



Dean
HEALTH INSURANCE

**DeanCareRx Value
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 DeanCareRx Value 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 Value Formulary?

A formulary is a list of covered drugs selected by DeanCareRx Value 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 Value will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a DeanCareRx Value 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 Value. For a complete listing of all prescription drugs covered by DeanCareRx Value, 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 Value 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 14. 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 Value 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 Value requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from DeanCareRx Value before you fill your prescriptions. If you don't get approval, DeanCareRx Value may not cover the drug.
- **Quantity Limits:** For certain drugs, DeanCareRx Value limits the amount of the drug that DeanCareRx Value will cover. For example, DeanCareRx Value provides 9 tablets per prescription for IMITREX. This may be in addition to a standard one month or three month supply.
- **Step Therapy:** In some cases, DeanCareRx Value 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 Value may not cover drug B unless you try Drug A first. If Drug A does not work for you, DeanCareRx Value 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 Value to make an exception to these restrictions or limits. See the section, "How do I request an exception to the DeanCareRx Value 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 Value 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 Value 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 Value. 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 Value.
- You can ask DeanCareRx Value 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 Value Formulary?

You can ask DeanCareRx Value 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 Value 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 Value 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 Value prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about DeanCareRx Value, 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 Value Formulary

The abridged formulary that begins on the next page provides coverage information about some of the drugs covered by DeanCareRx Value. If you have trouble finding your drug in the list, turn to the Index that begins on page 14. Remember: This is only a partial list of drugs covered by DeanCareRx Value. 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 Value 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	
<i>fentanyl patch</i>	2	
KADIAN	3	QL
<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	
MS CONTIN	3	QL
ORAMORPH SR	3	QL
<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	
RYZOLT	3	
<i>tramadol</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>cefдинир</i>	1	
<i>cefprozil</i>	1	
<i>cefuroxime</i>	1	
<i>cephalexin</i>	1	
<i>ciprofloxacin</i>	1	
<i>ciprofloxacin er</i>	3	
<i>clarithromycin</i>	1	
<i>clindamycin cap</i>	1	
DAPSONE	1	
<i>demeclocycline</i>	1	
<i>dicloxacillin</i>	1	

Drug Name	Drug Tier	Notes
<i>doxycycline hyclate</i>	1	
<i>doxycycline monohydrate</i>	1	
ERY-TAB	1	
ERYTHROMYCIN PCE	3	
FORTAZ	3	
LEVAQUIN	2	
MAXIPIME	3	
<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	
DEPAKOTE	3	
DEPAKOTE SPRINKLE	3	
DILANTIN	2	
<i>divalproex</i>	1	
<i>divalproex er</i>	2	
<i>gabapentin</i>	1	
KEPPRA	3	
KEPPRA SOLN.	3	
KEPPRA XR	3	
LAMICTAL	3	
<i>lamotrigine</i>	1	
<i>lamotrigine chew 5mg & 25mg</i>	2	
<i>levetiracetam</i>	2	
LYRICA	3	PA
<i>oxcarbazepine</i>	1	
PHENYTEK	1	
<i>phenytoin extended</i>	1	
SABRIL POWDER	3	PA
SABRIL TAB	3	PA
TEGRETOL	2	
TEGRETOL XR	2	
TRILEPTAL	3	
TOPAMAX	2	
TOPAMAX SPRINKLE	2	
<i>topiramate</i>	1	
<i>topiramate sprinkle</i>	1	

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

Drug Name	Drug Tier	Notes
VIMPAT	3	PA
VIMPAT INJ.	3	PA
<i>zonisamide</i>	1	
Antidementia Agents		
ARICEPT	2	
COGNEX	3	
EXELON	2	
<i>galantamine</i>	1	
<i>galantamine er</i>	2	
NAMENDA	2	
RAZADYNE	3	
RAZADYNE ER	3	
Antidepressants		
<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	
<i>fluoxetine</i>	1	
<i>fluvoxamine</i>	1	
LEXAPRO	2	
LUVOX CR	3	ST
<i>mirtazapine</i>	1	
<i>mirtazapine odt</i>	1	
<i>paroxetine</i>	1	
<i>paroxetine er</i>	1	
<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
KYTRIL	3	QL
MARINOL	3	
<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	

Drug Name	Drug Tier	Notes
GRIS-PEG	2	
<i>griseofulvin</i>	1	
<i>itraconazole</i>	2	PA
<i>ketoconazole tab</i>	1	
LAMISIL	3	
NOXAFIL	2	
<i>nystatin</i>	1	
<i>terbinafine</i>	1	
VFEND	2	PA
Antigout Agents		
<i>allopurinol</i>	1	
<i>colchicine</i>	1	
<i>probenecid/colchicine</i>	1	
ULORIC	2	ST
Anti-inflammatories		
ARTHROTEC	3	
CELEBREX	2	ST
<i>diclofenac sodium ec</i>	1	
ENTOCORT EC	3	
<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
DEPAKOTE ER	3	
<i>ergotamine w/ caffeine</i>	1	
IMITREX KIT	3	QL
IMITREX NASAL SPRAY	2	QL
IMITREX STATDOSE REFILL	3	QL
IMITREX TAB	3	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		

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

Drug Name	Drug Tier	Notes
<i>isoniazid</i>	1	
<i>rifampin</i>	1	
Antineoplastics		
AFINITOR	4	PA
CEENU	2	
<i>cyclophosphamide inj.</i>	1	PA
<i>cyclophosphamide tab</i>	2	PA
<i>etoposide</i>	2	PA
GLEEVEC	4	PA
IRESSA	4	
<i>leucovorin tab</i>	1	
LEUKERAN	2	
<i>mercaptopurine</i>	1	
<i>methotrexate tab</i>	1	PA
NAVELBINE	3	
NEXAVAR	4	PA
SPRYCEL	4	PA
SUTENT	4	PA
TARCEVA	4	PA
TARGRETIN CAP	2	
TASIGNA	4	PA
TYKERB	4	PA
ZOLINZA	4	
Antiparasitics		
<i>chloroquine</i>	2	
ELIMITE	3	
<i>hydroxychloroquine</i>	1	
MALARONE	2	
<i>mefloquine</i>	2	
Antiparkinson Agents		
APOKYN	4	
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	
PARCOPA	3	
REQUIP	3	
REQUIP XL	3	
<i>ropinirole</i>	1	
<i>selegiline</i>	1	
STALEVO	2	

Drug Name	Drug Tier	Notes
<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	3	PA
INVEGA SUSTENNA INJ.	3	PA
MOBAN	2	
RISPERDAL SOLN.	3	
<i>risperidone</i>	1	
SAPHRIS TAB	3	PA
SEROQUEL	2	
SEROQUEL XR	2	
<i>thiothixene</i>	1	
ZYPREXA	2	
ZYPREXA ZYDIS	2	
Antivirals		
<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
VALTREX	2	
VIDEX EC	3	
ZERIT	3	
<i>zidovudine</i>	2	
Anxiolytics		
<i>buspirone</i>	1	
<i>hydroxyzine</i>	1	
<i>meprobamate</i>	1	
Autonomic Agents		
EPIPEN	2	

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

Drug Name	Drug Tier	Notes
EPIPEN-JR	2	
MESTINON SYRUP/TAB	3	
MESTINON TIMESPAN	3	
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	
AMARYL	3	
APIDRA	3	
AVANDAMET	2	
AVANDARYL	2	
AVANDIA	2	
B-D INSULIN SYRINGES	2	
B-D PEN NEEDLES	2	
BYETTA	2	
DUETACT	2	
FORTAMET	3	
<i>glimepiride</i>	1	
<i>glipizide er</i>	1	
<i>glipizide/metformin</i>	1	
GLUMETZA	3	
<i>glyburide micronized</i>	1	
<i>glyburide/metformin</i>	1	
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	

Drug Name	Drug Tier	Notes
NOVOLOG	2	
PRECOSE	3	
STARLIX	3	
Blood Products/Modifiers/Volume		
<i>anagrelide</i>	1	
ARANESP	4	PA
<i>cilostazol</i>	1	
COUMADIN	2	
EPOGEN	4	PA
FRAGMIN	4	PA
INNOHEP	3	PA
LOVENOX	4	PA
PROCRIT	4	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	
ATACAND	3	
ATACAND HCT	3	
<i>atenolol</i>	1	
AVALIDE	2	
AVAPRO	2	
<i>benazepril</i>	1	
BYSTOLIC	2	
CADUET	3	
<i>captopril</i>	1	
CARDIZEM LA	2	
<i>carvedilol</i>	1	
COREG CR	2	
COZAAR	2	
CRESTOR	2	ST
DIAMOX	3	
<i>digoxin</i>	1	
DILACOR XR	3	
<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	

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

Drug Name	Drug Tier	Notes
<i>enalapril</i>	1	
EXFORGE	2	
EXFORGE HCT	2	
<i>fenofibrate</i>	3	
FENOGLIDE	3	
<i>fosinopril</i>	1	
<i>furosemide</i>	1	
<i>hydralazine</i>	1	
<i>hydrochlorothiazide</i>	1	
HYZAAR	2	
INDERAL LA	3	
INNOPRAN XL	2	
LANOXIN	2	
LIPITOR	3	
LIPOFEN	3	
<i>lisinopril</i>	1	
<i>lisinopril/hydrochlorothiazide</i>	1	
LOFIBRA	1	
LOTREL	3	
<i>lovastatin</i>	1	
LOVAZA	2	
<i>methyl dopa/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	
NORVASC	3	
PLAVIX	2	
<i>pravastatin</i>	1	
<i>prazosin</i>	1	
<i>propranolol (er)</i>	1	
<i>propranolol/hydrochlorothiazide</i>	1	
<i>quinapril</i>	1	
<i>quinapril/hydrochlorothiazide</i>	1	
<i>ramipril</i>	1	
<i>simvastatin</i>	1	
<i>terazosin</i>	1	
TRILIPIX	3	
<i>verapamil (er)</i>	1	
WELCHOL	2	
ZETIA	2	

Drug Name	Drug Tier	Notes
Central Nervous System Agents		
ADDERALL XR	3	
<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	
PROVIGIL	3	
RITALIN LA	3	
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	
BACTROBAN	3	
<i>calcipotriene</i>	1	
<i>clindamycin topical</i>	1	
DENAVIR	3	
DIFFERIN CREAM/GEL	2	PA
DOVONEX CREAM	2	
<i>erythromycin topical</i>	1	
FINACEA	2	
LAMISIL SPRAY	2	
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	
RETIN-A MICRO	2	
TAZORAC	3	
<i>tretinoin cream/gel</i>	1	
<i>triamcinolone topical</i>	1	
VECTICAL	2	

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

Drug Name	Drug Tier	Notes
Deterrents/Replacements		
ANTABUSE	2	
CAMPRAL	2	
Enzyme Replacements/Modifiers		
CYSTAGON	2	
<i>levocarnitine</i>	1	
Gastrointestinal Agents		
<i>cimetidine</i>	1	
ELIPHOS	3	
<i>etidronate</i>	1	
<i>famotidine</i>	1	
KAPIDEX	2	ST/QL
<i>metoclopramide</i>	1	
NEXIUM	NC	
<i>omeprazole</i>	1	
PHOSLO	3	
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	
GELNIQUE	3	
<i>oxybutynin</i>	1	
<i>oxybutynin er</i>	1	
OXYTROL	2	
PROSCAR	3	
UROXATROL	2	
VESICARE	2	
Hormone Agents, Stimulants/Replacement/Modifying		
ACTIVELLA	3	
ACTONEL	2	ST
<i>alendronate tab</i>	1	
ANDROGEL	2	
ARMOUR THYROID	1	
BONIVA	3	ST
CLIMARA	2	
CLIMARA PRO	3	
COMBIPATCH	2	
DIDRONEL TAB	3	

Drug Name	Drug Tier	Notes
<i>estra/noreth tab</i>	1	
ESTRACE VAGINAL CREAM	3	
ESTRADERM PATCH	3	
<i>estradiol tab</i>	1	
ESTRING	2	
<i>etidronate</i>	1	
EVISTA	2	
FEMHRT	3	
FORTICAL	2	
INCRELEX	4	PA
<i>levothyroxine</i>	1	
<i>levoxyl</i>	1	
LYBREL	3	
<i>medroxyprogesterone</i>	1	
MENOSTAR	3	
MIACALCIN NASAL SPRAY	3	
NORDITROPIN	4	PA
PREMARIN	2	
PREMARIN VAGINAL CREAM	2	
PREMPHASE	2	
PREMPRO	2	
SYNTHROID	2	
TESTIM GEL	3	
VIVELLE-DOT	2	
YASMIN	3	
Hormonal Agents, Suppressant		
ARIMIDEX	2	
AROMASIN	2	
<i>bicalutamide</i>	1	
CASODEX	2	
FARESTON	2	
<i>tamoxifen</i>	1	
Immunological Agents		
ACTIMMUNE	4	
<i>azathioprine</i>	1	PA
CELLCEPT	2	PA
<i>cyclosporine</i>	2	PA
ELIDEL	2	
ENBREL	4	PA
GENGRAF	2	PA
HUMIRA	4	PA
KINERET	4	PA
<i>mycophenolate</i>	2	PA
MYFORTIC	2	PA
NEORAL	2	PA

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

Drug Name	Drug Tier	Notes
PROGRAF	2	PA
PROTOPIC	2	
RAPAMUNE	2	PA
REBIF	4	QL
REMICADE	4	PA
REVLIMID	4	
SANDIMMUNE	2	PA
<i>tacrolimus</i>	2	PA
THALOMID	4	
ZOSTAVAX	2	PA
Inflammatory Bowel Disease Agents		
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	
<i>apraclonidine ophth.</i>	3	
AZASITE OPHTH.	2	
AZOPT	2	
BETIMOL	2	
<i>ciprofloxacin ophth.</i>	1	
COMBIGAN	2	
COSOPT	3	
<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	

Drug Name	Drug Tier	Notes
<i>timolol maleate</i>	1	
TOBRADEX	3	
<i>tobramycin/dex ophth soln</i>	1	
TRAVATAN (Z)	2	QL
<i>trifluridine</i>	1	
TRUSOPT	3	
VIGAMOX	2	
VOLTAREN OPHTH.	2	
XALATAN	2	QL
XIBROM	2	
ZYLET OPHTH.	2	QL
Otic Agents		
CETRAXAL	3	
CIPRODEX	2	
COLY-MYCIN S OTIC	2	
DERMOTIC	2	
FLOXIN OTIC	3	
<i>neomycin/polymyxin/hc otic</i>	1	
<i>ofloxacin otic</i>	1	
Respiratory Tract Agents		
ACCOLATE	3	
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
ASMANEX	2	QL
ASTELIN	2	
ASTEPRO	2	
ATROVENT HFA	2	
AZMACORT	3	
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	
INTAL NEBULIZER	3	PA
<i>ipratropium nebulizer</i>	1	PA
MAXAIR AUTOHALER	2	
NASONEX	2	
PATANASE	2	
PROAIR HFA	2	

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

Drug Name	Drug Tier	Notes
PULMICORT INHALER	2	
PULMICORT INH. SUSP.	2	PA/QL
QVAR	3	
RHINOCORT AQUA	2	
SEREVENT DISKUS	2	
SINGULAIR	2	
SPIRIVA HANDIHALER	2	
SYMBICORT	2	
<i>theophylline er</i>	1	
TOBI NEBULIZER	4	PA
VENTOLIN HFA	2	
VERAMYST	3	
XOLAIR	4	PA
XOPENEX HFA	3	
XOPENEX NEBULIZER	3	PA
XYZAL	3	
ZYFLO CR	3	
Sedatives/Hyponotics		
LUNESTA	3	
ROZEREM	2	PA
SONATA	3	

Drug Name	Drug Tier	Notes
<i>zaleplon</i>	3	
<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

<i>clozapine</i>	8	<i>diltiazem er</i>	9	F	
<i>codeine sulfate tab</i>	6	<i>diltzac</i>	9		
COGNEX	7	DIOVAN	9	<i>famciclovir</i>	8
<i>colchicine</i>	7	DIOVAN HCT	9	<i>famotidine</i>	11
COLY-MYCIN S OTIC	12	<i>disopyramide</i>	9	FARESTON	11
COMBIGAN	12	<i>disopyramide er</i>	9	FEMHRT	11
COMBIPATCH	11	<i>divalproex</i>	6	<i>fenofibrate</i>	10
COMBIVENT	12	<i>divalproex er</i>	6	FENOGLIDE	10
COMBIVIR	8	<i>dorzolamide ophth soln</i>	12	<i>fentanyl patch</i>	6
COMTAN	8	<i>dorzolamide/timolol ophth soln</i>	12	<i>fexofenadine</i>	12
CONCERTA	10	DOVONEX CREAM	10	FINACEA	10
COREG CR	9	<i>doxazosin</i>	9	<i>finasteride</i>	11
COSOPT	12	<i>doxepin</i>	7	FLOMAX	11
COUMADIN	9	<i>doxycycline hyclate</i>	6	FLOVENT HFA	12
COZAAR	9	<i>doxycycline monohydrate</i>	6	FLOVENT ROTADISK	12
CRESTOR	9	<i>dronabinol</i>	7	FLOXIN OTIC	12
<i>cromolyn nebulizer</i>	12	DUETACT	9	<i>fluconazole</i>	7
<i>cyclobenzaprine</i>	13	DUREZOL	12	<i>fluoxetine</i>	7
<i>cyclophosphamide inj.</i>	8			<i>fluphenazine</i>	8
<i>cyclophosphamide tab</i>	8	E		<i>fluticasone nasal spray</i>	12
<i>cyclosporine</i>	11			<i>fluvoxamine</i>	7
CYMBALTA	7	EFFEXOR XR	7	FOCALIN XR	10
CYSTAGON	11	ELESTAT	12	FORADIL AEROLIZER	12
		ELIDEL	11	FORTAMET	9
D		ELIMITE	8	FORTAZ	6
		ELIPHOS	11	FORTICAL	11
DAPSONE	6	EMEND	7	<i>fosinopril</i>	10
DAYTRANA	10	ENABLEX	11	FRAGMIN	9
<i>demeclocycline</i>	6	<i>enalapril</i>	10	<i>furosemide</i>	10
DENAVIR	10	ENBREL	11		
DEPAKOTE	6	ENTOCORT EC	7	G	
DEPAKOTE ER	7	EPIPEN	8		
DEPAKOTE SPRINKLE	6	EPIPEN-JR	9	<i>gabapentin</i>	6
DERMOTIC	12	EPOGEN	9	<i>galantamine</i>	7
DETROL	11	<i>ergotamine w/ caffeine</i>	7	<i>galantamine er</i>	7
DETROL LA	11	ERY-TAB	6	<i>ganciclovir</i>	8
<i>dexmethylphenidate</i>	10	ERYTHROMYCIN PCE	6	GELNIQUE	11
<i>dextroamphetamine</i>	10	<i>erythromycin topical</i>	10	GENGRAF	11
DIAMOX	9	<i>estra/noreth tab</i>	11	<i>gentamicin ophth.</i>	12
<i>diclofenac ophth soln</i>	12	ESTRACE VAGINAL CREAM	11	GEODON	8
<i>diclofenac sodium ec</i>	7	ESTRADERM PATCH	11	GLEEVEC	8
<i>dicloxacillin</i>	6	<i>estradiol tab</i>	11	<i>glimepiride</i>	9
<i>didanosine</i>	8	ESTRING	11	<i>glipizide er</i>	9
DIDRONEL TAB	11	<i>etidronate</i>	11	GLUMETZA	9
DIFFERIN CREAM/GEL	10	<i>etoposide</i>	8	<i>glyburide micronized</i>	9
DIFLUNISAL	6	EVISTA	11	<i>glyburide/metformin</i>	9
<i>digoxin</i>	9	EXELON	7	<i>granisetron</i>	7
DILACOR XR	9	EXFORGE	10	GRIFUL VIN-V	7
DILANTIN	6	EXFORGE HCT	10	<i>griseofulvin</i>	7

ALPHABETICAL LISTING OF DRUGS

GRIS-PEG	7	K	LUVOX CR	7	
H		KADIAN	6	LYBREL	11
<i>haloperidol</i>	8	KAPIDEX	11	LYRICA	6
HEPSERA	8	KEPPRA	6	M	
HUMALOG	9	KEPPRA SOLN.	6	MALARONE	8
HUMALOG MIX	9	KEPPRA XR	6	MARINOL	7
HUMIRA	11	<i>ketoconazole tab</i>	7	MAXAIR AUTOHALER	12
HUMULIN 50/50	9	<i>ketoprofen</i>	7	MAXALT	7
HUMULIN 70/30	9	KINERET	11	MAXALT-MLT	7
HUMULIN N	9	KYTRIL	7	MAXIPIME	6
HUMULIN R	9	L		<i>meclizine</i>	7
<i>hydralazine</i>	10	LAMICTAL	6	<i>meclofenamate</i>	7
<i>hydrochlorothiazide</i>	10	LAMISIL	7	<i>medroxyprogesterone</i>	11
<i>hydrocodone/acetaminophen</i>	6	LAMISIL SPRAY	10	<i>mefloquine</i>	8
<i>hydroxychloroquine</i>	8	<i>lamotrigine</i>	6	<i>meloxicam</i>	7
<i>hydroxyzine</i>	8	<i>lamotrigine chew 5mg & 25mg</i>	6	MENOSTAR	11
HYZAAR	10	LANOXIN	10	<i>meperidine</i>	6
I		LANTUS	9	<i>meprobamate</i>	8
<i>ibuprofen</i>	7	LANTUS OPTICLIK	9	<i>mercaptopurine</i>	8
IMITREX KIT	7	LANTUS SOLOSTAR	9	<i>mesalamine enema</i>	12
IMITREX NASAL SPRAY	7	<i>leucovorin tab</i>	8	MESTINON SYRUP/TAB	9
IMITREX STATDOSE REFILL	7	LEUKERAN	8	MESTINON TIMESPAN	9
IMITREX TAB	7	LEVAQUIN	6	<i>metformin</i>	9
INCRELEX	11	LEVEMIR	9	<i>metformin er</i>	9
INDERAL LA	10	<i>levetiracetam</i>	6	<i>methadone solution</i>	6
INNOHEP	9	<i>levocarnitine</i>	11	<i>methadone tab</i>	6
INNOPRAN XL	10	<i>levothyroxine</i>	11	<i>methotrexate tab</i>	8
INTAL INHALER	12	<i>levoxyl</i>	11	<i>methyl dopa/hydrochlorothiazide</i>	10
INTAL NEBULIZER	12	LEXAPRO	7	<i>methylphenidate</i>	10
INTELENCE	8	LIALDA	12	<i>methylphenidate sr</i>	10
INVEGA	8	<i>lidocaine gel/soln</i>	6	<i>methylprednisolone</i>	7
INVEGA SUSTENNA INJ.	8	<i>lidocaine inj.</i>	6	<i>metoclopramide</i>	11
<i>ipratropium nebulizer</i>	12	<i>lidocaine oint</i>	6	<i>metoprolol (er)</i>	10
IRESSA	8	LIPITOR	10	<i>metoprolol/hydrochlorothiazide</i>	10
ISENTRESS	8	LIPOFEN	10	METROGEL 1%	10
<i>isoniazid</i>	8	<i>lisinopril</i>	10	<i>metronidazole cream</i>	10
<i>itraconazole</i>	7	<i>lisinopril/hydrochlorothiazide</i>	10	<i>metronidazole gel 0.75%</i>	10
J		<i>lithium carbonate</i>	9	<i>metronidazole lotion</i>	10
JANUMET	9	<i>lithium carbonate er</i>	9	<i>metronidazole tab</i>	6
JANUVIA	9	LOFIBRA	10	MIACALCIN NASAL SPRAY	11
		LOTREL	10	MIGRANAL NASAL SPRAY	7
		<i>lovastatin</i>	10	<i>minocycline</i>	6
		LOVAZA	10	MIRAPEX	8
		LOVENOX	9	<i>mirtazapine</i>	7
		LUMIGAN	12	<i>mirtazapine odt</i>	7
		LUNESTA	13	MOBAN	8
				<i>moexipril</i>	10

ALPHABETICAL LISTING OF DRUGS

<i>morphine er</i>	6	<i>oxcarbazepine</i>	6	PULMICORT INHALER	13
<i>morphine tab</i>	6	<i>oxybutynin</i>	11		
MS CONTIN	6	<i>oxybutynin er</i>	11	Q	
<i>mupirocin oint.</i>	10	<i>oxycodone er</i>	6	<i>quinapril</i>	10
<i>mycophenolate</i>	11	<i>oxycodone tab</i>	6	<i>quinapril/hydrochlorothiazide</i>	10
MYFORTIC	11	<i>oxycodone/acetaminophen</i>	6	QVAR	13
		OXYCONTIN	6		
		OXYTROL	11		
N					
<i>nabumetone</i>	7	P		R	
<i>naloxone</i>	13	PARCOPA	8	<i>ramipril</i>	10
<i>naltrexone</i>	13	<i>paroxetine</i>	7	<i>ranitidine</i>	11
NAMENDA	7	<i>paroxetine er</i>	7	RAPAMUNE	12
<i>naproxen</i>	7	PATADAY	12	RAZADYNE	7
NASONEX	12	PATANASE	12	RAZADYNE ER	7
NAVELBINE	8	PATANOL	12	REBIF	12
<i>neomycin/polymyxin/hc otic</i>	12	<i>penicillin vk</i>	6	REGRANEX	10
NEORAL	11	PHENYTEK	6	RELENZA DISKHALER	8
NEVANAC	12	<i>phenytoin extended</i>	6	REMICADE	12
NEXAVAR	8	PHOSLO	11	REQUIP	8
NEXIUM	11	PLAVIX	10	REQUIP XL	8
NIASPAN ER	10	<i>potassium chloride er</i>	13	RESTASIS	12
NICOTROL INHALER	10	<i>potassium citrate</i>	13	RETIN-A MICRO	10
NICOTROL NASAL SPRAY	10	<i>pravastatin</i>	10	REVLIMID	12
<i>nifedipine er</i>	10	<i>prazosin</i>	10	RHINOCORT AQUA	13
<i>nimodipine</i>	10	PRECOSE	9	<i>ribavirin</i>	8
<i>nitroglycerin patch</i>	10	<i>prednicarbate</i>	10	<i>rifampin</i>	8
NITROSTAT SL TAB	10	<i>prednisolone ophth soln.</i>	12	<i>rimantadine</i>	8
NORDITROPIN	11	<i>prednisone</i>	7	RISPERDAL SOLN.	8
NORVASC	10	PREMARIN	11	<i>risperidone</i>	8
NOVOFINE 30 PEN NEEDLES	9	PREMARIN VAGINAL		RITALIN LA	10
NOVOLIN 70/30	9	CREAM	11	<i>ropinirole</i>	8
NOVOLIN N	9	PREMPHASE	11	ROZEREM	13
NOVOLOG	9	PREMPRO	11	RYZOLT	6
NOVOLOG MIX 70/30	9	<i>prenatal vitamin</i>	13		
NOXAFIL	7	PREVACID	11	S	
<i>nystatin</i>	7	PREVACID SOLUTAB	11	SABRIL POWDER	6
<i>nystatin powder</i>	10	PROAIR HFA	12	SABRIL TAB	6
		<i>probenecid/colchicine</i>	7	SANDIMMUNE	12
O		PROCRIT	9	SAPHRIS TAB	8
<i>ofloxacin otic</i>	12	PROGRAF	12	SAVELLA	10
<i>ofloxacin soln ophth.</i>	12	<i>propoxyphene-n/acetaminophen</i>	6	<i>selegiline</i>	8
<i>ofloxacin tab</i>	6	<i>propranolol (er)</i>	10	SELZENTRY	8
<i>omeprazole</i>	11	<i>propranolol/hydrochlorothiazide</i>	10	SEREVENT DISKUS	13
<i>ondansetron</i>	7	PROSCAR	11	SEROQUEL	8
<i>ondansetron odt</i>	7	PROTOPIC	12	SEROQUEL XR	8
ORAMORPH SR	6	PROVIGIL	10	<i>sertraline</i>	7
<i>orphenadrine/asa/caffeine</i>	13	PULMICORT INH. SUSP.	13	<i>simvastatin</i>	10

ALPHABETICAL LISTING OF DRUGS

SINGULAIR	13	<i>timolol maleate</i>	12	VIVELLE-DOT	11
SKELAXIN	13	<i>tizanidine</i>	13	VOLTAREN OPHTH.	12
<i>sodium fluoride</i>	13	TOBI NEBULIZER	13	VYVANSE	10
<i>sodium polystyrene sulfonate</i>	13	TOBRADEX	12		
<i>sodium sulfacetamide soln ophth</i>	12	<i>tobramycin/dex ophth soln</i>	12	<hr/>	
SONATA	13	TOPAMAX	6	W	
SPIRIVA HANDIHALER	13	TOPAMAX SPRINKLE	6	<i>warfarin</i>	9
SPRYCEL	8	<i>topiramate</i>	6	WELCHOL	10
STALEVO	8	<i>topiramate sprinkle</i>	6		
STARLIX	9	<i>tramadol</i>	6	<hr/>	
STRATTERA	10	TRAVATAN (Z)	12	X	
<i>sulfamethoxazole/trimethoprim</i>		<i>trazodone</i>	7	XALATAN	12
<i>(ds)</i>	6	<i>tretinoin cream/gel</i>	10	XIBROM	12
<i>sumatriptan inj</i>	7	<i>triamcinolone topical</i>	10	XOLAIR	13
SUMATRIPTAN NASAL		<i>triamcinolone/orabase</i>	10	XOPENEX HFA	13
SPRAY	7	<i>trifluridine</i>	12	XOPENEX NEBULIZER	13
<i>sumatriptan tab</i>	7	<i>trihexyphenidyl</i>	8	XYZAL	13
SUSTIVA	8	TRILEPTAL	6		
SUTENT	8	TRILIPIX	10	<hr/>	
SYMBICORT	13	TRUSOPT	12	Y	
SYMBYAX	9	TYKERB	8	YASMIN	11
SYNTHROID	11				
		<hr/>			
T		U		<hr/>	
		ULORIC	7	Z	
<i>tacrolimus</i>	12	UROXATROL	11	<i>zaleplon</i>	13
TAMIFLU	8			ZERIT	8
<i>tamoxifen</i>	11	<hr/>		ZETIA	10
TARCEVA	8	V		<i>zidovudine</i>	8
TARGRETIN CAP	8	VALTREX	8	ZOLINZA	8
TASIGNA	8	VECTICAL	10	<i>zolpidem</i>	13
TAZORAC	10	<i>venlafaxine</i>	7	ZOMIG	7
TEGRETOL	6	VENLAFAXINE ER	7	ZOMIG ZMT	7
TEGRETOL XR	6	VENTOLIN HFA	13	<i>zonisamide</i>	7
<i>terazosin</i>	10	VERAMYST	13	ZOSTAVAX	12
<i>terbinafine</i>	7	<i>verapamil (er)</i>	10	ZYFLO CR	13
TESTIM GEL	11	VESICARE	11	ZYLET OPHTH.	12
tetracycline	6	VFEND	7	ZYPREXA	8
THALOMID	12	VIDEX EC	8	ZYPREXA ZYDIS	8
<i>theophylline er</i>	13	VIGAMOX	12	ZYVOX	6
<i>thiothixene</i>	8	VIMPAT	7		
<i>ticlopidine</i>	9	VIMPAT INJ.	7		