

Rationale for Drug Restrictions (From PDL Comparison)

MDwise 2008

Clinical Edits:
PA - Prior Authorization
QLL - Quantity Level Limits
ST - Step Therapy
AGE - Age Limit
CT - Concurrent Therapy

* Denotes Single Source Drug

Drug	Restriction	Rationale for Restriction
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*	QLL-up to 24 weeks per year	Ensure appropriate therapy duration
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
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

Drug	Restriction	Rationale for Restriction
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 btl/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 btl/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
INSPIRA*	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 rxs with first line agents
JANUVIA*	ST	requires prior rxs 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)

Drug	Restriction	Rationale for Restriction
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)
RELPAZ*	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
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

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PA - Prior Authorization

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ARANESP*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)
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INSPRA*	PA	limited to those patients experiencing significant endocrine related adverse events e.g. gynecomastia/vaginal bleeding with spironolactone.
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XOLAIR*	PA	Ensure use for proper diagnosis (high cost, narrow therapeutic use)

Number of Prior Authorizations by Drug

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Total Number Received	23,972
Total Number Approved	10,155
Total Number Denied	13,817

Drug	Number of Requests	Number Approved	Number Denied
ABILIFY	66	41	25
ACCOLATE	8	3	5
ACCU-CHEK STRIPS	12	0	12
ACCU-CHEK AVIVA MONITORING KIT	1	1	0
ACCU-CHEK AVIVA STRIPS	13	13	0
ACCU-CHEK KIT	2	0	2
ACCUNEB	4	2	2
ACCUTANE	83	46	37
acetaminophen-codeine	1	1	0
acid mantle compound	1	1	0
acidophilus lactobacillus	1	1	0
ACIPHEX	47	3	44
ACTHAR HP	5	5	0
ACTIGALL COMPOUND	1	1	0
ACTIQ	4	1	3
ACTIVELLA	2	0	2
ACTONEL	1	1	0
ACTOPLUS MET	3	1	2
ADALAT CC	5	1	4
ADDERALL	17	5	12
ADDERALL XR	65	28	37
ADEKS	3	0	3
ADIPEX-P	3	0	3
ADVAIR DISKUS	1	1	0
ADVAIR HFA	1	1	0
ADVATE	12	12	0
ADVICOR	5	0	5
AEROBID	2	1	1
AEROCHAMBER MASK	2	2	0

Drug	Number of Requests	Number Approved	Number Denied
AGGRENOX	7	1	6
ALAMAST	1	0	1
albuterol	48	1	47
albuterol sulfate	12	12	0
alclometasone dipropionate	3	1	2
ALDARA	6	6	0
alimentum	34	20	14
ALINIA	22	10	12
ALLEGRA	497	279	218
ALLEGRA-D	125	4	121
ALLERX	3	0	3
ALLI	1	0	1
alprazolam	2	0	2
alprazolam ER	1	0	1
alprazolam XR	2	0	2
ALTABAX	13	3	10
ALTACE	7	1	6
AMBIEN	68	34	34
AMBIEN CR	31	21	10
AMERGE	8	1	7
aminocaproic Acid	5	5	0
AMITIZA	3	1	2
amitriptyline HCl	10	5	5
amlodipine besylate	5	1	4
AMNESTEEM	16	13	3
AMRIX CAPSULE ER	7	1	6
amyl nitrite	1	0	1
ANAFRANIL	3	2	1
ANALPRAM-HC	1	0	1
ANAMANTLE-HC	2	0	2
ANDRODERM	5	3	2
ANDROGEL	13	10	3
ANTABUSE	7	1	6
ANTARA	3	0	3
ANZEMET	1	0	1
APEXICON E	1	0	1
APHTHASOL	2	0	2
APIDRA	5	3	2
AQUADEKS CAPS	3	1	2
AQUAPHOR	1	1	0
AQUASOL A	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
ARANESP	8	3	5
ARCALYST	1	0	1
arginine HCl	1	1	0
ARIMIDEX	3	3	0
ARIXTRA	10	10	0
ARMOUR THYROID	1	1	0
ARTHROTEC	13	0	13
ASACOL	11	9	2
ASCENSIA BREEZE	9	9	0
ASCENSIA CONTOUR KIT	8	8	0
ASCENSIA CONTOUR TEST STRIPS	90	90	0
ASCENSIA KIT	1	0	1
ASCENSIA TEST STRIPS	21	0	21
ASMANEX TWISTHALER	1	0	1
ASTELIN	76	14	62
ATACAND	1	0	1
ATACAND HCT	3	0	3
atenolol	8	2	6
atenolol compound	5	5	0
ATIVAN	3	3	0
ATOPICLAIR	10	3	7
AUGMENTIN	10	3	7
AUGMENTIN ES	1	1	0
AUGMENTIN XR	1	0	1
AURALGAN	1	0	1
AVALIDE	13	1	12
AVAPRO	18	0	18
AVAR CLEANSER	1	1	0
AVELOX	52	20	32
AVINZA	11	1	10
AVONEX	23	12	11
AXERT	20	2	18
AXID	18	10	8
azelaic acid	1	0	1
AZELEX	6	2	4
azithromycin	73	44	29
AZMACORT	18	1	17
AZOPT	1	0	1
AZOR	2	0	2
bacitracin-polymyxin B	1	1	0
baclofen	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
BACTROBAN	30	7	23
BACTROBAN NASAL	5	4	1
balsalazide	4	0	4
BARACLUDE	3	0	3
B-D 3cc Luer-Lok Syr	2	2	0
BD TEST STRIPS	3	3	0
BD UF PEN NEEDLES	27	27	0
BD UF SYRINGE	19	19	0
BENADRYL	1	0	1
BENEFIX	1	1	0
BENICAR	37	24	13
BENICAR HCT	33	22	11
BENZAC AC	2	0	2
BENZAQLIN	64	0	64
BENZIQ	2	0	2
benzonatate	3	0	3
BENZOYL PEROX WASH	16	0	16
benzoyl peroxide	10	4	6
betamethasone sodium phosphate	1	1	0
BETASERON	14	10	4
BIAFINE EMULSION	4	2	2
BIAXIN	1	1	0
BICILLIN L-A	13	12	1
BIDIL	2	2	0
bismuth subsalicylate	1	1	0
bleomycin sulfate	2	2	0
BONIVA	6	1	5
BOOST	15	1	14
boric acid compound	1	1	0
BOTOX	19	16	3
BREATHERITE	1	1	0
BRETHINE	2	2	0
BREVOXYL	3	0	3
BRIGHT BEGINNINGS	3	2	1
BROMHIST PEDIATRIC	2	0	2
BROVANA	3	0	3
BUDEPRION SR	2	1	1
BUDEPRION XL	5	1	4
budesonide	3	1	2
bupropion HCL	1	0	1
bupropion HCL SR	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
bupropion SR	5	1	4
BUSPAR	2	1	1
bupirone HCl	3	1	2
BYETTA	69	12	57
BYSTOLIC	24	2	22
cabergoline	4	1	3
CADUET	3	0	3
caffeine citrate	9	8	1
CALAN SR	1	1	0
calcium	2	2	0
calcium carbonate	3	3	0
calcium gluconate	1	1	0
CAMPRAL	24	4	20
CANASA	23	5	18
CAPEX	9	1	8
CAPITAL/CODEINE	82	78	4
CAPITROL	1	1	0
captopril compound	2	1	1
CARAFATE	1	1	0
carbamazepine	3	3	0
CARBATROL	1	1	0
CARDIZEM CD	1	0	1
CARDURA	2	2	0
carisoprodol 350MG	1	1	0
CARNATION INSTANT BREAKFAST	3	1	2
CARNITOR	2	2	0
CARTIA XT	1	0	1
CATAPRES-TTS	2	1	1
cefdinir	57	41	16
cefpodoxime proxetil	2	2	0
CEFZIL	1	1	0
CELEBREX	206	91	115
CELESTONE SOLUSPAN	2	2	0
CELEXA	72	51	21
CENESTIN	2	0	2
CERAVE MOISTURIZING CREAM	3	1	2
CEREFOLIN NAC TABLET	2	0	2
CEROVITE	1	0	1
CETAPHIL	2	0	2
cetirizine HCL	9	3	6
CHANTIX	344	96	248

Drug	Number of Requests	Number Approved	Number Denied
CHEMET	10	8	2
CHERATUSSIN AC	1	1	0
CHILDREN'S CLARITIN	10	0	10
CHILDREN'S SUDAFED NON-DROWSY	1	1	0
chloral hydrate	1	0	1
CHLOR-TRIMETON	1	0	1
CHROMAGEN	6	0	6
CIALIS	2	0	2
ciclopirox	4	1	3
CIPRO	10	1	9
CIPRO XR	1	0	1
CIPRODEX OTIC SUSP	46	17	29
ciprofloxacin HCl	1	1	0
citalopram	35	25	10
CITRACAL PRENATAL + DHA TABLETS	1	0	1
CLARAVIS	7	4	3
CLARINEX	31	0	31
CLARINEX -D	9	0	9
clarithromycin ER	1	0	1
CLARITIN	8	4	4
CLARITIN-D	12	6	6
CLEOCIN	1	1	0
CLIMARA	2	2	0
CLINDAGEL	3	0	3
CLINORIL	4	0	4
clobetasol propionate	1	0	1
CLOBEX	6	0	6
CLODERM	3	0	3
CLOMID	1	0	1
clomiphene citrate	1	0	1
clomipramine HCl	1	0	1
clonazepam	15	10	5
clonidine HCl	2	2	0
CLOZARIL	4	4	0
CODIMAL-PH	1	0	1
COENZYME Q10	8	7	1
COLAZAL	17	4	13
colistimethate sodium	2	2	0
COLISTIN SULFATE	2	2	0
COLYTE	1	1	0
COMBIVENT	1	0	1

Drug	Number of Requests	Number Approved	Number Denied
COMPLEAT PEDIATRIC	2	1	1

Drug	Number of Requests	Number Approved	Number Denied
compound drug	26	12	14
CONCERTA	23	9	14
COPAXONE	25	21	4
CORDRAN	6	1	5
COREG	2	1	1
COREG CR	4	0	4
corn pads	1	1	0
CORTEF	7	7	0
CORTIFOAM	1	0	1
CORTISPORIN-TC	1	0	1
COSOPT	2	0	2
COUMADIN	18	17	1
COZAAR	54	1	53
CREON	3	0	3
CREON 10	28	28	0
CRESTOR	70	4	66
CRINONE	10	10	0
CRITIC-AID CLEAR OINTMENT	1	0	1
CULTURELLE	1	0	1
CUTIVATE	2	0	2
CVS nutrition liquid	1	0	1
cyanocobalamin	1	1	0
cyclobenzaprine HCl	1	1	0
CYMBALTA	489	255	234
CYSTAGON	1	1	0
cytarabine	1	1	0
CYTOMEL	18	13	5
CYTOTEC	1	1	0
CYTRA-2	2	2	0
dacarbazine	1	1	0
DAIRY DIGESTIVE	1	1	0
DALLERGY	2	1	1
DALLERGY PE	2	0	2
dantrolene compound	2	2	0
DARVOCET-N	1	1	0
DARVON-N	2	0	2
DAYTRANA	8	8	0
DDAVP	365	121	244
DEMEROL	1	1	0
DENAVIR	6	1	5
DEPAKOTE	8	8	0

Drug	Number of Requests	Number Approved	Number Denied
DEPLIN	1	0	1
DEPO-PROVERA	3	1	2
DEPO-TESTOSTERONE	16	12	4
DERMA SMOOTHIE	13	0	13
DERMA-SMOOTHIE / FS SCALP OIL	2	2	0
DERMATOP	1	0	1
desmopressin acetate	136	42	94
DESOGEN	1	1	0
DESONATE	2	0	2
DESOXYN	6	6	0
DESYREL	1	0	1
DETROL	15	7	8
DETROL LA	78	41	37
dexamethasone	3	3	0
DEXEDRINE	11	7	4
dexmethylphenidate	1	1	0
DEXPAK	1	0	1
dextroamphetamine sulfate	7	6	1
dextroamphetamine sulfate CR	3	0	3
DEXTROSTAT	3	2	1
DIAFOODS THICK-IT	5	0	5
DIASTAT ACUDIAL	5	5	0
diazepam	9	6	3
diclofenac sodium ER	1	0	1
diclofenac sodium	1	1	0
dicyclomine HCl	1	1	0
DIFFERIN	39	3	36
DIFLUCAN	95	79	16
digoxin	1	1	0
dihydroergotamine mesylate	1	1	0
DILANTIN	6	6	0
DILAUDID	5	3	2
dimethyl sulfoxide	1	1	0
DIOVAN	90	68	22
DIOVAN HCT	53	36	17
DIPROLENE	1	0	1
disulfiram	1	0	1
DIURIL	4	3	1
divalproex	1	0	1
DOLGIC PLUS	1	0	1
DOLOBID	2	1	1

Drug	Number of Requests	Number Approved	Number Denied
DONATUSSIN	2	2	0
DONATUSSIN DM	2	1	1
DONATUSSIN PEDIATRIC	2	2	0
DORYX	3	0	3
DOVONEX	2	1	1
doxazosin mesylate	1	1	0
doxepin HCl	11	5	6
doxorubicin HCl	1	1	0
doxycycline	1	1	0
dronabinol	1	0	1
DROXIA	2	2	0
DRYSOL	1	1	0
DUAC	7	0	7
DUAC CS	1	1	0
DUET	1	1	0
DUET DHA	1	1	0
DUOCAL	12	4	8
DUONEB	2	0	2
DURABAC FORTE TABS	1	0	1
DURAGESIC	62	44	18
DURATUSS AC	1	0	1
DURICEF	2	1	1
DYNACIRC	1	0	1
EDECRIN	1	0	1
EFFEXOR	19	10	9
EFFEXOR XR	220	114	106
EFUDEX	1	0	1
ELAVIL	5	3	2
ELECARE	25	11	14
ELESTAT	4	0	4
ELIDEL	338	106	232
ELMIRON	20	15	5
ELOCON	4	2	2
EMLA/TEGADERM	1	0	1
ENABLEX	18	10	8
enalapril compound	1	1	0
ENBREL	105	70	35
ENFACARE	22	19	3
ENFAMIL	53	27	26
ENJUVA	4	0	4
ENSURE	32	5	27

Drug	Number of Requests	Number Approved	Number Denied
ENTEX LA	5	1	4
EPOGEN	4	3	1
ERTACZO	1	0	1
ERY-TAB	1	1	0
erythromycin ethylsuccinate	1	1	0
ESTRATEST	1	1	0
ESTRING	1	0	1
ESTROGEL	2	1	1
etodolac	17	2	15
etodolac CR	5	1	4
EUCERIN	1	0	1
EUFLEXXA	4	2	2
EVISTA	15	6	9
EVOCLIN FOAM	1	0	1
EXELDERM	1	0	1
EXFORGE	6	4	2
EXJADE	9	8	1
EXPECTA LIPIL DHA	1	0	1
EXTENDRYL JR	2	0	2
FABRAZYME	1	1	0
FAMVIR	2	0	2
FAZACLO	2	1	1
FEMARA	8	5	3
FEMCON FE	7	1	6
FEMHRT	1	0	1
fenofibrate	2	2	0
FENOGLIDE	1	0	1
fentanyl patch	35	27	8
FENTORA	1	0	1
FER-IN-SOL	1	1	0
FERRALET 90	1	0	1
FERREX 150 FORTE	1	1	0
ferrous sulfate	2	2	0
fexofenadine HCL	148	75	73
FINACEA	3	0	3
FIRST-PROGESTERONE	1	1	0
FLAGYL	1	1	0
FLECTOR PATCH	25	1	24
FLEET ENEMA	2	2	0
FLEXERIL	5	0	5
FLONASE	1	0	1

Drug	Number of Requests	Number Approved	Number Denied
FLORA-Q CAPS	3	0	3
FLORASTOR	2	2	0
FLORASTOR KIDS	3	0	3
FLOVENT	3	3	0
FLOVENT DISKUS	4	0	4
FLOVENT ROTADISK	1	0	1
fluconazole	91	65	26
fluocinonide compound	1	1	0
fluoxetine HCl	26	16	10
fluphenazine Decanoate	1	1	0
fluvoxamine maleate	10	7	3
FOCALIN	27	20	7
FOCALIN XR	27	8	19
FOLGARD RX	2	1	1
folic acid powder	1	1	0
FOLTX	2	1	1
FORADIL AEROLIZER	26	5	21
formaldehyde	1	0	1
FORTEO	2	1	1
FOSAMAX PLUS D	1	0	1
fosinopril	1	0	1
FOSRENOL	1	1	0
FREESTYLE LITE STRIPS	23	11	12
FREESTYLE SYSTEM KIT	1	1	0
FROVA	15	2	13
gabapentin	2	1	1
GABITRIL	6	0	6
GASTROCROM	2	2	0
GENOTROPIN	5	0	5
gentamicin sulfate	5	5	0
GEODON	16	11	5
GLEEVEC	1	1	0
glipizide-metformin	1	0	1
GLUCERNA SHAKE	1	0	1
glucometer	1	0	1
glucosamine	1	0	1
glucose	1	1	0
glucose control	1	1	0
GLUMETZA	2	0	2
GLYSET	3	0	3
GOLYTELY	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
green soap	1	1	0
GRIFULVIN V	1	1	0
griseofulvin	15	4	11
GRIS-PEG	12	0	12
guaifenesin	1	1	0
GYNAZOLE	1	0	1
HALCION	3	1	2
HALDOL	2	1	1
HC pramoxine Cream	1	0	1
HECTOROL	1	1	0
HELIDAC	1	0	1
HELIXATE	1	1	0
HEPSERA	7	6	1
HERCEPTIN	2	2	0
HIBICLENS	1	0	1
HISTUSSIN HC	1	0	1
HUMALOG	8	7	1
HUMALOG KWIKPEN SUB-Q PEN	5	3	2
HUMALOG MIX 75/25	2	2	0
HUMALOG PEN	3	3	0
HUMAPEN LUXURA HD	8	5	3
HUMAPEN MEMOIR	2	0	2
HUMATROPE	3	1	2
HUMIRA	72	44	28
HUMULIN 70/30	1	1	0
HUMULIN N	2	2	0
HUMULIN N PEN	1	1	0
HYALGAN	9	0	9
HYCET	1	1	0
HYCODAN	1	1	0
HYCOTUSS EXPECTORANT	1	0	1
HYDRA-AID GEL MD PMP	1	0	1
hydrocodone-apap	81	15	66
hydrocortisone compound	2	1	1
hydromorphone HCl	2	1	1
hydroquinone	2	2	0
hydroxyprogesterone caproate	15	15	0
hydroxyurea	2	2	0
hydroxyzine HCl	4	1	3
HYLIRA	8	2	6
HYPER-SAL	11	11	0

Drug	Number of Requests	Number Approved	Number Denied
HYZAAR	18	0	18
ibuprofen	1	1	0
ICAR	1	1	0
imipramine	11	4	7
IMITREX	10	2	8
INCRELEX	4	3	1
INDERAL LA	1	1	0
INSPRA	2	0	2
insulin syringe	9	9	0
INTRON-A	4	3	1
INVEGA ER	18	13	5
INVERSINE	1	0	1
IONAMIN-30	1	0	1
ipratropium bromide	1	0	1
IQUIX	1	0	1
ISOMIL ADVANCE	2	0	2
ISOMIL DF	2	2	0
isotretinoin	3	1	2
itraconazole	18	7	11
I-VALEX-2	2	1	1
JANUMET	20	13	7
JANUVIA	48	37	11
JEVITY	1	1	0
KADIAN	22	4	18
K-DUR	1	1	0
KEFLEX	1	1	0
KENALOG	2	2	0
KEPPRA	10	5	5
KERAFOAM	1	0	1
KERALAC OINTMENT	1	1	0
KERATOL HC	1	0	1
ketorolac tromethamine	4	2	2
KETOSTIX	1	1	0
KINERET	4	1	3
KLARON	3	0	3
KLONOPIN	13	3	10
KOGENATE FS	9	9	0
K-PHOS	1	1	0
KRISTALOSE	2	0	2
KUVAN	7	1	6
KYTRIL	1	0	1

Drug	Number of Requests	Number Approved	Number Denied
LAC-HYDRIN	1	1	0
LACTAID FAST ACT	4	1	3
LACTINEX PACKET	3	0	3
lactulose	2	2	0
LAMICTAL	17	17	0
LAMISIL	10	3	7
lancets	1	1	0
LANOXIN	1	1	0
LANTUS	22	22	0
LANTUS SOLOSTAR	8	0	8
L-arginine	3	2	1
LAVOCLEN-4 CREAMY WASH	1	0	1
LCD/Petrolatum Compound	1	1	0
lecithin	1	0	1
LETAIRIS	1	1	0
LEVAQUIN	107	52	55
LEVEMIR	5	5	0
LEVEMIR INSULIN PEN	5	0	5
LEVITRA	2	0	2
LEVOCARNITINE T	1	1	0
levorphanol tartrate	1	0	1
levothyroxine sodium	1	0	1
LEVOXYL	2	2	0
LEXAPRO	311	168	143
LIALDA	3	1	2
LIDEX COMPOUND	1	1	0
lidocaine HCl	2	2	0
LIDODERM	259	6	253
LIMBREL	4	1	3
lindane	25	1	24
LIPITOR	169	24	145
LIPOFEN	1	0	1
LIQ-10	9	9	0
lisinopril	10	6	4
lithium ER	1	1	0
LMX 4 CREAM	1	0	1
LO/OVRAL (28)	3	2	1
LOCOID	2	0	2
LOCOID LIPOCREAM	1	1	0
LODINE	26	4	22
LODINE XL	2	0	2

Drug	Number of Requests	Number Approved	Number Denied
LOESTRIN	2	2	0
LOESTRIN FE	7	0	7
LOFIBRA	1	1	0
loperamide HCl	1	1	0
LOPROX	3	1	2
loratadine	9	0	9
loratadine syrup	2	2	0
LORCET	3	0	3
LORTAB	50	15	35
LOTREL	12	0	12
lovastatin	23	2	21
LOVAZA CAPS	41	4	37
LOVENOX	96	90	6
LUNESTA	15	0	15
LUNESTA	29	29	0
LUPRON DEPOT	181	154	27
LUVOX	7	4	3
LUVOX CR	1	0	1
LUXIQ	5	1	4
LYBREL TABLET	2	0	2
LYRICA	7	6	1
MAG	1	1	0
magic mouthwash compound	1	1	0
MAGINEX	1	1	0
magnesium oxide	3	3	0
MAG-OX	1	1	0
MALARONE	1	1	0
MARINOL	10	2	8
MARPLAN	2	2	0
MATULANE	4	3	1
MAXAIR AUTOHALER	16	10	6
MAXALT	60	6	54
MAXALT-MLT	37	5	32
MAXIDONE	1	0	1
meclofenamate sodium	1	0	1
MEDERMA	1	0	1
MEDIPLAST	1	0	1
mefloquine HCl	1	1	0
MEGACE ES	3	1	2
melatonin	5	2	3
MENTAX	2	0	2

Drug	Number of Requests	Number Approved	Number Denied
MERIDIA	5	0	5
METADATE CD	30	10	20
METANX	6	1	5
methadone HCl	65	51	14
METHADOSE	1	0	1
methocarbamol	2	1	1
methotrexate sodium	33	33	0
METHYLIN	6	5	1
METHYLIN ER	2	2	0
methylphenidate HCl	5	2	3
methyltestosterone	1	1	0
metoprolol Succ ER	57	7	50
METROGEL TOP	14	2	12
metronidazole compound	2	2	0
MEVACOR	1	0	1
MICARDIS	8	1	7
MICARDIS HCT	6	0	6
MICRO-K	1	0	1
midazolam HCl	1	1	0
MIGRANAL	1	1	0
MIGRATEN	3	1	2
mineral oil	2	1	1
Minoxidil	1	0	1
MIRAPEX	1	1	0
MIRCETTE	1	1	0
mirtazapine	4	4	0
misoprostol	1	1	0
MOBIC	1	1	0
MOBISYL	1	0	1
MOISTURIN	1	1	0
mometasone furoate	2	0	2
MONUROL	1	1	0
morphine sulfate CR	9	8	1
morphine sulfate IR	4	3	1
MOTRIN	1	1	0
MS CONTIN	29	23	6
MSIR	3	3	0
mupirocin	7	5	2
MURO 128	1	1	0
MYKIDZ IRON	1	0	1
MYOBLOC	11	11	0

Drug	Number of Requests	Number Approved	Number Denied
nabumetone	63	7	56
nalbuphine HCl	2	1	1
NALFON	1	0	1
naltrexone HCl	17	13	4
NAPRELAN	2	0	2
NASACORT AQ	47	1	46
NASAREL	1	1	0
NASCOBAL	1	1	0
NASONEX	247	78	169
NATACHEW	4	3	1
NATACYN	1	1	0
nefazodone	1	0	1
NEOBENZ MICRO	1	0	1
NEOCATE INFANT FORMULA	51	34	17
NEOSPORIN GU IRRIGANT	3	3	0
NEOSURE ADVANCE	52	47	5
NEPHROCAPS	1	1	0
NEULASTA	9	8	1
NEUPOGEN	21	20	1
NEURONTIN	6	5	1
NEUTRA-PHOS	2	2	0
NEVANAC	1	0	1
NEXIUM	328	38	290
NEXT STEP SOY	1	0	1
NICODERM CQ	1	0	1
NICORETTE	1	1	0
nicotine	3	3	0
NICOTROL	28	0	28
NICOTROL CARTRIDGE INHALE	2	2	0
NIFEDICAL XL	8	4	4
nifedipine	2	2	0
nifedipine CR	6	4	2
nifedipine ER	24	14	10
NIFEREX	5	1	4
nimodipine	1	0	1
NIMOTOP	1	0	1
NIZORAL A-D	1	1	0
NORCO	89	12	77
NORDITROPIN CARTRIDGE	136	134	2
NORDITROPIN NORDIFLEX	5	0	5
NORFLEX	18	6	12

Drug	Number of Requests	Number Approved	Number Denied
NORGESIC FORTE	1	1	0
nortriptyline HCl	5	4	1
NORVASC	3	2	1
NOVA MAX GLUCOSE TEST STRIP	9	8	1
NOVAREL	1	1	0
NOVOFINE	6	4	2
NOVOLIN 70/30	9	0	9
NOVOLIN N	1	0	1
NOVOLOG	74	36	38
NOVOLOG FLEXPEN	31	5	26
NOXAFIL	1	1	0
NULYTELY	1	1	0
NUTRAMIGEN	222	89	133
NUTREN JUNIOR	3	0	3
NUTRINATE	3	3	0
NUTROPIN AQ	5	0	5
OCELLA	6	1	5
OLUX	2	0	2
OMACOR	3	0	3
omeprazole	61	34	27
OMNARIS	2	0	2
OMNICEF	252	187	65
ondansetron	32	20	12
ONE TOUCH LANCETS	4	3	1
ONE TOUCH TEST STRIPS	62	19	43
OPANA	3	0	3
OPANA ER	32	10	22
OPTIVAR	27	0	27
ORAP	1	1	0
ORAPRED	4	3	1
ORAPRED ODT	2	0	2
ORENCIA	4	2	2
orphenadrine citrate	8	1	7
ORTHO DIAPHRAGM ALL-FLEX	1	0	1
ORTHO TRI-CYCLEN	2	0	2
ORTHO TRI-CYCLEN LO	93	2	91
ORTHO-NOVUM	1	1	0
ORUVAIL	1	0	1
OSCION	1	0	1
OSMOPREP	5	1	4
oticaine otic	1	0	1

Drug	Number of Requests	Number Approved	Number Denied
OVCON-35 (28)	1	1	0
OVIDE	295	152	143
OVIDREL	1	1	0
OXANDRIN	1	0	1
OXISTAT	2	0	2
oxycodone HCL	43	14	29
oxycodone HCL CR	7	1	6
oxycodone HCL ER	26	7	19
oxycodone HCL SR	1	0	1
oxycodone/apap	23	8	15
OXYCONTIN	376	119	257
OXYIR	2	1	1
OXYTROL	7	3	4
PAMELOR	2	1	1
PAMINE FORTE	1	1	0
PANCREASE MT	1	1	0
PANCRECARB	1	0	1
PANCRECARB MS	6	6	0
PANLOR SS	4	2	2
PANOXYL	1	1	0
pantoprazole sodium	53	19	34
paroxetine HCl	12	5	7
paroxetine SR	1	1	0
PATADAY	17	2	15
PATANASE	1	0	1
PATANOL	62	7	55
PAXIL	42	31	11
PAXIL CR	13	10	3
peak flow meter	2	2	0
PEDIASURE	194	49	145
PEDIOX-S SUSPENSION	1	0	1
PEGASYS	25	4	21
PEGASYS / ribavirin	43	43	0
PEG-INTRON	4	0	4
PEG-INTRON and ribavirin	22	4	18
PENLAC	2	1	1
PENTASA	4	3	1
PEPCID	19	5	14
PEPTAMEN AF	3	3	0
PEPTAMEN JUNIOR	2	0	2
PERANEX HC	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
PERCOCET	150	24	126
PERFOROMIST	1	0	1
PERIACTIN	1	1	0
permethrin	1	1	0
PHENAVENT CAPSULE	1	0	1
PHENAVENT LA	1	0	1
PHENEX-2	1	1	0
phenobarbital	3	3	0
phentermine HCl	7	0	7
PHENYLADE DRINK MIX	1	1	0
PHENYL-FREE 2	3	3	0
PIN-X	1	0	1
PLEXION	5	2	3
podofilox	1	1	0
POLYCOSE POWDER	3	2	1
PONARIS	1	0	1
PONSTEL	6	1	5
potassium chloride	1	1	0
PRAMOSONE	1	0	1
PRANDIN	8	7	1
PRECARE CHEWABLE	2	2	0
PRECISION XTRA TEST STRIPS	1	0	1
PRECOSE	1	0	1
prednicarbate	1	0	1
PREDNISONONE INTENSOL	1	1	0
PREGESTIMIL	3	3	0
PREMESIS RX	6	2	4
prenatal	3	3	0
PRENATAL 19	2	0	2
PRENATE DHA	3	0	3
PRESTIGE SMART SYSTEM TEST STP	1	0	1
PREVACID	655	270	385
PREVIDENT	2	1	1
PREVPAC	19	1	18
PRILOSEC	73	28	45
PRIMACARE ONE	1	0	1
PRIMSOL	2	2	0
PRISTIQ	29	16	13
PROAIR HFA	14	2	12
PROCARDIA XL	94	77	17
PROCHIEVE	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
PROCRIT	40	25	15
PROCTOFOAM	1	1	0
progesterone compound	6	5	1
PROGRAF	4	3	1
PROGRAF compound (tacrolimus)	3	3	0
PROHIST	1	0	1
PROMETRIUM	64	56	8
propylthiouracil	2	2	0
PROSED/DS	2	1	1
PROSOBEE	2	0	2
PROSOM	1	0	1
protein	2	0	2
PROTONIX	365	175	190
PROTOPIC	82	41	41
PROVENTIL HFA	3	1	2
PROVIGIL	24	10	14
PROZAC	72	56	16
PRUDOXIN	1	0	1
PSEUDOVENT	4	1	3
PULMICORT FLEXHALER	60	14	46
PULMICORT RESPULE	670	153	517
PULMOZYME	72	65	7
PYLERA	2	0	2
QUALAQUIN	2	1	1
ramipril	3	0	3
RANEXA	11	10	1
RAPAMUNE	9	7	2
RAPTIVA	5	1	4
REBIF	34	28	6
RECLAST	1	1	0
RECOMBINATE	2	2	0
RECTAGEL HC	1	0	1
RE-DRYLEX SYRUP	1	1	0
RELAFEN	68	8	60
RELION INSULIN SYR	2	2	0
RELPAX	8	5	3
REMERON	9	6	3
REMICADE	7	4	3
RENAGEL	15	9	6
RENOVA	1	0	1
RENVELA	1	1	0

Drug	Number of Requests	Number Approved	Number Denied
REPLIVA	13	2	11
RESOURCE BREEZE	12	0	12
RESOURCE JUST FOR KIDS	3	3	0
RESOURCE THICKENUP	1	0	1
RESPIRE-120	1	0	1
RESTASIS	32	14	18
RESTORIL	19	15	4
RETIN-A	32	30	2
RETIN-A MICRO	18	2	16
REVATIO	7	7	0
REVIA	8	8	0
RHINOCORT AQUA	69	37	32
RHOGAM (HUMAN)	55	55	0
ribavirin	3	0	3
riboflavin	1	1	0
RIOMET	8	4	4
RISAQUAD	2	0	2
RISPERDAL	59	33	26
RISPERDAL CONSTA	8	5	3
RISPERDAL M-TAB	11	5	6
risperidone	3	1	2
RITALIN	17	12	5
RITALIN LA	12	9	3
RITALIN SR	2	2	0
RITUXAN	1	1	0
ROBAXIN	1	1	0
ROCEPHIN	8	8	0
ROSAC CR	3	0	3
ROSADERM	1	0	1
ROSULA	1	0	1
ROXICODONE	3	3	0
ROZEREM	10	5	5
SAIZEN	2	0	2
SAL-ACID	1	0	1
SALEX	1	0	1
salicylic acid	4	1	3
SANCTURA	7	1	6
SANCTURA XR	1	1	0
SANDOSTATIN	6	6	0
SANDOSTATIN LAR DEPOT	1	0	1
SANTYL	3	1	2

Drug	Number of Requests	Number Approved	Number Denied
SARAFEM	1	0	1
SEASONIQUE	7	0	7
selenium	1	0	1
SELFEMRA	1	1	0
SEMPREX-D	1	0	1
senna	2	2	0
SENOKOT CHILDRENS	1	1	0
SENSIPAR	3	3	0
SEREVENT DISKUS	15	3	12
SEROQUEL	323	114	209
SEROQUEL XR	6	3	3
sertraline	29	20	9
SF	1	1	0
sildenafil compound	8	8	0
SILVADENE	1	1	0
silver nitrate applicator	2	2	0
SIMCOR	2	0	2
SIMILAC ADVANCE	22	0	22
SIMILAC ALIMENTUM ADVANCE	29	29	0
SIMPLYTHICK GEL PACKET	1	1	0
simvastatin	2	1	1
SINGULAIR	2562	615	1947
SKELAXIN	83	5	78
sodium bicarbonate	2	2	0
sodium chloride	3	3	0
sodium sulfacetamide-sulfur	1	0	1
SOLARAZE	1	0	1
SOLODYN	2	0	2
SOLU-CORTEF	17	17	0
SOMA	5	1	4
SONATA	6	4	2
sorbitol	1	0	1
SORIATANE	6	6	0
SORIATANE CK	7	0	7
SOTRET	29	19	10
SOURCE CF	1	0	1
spironolactone	1	1	0
SPORANOX	14	3	11
SPRYCEL	1	1	0
SSKI	1	1	0
STADOL NS	1	0	1

Drug	Number of Requests	Number Approved	Number Denied
STAFLEX	1	1	0
STAHIST	1	0	1
STALEVO	2	0	2
STARLIX	2	1	1
STIMATE	11	11	0
STRATTERA	32	10	22
STROMEKTOL	14	6	8
SUBOXONE	516	389	127
SUBUTEX	32	20	12
SUCRAID	4	3	1
sucrafate	2	1	1
SULAR	2	0	2
sulfacetamide sodium	2	0	2
sulindac	24	4	20
SUPARTZ	2	0	2
SUPRAX	15	12	3
SUTENT	1	1	0
SYMAX DUOTAB	1	0	1
SYMBICORT	22	10	12
SYMBYAX	1	1	0
SYMLIN	19	7	12
SYMLIN PEN	1	1	0
SYMLIN PEN SUB-Q PEN INJECTOR	2	0	2
SYNAGIS	835	413	422
SYNERA	2	0	2
SYNTHROID	3	3	0
SYNVISC	3	0	3
TACLONEX	2	0	2
TAMIFLU	108	102	6
TARCEVA	5	5	0
TARKA	3	0	3
TAXOL	2	2	0
TAZORAC	21	6	15
TEGRETOL	5	5	0
TEKTRUNA	14	6	8
temazepam	8	2	6
TEMODAR	9	7	2
TENEX	2	2	0
TERAZOL 7	1	1	0
terazosin HCl	1	0	1
terbinafine	1	0	1

Drug	Number of Requests	Number Approved	Number Denied
terbutaline sulfate	1	1	0
TESSALON	6	4	2
TESSALON PERLES	7	0	7
TESTIM	5	4	1
testosterone	14	14	0
testosterone cream	5	0	5
TESTRED	1	1	0
tetracycline HCl	1	1	0
THICK-IT	5	1	4
THYROGEN	2	2	0
THYROLAR-1	1	0	1
TINDAMAX	3	1	2
tizanidine HCl	1	1	0
TOBI	59	55	4
tobramycin sulfate	10	9	1
TOFRANIL	11	5	6
TOFRANIL-PM	3	3	0
tolmetin sodium	1	0	1
TOPAMAX	22	21	1
TOPAMAX COMPOUND	1	0	1
TOPROL XL	79	11	68
TORADOL ORAL	3	0	3
TRACLEER	1	1	0
tramadol HCl	3	1	2
TRANSDERM-SCOP	30	7	23
TRAVATAN	1	0	1
TRAVATAN Z DROPS	1	1	0
trazodone compound	8	7	1
trazodone HCl	129	51	78
tretinoin	69	62	7
TREXIMET	40	1	39
triamcinolone compound	1	1	0
triazolam	4	0	4
TRICOR	94	3	91
TRILEPTAL	6	6	0
TRI-LUMA	2	0	2
TRILYTE WITH FLAVORED PACKETS	1	1	0
TRI-VI-SOL	1	1	0
TRUE TRACK TEST STRIPS	1	0	1
TRUSOPT	1	1	0
TUCKS	1	0	1

Drug	Number of Requests	Number Approved	Number Denied
TUSSIONEX PENNKINETIC ER	18	0	18
tylenol/codeine	3	3	0
TYLOX	1	0	1
ULTRA NATALCARE	2	0	2
ULTRACET	3	1	2
ULTRAM	3	1	2
ULTRAM ER	15	1	14
ULTRASE MT	4	4	0
urea	3	1	2
UREALAC	1	0	1
URELLE	3	2	1
URISED	1	1	0
UROXATRAL	5	1	4
URSO	1	0	1
ursodiol	3	3	0
VAGIFEM	3	2	1
VALCYTE	5	5	0
VALIUM	2	1	1
valproic acid	2	2	0
VALTREX	21	18	3
VANCOCIN HCL	22	16	6
VANICREAM	1	0	1
VANIQA	1	0	1
VANOXIDE-HC	1	0	1
VANTIN	5	3	2
venlafaxine	1	1	0
VENTOLIN INHALER	2	2	0
VERAMYST SPRAY	39	1	38
verapamil HCl	3	3	0
verapamil HCl CR	1	0	1
verapamil SR	1	0	1
VERDESO	1	0	1
VEREGEN	1	0	1
VERELAN	1	0	1
VESICARE	20	8	12
VFEND	11	8	3
VIAGRA	7	3	4
VICODIN	4	3	1
VICODIN ES	7	2	5
VICODIN HP	5	0	5
VIGAMOX	9	0	9

Drug	Number of Requests	Number Approved	Number Denied
vinblastine sulfate	2	2	0
VIOKASE	1	1	0
VISTARIL	3	2	1
VITAL JR ORAL LIQUID	2	0	2
VITAMAX	1	1	0
vitamin D	1	1	0
VITAPLEX	1	1	0
VIVACTIL	1	0	1
VIVAGLOBIN	2	0	2
VIVITROL	3	1	2
VOLTAREN	18	1	17
VOLTAREN-XR	7	0	7
VUSION	2	0	2
VYTORIN	49	5	44
VYVANSE	70	32	38
WALGREENS TEST STRIP	1	0	1
WELCHOL	30	0	30
WELLBUTRIN	3	2	1
WELLBUTRIN SR	13	5	8
WELLBUTRIN XL	19	7	12
XANAX	4	3	1
XANAX XR	11	2	9
XELODA	3	2	1
XENICAL	7	0	7
XERAC AC	2	0	2
XIBROM	1	0	1
XIFAXAN	25	6	19
XOLAIR	73	43	30
XOPENEX	249	38	211
XOPENEX HFA	86	0	86
X-SEB T PEARL	1	0	1
XYREM	5	4	1
XYZAL	44	0	44
XYZAL TABLET	5	5	0
YASMIN 28	38	4	34
YAZ	95	6	89
ZADITOR	1	1	0
ZANAFLEX	13	2	11
ZANTAC	1	1	0
ZANTAC EFFERDOSE	1	0	1
ZEBUTAL	1	0	1

Drug	Number of Requests	Number Approved	Number Denied
ZEGERID	20	2	18
ZEMPLAR	1	0	1
ZETIA	56	3	53
ZIANA GEL	1	0	1
zinc oxide	1	1	0
zinc sulfate	8	8	0
ZINOTIC	1	0	1
ZITHROMAX	168	97	71
ZOCOR	1	0	1
ZODERM	1	0	1
ZOFRAN	185	147	38
ZOFRAN ODT	11	0	11
ZOLINZA CAPSULE	1	1	0
ZOLOFT	89	68	21
zolpidem	22	14	8
ZOMIG	14	2	12
ZOMIG ZMT	1	1	0
ZONALON	2	1	1
ZONEGRAN	1	1	0
ZOVIRAX	98	0	98
ZOVIRAX CREAM	18	18	0
ZYFLO	3	0	3
ZYFLO CR	5	0	5
ZYMAR	8	3	5
ZYPREXA	21	10	11
ZYPREXA ZYDIS	1	1	0
ZYRTEC	168	103	65
ZYRTEC-D	14	1	13
ZYVOX	30	10	20

MCO DUR Board Annual Grievance Report

MDwise 2008

Grievance: Verbal or written expression of dissatisfaction for which the member has a reasonable expectation that action will be taken to resolve or reconsider the matter expressed. If a verbal expression of satisfaction takes less than a business day to resolve, it is considered to be an inquiry. Matters that are remanded to the administrative review and/or appeals process for resolution are not considered as grievances.

Date of Grievance	Date Resolved	Pharmacy Name	Reason for Grievance/Summary of Actions Taken
		Quarter 1 (2 Grievances)	
1/28/08	2/1/08	CVS Pharmacy	Member presented to the pharmacy with a prescription for TAMIFLU. The pharmacist told the member that the product was not covered and required the member to pay cash for the product. The pharmacy was contacted and educated on the process for issuing an emergency supply. The pharmacy processed the claim and reimbursed the member for their cost.

Date of Grievance	Date Resolved	Pharmacy Name	Reason for Grievance/Summary of Actions Taken
3/3/08	3/11/08	NA	Member was participating in the MDwise tablet-splitting program in which the patient was prescribed 1/2 of a 15mg tablet to deliver 7.5mg per day. The prescriber, upon rewriting the prescription assumed the member was prescribed 15mg per day and rewrote the prescription for 1/2 of a 30mg tablet. The mistake was caught at the pharmacy and the prescription was changed so that the member received the correct dosage. The physician and family were advised of the situation.
		Quarter 2 (2 Grievances)	
5/7/2008	6/5/2008	Wal-Mart Pharmacy	Member paid \$27 out of pocket for Zofran in which the WalMart pharmacist told the member that they had a third-party liability and would not process the claim through to MDwise. The member's records in Interchange did not show evidence of TPL and the pharmacy was contacted and educated on the process for checking TPL. The pharmacy processed the claim through MDwise and reimbursed the member for the cost of the prescription.

Date of Grievance	Date Resolved	Pharmacy Name	Reason for Grievance/Summary of Actions Taken
5/22/08	6/3/08	Walgreens Pharmacy	Member paid \$12 out of pocket for sulfameth/trimethoprim 800/160 when pharmacist told the member that the claim would not adjudicate because of an early refill alert. No record of a prior prescription claims was on record so the pharmacy was contacted and asked to run the claim through, which it paid and the member was reimbursed. Member was also given a copy of the member handbook and explained the pharmacy benefits.
		Quarter 3 (1 Grievance)	
8/26/2008	8/27/2008	CVS Pharmacy	Member was not able to get Vicodin prescription filled due to early refill alert. Member had a previous prescription for 15 days supply of APAP w/ hydrocodone that was filled 11 days earlier. Member stated that they were embarrassed and mistreated in front of people. Pharmacy was contacted and through discussions with the pharmacy, it was concluded that member has attempted to refill their pain medications too soon. Member was contacted and refill was processed according to the proper refill date.
		Quarter 4 (3 Grievances)	

Date of Grievance	Date Resolved	Pharmacy Name	Reason for Grievance/Summary of Actions Taken
10/2/2008	10/9/2008	Walgreens Pharmacy (Chicago)	Member was required to pay out-of-pocket for Nystatin prescription processed by Walgreens. Walgreens pharmacist reported to the member that the prescription would not go through. Upon contacting the pharmacy, it was discovered that the pharmacy had an incorrect Bin # and Processing Control #. Member was reimbursed for the medication.
10/14/2008	10/23/2008	CVS Pharmacy	Member paid for prescription supply of SUBUTEX 8mg that would not adjudicate at CVS. Review of case found that an authorization had previously been granted for a short period of time, but the member filled the prescription late, after the authorization expired. Member was reimbursed for cost of prescription and MDwise pharmacist worked with the prescribing physician to attain another authorization
12/3/2008	12/8/2008	CVS Pharmacy	Member complained about problems that member had in getting her prescriptions filled for her daughter. Member stated that the pharmacy had lost her daughter's prescription which put her child at risk for aspiration during that time. Pharmacy was notified of complaint and incident was documented into a tracking file that will be referenced in case of any future complaints.