



Dean
HEALTH INSURANCE

DeanCare Rx Classic
2009 Formulary
(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER IN THIS PLAN

Note to existing members: This formulary has changed since last year. Please review this document to make sure that it still contains the drugs you take.

This document includes DeanCare Rx Classic plan's partial formulary as of November 1, 2009. For a complete, updated formulary, please visit our Web site at www.deancarerx.com or call 1-888-422-3326, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-877-733-6456.

What is the DeanCare Rx Classic Formulary?

A formulary is a list of covered drugs selected by DeanCareRx Classic in consultation with a team of health care providers, which represents the prescription therapies believed to be a necessary part of a quality treatment program. DeanCareRx Classic will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a DeanCareRx Classic network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your Evidence of Coverage.

This document is a partial formulary and includes only some of the drugs covered by DeanCareRx Classic. For a complete listing of all prescription drugs covered by DeanCareRx Classic, please visit our Web site at www.deancarerx.com or call 1-888-422-3326, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-877-733-6456.

Can the Formulary change?

Generally, if you are taking a drug on our 2009 formulary that was covered at the beginning of the year, we will not discontinue or reduce coverage of the drug during the 2009 coverage year except when a new, less expensive generic drug becomes available or when new adverse information about the safety or effectiveness of a drug is released. Other types of formulary changes, such as removing a drug from our formulary, will not affect members who are currently taking the drug. It will remain available at the same cost-sharing for those members taking it for the remainder of the coverage year. We feel it is important that you have continued access for the remainder of the coverage year to the formulary drugs that were available when you chose our plan, except for cases in which you can save additional money or we can ensure your safety.

If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug or move a drug to a higher cost-sharing tier, we must notify affected members of the change at least 60 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a 60-day supply of the drug. If the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary and provide notice to members who take the drug. The enclosed formulary is current as of January 1, 2009. To get updated information about the drugs covered by DeanCareRx Classic please visit our Web site at www.deancarerx.com or call Customer Service at 1-888-422-3326, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-877-733-6456.

How do I use the Formulary?

There are two ways to find your drug within the formulary:

Medical Condition

The formulary begins on page 6. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Agents." If you know what your drug is used for, look for the category name in the list that begins on page 6. Then look under the category name for your drug.

Alphabetical Listing

If you are not sure what category to look under, you should look for your drug in the Index that begins on page 13. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

What are generic drugs?

DeanCareRx Classic covers both brand name drugs and generic drugs. A generic drug is approved by the FDA as having the same active ingredient as the brand name drug. Generally, generic drugs cost less than brand name drugs.

Are there any restrictions on my coverage?

Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** DeanCareRx Classic requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from DeanCareRx Classic before you fill your prescriptions. If you don't get approval, DeanCareRx Classic may not cover the drug.
- **Quantity Limits:** For certain drugs, DeanCareRx Classic limits the amount of the drug that DeanCareRx Classic will cover. For example, DeanCareRx Classic provides 9 tablets per prescription for *sumatriptan*. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, DeanCareRx Classic requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, DeanCareRx Classic may not cover drug B unless you try Drug A first. If Drug A does not work for you, DeanCareRx Classic will then cover Drug B.

You can find out if your drug has any additional requirements or limits by looking in the formulary that begins on page 6.

You can ask DeanCareRx Classic to make an exception to these restrictions or limits. See the section, "How do I request an exception to the DeanCareRx Classic formulary?" on page 4 for information about how to request an exception.

What if my drug is not on the Formulary?

If your drug is not included in this list of covered drugs, you should first contact Customer Service and ask if your drug is covered. This document includes only a partial list of covered drugs, so DeanCareRx Classic may cover your drug. You can contact Customer Service at 1-888-422-3326, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-877-733-6456.

If you learn that DeanCareRx Classic does not cover your drug, you have two options:

- You can ask Customer Service for a list of similar drugs that are covered by DeanCareRx Classic. When you receive the list, show it to your doctor and ask him or her to prescribe a similar drug that is covered by DeanCareRx Classic.

- You can ask DeanCareRx Classic to make an exception and cover your drug. See below for information about how to request an exception.

How do I request an exception to the DeanCareRx Classic Formulary?

You can ask DeanCareRx Classic to make an exception to our coverage rules. There are several types of exceptions that you can ask us to make.

- You can ask us to cover your drug even if it is not on our formulary.
- You can ask us to waive coverage restrictions or limits on your drug. For example, for certain drugs, DeanCareRx Classic limits the amount of the drug that we will cover. If your drug has a quantity limit, you can ask us to waive the limit and cover more.
- You can ask us to provide a higher level of coverage for your drug. If your drug is contained in our highest tier subject to the tiering exceptions process, you can ask us to cover it at the cost-sharing amount that applies to drugs in the lowest tier subject to the tiering exceptions process instead. This would lower the amount you must pay for your drug. Please note, if we grant your request to cover a drug that is not on our formulary, you may not ask us to provide a higher level of coverage for the drug. Also, you may not ask us to provide a higher level of coverage for drugs that are in the tier designated as the high-cost drug tier.

Generally, DeanCareRx Classic will only approve your request for an exception if the alternative drugs included on the plan's formulary, the lower-tiered drug or additional utilization restrictions would not be as effective in treating your condition and/or would cause you to have adverse medical effects.

You should contact us to ask us for an initial coverage decision for a formulary, tiering or utilization restriction exception. **When you are requesting a formulary, tiering or utilization restriction exception you should submit a statement from your physician supporting your request.** Generally, we must make our decision within 72 hours of getting your prescribing physician's supporting statement. You can request an expedited (fast) exception if you or your doctor believe that your health could be seriously harmed by waiting up to 72 hours for a decision. If your request to expedite is granted, we must give you a decision no later than 24 hours after we get your prescribing physician's supporting statement.

What do I do before I can talk to my doctor about changing my drugs or requesting an exception?

As a new or continuing member in our plan you may be taking drugs that are not on our formulary. Or, you may be taking a drug that is on our formulary but your ability to get it is limited. For example, you may need a prior authorization from us before you can fill your prescription. You should talk to your doctor to decide if you should switch to an appropriate drug that we cover or request a formulary exception so that we will cover the drug you take. While you talk to your doctor to determine the right course of action for you, we may cover your drug in certain cases during the first 90 days you are a member of our plan.

For each of your drugs that is not on our formulary or if your ability to get your drugs is limited, we will cover a temporary 30-day supply (unless you have a prescription written for fewer days) when you go to a

network pharmacy. After your first 30-day supply, we will not pay for these drugs, even if you have been a member of the plan less than 90 days.

If you are a resident of a long-term care facility, we will cover a temporary 90-day transition supply (unless you have a prescription written for fewer days). We will cover more than one refill of these drugs for the first 180 days you are a member of our plan. If you need a drug that is not on our formulary or if your ability to get your drugs is limited, but you are past the first 90 days of membership in our plan, we will cover a 31-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

For more information

For more detailed information about your DeanCareRx Classic prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about DeanCareRx Classic, please call Customer Service at 1-888-422-3326, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-877-733-6456. Or visit www.deancarerx.com.

If you have general questions about Medicare prescription drug coverage, please call Medicare at 1-800-MEDICARE (1-800-633-4227) 24 hours a day/7 days a week. TTY/TDD users should call 1-877-486-2048. Or, visit www.medicare.gov.

DeanCareRx Classic Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by DeanCareRx Classic. If you have trouble finding your drug in the list, turn to the Index that begins on page 13. Remember: This is only a partial list of drugs covered by DeanCareRx Classic. If your prescription is not in this partial formulary, please visit our Web site at www.deancarerx.com or call Customer Service at 1-888-422-3326, Monday through Friday, 8:00 a.m. to 8:00 p.m. TTY/TDD users should call 1-877-733-6456 for additional help.

The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., LEVAQUIN) and generic drugs are listed in lower-case italics (e.g., *amoxicillin*).

The information in the Notes column tells you if DeanCareRx Classic has any special requirements for coverage of your drug. In this column you will find either the term “PA” (prior authorization), “QL” (quantity limit), “ST” (step therapy), or “RS” (restricted to specialists). If the column is blank, the drug does not have any special requirements/limitations.

Drug Name	Drug Tier	Notes
Analgesics		
<i>acetaminophen/codeine</i>	1	
AVINZA	2	QL
<i>codeine sulfate tab</i>	1	
DIFLUNISAL	1	
<i>hydrocodone/acetaminophen</i>	1	
FENTANYL LOLLIPOP	2	QL/PA
<i>fentanyl patch</i>	2	
<i>meperidine</i>	1	
<i>methadone tab</i>	1	
<i>methadone solution</i>	2	
<i>morphine er</i>	1	QL
<i>morphine tab</i>	1	
<i>oxycodone tab</i>	1	
<i>oxycodone er</i>	2	QL
<i>oxycodone/acetaminophen</i>	1	
OXYCONTIN	2	QL
<i>propoxyphene-n/acetaminophen</i>	1	
SUBOXONE	2	
<i>tramadol</i>	1	
<i>tramadol/acetaminophen</i>	1	
Anesthetics		
<i>lidocaine gel/soln.</i>	1	
<i>lidocaine inj.</i>	1	
<i>lidocaine oint</i>	2	
Antibacterials		
<i>amoxicillin</i>	1	
<i>amoxicillin/clavulanate</i>	1	
<i>ampicillin</i>	1	
AUGMENTIN XR	2	
AVELOX	2	
<i>azithromycin</i>	1	
<i>cefadroxil</i>	1	
<i>cefdinir</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime</i>	1	
<i>cephalexin</i>	1	
<i>ciprofloxacin</i>	1	
<i>clarithromycin</i>	1	
<i>clindamycin cap</i>	1	
DAPSONE	1	
<i>demeclocycline</i>	1	
<i>dicloxacillin</i>	1	
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	

Drug Name	Drug Tier	Notes
ERY-TAB	1	
FORTAZ INJ 500mg	2	
LEVAQUIN	2	
<i>metronidazole tab</i>	1	
<i>minocycline</i>	1	
<i>ofloxacin tab</i>	1	
<i>penicillin vk</i>	1	
<i>sulfamethoxazole/trimethoprim (ds)</i>	1	
tetracycline	1	
ZYVOX	2	PA
Anti-convulsants		
BANZEL	2	
<i>carbamazepine</i>	1	
<i>carbamazepine er</i>	2	
CARBATROL	2	
DILANTIN	2	
<i>divalproex</i>	1	
<i>divalproex er</i>	2	
<i>gabapentin</i>	1	
<i>lamotrigine</i>	1	
<i>lamotrigine chew 5mg & 25mg</i>	2	
<i>levetiracetam</i>	2	
LYRICA	2	PA
<i>oxcarbazepine</i>	1	
PHENYTEK	1	
<i>phenytoin extended</i>	1	
SABRIL POWDER	2	PA
SABRIL TAB	2	PA
TEGRETOL	2	
TEGRETOL XR	2	
TRILEPTAL SUSPENSION	2	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
<i>topiramate</i>	1	
<i>topiramate sprinkle</i>	1	
VIMPAT	2	PA
VIMPAT INJ.	2	PA
<i>zonisamide</i>	1	
Antidementia Agents		
ARICEPT	2	
EXELON	2	
<i>galantamine</i>	1	
<i>galantamine er</i>	2	
NAMENDA	2	
Antidepressants		

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>amitriptyline</i>	1	
<i>budeprion xl</i>	2	
<i>bupropion sr</i>	2	
<i>citalopram</i>	1	
CYMBALTA	2	
<i>doxepin</i>	1	
EFFEXOR XR	2	
EMSAM	2	PA
<i>fluoxetine</i>	1	
<i>fluvoxamine</i>	1	
LEXAPRO	2	
LUVOX CR	2	ST
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>nefazodone</i>	2	PA
<i>paroxetine</i>	1	
<i>paroxetine er</i>	1	
PAXIL CR	2	ST
PRISTIQ	2	PA
<i>sertraline</i>	1	
<i>trazodone</i>	1	
<i>venlafaxine</i>	1	
VENLAFAXINE ER	2	
Antiemetics		
<i>dronabinol</i>	1	
EMEND	2	QL
<i>granisetron</i>	1	QL
<i>meclizine</i>	1	
<i>ondansetron</i>	1	
<i>ondansetron odt</i>	1	
Antifungals		
<i>ciclopirox</i>	1	
<i>fluconazole</i>	1	
GRIFULVIN-V	2	
GRIS-PEG	2	
<i>griseofulvin</i>	1	
<i>itraconazole</i>	2	PA
<i>ketoconazole tab</i>	1	
NOXAFIL	2	
<i>nystatin</i>	1	
<i>terbinafine</i>	1	
VFEND	2	PA
Antigout Agents		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	

Drug Name	Drug Tier	Notes
<i>probenecid/colchicine</i>	1	
ULORIC	2	ST
Anti-inflammatories		
CELEBREX	2	ST
<i>diclofenac sodium ec</i>	1	
<i>ibuprofen</i>	1	
<i>ketoprofen</i>	1	
<i>meclofenamate</i>	2	
<i>meloxicam</i>	1	
<i>methylprednisolone</i>	1	
<i>nabumetone</i>	1	
<i>naproxen</i>	1	
<i>prednisone</i>	1	
Antimigraine Agents		
AMERGE	2	QL
AXERT	2	QL
<i>ergotamine w/ caffeine</i>	1	
IMITREX NASAL SPRAY	2	QL
MAXALT	2	QL
MAXALT-MLT	2	QL
MIGRANAL NASAL SPRAY	2	
<i>sumatriptan inj.</i>	1	QL
SUMATRIPTAN NASAL SPRAY	2	QL
<i>sumatriptan tab</i>	1	QL
ZOMIG	2	QL
ZOMIG ZMT	2	QL
Antimycobacterials		
DAPSONE	1	
<i>ethambutol</i>	1	
<i>isoniazid</i>	1	
<i>rifampin</i>	1	
Antineoplastics		
AFINITOR	3	PA
CEENU	2	
<i>cyclophosphamide inj.</i>	1	PA
<i>cyclophosphamide tab</i>	2	PA
<i>etoposide</i>	2	PA
GLEEVEC	3	PA
IRESSA	3	
<i>leucovorin tab</i>	1	
LEUKERAN	2	
<i>mercaptopurine</i>	1	
<i>methotrexate tab</i>	1	PA
NEXAVAR	3	PA
SPRYCEL	3	PA

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
SUTENT	3	PA
TARCEVA	3	PA
TARGRETIN CAP	2	
TASIGNA	3	PA
TYKERB	3	PA
ZOLINZA	3	
Antiparasitics		
<i>chloroquine</i>	2	
<i>hydroxychloroquine</i>	1	
MALARONE	2	
<i>mefloquine</i>	2	
Antiparkinson Agents		
APOKYN	3	
AZILECT	2	
<i>benztropine</i>	1	
<i>benztropine inj.</i>	2	
<i>carbidopa/levodopa</i>	1	
<i>carbidopa/levodopa er</i>	1	
<i>carbidopa/levodopa ODT</i>	1	
COMTAN	2	
MIRAPEX	2	
<i>ropinirole</i>	1	
<i>selegiline</i>	1	
STALEVO	2	
<i>trihexyphenidyl</i>	1	
Antipsychotics		
ABILIFY	2	
ABILIFY DISCMELT	2	
<i>chlorpromazine</i>	1	
<i>clozapine</i>	2	
<i>fluphenazine</i>	1	
GEODON	2	
<i>haloperidol</i>	1	
INVEGA	2	PA
INVEGA SUSTENNA INJ.	2	PA
MOBAN	2	
RISPERDAL-M	2	
<i>risperidone</i>	1	
SAPHRIS TAB	2	PA
SEROQUEL	2	
SEROQUEL XR	2	
<i>thiothixene</i>	1	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
Antivirals		

Drug Name	Drug Tier	Notes
<i>acyclovir</i>	1	
COMBIVIR	2	
<i>didanosine</i>	2	
<i>famciclovir</i>	1	
<i>ganciclovir</i>	1	
HEPSERA	2	
ISENTRESS	2	
INTELENCE	2	
RELENZA DISKHALER	2	
<i>ribavirin</i>	2	
<i>rimantadine</i>	1	
SELZENTRY	2	
SUSTIVA	2	
TAMIFLU	2	QL
TYZEKA	2	PA
VALTREX	2	
VIDEX SOLUTION	2	
<i>zidovudine</i>	2	
Anxiolytics		
<i>buspirone</i>	1	
<i>hydroxyzine</i>	1	
<i>meprobamate</i>	1	
Autonomic Agents		
<i>glycopyrrolate</i>	1	
EPIPEN	2	
EPIPEN-JR	2	
Bipolar Agents		
<i>lithium carbonate</i>	1	
<i>lithium carbonate er</i>	1	
SYMBYAX	2	
Blood Glucose Regulators		
<i>acarbose</i>	1	
ACTOS	2	
ACTOPLUS MET	2	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
B-D INSULIN SYRINGES	2	
B-D PEN NEEDLES	2	
BYETTA	2	
DUETACT	2	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin</i>	1	
<i>glyburide micronized</i>	1	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>glyburide/metformin</i>	1	
GLYSET	2	PA
HUMALOG	2	
HUMALOG MIX	2	
HUMULIN 50/50	2	
HUMULIN 70/30	2	
HUMULIN N	2	
HUMULIN R	2	
JANUMET	2	
JANUVIA	2	
LANTUS	2	
LANTUS OPTICLIK	2	
LANTUS SOLOSTAR	2	
LEVEMIR	2	
<i>metformin</i>	1	
<i>metformin er</i>	1	
NOVOFINE 30 PEN NEEDLES	2	
NOVOLIN 70/30	2	
NOVOLIN N	2	
NOVOLOG MIX 70/30	2	
NOVOLOG	2	
PRANDIN	2	PA
STARLIX	2	PA
Blood Products/Modifiers/Volume		
<i>anagrelide</i>	1	
ARANESP	3	PA
<i>cilostazol</i>	1	
COUMADIN	2	
EPOGEN	3	PA
FRAGMIN	3	PA
LOVENOX	3	PA
PROCRIT	3	PA
<i>ticlopidine</i>	1	
<i>warfarin</i>	1	
Cardiovascular Agents		
ACEON	2	
ADVICOR	2	
<i>amlodipine</i>	1	
<i>amlodipine/benazepril</i>	1	
ANTARA	1	
<i>atenolol</i>	1	
AVALIDE	2	
AVAPRO	2	
<i>benazepril</i>	1	
BYSTOLIC	2	

Drug Name	Drug Tier	Notes
CADUET	2	PA
<i>captopril</i>	1	
CARDIZEM LA	2	
<i>carvedilol</i>	1	
COREG CR	2	
COZAAR	2	
CRESTOR	2	ST
<i>digoxin</i>	1	
<i>diltiazem er</i>	1	
<i>diltzac</i>	1	
DIOVAN	2	
DIOVAN HCT	2	
<i>disopyramide</i>	1	
<i>disopyramide er</i>	1	
<i>doxazosin</i>	1	
<i>enalapril</i>	1	
EXFORGE	2	
EXFORGE HCT	2	
<i>fosinopril</i>	1	
<i>furosemide</i>	1	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	2	
INNOPRAN XL	2	
LANOXIN	2	
LIPITOR	2	PA
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
LOFIBRA	1	
<i>lovastatin</i>	1	
LOVAZA	2	
<i>methyldopa/hydrochlorothiazide</i>	1	
<i>metoprolol (er)</i>	1	
<i>metoprolol/hydrochlorothiazide</i>	1	
<i>moexipril</i>	1	
NIASPAN ER	2	
<i>nifedipine er</i>	1	
<i>nimodipine</i>	1	
<i>nitroglycerin patch</i>	1	
NITROSTAT SL TAB	2	
PLAVIX	2	
<i>pravastatin</i>	1	
<i>prazosin</i>	1	
<i>propranolol (er)</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>quinapril</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>simvastatin</i>	1	
<i>terazosin</i>	1	
<i>verapamil (er)</i>	1	
WELCHOL	2	
ZETIA	2	
Central Nervous System Agents		
<i>amphetamine salt combo</i>	1	
CHANTIX	2	
CONCERTA	2	
DAYTRANA	2	
<i>dexmethylphenidate</i>	1	
<i>dextroamphetamine</i>	1	
FOCALIN XR	2	
<i>methylphenidate</i>	1	
<i>methylphenidate sr</i>	1	
NICOTROL INHALER	2	
NICOTROL NASAL SPRAY	2	
SAVELLA	2	PA
STRATTERA	2	QL
VYVANSE	2	
Dental and Oral Agents		
<i>chlorhexidine gluconate</i>	1	
<i>triamcinolone/orabase</i>	1	
Dermatological Agents		
<i>amnesteem</i>	1	
<i>calcipotriene</i>	1	
<i>clindamycin topical</i>	1	
DENAVIR CREAM	2	
DIFFERIN CREAM/GEL	2	PA
DOVONEX CREAM	2	
<i>erythromycin topical</i>	1	
FINACEA	2	
LAMISIL SPRAY	2	
LIDODERM	2	PA
METROGEL 1%	2	
<i>metronidazole cream</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole lotion</i>	1	
<i>mupirocin oint.</i>	1	
<i>nystatin powder</i>	1	
<i>prednicarbate</i>	1	
REGRANEX	2	

Drug Name	Drug Tier	Notes
RETIN-A MICRO	2	
<i>tretinoin cream/gel</i>	1	
<i>triamcinolone topical</i>	1	
VECTICAL	2	
Deterrents/Replacements		
ANTABUSE	2	
CAMPRAL	2	
Enzyme Replacements/Modifiers		
CYSTAGON	2	
<i>levocarnitine</i>	1	
Gastrointestinal Agents		
AMITIZA	2	PA
<i>cimetidine</i>	1	
<i>etidronate</i>	1	
<i>famotidine</i>	1	
KAPIDEX	2	ST/QL
<i>metoclopramide</i>	1	
NEXIUM	NC	
<i>omeprazole</i>	1	
PREVACID	2	ST
PREVACID SOLUTAB	2	ST
<i>ranitidine</i>	1	
Genitourinary Agents		
AVODART	2	
DETROL	2	
DETROL LA	2	
ENABLEX	2	
<i>finasteride</i>	1	
FLOMAX	2	
<i>oxybutynin</i>	1	
<i>oxybutynin er</i>	1	
OXYTROL	2	
UROXATROL	2	
VESICARE	2	
Hormone Agents, Stimulants/Replacement/Modifying		
ACTONEL	2	ST
<i>alendronate tab</i>	1	
ANDROGEL	2	
ARMOUR THYROID	1	
CLIMARA	2	
COMBIPATCH	2	
<i>estra/noreth tab</i>	1	
<i>estradiol tab</i>	1	
ESTRING	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>etidronate</i>	1	
EVISTA	2	
FORTICAL	2	
INCRELEX	3	PA
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
<i>medroxyprogesterone</i>	1	
NORDITROPIN	3	PA
PREMARIN	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE	2	
PREMPRO	2	
SYNTHROID	2	
VIVELLE-DOT	2	
Hormonal Agents, Suppressant		
ARIMIDEX	2	
AROMASIN	2	
<i>bicalutamide</i>	2	
CASODEX	2	
FARESTON	2	
<i>tamoxifen</i>	1	
Immunological Agents		
ACTIMMUNE	3	
<i>azathioprine</i>	1	PA
CELLCEPT	2	PA
<i>cyclosporine</i>	2	PA
ELIDEL	2	
ENBREL	3	PA
GENGRAF	2	PA
HUMIRA	3	PA
KINERET	3	PA
<i>mycophenolate</i>	2	PA
MYFORTIC	2	PA
NEORAL	2	PA
PROGRAF	2	PA
PROTOPIC	2	
RAPAMUNE	2	PA
REBIF	3	QL
REMICADE	3	PA
REVLIMID	3	
SANDIMMUNE	2	PA
<i>tacrolimus</i>	2	PA
THALOMID	3	
ZOSTAVAX	2	PA
Inflammatory Bowel Disease Agents		

Drug Name	Drug Tier	Notes
ASACOL	2	
ASACOL HD	2	
<i>balsalazide</i>	1	
CANASA	2	
LIALDA	2	
<i>mesalamine enema</i>	1	
Ophthalmic Agents		
ACULAR	2	
ACULAR LS	2	
ALAMAST	2	
ALOCRIAL	2	
ALOMIDE	2	
ALPHAGAN P	2	
AZASITE OPHTH.	2	
AZOPT	2	
BETIMOL	2	
<i>ciprofloxacin ophth.</i>	1	
COMBIGAN	2	
<i>diclofenac ophth soln</i>	1	
<i>dorzolamide ophth soln</i>	1	
<i>dorzolamide/timolol ophth soln</i>	1	
DUREZOL	2	
ELESTAT	2	
<i>gentamicin ophth.</i>	1	
LUMIGAN	2	QL
NEVANAC	2	
<i>ofloxacin soln ophth.</i>	1	
PATADAY	2	
PATANOL	2	
<i>prednisolone ophth soln.</i>	1	
RESTASIS	2	RS
<i>sodium sulfacetamide soln ophth</i>	1	
<i>timolol maleate</i>	1	
<i>tobramycin/dex ophth soln</i>	1	
TRAVATAN (Z)	2	QL
<i>trifluridine</i>	1	
VIGAMOX	2	
VOLTAREN OPHTH.	2	
XALATAN	2	QL
XIBROM	2	
ZYLET OPHTH	2	QL
Otic Agents		
CIPRODEX	2	
COLY-MYCIN S OTIC	2	
DERMOTIC	2	

Notes = Requirements/Limitations, if any. See page 3 for more information.

Drug Name	Drug Tier	Notes
<i>neomycin/polymyxin/hc otic</i>	1	
<i>ofloxacin otic</i>	1	
Respiratory Tract Agents		
ACCOLATE	2	PA
ADVAIR DISKUS	2	QL
ADVAIR HFA	2	QL
<i>albuterol (er)</i>	1	
<i>albuterol nebulizer</i>	1	PA
<i>albuterol/ipratropium neb</i>	1	PA
ALLEGRA-D	2	PA
ASMANEX	2	QL
ASTELIN	2	
ASTEPRO	2	
ATROVENT HFA	2	
COMBIVENT	2	
<i>cromolyn nebulizer</i>	1	PA
<i>fexofenadine</i>	1	
FLOVENT HFA	2	QL
FLOVENT ROTADISK	2	QL
<i>fluticasone nasal spray</i>	1	
FORADIL AEROLIZER	2	
INTAL INHALER	2	
<i>ipratropium nebulizer</i>	1	PA
MAXAIR AUTOHALER	2	
NASONEX	2	
PATANASE	2	
PROAIR HFA	2	
PULMICORT INHALER	2	
PULMICORT INH. SUSP.	2	PA/QL
RHINOCORT AQUA	2	
SEREVENT DISKUS	2	

Drug Name	Drug Tier	Notes
SINGULAIR	2	
SPIRIVA HANDIHALER	2	
SYMBICORT	2	
<i>theophylline er</i>	1	
TOBI NEBULIZER	3	PA
VENTOLIN HFA	2	
XOLAIR	3	PA
XYZAL	2	PA
Sedatives/Hypnotics		
LUNESTA	2	PA
ROZEREM	2	PA
<i>zolpidem</i>	1	
Skeletal Muscle Relaxants		
<i>baclofen</i>	1	
<i>carisoprodol</i>	1	
<i>carisoprodol/asa/codeine</i>	1	
<i>orphenadrine/asa/caffeine</i>	1	
<i>cyclobenzaprine</i>	1	
SKELAXIN	2	
<i>tizanidine</i>	1	
Therapeutic Nutrients/Minerals/Electrolytes		
<i>calcitriol</i>	1	
<i>potassium citrate</i>	1	
<i>potassium chloride er</i>	1	
<i>prenatal vitamin</i>	1	
<i>sodium fluoride</i>	1	
Toxicologic Agents		
<i>naloxone</i>	1	
<i>naltrexone</i>	1	
<i>sodium polystyrene sulfonate</i>	1	

Notes = Requirements/Limitations, if any. See page 3 for more information.

ALPHABETICAL LISTING OF DRUGS

A			AROMASIN	11	CANASA	11	
			ASACOL	11	<i>captopril</i>	9	
ABILIFY	8		ASACOL HD	11	<i>carbamazepine</i>	6	
ABILIFY DISCMELT	8		ASMANEX	12	<i>carbamazepine er</i>	6	
<i>acarbose</i>	8		ASTELIN	12	CARBATROL	6	
ACCOLATE	12		ASTEPRO	12	<i>carbidopa/levodopa</i>	8	
ACEON	9		<i>atenolol</i>	9	<i>carbidopa/levodopa er</i>	8	
<i>acetaminophen/codeine</i>	6		ATROVENT HFA	12	<i>carbidopa/levodopa ODT</i>	8	
ACTIMMUNE	11		AUGMENTIN XR	6	CARDIZEM LA	9	
ACTONEL	10		AVALIDE	9	<i>carisoprodol</i>	12	
ACTOPLUS MET	8		AVANDAMET	8	<i>carisoprodol/asa/codeine</i>	12	
ACTOS	8		AVANDARYL	8	<i>carvedilol</i>	9	
ACULAR	11		AVANDIA	8	CASODEX	11	
ACULAR LS	11		AVAPRO	9	CEENU	7	
<i>acyclovir</i>	8		AVELOX	6	<i>cefadroxil</i>	6	
ADVAIR DISKUS	12		AVINZA	6	<i>cefdinir</i>	6	
ADVAIR HFA	12		AVODART	10	<i>cefprozil</i>	6	
ADVICOR	9		AXERT	7	<i>cefuroxime</i>	6	
AFINITOR	7		AZASITE OPHTH.	11	CELEBREX	7	
ALAMAST	11		<i>azathioprine</i>	11	CELLCEPT	11	
<i>albuterol (er)</i>	12		AZILECT	8	<i>cephalexin</i>	6	
<i>albuterol nebulizer</i>	12		<i>azithromycin</i>	6	CHANTIX	10	
<i>albuterol/ipratropium neb</i>	12		AZOPT	11	<i>chlorhexidine gluconate</i>	10	
<i>alendronate tab</i>	10				<i>chloroquine</i>	8	
ALLEGRA-D	12		B			<i>chlorpromazine</i>	8
<i>allopurinol</i>	7		<i>baclofen</i>	12	<i>ciclopirox</i>	7	
ALOCRIAL	11		<i>balsalazide</i>	11	<i>cilostazol</i>	9	
ALOMIDE	11		BANZEL	6	<i>cimetidine</i>	10	
ALPHAGAN P	11		B-D INSULIN SYRINGES	8	CIPRODEX	11	
AMERGE	7		B-D PEN NEEDLES	8	<i>ciprofloxacin</i>	6	
AMITIZA	10		<i>benazepril</i>	9	<i>ciprofloxacin ophth.</i>	11	
<i>amitriptyline</i>	7		<i>benztropine</i>	8	<i>citalopram</i>	7	
<i>amlodipine</i>	9		<i>benztropine inj.</i>	8	<i>clarithromycin</i>	6	
<i>amlodipine/benazepril</i>	9		BETIMOL	11	CLIMARA	10	
<i>amnesteem</i>	10		<i>bicalutamide</i>	11	<i>clindamycin cap</i>	6	
<i>amoxicillin</i>	6		<i>budeprion xl</i>	7	<i>clindamycin topical</i>	10	
<i>amoxicillin/clavulanate</i>	6		<i>bupropion sr</i>	7	<i>clozapine</i>	8	
<i>amphetamine salt combo</i>	10		<i>bupirone</i>	8	<i>codeine sulfate tab</i>	6	
<i>ampicillin</i>	6		BYETTA	8	<i>colchicine</i>	7	
<i>anagrelide</i>	9		BYSTOLIC	9	COLY-MYCIN S OTIC	11	
ANDROGEL	10				COMBIGAN	11	
ANTABUSE	10		C			COMBIPATCH	10
ANTARA	9		CADUET	9	COMBIVENT	12	
APOKYN	8		<i>calcipotriene</i>	10	COMBIVIR	8	
ARANESP	9		<i>calcitriol</i>	12	COMTAN	8	
ARICEPT	6		CAMPRAL	10	CONCERTA	10	
ARIMIDEX	11				COREG CR	9	
ARMOUR THYROID	10				COUMADIN	9	
					COZAAR	9	

ALPHABETICAL LISTING OF DRUGS

CRESTOR	9	E	<i>fosinopril</i>	9
<i>cromolyn nebulizer</i>	12	EFFEXOR XR	FRAGMIN	9
<i>cyclobenzaprine</i>	12	ELESTAT	<i>furosemide</i>	9
<i>cyclophosphamide inj.</i>	7	ELIDEL		
<i>cyclophosphamide tab</i>	7	EMEND	G	
<i>cyclosporine</i>	11	EMSAM	<i>gabapentin</i>	6
CYMBALTA	7	ENABLEX	<i>galantamine</i>	6
CYSTAGON	10	<i>enalapril</i>	<i>galantamine er</i>	6
		ENBREL	<i>ganciclovir</i>	8
D		EPIPEN	GENGRAF	11
DAPSONE	6, 7	EPIPEN-JR	<i>gentamicin ophth.</i>	11
DAYTRANA	10	EPOGEN	GEODON	8
<i>demeclocycline</i>	6	<i>ergotamine w/ caffeine</i>	GLEEVEC	7
DENAVIR CREAM	10	ERY-TAB	<i>glimepiride</i>	8
DERMOTIC	11	<i>erythromycin topical</i>	<i>glipizide er</i>	8
DETROL	10	<i>estra/noreth tab</i>	<i>glyburide micronized</i>	8
DETROL LA	10	<i>estradiol tab</i>	<i>glyburide/metformin</i>	9
<i>dexmethylphenidate</i>	10	ESTRING	<i>glycopyrrolate</i>	8
<i>dextroamphetamine</i>	10	<i>ethambutol</i>	GLYSET	9
<i>diclofenac ophth soln</i>	11	<i>etidronate</i>	<i>granisetron</i>	7
<i>diclofenac sodium ec</i>	7	<i>etoposide</i>	GRIFULVIN-V	7
<i>dicloxacillin</i>	6	EVISTA	<i>griseofulvin</i>	7
<i>didanosine</i>	8	EXELON	GRIS-PEG	7
DIFFERIN CREAM/GEL	10	EXFORGE		
DIFLUNISAL	6	EXFORGE HCT		
<i>digoxin</i>	9		H	
DILANTIN	6	F	<i>haloperidol</i>	8
<i>diltiazem er</i>	9	<i>famciclovir</i>	HEPSERA	8
<i>diltzac</i>	9	<i>famotidine</i>	HUMALOG	9
DIOVAN	9	FARESTON	HUMALOG MIX	9
DIOVAN HCT	9	FENTANYL LOLLIPOP	HUMIRA	11
<i>disopyramide</i>	9	<i>fentanyl patch</i>	HUMULIN 50/50	9
<i>disopyramide er</i>	9	<i>fexofenadine</i>	HUMULIN 70/30	9
<i>divalproex</i>	6	FINACEA	HUMULIN N	9
<i>divalproex er</i>	6	<i>finasteride</i>	HUMULIN R	9
<i>dorzolamide ophth soln</i>	11	FLOMAX	<i>hydralazine</i>	9
<i>dorzolamide/timolol ophth soln</i>	11	FLOVENT HFA	<i>hydrochlorothiazide</i>	9
DOVONEX CREAM	10	FLOVENT ROTADISK	<i>hydrocodone/acetaminophen</i>	6
<i>doxazosin</i>	9	<i>fluconazole</i>	<i>hydroxychloroquine</i>	8
<i>doxepin</i>	7	<i>fluoxetine</i>	<i>hydroxyzine</i>	8
<i>doxycycline hyclate</i>	6	<i>fluphenazine</i>	HYZAAR	9
<i>doxycycline monohydrate</i>	6	<i>fluticasone nasal spray</i>		
<i>dronabinol</i>	7	<i>fluvoxamine</i>	I	
DUETACT	8	FOCALIN XR	<i>ibuprofen</i>	7
DUREZOL	11	FORADIL AEROLIZER	IMITREX NASAL SPRAY	7
		FORTAZ INJ 500mg	INCRELEX	11
		FORTICAL	INNOPRAN XL	9

ALPHABETICAL LISTING OF DRUGS

INTAL INHALER	12	<i>lithium carbonate er</i>	8	<i>morphine er</i>	6
INTELENCE	8	LOFIBRA	9	<i>morphine tab</i>	6
INVEGA	8	<i>lovastatin</i>	9	<i>mupirocin oint.</i>	10
INVEGA SUSTENNA INJ.	8	LOVAZA	9	<i>mycophenolate</i>	11
<i>ipratropium nebulizer</i>	12	LOVENOX	9	MYFORTIC	11
IRESSA	7	LUMIGAN	11		
ISENTRESS	8	LUNESTA	12	<hr/>	
<i>isoniazid</i>	7	LUVOX CR	7	N	
<i>itraconazole</i>	7	LYRICA	6	<i>nabumetone</i>	7
<hr/>				<i>naloxone</i>	12
J		M		<i>naltrexone</i>	12
JANUMET	9	MALARONE	8	NAMENDA	6
JANUVIA	9	MAXAIR AUTOHALER	12	<i>naproxen</i>	7
		MAXALT	7	NASONEX	12
		MAXALT-MLT	7	<i>nefazodone</i>	7
<hr/>		<i>meclizine</i>	7	<i>neomycin/polymyxin/hc otic</i>	12
K		<i>meclofenamate</i>	7	NEORAL	11
KAPIDEX	10	<i>medroxyprogesterone</i>	11	NEVANAC	11
<i>ketoconazole tab</i>	7	<i>mefloquine</i>	8	NEXAVAR	7
<i>ketoprofen</i>	7	<i>meloxicam</i>	7	NEXIUM	10
KINERET	11	<i>meperidine</i>	6	NIASPAN ER	9
		<i>meprobamate</i>	8	NICOTROL INHALER	10
<hr/>		<i>mercaptapurine</i>	7	NICOTROL NASAL SPRAY	10
L		<i>mesalamine enema</i>	11	<i>nifedipine er</i>	9
LAMISIL SPRAY	10	<i>metformin</i>	9	<i>nimodipine</i>	9
<i>lamotrigine</i>	6	<i>metformin er</i>	9	<i>nitroglycerin patch</i>	9
<i>lamotrigine chew 5mg & 25mg</i>	6	<i>methadone solution</i>	6	NITROSTAT SL TAB	9
LANOXIN	9	<i>methadone tab</i>	6	NORDITROPIN	11
LANTUS	9	<i>methotrexate tab</i>	7	NOVOFINE 30 PEN NEEDLES	9
LANTUS OPTICLIK	9	<i>methyldopa/hydrochlorothiazide</i>	9	NOVOLIN 70/30	9
LANTUS SOLOSTAR	9	<i>methylphenidate</i>	10	NOVOLIN N	9
<i>leucovorin tab</i>	7	<i>methylphenidate sr</i>	10	NOVOLOG	9
LEUKERAN	7	<i>methylprednisolone</i>	7	NOVOLOG MIX 70/30	9
LEVAQUIN	6	<i>metoclopramide</i>	10	NOXAFIL	7
LEVEMIR	9	<i>metoprolol (er)</i>	9	<i>nystatin</i>	7
<i>levetiracetam</i>	6	<i>metoprolol/hydrochlorothiazide</i>	9	<i>nystatin powder</i>	10
<i>levocarnitine</i>	10	METROGEL 1%	10		
<i>levothyroxine</i>	11	<i>metronidazole cream</i>	10	<hr/>	
<i>levoxyl</i>	11	<i>metronidazole gel 0.75%</i>	10	O	
LEXAPRO	7	<i>metronidazole lotion</i>	10	<i>ofloxacin otic</i>	12
LIALDA	11	<i>metronidazole tab</i>	6	<i>ofloxacin soln ophth.</i>	11
<i>lidocaine gel/soln</i>	6	MIGRANAL NASAL SPRAY	7	<i>ofloxacin tab</i>	6
<i>lidocaine inj.</i>	6	<i>minocycline</i>	6	<i>omeprazole</i>	10
<i>lidocaine oint</i>	6	MIRAPEX	8	<i>ondansetron</i>	7
LIDODERM	10	<i>mirtazapine</i>	7	<i>ondansetron odt</i>	7
LIPITOR	9	<i>mirtazapine odt</i>	7	<i>orphenadrine/asa/caffeine</i>	12
<i>lisinopril</i>	9	MOBAN	8	<i>oxcarbazepine</i>	6
<i>lisinopril/hydrochlorothiazide</i>	9	<i>moexipril</i>	9	<i>oxybutynin</i>	10
<i>lithium carbonate</i>	8			<i>oxybutynin er</i>	10

ALPHABETICAL LISTING OF DRUGS

<i>oxycodone er</i>	6	<i>quinapril/hydrochlorothiazide</i>	10	<i>sulfamethoxazole/trimethoprim (ds)</i>	6
<i>oxycodone tab</i>	6			<i>sumatriptan inj.</i>	7
<i>oxycodone/acetaminophen</i>	6	R		SUMATRIPTAN NASAL SPRAY	7
OXYCONTIN	6			<i>sumatriptan tab</i>	7
OXYTROL	10	<i>ramipril</i>	10	SUSTIVA	8
		<i>ranitidine</i>	10	SUTENT	8
P		RAPAMUNE	11	SYMBICORT	12
		REBIF	11	SYMBYAX	8
<i>paroxetine</i>	7	REGRANEX	10	SYNTHROID	11
<i>paroxetine er</i>	7	RELENZA DISKHALER	8		
PATADAY	11	REMICADE	11	T	
PATANASE	12	RESTASIS	11	<i>tacrolimus</i>	11
PATANOL	11	RETIN-A MICRO	10	TAMIFLU	8
PAXIL CR	7	REVLIMID	11	<i>tamoxifen</i>	11
<i>penicillin vk</i>	6	RHINOCORT AQUA	12	TARCEVA	8
PHENYTEK	6	<i>ribavirin</i>	8	TARGETIN CAP	8
<i>phenytoin extended</i>	6	<i>rifampin</i>	7	TASIGNA	8
PLAVIX	9	<i>rimantadine</i>	8	TEGRETOL	6
<i>potassium chloride er</i>	12	RISPERDAL-M	8	TEGRETOL XR	6
<i>potassium citrate</i>	12	<i>risperidone</i>	8	<i>terazosin</i>	10
PRANDIN	9	<i>ropinirole</i>	8	<i>terbinafine</i>	7
<i>pravastatin</i>	9	ROZEREM	12	tetracycline	6
<i>prazosin</i>	9			THALOMID	11
<i>prednicarbate</i>	10	S		<i>theophylline er</i>	12
<i>prednisolone ophth soln.</i>	11	SABRIL POWDER	6	<i>thiothixene</i>	8
<i>prednisone</i>	7	SABRIL TAB	6	<i>ticlopidine</i>	9
PREMARIN	11	SANDIMMUNE	11	<i>timolol maleate</i>	11
PREMARIN VAGINAL CREAM	11	SAPHRIS TAB	8	<i>tizanidine</i>	12
PREMPHASE	11	SAVELLA	10	TOBI NEBULIZER	12
PREMPRO	11	<i>selegiline</i>	8	<i>tobramycin/dex ophth soln</i>	11
<i>prenatal vitamin</i>	12	SELZENTRY	8	TOPAMAX	6
PREVACID	10	SEREVENT DISKUS	12	TOPAMAX SPRINKLE	6
PREVACID SOLUTAB	10	SEROQUEL	8	<i>topiramate</i>	6
PRISTIQ	7	SEROQUEL XR	8	<i>topiramate sprinkle</i>	6
PROAIR HFA	12	<i>sertraline</i>	7	<i>tramadol</i>	6
<i>probenecid/colchicine</i>	7	<i>simvastatin</i>	10	<i>tramadol/acetaminophen</i>	6
PROCRIT	9	SINGULAIR	12	TRAVATAN (Z)	11
PROGRAF	11	SKELAXIN	12	<i>trazodone</i>	7
<i>propoxyphene-n/acetaminophen</i>	6	<i>sodium fluoride</i>	12	<i>tretinoin cream/gel</i>	10
<i>propranolol (er)</i>	9	<i>sodium polystyrene sulfonate</i>	12	<i>triamcinolone topical</i>	10
<i>propranolol/hydrochlorothiazide</i>	9	<i>sodium sulfacetamide soln ophth</i>	11	<i>triamcinolone/orabase</i>	10
PROTOPIC	11	SPIRIVA HANDIHALER	12	<i>trifluridine</i>	11
PULMICORT INH. SUSP.	12	SPRYCEL	7	<i>trihexyphenidyl</i>	8
PULMICORT INHALER	12	STALEVO	8	TRILEPTAL SUSPENSION	6
		STARLIX	9	TYKERB	8
Q		STRATTERA	10	TYZEKA	8
		SUBOXONE	6		
<i>quinapril</i>	10				

ALPHABETICAL LISTING OF DRUGS

U		VIMPAT INJ.	6	Z	
ULORIC	7	VIVELLE-DOT	11	ZETIA	10
UROXATROL	10	VOLTAREN OPHTH.	11	<i>zidovudine</i>	8
		VYVANSE	10	ZOLINZA	8
V		W		<i>zolpidem</i>	12
VALTREX	8	<i>warfarin</i>	9	ZOMIG	7
VECTICAL	10	WELCHOL	10	ZOMIG ZMT	7
<i>venlafaxine</i>	7			<i>zonisamide</i>	6
VENLAFAXINE ER	7	X		ZOSTAVAX	11
VENTOLIN HFA	12	XALATAN	11	ZYLET OPHTH	11
<i>verapamil (er)</i>	10	XIBROM	11	ZYPREXA	8
VESICARE	10	XOLAIR	12	ZYPREXA ZYDIS	8
VFEND	7	XYZAL	12	ZYVOX	6
VIDEX SOLUTION	8				
VIGAMOX	11				
VIMPAT	6				