confirmation of influenza diagnosis via in-office flu testing (QuickVue or Other)
TOBI*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
XOLAIR*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)

## Number of Prior Authorizations by Drug

**MDwise 2007**

<b>Total Number Received</b>	<b>30,837</b>		
<b>Total Number Approved</b>	<b>14,216</b>		
<b>Total Number Denied</b>	<b>16,621</b>		
<b>Drug</b>	<b>Number of Requests</b>	<b>Number Approved</b>	<b>Number Denied</b>
ABILIFY	152	91	61
ACCOLATE	19	5	14
ACCU-CHECK STRIPS	30	9	21
ACCU-CHEK LANCETS	6	5	1
ACCUNEB	44	5	39
AC CUTANE	96	74	22
ACCUZYME SPRAY	1	0	1
acetaminophen-codeine 120-12mg/5ml	1	1	0
acetaminophen-codeine #3	2	1	1
acetazolamide	1	1	0
acetylcysteine 10%	1	1	0
ACIPHEX	56	13	43
ACLOVATE	4	2	2
ACTHAR HP	6	6	0
ACTIMMUNE	2	1	1
ACTIQ	10	3	7
ACTIVASE	0	0	0
ACTIVELLA	3	0	3
ACTOPLUS MET	8	1	7
acyclovir 200mg/5ml	1	1	0
ADDERALL	86	57	29
ADDERALL XR	419	259	160
ADEKS PEDIATRIC	1	1	0
ADIPEX-P	6	0	6
ADOXA	2	1	1
ADRIAMYCIN RDF	2	2	0
ADVAIR DISKUS	4	4	0
ADVAIR HFA	16	6	10
ADVANCED NATALCARE	1	1	0
ADVICOR	3	0	3
AEROBID	1	0	1

Drug	Number of Requests	Number Approved	Number Denied
AEROCHAMBER	5	5	0
AGGRENEX	7	3	4
AGRYLIN	1	1	0
AKURZA LOTION	1	0	1
albuterol	30	20	10
albuterol hfa inhaler	9	3	6
alclometasone dipropionate	5	2	3
ALDACTAZIDE COMPOUND	1	1	0
ALDACTONE SUSPENSION	1	1	0
ALDARA	1	1	0
ALESSE	2	1	1
ALIMENTUM	29	22	7
ALINIA	33	18	15
ALLEGRA	534	317	217
ALLEGRA-D 24 HOUR TABLET	136	20	116
ALLERTAN SUSPENSION	2	1	1
ALOCIL	2	0	2
ALOXI 0.25mg/5ml	1	1	0
alpha-lipoic acid 50mg	2	2	0
alprazolam	13	8	5
alprazolam xr	5	2	3
ALREX 0.2%	1	0	1
ALTABAX 1% OINT	8	1	7
ALTACE	24	5	19
ALUPENT 0.65MG/ACT	2	1	1
AMBIEN	28	22	6
AMBIEN CR	4	3	1
AMERGE	13	1	12
AMICAR	4	4	0
aminocaproic acid 25%	17	17	0
AMITIZA	68	10	58
amitriptyline hcl	10	4	6
amlodipine besylate	1	0	1
AMNESTEEM	23	19	4
amoxicillin 250mg/5ml	1	1	0
amphetamine salt combo	6	3	3
ANAFRANIL	1	0	1
ANALPRAM-HC 1-2.5%	1	0	1
ANAMANTLE HC	7	1	6
ANAPLEX DMX COUGH SYRUP	1	0	1
ANDRODERM	12	11	1

Drug	Number of Requests	Number Approved	Number Denied
ANDROGEL	9	9	0
ANTABUSE	6	2	4
ANTARA	3	1	2
ANTIVERT	1	1	0
ANUSOL HC	1	1	0
ANZEMET	5	0	5
APEXICON CREAM	1	0	1
APIDRA 100U/ML VIAL	13	3	10
AQUADEKS CAPS	3	0	3
AQUAPHOR	3	3	0
AQUAVIT-E	1	1	0
ARANESP	5	3	2
ARAVA	2	2	0
arginine hcl	4	2	2
ARIMIDEX	7	7	0
ARIXTA	14	12	2
armour thyroid	4	3	1
ASACOL	8	8	0
ASCENSIA STRIPS	56	56	0
ASCENSIA BREEZE MONITOR	3	3	0
ASCENSIA MONITOR KIT	2	2	0
ascomp-codeine	1	1	0
ASMANEX	47	8	39
ASTELIN	170	32	138
ATACAND	2	0	2
ATACAND HCT	1	0	1
ATARAX	0	0	0
atenolol	14	11	3
ATIVAN	15	11	4
ATOPICLAIR	24	7	17
atropine sulfate 0.4mg/ml	1	1	0
ATROVENT	2	2	0
ATROVENT HFA	1	1	0
ATUSS HD CAP	2	0	2
ATUSS HX CAP	1	0	1
AUGMENTIN	5	5	0
AUGMENTIN XR	15	4	11
AVALIDE	5	3	2
AVANDIA	1	0	1
AVAPRO	7	1	6
AVELOX	39	20	19

Drug	Number of Requests	Number Approved	Number Denied
AVINZA	23	3	20
AVOGEL	1	1	0
AVONEX	30	24	6
AXERT	57	10	47
AXID	21	9	12
AZASAN	2	0	2
AZELEX	6	1	5
AZITHROMYCIN	160	87	73
AZMACORT	31	3	28
azulfidine	1	1	0
bacitracin-polymyxin B 500-10000U/GM	1	1	0
baclofen	2	2	0
baclofen compound	1	1	0
BACTRIM DS	1	1	0
BACTROBAN	37	31	6
BACTROBAN NASAL	2	2	0
BALZIVA 28	1	1	0
BD TEST STRIPS	21	17	4
BD UF INS SYR	24	23	1
BD ULTRA FINE 33G LANCETS	2	2	0
BENEFIBER	3	1	2
BENICAR	47	32	15
BENICAR HCT	45	33	12
BENZAC	2	1	1
BENZAC AC WASH	1	1	0
BENZAC W WASH	1	0	1
BENZACLIN	79	4	75
BENZAGEL	1	0	1
BENZAMYCIN	3	3	0
BENZIQU WASH	1	0	1
benzoyl peroxide	22	8	14
benzoyl peroxide cleanser	1	0	1
benzoyl peroxide wash	26	5	21
betadine 10%	1	1	0
betamethasone valerate	1	1	0
BETASERON	13	9	4
bethanechol chloride	0	0	0
biafine emulsion	1	0	1
BIAXIN 125MG/5ML	12	11	1
BIAXIN 250MG	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
BIAXIN 250MG/5ML	5	5	0
BIAXIN	20	19	1
BIAXIN XL	4	2	2
BICILLIN C-R	0	0	0
BICILLIN L-A	7	7	0
BICITRA	1	1	0
BIDIL	2	0	2
bisacodyl ec	0	0	0
BONIVA	5	1	4
BONTRIL PDM	1	0	1
BOOST	13	0	13
boric acid	2	2	0
BOTOX	25	16	9
BREVOXYL WASH	5	0	5
bromocriptine mesylate	1	1	0
BROMPLEX DM	1	0	1
BRONCHO SALINE	2	2	0
BROVANA	2	0	2
bumetanide	3	2	1
buphenyl	2	2	0
bupropion sr	1	1	0
BUSPAR	8	6	2
bupirone hcl	4	3	1
BYETTA	97	16	81
CABERGOLINE	6	4	2
CADUET	5	0	5
CAFCIT	6	6	0
cal-mag-zinc	1	1	0
calcium 500MG	2	2	0
calcium 600/vitamin D 600-200MG-IU	1	1	0
calcium carbonate 1250mg	1	1	0
calmoseptine	2	1	1
CAMPRAL	32	5	27
CANASA	11	3	8
CAPEX	13	2	11
CAPHOSOL SOLUTION	1	1	0
CAPITAL/CODEINE 120-12MG/5ML	1	1	0
capsaicin 0.025%	1	1	0
captopril	0	0	0
CARAFATE	7	7	0
carbamazepine	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
CARBATROL	1	1	0
carbidopa-levodopa	0	0	0
CARDIZEM CD	3	2	1
CARDIZEM LA	1	0	1
CARMOL 10	1	0	1
CARMOL 20	3	0	3
CARNATION INSTANT BREAKFAST	6	0	6
carnitine	1	1	0
CARNITOR	8	8	0
CASODEX	1	0	1
CATAPRES-TTS	1	0	1
CATHFLO ACTIVASE	0	0	0
cefazolin sodium	2	2	0
cefdinir susp	5	2	3
cefdinir cap	3	2	1
cefepime	4	4	0
cefepodoxime	2	2	0
CEFTIN	1	0	1
ceftriaxone sodium	2	2	0
CEFZIL	17	6	11
CELEBREX	208	85	123
CELESTONE	1	1	0
CELEXA	72	55	17
CELLCEPT	2	2	0
CENESTIN	8	2	6
CEROFOLIN	2	1	1
CERON DM DROPS	2	2	0
CERON DROPS	3	3	0
CETACAINE	2	1	1
CETAPHIL	4	1	3
CHANTIX	1,069	77	992
CHEMET	3	3	0
CHILDREN'S TYLENOL PLUS COLD	1	0	1
CLARITIN CHEWABLES	4	0	4
chloramphenicol	1	1	0
chlorhexidine gluconate	1	0	1
chlorothiazide	1	1	0
chlorpromazine hcl	3	3	0
cholestyramine	0	0	0
chorionic gonadotropin	2	2	0
CHROMAGEN	4	1	3

<b>Drug</b>	<b>Number of Requests</b>	<b>Number Approved</b>	<b>Number Denied</b>
CHROMAGEN FA	4	0	4
CHROMAGEN FORTE	4	0	4
CIALIS	3	0	3
CIPRO	3	1	2
CIPRO HC	13	0	13
CIPRODEX OTIC	3	3	0
citalopram hbr	22	21	1
CITRACAL PRENATAL + DHA TABLETS	1	0	1
CLARAVIS	11	9	2
CLARINEX	97	27	70
CLARINEX D	7	1	6
clarithromycin	7	6	1
CLARITIN	11	6	5
CLARITIN D	3	2	1
CLEOCIN VAGINAL OVULES	1	1	0
CLEOCIN TOPICAL	5	5	0
CLINAC BPO	1	0	1
CLINDAGEL	2	0	2
clindamycin phosphate 1%	5	5	0
CLINDESSE VAGINAL CREAM	2	0	2
CLINORIL	1	0	1
clobetasol propionate	0	0	0
CLOBEX SPRAY	1	0	1
CLOBEX LOTION	1	0	1
CLOBEX SHAMPOO	4	0	4
clomipramine hcl	2	0	2
clonazepam	12	3	9
clonidine hcl	4	4	0
clozapine	2	1	1
co-enzyme Q-10	14	14	0
CODICLEAR DH	3	2	1
COLACE	2	2	0
COLAZAL	20	7	13
colchicine	1	1	0
COLESTID	3	2	1
colistimethate sodium	2	2	0
colistin sulfate	2	2	0
COMBIPATCH 0.05-0.25MG/DAY	2	1	1
COMBIVENT INHALER	2	2	0
COMMITT	2	0	2

<b>Drug</b>	<b>Number of Requests</b>	<b>Number Approved</b>	<b>Number Denied</b>
COMPLETE PEDIATRIC	1	1	0
COMPOUND W	1	1	0
CONCERTA	111	77	34
CONDYLOX	1	1	0
COPAXONE	32	21	11
COPEGUS	1	0	1
CORDRAN	9	2	7
COREG CR	5	0	5
CORTEF	14	13	1
COSMEGEN	1	1	0
COSOPT	6	0	6
COUMADIN	9	8	1
COZAAR	50	15	35
CREON	44	43	1
CRESTOR	71	17	54
CRINONE	6	5	1
CULTERELLE 10B CELL	4	2	2
CUTIVATE CREAM	2	0	2
CUTIVATE LOTION	5	0	5
CVS fish oil	1	0	1
CVS nutrition liquid	1	0	1
cyclobenzaprine hcl	2	1	1
cyclophosphamide	1	1	0
CYMBALTA	129	62	67
CYSTAGON	3	3	0
cytarabine	0	0	0
CYTOMEL	40	26	14
CYTOXAN	3	3	0
CYTRA-2	2	2	0
CYTRA-3	1	1	0
DALLERGY JR	3	2	1
dantrolene compound	2	2	0
dantrolene sodium	2	2	0
DARVOCET N 100	6	4	2
DARVON-N	3	0	3
DAYPRO	1	1	0
DAYTRANA	26	23	3
DDAVP TAB	527	189	338
DDAVP NASAL SPRAY	109	24	85
DECONAMINE SR	0	0	0
DELESTROGEN	2	2	0

Drug	Number of Requests	Number Approved	Number Denied
DELSYM	1	0	1
DEMEDEX	0	0	0
DEMEROL	3	0	3
DEMSEER	2	1	1
DENAVIR	5	0	5
DEPAKOTE	15	4	11
DEPAKOTE ER	22	14	8
DEPAKOTE SPRINKLES	16	16	0
DEPLIN	1	0	1
DEPO-PROVERA	4	2	2
DEPO-TESTOSTERONE	14	7	7
DERMA-SMOOTHIE	12	1	11
DERMATOP	6	1	5
DERMOTIC DROPS	1	1	0
desipramine hcl	2	1	1
DESITIN	1	0	1
desmopressin acetate	182	70	112
desmopressin acetate spray 0.01%	48	15	33
DESOGEN	1	0	1
DESONATE GEL	1	0	1
desonide	1	0	1
DESOXYN	4	4	0
DETROL	31	19	12
DETROL LA	139	57	82
dexamethasone	6	5	1
DEXEDRINE	37	26	11
dexmethylphenidate	4	3	1
DHEA COMPOUND	1	0	1
DHS ZINC 2%	1	0	1
DIAFOODS THICK-IT	1	0	1
diaper rash 40%	1	0	1
DIASTAT	29	28	1
diazepam	15	13	2
DICEL DM	1	0	1
DICEL SUSPENSION	2	0	2
DIFFERIN	66	8	58
DIFLUCAN	248	152	96
DIGOXIN	2	2	0
DILANTIN	6	6	0
DILAUDID	4	2	2
DIMETAPP	5	5	0

<b>Drug</b>	<b>Number of Requests</b>	<b>Number Approved</b>	<b>Number Denied</b>
DIOVAN	95	74	21
DIOVAN HCT	142	86	56
DIPROLENE	5	2	3
DITROPAN XL	23	17	6
DIURIL	3	3	0
DOLGIC PLUS	5	0	5
DOMEBORO	2	2	0
DONATUSSIN	7	1	6
DONNATAL	1	1	0
DOSTINEX	6	4	2
DOVONEX	1	1	0
doxepin hcl	8	2	6
doxorubicin hcl	1	1	0
doxycycline	1	1	0
DRAMAMINE	1	0	1
droperidol	1	0	1
DROXIA	1	1	0
DRYSOL	1	0	1
DUAC	17	1	16
DUET DHA	5	1	4
DUOCAL	18	8	10
DUONEB	2	1	1
DUAGESIC	55	44	11
DURATUSS	3	1	2
DURICEF	1	0	1
DYNACIRC	1	0	1
DYNEX LA	1	0	1
EDECRIN	2	1	1
EFFEXOR	8	7	1
EFFEXOR XR	130	87	43
ELAVIL	4	3	1
ELECARE	7	6	1
ELESTAT	3	1	2
ELIDEL	501	152	349
ELMIRON	49	45	4
ELOCON	9	3	6
EMEND	7	7	0
EMLA	1	0	1
ENABLEX	18	9	9
enalapril maleate	3	3	0
ENBREL	103	74	29

Drug	Number of Requests	Number Approved	Number Denied
ENFACARE	21	21	0
ENFAMIL	26	19	7
ENGERIX-B	1	0	1
ENJUVIA	2	1	1
ENSURE	36	3	33
ENSURE PLUS	5	1	4
ENTEX LA	7	1	6
ENTEX PSE	2	1	1
ENULOSE	1	1	0
EPIDRIN	0	0	0
EPIFOAM	2	1	1
EPIPEN	2	2	0
EPOGEN	14	14	0
EQUAGESIC	0	0	0
ERTACZO CRÈME	1	0	1
ESGIC-PLUS	1	1	0
ESTRACE VAGINAL	1	0	1
ESTRADERM	2	0	2
estradiol 0.1mg/24hr	2	1	1
EESTRATEST	4	1	3
ESTRING	4	2	2
ESTROGEL	2	1	1
ESTROSTEP FE	9	1	8
ethyol	1	1	0
etodolac	7	4	3
etoposide	1	1	0
EUCERIN	3	2	1
EUFLEXXA	1	1	0
EVISTA	19	5	14
EVOCLIN FOAM	1	1	0
EVOXAC	4	3	1
EXEDERM	1	0	1
EXFORGE	2	0	2
EXJADE	13	9	4
EXPECTA LIPIL DHA	1	0	1
EXTENDRYL JR	4	1	3
EXUBERA	7	1	6
FACTIVE	1	0	1
FAMVIR	8	1	7
FASTIN	1	0	1
FAZACLO	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
felbatol	1	1	0
FEMARA	7	3	4
FEMCON FE	5	0	5
FEMHRT	3	1	2
FEMRING	5	2	3
FEMTRACE	2	1	1
fenofibrate	1	1	0
fentanyl patch	29	21	8
FENTORA	12	4	8
FEOSTAT	2	0	2
ferrous gluconate	1	0	1
ferrous sulfate	1	1	0
fexofenadine hcl	138	86	52
fiber laxative	1	1	0
FIBERSOURCE HN	2	2	0
FINACEA	5	1	4
FIORICET/CODEINE	2	1	1
FLEET	3	3	0
FLEXERIL	12	8	4
FLOMAX	2	2	0
FLONASE	6	4	2
FLORA-Q	2	0	2
FLORANEX	1	0	1
FLORASTOR KIDS PACKET	1	0	1
FLORINEF	2	1	1
FLOVENT HFA	4	4	0
FLOVENT ROTADISK	1	0	1
FLOXA TAB	1	1	0
FLOXIN OTIC	3	3	0
fluconazole	159	107	52
fludrocortisone acetate	1	1	0
fluoxetine hcl	11	8	3
fluticasone nasal spray	0	0	0
fluvoxamine maleate	3	1	2
FOCALIN	43	23	20
FOCALIN XR	123	74	49
FOLAMIN	1	0	1
FOLBIC	3	1	2
FOLGARD	3	3	0
FOLIC ACID POWDER	2	2	0
FOLTX	6	3	3

Drug	Number of Requests	Number Approved	Number Denied
FORADIL	60	21	39
FORTAMET ER	3	2	1
FORTEO	7	6	1
FOSAMAX	1	1	0
FOSRENOL	4	1	3
FRAGMIN	1	1	0
FREESTYLE MONITOR	3	1	2
FREESTYLE LANCETS	4	2	2
FREESTYLE STRIPS	57	25	32
FROVA	20	5	15
fungoid tincture	1	0	1
furosemide inj	0	0	0
gabapentin	18	16	2
GABITRIL	39	12	27
GAMMAGARD	1	1	0
GAMUNEX	4	4	0
GASTROCOM	5	3	2
GEL-KAM	2	2	0
GENGRAF	2	2	0
GENOTROPIN	5	0	5
gentamicin sulfate inj	15	14	1
GEODON	40	28	12
GLEEVAC	6	6	0
GLUCERNA	3	0	3
GLUCOPHAGE XL	2	1	1
glucose	1	1	0
GLUCOTROL XL	2	2	0
GLUMETZA	6	1	5
GOOD START	4	3	1
GRANULEX	1	1	0
GRIFULVIN V	10	5	5
GRIS-PEG	21	3	18
griseofulvin	15	9	6
griseofulvin microsize	7	0	7
griseofulvin ultramicrosize	2	0	2
guanfacine hcl	11	7	4
GYNAZOLE	2	1	1
HALCION	5	5	0
HALOG	1	0	1
haloperidol 2mg	1	1	0
HCY-1	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
HELIDAC	1	0	1
heparin sodium (porcine)	28	28	0
HEPSERA	1	1	0
HIBICLENS	2	2	0
HISTUSSIN HC	6	1	5
HUMALOG	20	20	0
HUMAPEN LUXURA HD	2	1	1
HUMATROPE	6	0	6
HUMIRA	46	25	21
HUMULIN	4	4	0
HURRICAIN	1	0	1
HYDRA-AID PACKET	1	0	1
HYDRA-AID GEL MD PMP	1	1	0
hydrocodone-apap	29	17	12
hydrocortisone butyrate	2	0	2
hydrocortisone	9	8	1
hydromorphone hcl	4	3	1
HYDROPHOR	1	1	0
hydroxyprogesterone caproate	10	10	0
hydroxyzine hcl	3	2	1
HYLIRA	9	1	8
HYPER-SAL	5	5	0
HYZAAR	26	8	18
IMDUR	0	0	0
imipramine hcl	25	14	11
IMITREX	17	9	8
IMODIUM	1	1	0
IMURAN	3	2	1
INCRELEX	4	1	3
INDERAL LA	1	1	0
INNOPRAN XL	4	1	3
INSPRA	1	1	0
insulin syringe	3	3	0
INTAL	1	1	0
INTRON-A	2	1	1
INVANZ	5	5	0
INVEGA	16	13	3
INVERSINE	3	1	2
IODOSORB	0	0	0
IPLEX	2	0	2
ipratropium bromide	4	4	0

Drug	Number of Requests	Number Approved	Number Denied
iron chews	1	1	0
ISOMIL	4	1	3
ISOPTO HOMATROPINE	1	1	0
isosorbide dinitrate cr	0	0	0
ISOSOURCE	1	1	0
isotretinoin	2	0	2
itraconazole	33	27	6
IV prep wipes	0	0	0
JANUMET	9	3	6
JANUVIA	45	21	24
K-PHOS	3	3	0
KADIAN	27	5	22
KENALOG	5	2	3
KEPPRA	8	7	1
KERALAC CREAM	1	0	1
KETOCAL	2	2	0
ketone strips	1	1	0
ketorolac tromethamine	2	1	1
KETOSTIX	1	1	0
ketotifen fumarate drops	4	0	4
KINERET	2	2	0
KLARON	4	1	3
KLONOPIN	29	12	17
KRISTALOSE	5	1	4
KROGER SUPER THIN LANCET	1	1	0
KWELL SHAMPOO	10	0	10
KYTRIL	4	2	2
l-carnitine	3	3	0
LACRI-LUBE S.O.P.	1	1	0
LACRISERT	1	1	0
LACTAID	8	4	4
lactase enzyme	1	1	0
LACTINEX PACKET	2	0	2
LACTINOL-E	2	1	1
lactulose	6	5	1
LAMICTAL	92	79	13
LAMISIL TOPICAL	7	0	7
LAMISIL TAB	64	49	15
lamotrigine	9	9	0
lancets	6	6	0
LANTUS	32	12	20

Drug	Number of Requests	Number Approved	Number Denied
LASIX	3	2	1
lcd/petrolatum compound	1	1	0
LESCOL	3	1	2
LESCOL XL	3	0	3
LEVAQUIN	29	19	10
LEVEMIR	36	12	24
LEVLEN	2	2	0
levocarnitine	12	12	0
levothroid	1	0	1
levothyroxine sodium	1	1	0
LEVOXYL	3	3	0
LEVSIN	1	1	0
LEXAPRO	100	70	30
LIALDA	13	2	11
LIBRIUM	1	1	0
lidocaine HCl	1	1	0
lidocaine-prilocaine cream	1	0	1
LIDODERM	18	10	8
lindane	21	2	19
LIORESAL	1	1	0
LIPITOR	104	26	78
LIQ-10	13	13	0
LIQUI-E	1	1	0
lisinopril	14	11	3
lisinopril-hctz	1	0	1
lithium carbonate	3	2	1
lithium carbonate er	1	1	0
LITHOBID	1	1	0
LMX 4 CREAM	1	0	1
LOCOID LIPOCREAM	6	0	6
LODINE	3	0	3
LODINE XL	1	0	1
LOESTRIN	18	3	15
loperamide hcl	1	1	0
LOPID	1	1	0
LOPROX	9	2	7
LORABID	1	1	0
loratadine	8	0	8
lorazepam	10	6	4
LORCET	1	1	0
LORTAB	38	32	6

Drug	Number of Requests	Number Approved	Number Denied
LOTENSIN HCT	3	1	2
LOTREL	56	14	42
LOTRIMIN ULTRA	2	0	2
LOTRONEX	5	3	2
lovastatin	2	2	0
LOVAZA	6	1	5
LOVENOX	77	68	9
loxitane	0	0	0
LUNESTA	6	3	3
LUPRON-DEPOT	111	98	13
LUSONEX	1	0	1
LUVOX	6	4	2
LUZIQ	1	0	1
LYBREL TABLET	1	0	1
LYRICA	16	13	3
lysine	1	0	1
LYSODREN	2	2	0
MAGINEX	3	2	1
magnesium oxide	1	1	0
magnesium sulfate inj	7	7	0
MAGONATE	1	1	0
MALARONE	8	0	8
MARINOL	10	3	7
MATULANE	1	1	0
MAVIK	4	3	1
MAXAIR	37	17	20
MAXALT	116	15	101
MCT OIL	1	0	1
MEDIPLAST	3	1	2
MEGACE ES	4	0	4
megestrol acetate	2	2	0
melatonin	9	0	9
MEPRON	1	0	1
MERIDIA	7	0	7
mesalamine	1	1	0
METADATE CD	86	15	71
METAMUCIL CAPSULES	2	1	1
METANX	8	1	7
metformin hcl	2	2	0
methadone hcl	54	42	12
methimazole	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
METHITEST	1	1	0
methocarbamol	1	1	0
methotrexate sodium inj	26	26	0
methyl dopa	1	1	0
METHLYN	16	13	3
methylphenidate hcl	21	13	8
methylphenidate hcl cr	2	0	2
metoprolol	1	1	0
METROGEL	11	7	4
metronidazole	1	1	0
MICARDIS	11	4	7
MICARDIS HCT	9	5	4
MICROCHAMBER	1	1	0
MICROLET LANCETS	3	3	0
MIDRIN	1	1	0
MIGRATEN	4	4	0
IMYX	5	0	5
mineral oil	2	1	1
MIRALAX	4	3	1
MIRAPEX	2	2	0
MIRCETTE	1	0	1
mirtazapine	4	4	0
MOBIC	3	2	1
mometasone furoate	1	0	1
MONOPRIL	1	1	0
MONURAL	1	1	0
morphine sulfate	6	4	2
morphine sulfate cr	8	5	3
MC CONTIN	21	15	6
MSIR	11	5	6
multivitamin with iron tablets	1	1	0
multivitamins	1	1	0
muciprocil	2	2	0
MURO 128	1	1	0
MUSE	1	0	1
MYCELEX-G	1	0	1
MYCOBUTIN	1	1	0
MYLICON	1	1	0
MYOBLOC	5	5	0
nabumetone	16	4	12
NAFTIN	1	0	1

Drug	Number of Requests	Number Approved	Number Denied
nalbuphine hcl	2	2	0
NALFON	1	0	1
naltrexone hcl	19	14	5
NAPRELAN	2	0	2
naproxen sodium	0	0	0
NASACORT	6	4	2
NASACORT AQ	67	10	57
NASALCROM	1	1	0
NASAREL	3	0	3
NASCOBAL 500MCG/0.1ML	1	0	1
NASONEX	316	147	169
NATACYN	1	1	0
NECON	1	1	0
NEOCATE FORMULA	24	18	6
NEORAL	13	12	1
NEOSPORIN GU IRRIGANT	1	1	0
NEOSURE	31	29	2
NEULASTA	13	9	4
NEUPOGEN	29	27	2
NEURONTIN	38	34	4
NEUTRA-PHOS	2	2	0
NEUTROGENA T	2	2	0
NEXIUM	496	77	419
NICODERM CQ	2	2	0
nicomide	1	0	1
nicotine patch	4	3	1
NICOTROL CARTRIDGE INHALER	26	5	21
NICOTROL NS	2	1	1
NIFEDICAL XL	4	3	1
nifedipine	1	1	0
nifedipine er	0	0	0
NIFEREX	3	3	0
NIFEREX - 150	4	0	4
NIMOTOPP	1	1	0
NIRAVAM	1	1	0
NIX RINSE	1	1	0
NIZORAL TAB	1	1	0
NIZORAL SHAMPOO	1	0	1
NORCO	24	18	6
NORDITROPIN	169	155	14
NORITATE	1	0	1

<b>Drug</b>	<b>Number of Requests</b>	<b>Number Approved</b>	<b>Number Denied</b>
normal saline flush	0	0	0
nortriptyline hcl	5	5	0
NORVASC	6	4	2
NOVA MAX GLUCOSE TEST STRIP	4	3	1
NOVACORT GEL	1	0	1
NOVOFINE	3	2	1
NOVOLIN	22	5	17
NOVOLOG	151	76	75
NOVOPEN JR	1	0	1
NUTRAMIGEN	156	90	66
NUTREN	13	8	5
NUTROPIN AQ	5	1	4
NUVARING	1	1	0
nystatin	1	1	0
OLUX	5	2	3
OMACOR	15	2	13
OMEGA-3	1	0	1
omeprazole	65	54	11
OMNICEF LIQ	38	23	15
OMNICEF CAP	18	9	9
ondansetron	28	16	12
ONE TOUCH II TEST STRIPS	42	10	32
ONE TOUCH ULTRA SMART	3	1	2
ONE TOUCH ULTRAMINI	1	0	1
ONE TOUCH ULTRA LANCETS	1	1	0
OPANA	15	3	12
OPTINATE PRENATALS	1	0	1
OPTIVAR	11	4	7
ORAMORPH SR	1	1	0
ORAP	2	2	0
ORAPRED	6	4	2
ORTHO DIAPHRAGM ALL-FLEX 75	0	0	0
ORTHO EVRA	3	2	1
ORTO TRI-CYCLEN	2	0	2
ORTO TRI-CYCLEN LO	1	1	0
ORTHO-CEPT	3	2	1
ORTHO-CYCLEN	3	3	0
ORTHO-NOVUM	3	2	1
ORTHOVISC	1	0	1
OSCION CLEANSER	1	0	1
OSMOPREP	9	2	7

Drug	Number of Requests	Number Approved	Number Denied
OVCON-50 50-1MCG-MG	6	3	3
OVIDE	28	9	19
oxandrin	1	1	0
oxazepam	1	1	0
OXISTAT	13	3	10
oxybutynin cl er	1	1	0
oxycodone	17	13	4
oxycodone cr	8	4	4
oxycodone er	65	33	32
oxycodone-apap	7	7	0
OXYCONTIN	318	167	151
OXYIR	6	4	2
OXYTROL	9	2	7
PALGIC	1	0	1
PAMELOR	4	4	0
PAMINE	6	2	4
PANCRECARB	8	8	0
PANGESTYME EC	1	1	0
PANLOR	1	1	0
paroxetine hcl	8	6	2
PATADAY	11	0	11
PATANOL	84	9	75
PAXIL	37	30	7
PAXIL CR	7	4	3
peak flow meter	1	1	0
PEDIASURE	267	80	187
PEG-INTRON	51	28	23
PEGASYS	8	4	4
PEGASYS / ribavirin	20	9	11
PENLAC	10	6	4
pentamidine isethionate	1	1	0
PENTASA	9	7	2
PEPCID	15	6	9
PEPTAMEN	8	6	2
PEPTINEX	1	1	0
PERCOCET	35	25	10
PERCOGESIC	1	0	1
PERIACTIN	2	2	0
permethrin	1	1	0
PEXEVA	2	1	1
PHENAVENT LA	5	2	3

Drug	Number of Requests	Number Approved	Number Denied
PHENERGAN	0	0	0
PHENERGAN/CODEINE	2	2	0
PHENEX-1	1	1	0
PHENEX-2	2	1	1
phenobarbital	17	17	0
phentermine hcl	5	0	5
phenyl-free 1	3	3	0
phenyl-free 2	7	7	0
PHENYLADE	2	2	0
phenylephrine - guaifenesin	1	0	1
phenytoin sodium extended	1	1	0
PHMB 0.02% Compound	1	0	1
PHOSLO	1	1	0
PLAQUENIL	0	0	0
PLEXION	0	0	0
POLY-HIST PD	1	0	1
POLY-VENT JR	1	0	1
POLYCITRA-LC	1	1	0
POLYCOSE	5	4	1
PONSTEL	23	1	22
PORTAGEN	1	1	0
potassium chloride	4	4	0
pramosone cream	1	0	1
PRANDIN	11	8	3
PRASCION FC	1	0	1
PRAVACHOL	8	4	4
pravastatin	3	2	1
prazosin hcl	3	3	0
PRECARE PREMIER	3	0	3
PRECISION XTR B-KETONE STRIPS	5	1	4
PRECOSE	4	2	2
PRED FORTE	1	1	0
prednisolone	1	1	0
prednisone	1	1	0
PREGESTIMIL	3	2	1
PRENATE ELITE	2	0	2
PREVACID NAPRAPAC	1	0	1
PREVACID	904	472	432
PREVIDENT GEL	1	0	1
PREVPAC	23	2	21
PRILOSEC	134	85	49

Drug	Number of Requests	Number Approved	Number Denied
PRIMACARE	3	0	3
PRIMSOL	2	2	0
PRINIVIL	1	1	0
PROAIR HFA	25	3	22
PROBALANCE	1	1	0
PROCARDIA	3	2	1
PROCARDIA XL	19	17	2
PROCRIT	17	11	6
PROCTOFOAM	1	0	1
progesterone	2	2	0
PROGLYCEM	4	3	1
PROGRAF	5	5	0
PROLEX DH	1	0	1
PROLIXIN	1	0	1
PROLIXIN DECANOATE	3	0	3
promethazine hcl	1	1	0
PROMETRIUM	122	104	18
propylthiouracil	4	4	0
PROSED DS	3	1	2
PROSOBEE	3	2	1
PROSOM	1	1	0
PROTONIX	406	102	304
PROTOPIC	92	37	55
PROVENTIL 0.083%	1	1	0
PROVENTIL HFA	7	7	0
PROVIGIL	18	4	14
PROZAC	27	23	4
prudoxin 5%	1	0	1
pseudo-chlorpheniramine	2	0	2
pseudoephedrine HCl	0	0	0
PSEUDOVENT	1	0	1
PSORCON	0	0	0
PULMICORT	1,201	360	841
PULMICORT FLEXHALER	45	4	41
PULMICORT TURBOHALER	98	24	74
PULMOZYME	65	65	0
PURALUBE	1	0	1
purinethol	5	1	4
PYRIDIUM	0	0	0
Q-UP LIQ	1	1	0
QDALL	6	1	5

Drug	Number of Requests	Number Approved	Number Denied
QUALAQUIN	12	1	11
quinine sulfate	1	1	0
QUIXIN	3	1	2
QVAR	1	1	0
RANEXA SR	4	3	1
ranitidine HCl	7	4	3
RAPAMUNE	3	3	0
RAPTIVA	6	2	4
REBETOL	5	3	2
REBIF	20	13	7
RECTAGEL HC	1	0	1
REGLAN	1	1	0
REGRANEX	1	0	1
RELAFEN	14	1	13
RELION 70/30	1	1	0
RELPAX	17	8	9
REMERON	30	28	2
REMACAIDE	24	17	7
RENAGEL	13	12	1
RENOVA	1	0	1
REPLETE/FIBER	1	1	0
REPLIVA	14	2	12
REQUIP	6	6	0
RESOURCE BREEZE LIQUID	1	1	0
RESOURCE JUST FOR KIDS	12	6	6
RESOURCE THICKEN	2	1	1
RESPIRE	9	1	8
RESPI-TANN	3	0	3
RESTASIS	25	14	11
RESTORIL	16	16	0
RETIN-A	56	35	21
REVATIO	7	7	0
REVIA	10	7	3
RHINOCORT AQUA	68	19	49
RhoGAM (Human)	37	37	0
ribavirin	18	10	8
riboflavin	1	1	0
RIOMET	4	3	1
RISPERDAL	255	187	68
RISPERDAL CONSTA	20	13	7
RISPERDAL M-TAB 0.5MG	17	14	3

Drug	Number of Requests	Number Approved	Number Denied
RISPERDAL M	4	3	1
RITALIN	57	21	36
RITALIN LA	26	12	14
RITALIN SR	5	3	2
RITUXAN	0	0	0
ROBAXIN	1	1	0
ROBINUL FORTE	2	1	1
ROBITUSSIN DM DROPS	1	0	1
ROCEPHIN	9	9	0
ROGAINE EXTRA STRENGTH	1	0	1
RONDEC DM	6	6	0
ROWASA	1	1	0
ROXICET	1	1	0
ROXICODONE	3	2	1
ROZEREM	2	2	0
RHYTHMOL SR	1	1	0
S-2 2.25%	1	0	1
SAIZEN	4	0	4
SAL-ACID 40% PLASTER	1	0	1
SALEX	5	0	5
salicylic acid	2	1	1
SALIVART	1	1	0
SANCTURA	12	5	7
SANDIMMUNE	1	1	0
SANDOSTATIN LAR DEPOT	0	0	0
SANTYL	1	0	1
SCANDISHAKE	2	0	2
SEASONALE	3	1	2
SEASONIQUE	15	1	14
selenium	1	1	0
selenium sulfide shampoo	1	1	0
SEMPREX-D	5	0	5
senna	1	1	0
SENSIPAR	6	6	0
SEREVENT DISKUS	47	17	30
SEROQUEL	143	105	38
SEROQUEL XR	1	1	0
sertraline	8	6	2
SERZONE	1	0	1
SF 1.1%	1	1	0
sildenafil	4	4	0

<b>Drug</b>	<b>Number of Requests</b>	<b>Number Approved</b>	<b>Number Denied</b>
SILVADENE	1	1	0
silver nitrate applicator	3	2	1
SIMILAC	43	30	13
SIMPLYTHICK	4	3	1
simvastatin	1	1	0
SINEQUAN	1	0	1
SINGULAIR	3,763	1,508	2,255
SKELAXIN	81	7	74
sodium bicarbonate	8	7	1
sodium chloride	42	39	3
SOLODYN	1	0	1
SOLU-CORTEF	6	6	0
SORBITOL	4	3	1
SORIATANE	3	2	1
SOTRET	14	11	3
SPIRIVA	2	1	1
SPORANOX	23	15	8
SPRYCELL	2	2	0
STAFLEX	5	1	4
STAHIST	2	2	0
STALEVO	1	0	1
STARLIX	13	5	8
sterile water	1	1	0
STIMATE	14	13	1
STRATTERA	23	22	1
STROMECTAL	7	4	3
SUBOXONE	338	154	184
SUBUTEX	42	15	27
SUDAFED 12 HR	1	1	0
SUDAL-12	4	0	4
SUDEX	1	0	1
sulfamethoxazole-trimethoprim	1	1	0
sulfasalazine	3	3	0
sulindac	2	0	2
SUPRAX	18	12	6
SURE STEP TEST STRIPS	1	0	1
SYMAX DUOTAB	3	0	3
SYMBICORT	19	3	16
SYMBYAX	6	5	1
SYMLIN	18	10	8
SYNAGIS	935	536	399

Drug	Number of Requests	Number Approved	Number Denied
SYNERA	1	0	1
SYNTHROID	66	63	3
SYNVISC	4	2	2
syringe	2	1	1
TACLONEX	2	0	2
TAMIFLU	94	93	1
TANAFED DMX	2	1	1
TARCEVA	1	1	0
TARKA	5	1	4
TAXOL	2	2	0
TAXOTERE	1	1	0
TAZICEF	1	1	0
TAZORAC	23	4	19
TEGRETOL	13	13	0
TEGRETOL XR	14	9	5
TEKTURNA	6	1	5
temazepam	20	15	5
TEMODAR	31	31	0
TENEX	31	14	17
TENUATE DOSESPAN	3	1	2
TERAZOL 3	1	1	0
TESSALON	1	0	1
TESSALON PEARLES	1	1	0
TESTIM	1	1	0
testosterone	1	1	0
testosterone cypionate	2	2	0
testosterone enanthate	2	1	1
TESTRED	2	2	0
TEV-TROPIN	5	0	5
THALOMID	1	1	0
theophylline	1	1	0
THICK-IT	10	3	7
thorazine	2	1	1
THYROGEN	2	2	0
thyroid	1	1	0
THYROLAR	1	0	1
TINDAMAX	9	7	2
tizanidine hcl	7	6	1
TOBI	52	50	2
tobramycin sulfate	14	12	2
TOFRANIL	3	1	2

Drug	Number of Requests	Number Approved	Number Denied
TOPAMAX	181	162	19
TOPROL XL	2	1	1
TORADOL	4	1	3
TRACLEER	3	3	0
tramadol hcl	21	10	11
tramadol/apap	1	1	0
TRANS-VER-SAL PATCH	1	0	1
TRANSDERM-SCOP	27	13	14
TRANXENE-T	1	1	0
TRAVATAN	10	1	9
trazodone hcl	21	15	6
tretinoin	73	66	7
TRI-VI-SOL	1	1	0
triamcinolone	1	1	0
TRIAZ	3	0	3
triazolam	2	2	0
TRICOR	89	17	72
TRIGLIDE	1	0	1
TRILEPTAL	80	64	16
TRIPHASIL	1	0	1
TRIPLE PASTE MEDICATED OINT	1	1	0
TRUE TRACK TEST STRIPS	2	0	2
TUSSI-12D	1	0	1
TUSSI-ORGANIDIN DM	1	0	1
TUSSIONEX PENNKINETIC ER	32	2	30
TWINJECT	6	0	6
TYKERB	2	2	0
TYLENOL/CODEINE	4	2	2
TYSABRI	2	1	1
U-CORT	2	2	0
ULTRA TEST STRIPS	1	0	1
ULTRAM	21	14	7
ULTRAM ER	37	3	34
ULTRASE MT	5	5	0
UNIPHYL	1	1	0
UNIRETIC	2	2	0
UNIVASC	1	1	0
urea	3	2	1
UREACIN-10	1	0	1
UREALAC 50% OINTMENT	1	1	0
URISED	2	0	2

Drug	Number of Requests	Number Approved	Number Denied
UROCIT-K	6	6	0
UROXATROL	4	2	2
URSO	2	0	2
ursodiol	2	2	0
VAGIFEM	4	0	4
VALCYTE	7	6	1
VALIUM	8	5	3
valproic acid	2	2	0
VALTREX	40	35	5
VANCOCIN	14	9	5
vancomycin	16	13	3
VANICREAM	3	1	2
VANIQA	2	0	2
VANTIN	6	6	0
VERAMYST SPRAY	23	2	21
verapamil hcl	7	7	0
verapamil hcl cr	1	1	0
verapamil sr	2	1	1
VERELAN PM	3	0	3
VESICARE	22	12	10
VFEND	6	5	1
VIAGRA	6	3	3
VICOCLEAR	1	0	1
VICODIN	20	10	10
VIGAMOX	26	5	21
vincristine sulfate	4	4	0
VISICOL	4	2	2
VISTARIL	3	2	1
vitamin A	1	0	1
vitamin B-12	1	1	0
vitamin K	2	2	0
VIVACTIL	2	2	0
VIVELLE-DOT	2	0	2
VIVITROL	3	1	2
VIVONEX	2	2	0
VOLTAREN-XR	2	1	1
VOPAC	1	0	1
VOSPIRE	1	1	0
VUSION OINTMENT	4	0	4
VYTORIN	91	13	78
VYVANSE	31	21	10

<b>Drug</b>	<b>Number of Requests</b>	<b>Number Approved</b>	<b>Number Denied</b>
WELCHOL	22	1	21
WELLBUTRIN	2	1	1
WELLBUTRIN SR	18	7	11
WELLBUTRIN XL	76	55	21
XANAX	70	38	32
XANAX XR	24	15	9
XELODA	6	6	0
XENADERM	2	0	2
XENICAL	13	1	12
XERAC AC	2	0	2
XIBROM	1	0	1
XIFAXAN	13	1	12
XODOL 10/300MG	1	1	0
XOLAIR	44	23	21
XOLEGEL	2	0	2
XOPENEX	531	88	443
XOPENEX HFA	140	13	127
XYREM	2	2	0
XYZAL	10	1	9
YASMIN	105	24	81
YAZ	57	4	53
ZACLIR	1	0	1
ZADITOR	5	1	4
ZANAFLEX	27	9	18
ZANTAC	16	12	4
ZARONTIN	2	1	1
ZEGERID	27	1	26
ZELNORM	84	22	62
ZETAR	2	0	2
ZETIA	122	13	109
ZIANA GEL	3	0	3
zinc sulfate	9	8	1
ZITHROMAX	382	187	195
ZODERM	1	0	1
ZOFRAN	133	74	59
ZOFRAN ODT	43	25	18
ZOLADEX	3	3	0
ZOLOFT	41	35	6
ZOMIG	51	9	42
ZONALON	3	2	1
ZONEGRAN	12	10	2

<b>Drug</b>	<b>Number of Requests</b>	<b>Number Approved</b>	<b>Number Denied</b>
zonisamide	1	1	0
ZYDONE	1	0	1
ZYFLO	5	2	3
ZYLET	1	0	1
ZYMAR	2	0	2
ZYMINE	3	0	3
ZYPREXA	62	36	26
ZYPREXA ZYDIS	11	3	8
ZYRTEC	2,001	879	1,122
ZYRTEC D	76	16	60
ZYVOX	25	15	10

## MCO DUR Board Annual Grievance Report

### MDwise 2007

**Grievance: Verbal or written expression of dissatisfaction for which the member has a reasonable expectation that action**

Date of Grievance	Date Resolved	Pharmacy Name	Reason for Grievance/Summary of Actions Taken
<b>Quarter 1 (0 Grievances)</b>			
<b>Quarter 2 (1 Grievance)</b>			
5/15/2007	6/20/2007	NA	Member's mother complained of difficulty in getting prescription filled for Zyprexa. Review of member's prescription drug history revealed that member had been in hospital for several weeks throughout 2007, and was discharged on 4/5/2007 on a drug regimen that included more than 3 atypical antipsychotic agents. At the time the complaint was issued, the member was readmitted on 5/14/2007. The case was referred to care managers and medical director for review and follow-up.
<b>Quarter 3 (2 Grievances)</b>			
8/20/2007	8/21/2007	NA	Member filed complaint about difficulty in getting Tussionex and other hydrocodone and codeine containing products to treat their cough due to asthma/chronic bronchitis. Member was not prescribed any asthma controller medications and physician was contacted by a delivery system medical director and encouraged to use controller medications to treat this members asthma condition. The member was also enrolled into the asthma case management program.
8/29/2007	8/30/2007	NA	Member was prescribed 2 compounded ophthalmic solutions, one for Vancomycin and the other for Brolin solution. MDwise's pharmacy network did not have a pharmacy provider in the region who was capable of compounding sterile ophthalmic compounds. Contact with the prescribing ophthalmologist revealed a pharmacy in California that is licensed to dispense pharmaceutical products in Indiana and the physician had worked with in the past to compound the prescription products for his patients. The Pharmacy was contacted to compound the products and shipment was received 8/20/2007.
<b>Quarter 4 (6 Grievances)</b>			
10/5/2007	10/9/2007	Acro Pharmacy	Shipment of Avonex was sent to member on 10/5/07 and lost by Fed Ex. Another shipment was made on 10/8/07 and member received both shipments on 10/9/07. The 10/5/07 shipment was received at the member's home first and the medications were reported as being warm with the ice paks melted. The member contacted MDwise to alert them of the shipment. The member was instructed to return the medication and receiving the 10/8 shipment later in the day in proper condition.

Date of Grievance	Date Resolved	Pharmacy Name	Reason for Grievance/Summary of Actions Taken
10/27/2007	10/29/2007	Walgreens Pharmacy	Member presented prescription for non-preferred antibiotic suspension on weekend evening. Pharmacist gave prescription back to member informing them that the plan did not cover the product. Pharmacy was contacted and instructed on the emergency fill policy.
11/19/2007	12/4/2007	CVS Pharmacy	Member complained that they were unable to get reimbursed for multivitamins they were prescribed in August 2007, at the time that they enrolled with MDwise. Claim was reported as being too old to process and therefore a form was sent to the member that would be filed to the MDwise PBM for reimbursement of service.
11/26/2007	12/7/2007	CVS Pharmacy	Member complained that CVS pharmacy refused to fill prescriptions. Upon contacting CVS, the pharmacist explained that the member had numerous prescriptions that were written by several physicians and the pharmacist did not consider the regimens to be safe or appropriate. The member was contacted and explained that the number of different prescribers was a result of multiple ER visits and different prescribers from each visit. The member explained that they have been able to diagnose the members medical complaint and the member was scheduled for surgery to treat the issue. MDwise reviewed the member's case and placed the member in the restricted card program on 12/7/2007.
12/4/2007	1/4/2008	CVS Pharmacy	Member complained that pharmacy required her to pay a copayment for prenatal vitamins prescribed by her PMP. Pharmacy was contacted by PBM and CVS was able to refund the member.
12/21/2007	1/4/2008	ICOR	Member complained that they were required to receive the member's Lupron injections from ICOR, rather than Walgreens. The member complained that ICOR monthly shipments were usually late. ICOR was contacted and shipments were arranged to the member's home in advance of the monthly physician office visit where the medication is administered.