

red - on line or call to sign up  
orange or yellow - need income  
green - sign app only

MEDICATION AVAILABLE ON CUSE PROGRAM

mdl = Medicaid Denial Letter  
tax or inc = tax or 1 month's income

COLOR	DRUG NAME	DRUG COMPANY	INCOME	FORM OR CALL	LENGTH OF PROGRAM	WAITING TIME	TABS PER
	ABILIFY	MD MUST	APPROVE	Fax special form/call to r/o	yrly	6-8 wks	30
	APIDRA	SANOFI	tax or income	fax form and script	yrly	6-8 wks	90
O	ACCOLATE	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	60
	ACCU-CHEK	ROCHE		PT MUST CALL			
O	ACCUPRIL	PFIZER	tax or income	form	yrly	6-8 wks	90
O	ACCURETIC	PFIZER	tax or income	form	yrly	6-8 wks	30
O	ACEON	SOLVAY	tax or income	form	3 months	6-8 wks	100
O	ACIPHEX	EISAI	tax or income	fax special form	yrly	6-8 wks	30
O	ACTIVELLA	NOVO NORDISK	tax or income	FORM #2	3 months	6-8 wks	28 X 5
O	ACTONEL	PROCTOR & G	TAX OR 4506	form or r/o script form	yrly	6-8 wks	60
O	ACTOPLUS MET	TAKEDA	TAX OR 4506	fax form	yrly	6-8 wks	30
O	ACTOS	TAKEDA	TAX OR 4506	fax form	yrly	6-8 wks	30
R	ADVAIR DISKUS	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	60
O	ADVICOR	KOS	tax or income	form	3 months	6-8 wks	30
G	AEROBID	FOREST	0	form	3 months	6-8 wks	7g-100inh
O	AGGRENOX	BOEHRINGER	TAX OR 4506	form or r/o form	yrly	6-8 wks	60
O	ALAMAST	VISTAKON	tax or income	form	3 months	6-8 wks	10ml
R	ALDARA	Three M(3m)	0	call co to fax form	3 months	6-8 wks	12
O	ALLEGRA	SANOFI	tax or income	form	3 months	6-8 wks	100
O	ALLEGRA D	SANOFI	tax or income	form	3 months	6-8 wks	100
O	ALPHAGAN P	ALLERGAN	tax or income	fax form	6 months	6-8 wks	5,10,15ml
O	AMARYL	SANOFI	tax or income	form	3 months	6-8 wks	100
R	AMERGE	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	9
O	AMITIZA	TAKEDA	TAX OR 4506	fax form	yrly	6-8 wks	30
O	ANTIVERT	PFIZER	tax or income	form	yrly	6-8 wks	100
O	APIDRA	SANOFI	tax or income	form	3 months	6-8 wks	vial
O	ARALEN	SANOFI	tax or income	form	3 months	6-8 wks	25
R	ARANESP	AMGEN	tax or income	call to enroll & r/o	yrly	6-8 wks	see book
O	ARAVA	SANOFI	tax or income	form	3 months	6-8 wks	30
G	ARICEPT	EISAI	0	fax special form	3 months	6-8 wks	30
O	ARIMIDEX	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	30
O	ARTHROTEC	PFIZER	tax or income	form	yrly	6-8 wks	60
O	ASACOL	PROCTOR & G	TAX OR 4506	form or r/o script form	yrly	6-8 wks	100
O	ASMANEX INH	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	30
O	ATACAND	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	30, 90
O	ATACAND HCT	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	90

red - on line or call to sign up  
orange or yellow - need income  
green - sign app only

MEDICATION AVAILABLE ON CUSE PROGRAM

mdl = Medicaid Denial Letter  
tax or inc = tax or 1 month's income

COLOR	DRUG NAME	DRUG COMPANY	INCOME	FORM OR CALL	LENGTH OF PROGRAM	WAITING TIME	TABS PER
O	ATROVENT INH	BOEHRINGER	TAX OR 4506	form or r/o form	yrly	6-8 wks	14g-200inh
O	AVALIDE	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	30
R	AVANDAMET	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	30100
R	AVANDIA	MD MUST	APPROVE	call & form/call to r/o	ongoing per co	1 wk	30100
O	AVAPRO	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	30,90
O	AVELOX	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	30
R	AVODART	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	30100
R	AVONEX	BIOGEN	income	call to enroll & r/o	yrly	6-8 wks	pack
O	AXERT	JOHNSON & J	tax or income	form	yrly	6-8 wks	6
O	AZMACORT INH	KOS	tax or income	form	3 months	6-8 wks	20g-240 inh
O	AZOPT	ALCON	tax or income	fax form	6 months	6-8 wks	5,10,15ml
R	BACTROBAN	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	22gm
R	BECONASE	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	25g-180sp
O	BENICAR	DAIICHI	tax or income	form	3 months	6-8 wks	30
O	BENICAR HCT	DAIICHI	tax or income	form	3 months	6-8 wks	30
R	BENTYL	AXCAN	given rx card	call co to enroll	yrly	1 wk	100
O	BENZACLIN top gel	DERMIK	tax or income	form	3 months	6-8 wks	25,50 gm
O	BENZAGEL	DERMIK	tax or income	form	3 months	6-8 wks	1.5 oz
O	BENZAGEL wash	DERMIK	tax or income	form	3 months	6-8 wks	60 g
O	BENZAMYCIN gel	DERMIK	tax or income	form	3 months	6-8 wks	46.6 gm
G	BETAPACE	BERLEX	0	Fax special form	yrly	6-8 wks	100
G	BETAPACE AF	BERLEX	0	Fax special form	yrly	6-8 wks	60
G	BETASERON	BERLEX	0	Fax special form	yrly	6-8 wks	30
O	BETIMOL	VISTAKON	tax or income	form	3 months	6-8 wks	5,10,15ml
O	BETOPTIC	ALCON	tax or income	fax form	6 months	6-8 wks	5,10,15 ml
	BONIVA	ROCHE	call to prescreen				
O	BUSPAR	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	60180
O	BYETTA	AMYLIN	tax or income	Call to enroll-sent card	6 months	6-8 wks	inj
O	CADUET	PFIZER	tax or income	form	yrly	6-8 wks	30
R	CANASA	AXCAN	given rx card	call co to enroll	yrly	1 wk	30
O	CARAC CREAM	DERMIK	tax or income	form	3 months	6-8 wks	30gm
R	CARAFATE	AXCAN	given rx card	call co to enroll	yrly	1 wk	100120
O	CASODEX	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	30, 100
O	CATAPRES	BOEHRINGER	TAX OR 4506	form or r/o form	yrly	6-8 wks	100
O	CEFZIL	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	100
O	CELEBREX	PFIZER	tax or income	form	yrly	6-8 wks	100

red - on line or call to sign up  
orange or yellow - need income  
green - sign app only

MEDICATION AVAILABLE ON CUSE PROGRAM

mdl = Medicaid Denial Letter  
tax or inc = tax or 1 month's income

COLOR	DRUG NAME	DRUG COMPANY	INCOME	FORM OR CALL	LENGTH OF PROGRAM	WAITING TIME	TABS PER
G	CELEXA	FOREST	0	form	3 months	6-8 wks	100
G	CENESTIN	DURAMED	0	Fax form/call for r/o form	yrly	6-8 wks	30100
O	CHANTIX	PFIZER	tax or income	form	yrly	6-8 wks	
O	CILOXAN	ALCON	tax or income	fax form	6 months	6-8 wks	2.5,5,10ml
O	CIPRO	ALCON	tax or income	fax form	6 months	6-8 wks	100
O	CIPRO HC OTIC	ALCON	tax or income	fax form	6 months	6-8 wks	10ml
O	CIPRODEX	ALCON	tax or income	fax form	6 months	6-8 wks	5,7.5 ml
O	CLARINEX	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	100
G	CLIMARA patch	BERLEX	0	Fax special form	yrly	6-8 wks	patches 4
G	CLIMARA PRO	BERLEX	0	Fax special form	yrly	6-8 wks	patches 4
O	CLOZARIL	NOVARTIS	tax or income	call or internet	yrly	6-8 wks	100
O	COMBIVENT inh	BOEHRINGER	TAX OR 4506	form or r/o form	yrly	6-8 wks	14.7g-200inh
O	COMTAN	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	100
O	CONCERTA	JOHNSON & J	tax or income	form	yrly	6-8 wks	100
G	CORDARONE	WYETH	NO NEW PATIENTS	form or r/o form	yrly	6-8 wks	60
R	COREG	GLAXO/BTA	1 month	call and mail form	yrly	6-8 wks	100
	COREG CR	GLAXO/BTA	1 month	call and mail form	yrly	6-8 wks	100
O	CORTEF	PFIZER	tax or income	form	yrly	6-8 wks	see book
G	COSOPT	MERCK	0	form/call r/o	yrly	6-8 wks	5,10ml
O	COUMADIN	ON	FORMULARY	fax form/call to r/o	yrly	6-8 wks	100
O	COVERA HS	PFIZER	tax or income	form	yrly	6-8 wks	100
G	COZAAR	MERCK	0	form/call r/o	yrly	6-8 wks	30
O	CREON MINI	SOLVAY	tax or income	form	3 months	6-8 wks	100
O	CRESTOR	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	30, 90
O	CYMBALTA	LILLY CARES	tax or income	form	4 Months	6-8 wks	30,60,90
O	CYTOTEC	PFIZER	tax or income	form	yrly	6-8 wks	100
O	DANTRIUM	PROCTOR & G	TAX OR 4506	form or r/o script form	yrly	6-8 wks	100
G	DECLOMYCIN	PDL	0	form	yrly	6-8 wks	100
O	DEPAKENE	ABBOTT	tax or income	form/call r/o	yrly	6-8 wks	100
O	DEPAKOTE	ABBOTT	tax or income	form/call r/o	yrly	6-8 wks	100
O	DEPAKOTE ER	ABBOTT	tax or income	form/call r/o	yrly	6-8 wks	100
O	DETROL	PFIZER	tax or income	form	yrly	6-8 wks	60
O	DETROL LA	PFIZER	tax or income	form	yrly	6-8 wks	30,90
O	DIABINESE	PFIZER	tax or income	form	yrly	6-8 wks	100
O	DIDRONEL	PROCTOR & G	TAX OR 4506	form or r/o script form	yrly	6-8 wks	60
O	DIFLUCAN	ON	FORMULARY	form	yrly	6-8 wks	30

red - on line or call to sign up  
orange or yellow - need income  
green - sign app only

MEDICATION AVAILABLE ON CUSE PROGRAM

mdl = Medicaid Denial Letter  
tax or inc = tax or 1 month's income

COLOR	DRUG NAME	DRUG COMPANY	INCOME	FORM OR CALL	LENGTH OF PROGRAM	WAITING TIME	TABS PER
O	DILANTIN	PFIZER	tax or income	form	yrly	6-8 wks	100
O	DIOVAN	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	30
O	DIOVAN HCT	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	100
O	DIPROLENE af cr	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	15,50gm
O	DIPROLENE gel	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	15,50gm
O	DIPROLENE lot	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	30,60gm
O	DIPROLENE oint	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	15,50gm
O	DITROPAN	JOHNSON & J	tax or income	form	yrly	6-8 wks	100
O	DITROPAN XL	JOHNSON & J	tax or income	form	yrly	6-8 wks	100
O	DOSTINEX	PFIZER	tax or income	form	yrly	6-8 wks	8
R	DYAZIDE	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	100
O	DYNACIRC CR	RELIANT	TAX OR 4506	on back order	3 months	6-8 wks	60100
G	EFFEXOR	WYETH	0	form or r/o form	yrly	6-8 wks	100
O	ELIDEL	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	15,30,100gm
O	ELMIRON	JOHNSON & J	tax or income	form	yrly	6-8 wks	100
O	ELOCON CREAM	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	15,45gm
O	ELOCON LOTION	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	30,60gm
O	ELOCON OINT	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	15,45gm
O	EMLA CREAM	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	5 & 30 gm
R	ENBREL	AMGEN	tax or income	call to enroll & r/o	yrly	6-8 wks	vial
R	EPOGEN	AMGEN	tax or income	call to enroll & r/o	yrly	6-8 wks	vial
O	ERTACZO	JOHNSON & J	tax or income	form	yrly	6-8 wks	15,30g crm
O	ESTRATEST	SOLVAY	tax or income	form	3 months	6-8 wks	100
O	EVISTA	LILLY CARES	tax or income	form	4 months	6-8 wks	30100
O	EXELON	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	60
O	FAMVIR	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	30
O	FASLODEX	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	0
O	FELDENE	PFIZER	tax or income	form	yrly	6-8 wks	100
O	FEMARA	NOVARTIS	tax or income	call or internet	yrly	6-8 wks	30
O	FLOMAX	BOEHRINGER	TAX OR 4506	form or r/o form	yrly	6-8 wks	100
R	FLONASE	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	16gm-120 sp
R	FLOVENT	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	13gm-120inh
O	FOCALIN	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	100
O	FORADIL AERO	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	18,60
G	FOSAMAX D	<b>PROGRAM</b>	<b>TERMINATED</b>	form/call r/o	yrly	6-8 wks	30100
O	FROVA	ENDO	TAX OR 4506	fax form	3 months	6-8 wks	18

red - on line or call to sign up  
orange or yellow - need income  
green - sign app only

MEDICATION AVAILABLE ON CUSE PROGRAM

mdl = Medicaid Denial Letter  
tax or inc = tax or 1 month's income

COLOR	DRUG NAME	DRUG COMPANY	INCOME	FORM OR CALL	LENGTH OF PROGRAM	WAITING TIME	TABS PER
O	GENTEAL	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	15,25gm
O	GEODON	PFIZER	tax or income	form	yrly	6-8 wks	60
O	GLEEVEC	NOVARTIS	tax or income	call or internet	yrly	6-8 wks	120
o	GLUCAGON	LILLY CARES	tax or income	form	4 months	6-8 wks	1
O	GLUCAPHAGE	<b>NO NEW</b>	<b>PATIENTS</b>				
O	GLUCOTROL	PFIZER	tax or income	form	yrly	6-8 wks	100
O	GLUCOTROL XL	PFIZER	tax or income	form	yrly	6-8 wks	30100
O	GLUCOVANCE	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	100
O	GLYSET	PFIZER	tax or income	form	yrly	6-8 wks	100
O	HALDOL	JOHNSON & J	tax or income	<b>MD APPROVAL</b>	yrly	6-8 wks	?
R	HIVID	ROCHE	tax or income	call co to mail form	3 months	6-8 wks	100
O	HUMALOG	LILLY CARES	tax or income	sent card	4 Months	6-8 wks	vial
O	HUMULIN	LILLY CARES	tax or income	form	4 months	6-8 wks	vial
O	HYPOTEARs	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	15,30ml
O	HYTONE cream	DERMIK	tax or income	form	3 months	6-8 wks	1,2 oz
O	HYTONE lotion	DERMIK	tax or income	form	3 months	6-8 wks	2,4oz
O	HYTRIN	ABBOTT	tax or income	form/call r/o	yrly	6-8 wks	100
G	HYZAAR	MERCK	0	form/call r/o	yrly	6-8 wks	30,90
O	IMDUR	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	100
R	IMITREX	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	90 d=54
G	INDERAL	WYETH	0	form or r/o form	yrly	6-8 wks	100
G	INDERIDE	WYETH	0	form or r/o form	yrly	6-8 wks	100
G	INDOCIN	MERCK	0	form/call r/o	yrly	6-8 wks	100
O	INSPIRA	PFIZER	tax or income	form	yrly	6-8 wks	30,90
R	INVIRASE	ROCHE	tax or income	call co to mail form	3 months	6-8 wks	120
O	IOPIDINE	ALCON	tax or income	fax form	6 months	6-8 wks	5,10ml
G	ISMO	PDL	0	form	yrly	6-8 wks	100
O	ISOPTO	ALCON	tax or income	fax form	6 months	6-8 wks	15ml
O	KAYEXALATE	SANOFI	tax or income	form	3 months	6-8 wks	453gm jar
O	K-DUR	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	100
O	KENALOG	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	50gm
O	KERLONE	SANOFI	tax or income	form	3 months	6-8 wks	100
R	KINERET	AMGEN	tax or income	call to enroll & r/o	yrly	6-8 wks	100mg syr
O	KLARON lotion	DERMIK	tax or income	form	3 months	6-8 wks	4 oz
R	KYTRIL	ROCHE	tax or income	call co to mail form	3 months	6-8 wks	vial
O	LACHYDRIN	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	280gm

red - on line or call to sign up  
orange or yellow - need income  
green - sign app only

MEDICATION AVAILABLE ON CUSE PROGRAM

mdl = Medicaid Denial Letter  
tax or inc = tax or 1 month's income

COLOR	DRUG NAME	DRUG COMPANY	INCOME	FORM OR CALL	LENGTH OF PROGRAM	WAITING TIME	TABS PER
R	LAMICTAL	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	see book
O	LAMISIL	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	30ml
R	LANOXIN	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	100
O	LANTUS	SANOFI	tax or income	form	3 months	6-8 wks	vial
O	LESCOL	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	30100
O	LESCOL XL	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	30100
O	LEVAQUIN	JOHNSON & J	tax or income	form	yrly	6-8 wks	see book
	LEVEMIR	NOVO NORDISK	tax or income	fax form and script	yrly	6-8 wks	90
O	LEVOLBUNOLOL	ALCON	tax or income	fax form	6 months	6-8 wks	5,10ml
G	LEVOTHROID	FOREST	0	form	3 months	6-8 wks	100
G	LEXAPRO	FOREST	0	form	3 months	6-8 wks	100
R	LEXIVA	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	60
O	LIDODERM	ENDO	tax or 4506	fax form	3 months	6-8 wks	60
O	LIPITOR	PFIZER	tax or income	form	yrly	6-8 wks	90
O	LOTREL	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	100
O	LOTRISONE cr	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	15,45 gm
O	LOTRISONE lo	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	30ml
R	LOTRONEX	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	see book
O	LUMIGAN	ALLERGAN	tax or income	fax form	6 months	6-8 wks	2.5,5 ml
G	LUPRON	TAP	0	fax form	6 months	6-8 wks	1
O	LYRICA	CANNOT ACCEPT APPLICATION		special form	yrly	6-8 wks	90
O	MACROBID	PROCTOR & G	tax or 4506	form or r/o script form	yrly	6-8 wks	100
O	MACRODANTIN	PROCTOR & G	tax or 4506	form or r/o script form	yrly	6-8 wks	100
R	MALARONE	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	24100
O	MAVIK	ABBOTT	tax or income	form/call r/o	yrly	6-8 wks	100
R	MAXAIR auto	Three M(3m)	0	call co to fax form	3 months	6-8 wks	14g-400inh
G	MAXALT	MERCK	0	form/call r/o	yrly	6-8 wks	18 for 90 days
O	MAXITROL	ALCON	tax or income	fax form	6 months	6-8 wks	5ml
G	MEPHYTON	MERCK	0	form/call r/o	yrly	6-8 wks	100
R	MEPRON	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	210ml
O	METAGLIP	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	100
O	MIACALCIN	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	vial
O	MICARDIS	BOEHRINGER	TAX OR 4506	form or r/o form	yrly	6-8 wks	28
O	MICARDIS HCT	BOEHRINGER	TAX OR 4506	form or r/o form	yrly	6-8 wks	28
O	MINIPRESS	PFIZER	tax or income	form	yrly	6-8 wks	250
R	MINITRAN	Three M(3m)	0	call co to fax form	3 months	6-8 wks	30

red - on line or call to sign up  
orange or yellow - need income  
green - sign app only

MEDICATION AVAILABLE ON CUSE PROGRAM

mdl = Medicaid Denial Letter  
tax or inc = tax or 1 month's income

COLOR	DRUG NAME	DRUG COMPANY	INCOME	FORM OR CALL	LENGTH OF PROGRAM	WAITING TIME	TABS PER
O	MIRAPEX	BOEHRINGER	TAX OR 4506	form or r/o form	yrly	6-8 wks	90
O	MOBIC	PROGRAM	TERMINATED				
O	MONOPRIL	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	90
O	MYCELEX	JOHNSON & J	tax or income	form	yrly	6-8 wks	70140
O	NASACORT AQ	SANOFI	tax or income	form	3 months	6-8 wks	16.5g-120sp
O	NASONEX	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	17g-120sp
O	NEORAL	NOVARTIS	tax or income	call or internet	yrly	6-8 wks	100250
O	NEURONTIN	PFIZER	tax or income	form	yrly	6-8 wks	100
O	NEXIUM	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	30, 90
O	NIASPAN	KOS	tax or income	form	3 months	6-8 wks	100
O	NITRO DUR patch	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	30
O	NITRO SPRAY	First Horizon	TAX OR 4506	form/call r/o	yrly	6-8 wks	12gm-200 sp
O	NIZORAL	JOHNSON & J	tax or income	form	yrly	6-8 wks	see book
O	NORITATE cream	DERMIK	tax or income	form	3 months	6-8 wks	60gm
O	NORVASC	ON	FORMULARY	form	yrly	6-8 wks	90100
O	NOVOLIN 70/30 inn	NOVO NORDISK	tax or income	form	3 months	6-8 wks	see book
O	NOVOLIN 70/30 penf	NOVO NORDISK	tax or income	form	3 months	6-8 wks	see book
O	NOVOLIN N inn	NOVO NORDISK	tax or income	form	3 months	6-8 wks	see book
O	NOVOLIN N penf	NOVO NORDISK	tax or income	form	3 months	6-8 wks	see book
O	NOVOLIN R inn	NOVO NORDISK	tax or income	form	3 months	6-8 wks	see book
O	NOVOLIN R penf	NOVO NORDISK	tax or income	form	3 months	6-8 wks	see book
O	NOVOLOG MIX	NOVO NORDISK	tax or income	form	3 months	6-8 wks	see book
O	OMNICEF	ABBOTT	tax or income	form/call r/o	yrly	6-8 wks	60
O	PANCREASE MT	JOHNSON & J	tax or income	form	yrly	6-8 wks	100
O	PARAFON FORTE	JOHNSON & J	tax or income	form	yrly	6-8 wks	100
R	PARNATE	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	100
R	PEGASYS	ROCHE	tax or income	call co to mail form	3 months	6-8 wks	vial
O	PENLAC	DERMIK	tax or income	form	3 months	6-8 wks	6.6ml
O	PILOPINE	ALCON	tax or income	fax form	6 months	6-8 wks	3.5gm
O	PLAQUENIL	SANOFI	tax or income	form	3 months	6-8 wks	100
O	PLAVIX	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	30,90
O	PLENDIL	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	100
O	POLYCITRA	JOHNSON & J	tax or income	form	yrly	6-8 wks	?
O	POLYCITRA K	JOHNSON & J	tax or income	form	yrly	6-8 wks	?
O	POLYCITRA LC	JOHNSON & J	tax or income	form	yrly	6-8 wks	?
O	PONSTEL	First Horizon	tax or 4506	form/call r/o	yrly	6-8 wks	100

red - on line or call to sign up  
orange or yellow - need income  
green - sign app only

MEDICATION AVAILABLE ON CUSE PROGRAM

mdl = Medicaid Denial Letter  
tax or inc = tax or 1 month's income

COLOR	DRUG NAME	DRUG COMPANY	INCOME	FORM OR CALL	LENGTH OF PROGRAM	WAITING TIME	TABS PER
O	PRANDIN	NOVO NORDISK	tax or income	form	3 months	6-8 wks	100
O	PRAVACHOL	NO	NEW	PATIENTS	yrly	6-8 wks	90
R	PRECOSE	BAYER	ONLINE	call co to enroll	yrly	1 wk	30
G	PREMARIN	WYETH	0	form or r/o form	yrly	6-8 wks	100
G	PREMPHASE	WYETH	0	form or r/o form	yrly	6-8 wks	dial
G	PREMPRO	WYETH	0	form or r/o form	yrly	6-8 wks	dial
O	PREVACID	TAP	tax or 4506	form	yrly	6-8 wks	100
O	PROCARDIA	PFIZER	tax or income	form	yrly	6-8 wks	100
O	PROCARDIA XL	PFIZER	tax or income	form	yrly	6-8 wks	100
R	PROGRAF	ASTELLAS	tax or income	call to enroll & r/o	yrly	1 wk	
O	PROMETRIUM	SOLVAY	tax or income	form	3 months	6-8 wks	100
G	PROSCAR		no longer available	form/call r/o	yrly	6-8 wks	30100
G	PROTONIX	ON	FORMULARY	ON FORMULARY	yrly	6-8 wks	60
O	PROVENTIL aero	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	17g-200inh
O	PROVENTIL hfa inh	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	6.7g-200inh
O	PROVENTIL inh sol	SCHERING	tax or income	form or r/o form	yrly	6-8 wks	20ml
O	PROZAC	LILLY CARES	tax or income	form	4 Months	6-8 wks	30100
O	PSORCON E cr	DERMIK	tax or income	form	3 months	6-8 wks	15,30,60gm
O	PSORCONE E oint	DERMIK	tax or income	form	3 months	6-8 wks	15,30,60gm
O	PULMICORT resp	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	30
O	PULMICORT turbo	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	200 inh
O	QUIXIN	VISTAKON	tax or income	form	3 months	6-8 wks	2.5ml
O	RAZADYNE	JOHNSON & J	tax or income	form	yrly	6-8 wks	60 tabs
O	RAZADYNE ER	JOHNSON & J	tax or income	form	yrly	6-8 wks	or 100ml sol
O	REGRANEX	JOHNSON & J	tax or income	form	yrly	6-8 wks	2,7.5,15g gel
O	RELPAK	PFIZER	tax or income	form	yrly	6-8 wks	24 for 90 days
O	REMICADE	CENTOCOR	tax or income	form or r/o form	6 months	6-8 wks	vial
R	REQUIP	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	100
O	RESCRIPTOR	PFIZER	tax or income	form	yrly	6-8 wks	see book
O	RESTASIS	ALLERGAN	tax or income	fax form	6 months	6-8 wks	vial
O	RETIN A	JOHNSON & J	tax or income	form	yrly	6-8 wks	see book
O	RHINOCORT AQUA	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	120 sprays
O	RISPERDAL	JOHNSON & J	tax or income	form	yrly	6-8 wks	see book
O	RISPERDAL con	JOHNSON & J	tax or income	form	yrly	6-8 wks	see book
O	ROBINUL FORTE	First Horizon	TAX OR 4506	form/call r/o	yrly	6-8 wks	100
O	ROBINUL	First Horizon	TAX OR 4506	form/call r/o	yrly	6-8 wks	100

red - on line or call to sign up  
orange or yellow - need income  
green - sign app only

MEDICATION AVAILABLE ON CUSE PROGRAM

mdl = Medicaid Denial Letter  
tax or inc = tax or 1 month's income

COLOR	DRUG NAME	DRUG COMPANY	INCOME	FORM OR CALL	LENGTH OF PROGRAM	WAITING TIME	TABS PER
O	ROZEREM	PENDING	TAX OR 4506	fax form	yrly	6-8 wks	30
O	RYTHMOL	RELIANT	TAX OR 4506	form	3 months	6-8 wks	100
G	SECTRAL	PDL	0	form	yrly	6-8 wks	100
R	SEREVENT	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	50mcg-60blist
O	SEROQUEL	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	100
O	SINEMET	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	100
O	SINEQUAN	PFIZER	tax or income	form	yrly	6-8 wks	50
G	SINGULAIR	MERCK	0	form/call r/o	yrly	6-8 wks	30,90
O	SPECTAZOLE	JOHNSON & J	tax or income	form	yrly	6-8 wks	15,30,85g cr
O	SPIRIVA handihal	BOEHRINGER	TAX OR 4506	form or r/o form	yrly	6-8 wks	6,30
O	SPORANOX	JOHNSON & J	tax or income	form	yrly	6-8 wks	see book
O	STALEVO	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	100250
O	STARLIX	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	100
O	STRATTERA	LILLY CARES	tax or income	form	4 months	6-8 wks	30
O	SULAR	First Horizon	tax or 4506	form/call r/o	yrly	6-8 wks	100
O	SYMBYAX	LILLY CARES	tax or income	form	4 months	6-8 wks	30100
O	SYNTHROID	ABBOTT	tax or income	form/call r/o	yrly	6-8 wks	100
R	TAMBOCOR	Three M(3m)	0	call co to fax form	3 months	6-8 wks	100
O	TARKA	ABBOTT	tax or income	form/call r/o	yrly	6-8 wks	100
O	TAZORAC cr	ALLERGAN	tax or income	fax form	6 months	6-8 wks	15,30,60gm
O	TAZORAC gel	ALLERGAN	tax or income	fax form	6 months	6-8 wks	30,100gm
O	TEGRETOL	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	100
G	TENEX	PDL	0	form	yrly	6-8 wks	100
O	TERAZOL 3	JOHNSON & J	tax or income	form	yrly	6-8 wks	20g crm, 3 sup
O	TERAZOL 7	JOHNSON & J	tax or income	form	yrly	6-8 wks	45g crm
G	TESSALON	FOREST	0	form	3 months	6-8 wks	100
O	TEVETEN	KOS	tax or income	form	3 months	6-8 wks	100
G	TIAZAC	FOREST	0	form	3 months	6-8 wks	30,90
G	TIMOPTIC	MERCK	0	form/call r/o	yrly	6-8 wks	see book
O	TOBRADEX oint	ALCON	tax or income	fax form	6 months	6-8 wks	3.5gm
O	TOBRADEX susp	ALCON	tax or income	fax form	6 months	6-8 wks	2.5,5,10ml
O	TOPAMAX	JOHNSON & J	tax or income	form-sent card	yrly	6-8 wks	60
O	TOPROL XL	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	100
O	TRAVATAN	ALCON	tax or income	fax form	6 months	6-8 wks	2.5,5 ml
O	TRICOR	ABBOTT	tax or income	form/call r/o	yrly	6-8 wks	90
O	TRILEPTAL	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	100

red - on line or call to sign up  
orange or yellow - need income  
green - sign app only

MEDICATION AVAILABLE ON CUSE PROGRAM

mdl = Medicaid Denial Letter  
tax or inc = tax or 1 month's income

COLOR	DRUG NAME	DRUG COMPANY	INCOME	FORM OR CALL	LENGTH OF PROGRAM	WAITING TIME	TABS PER
G	TRUSOPT	MERCK	0	form/call r/o	yrly	6-8 wks	5,10 ml
O	ULTRACET	JOHNSON & J	tax or income	form	yrly	6-8 wks	20100500
O	ULTRAM	JOHNSON & J	tax or income	form	yrly	6-8 wks	100
O	ULTRAVATE	BRISTOL	tax, 4506 or 0 ltr	fax form/call to r/o	yrly	6-8 wks	15,45gm
O	URISPAS	JOHNSON & J	k/income/0 income let	form	3 months	6-8 wks	100
O	UROXATRAL	SANOFI	k/income/0 income let	form	3 months	6-8 wks	30100
O	VAGIFEM	NOVO NORDISK	k/income/0 income let	FORM #2	3 months	6-8 wks	15
R	VALTREX	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	30
O	VEXOL	ALCON	tax or income	fax form	6 months	6-8 wks	5,10ml
O	VIAGRA	PFIZER	tax or income	form	yrly	6-8 wks	30
O	VIBRAMYCIN	PFIZER	tax or income	form	yrly	6-8 wks	50500
O	VIGAMOX	ALCON	tax or income	fax form	6 months	6-8 wks	3ml
R	VIOKASE 16	AXCAN	phone enrollment	call co to enroll-sent card	yrly	1 wk	100
O	VIRACEPT	PFIZER	tax or income	form	yrly	6-8 wks	270300
O	VISTARIL	PFIZER	tax or income	form	yrly	6-8 wks	100
O	VOLTAREN	NOVARTIS	tax or income	MD APPROVAL	yrly	6-8 wks	60100
O	VYTONE cream	DERMIK	tax or income	form	3 months	6-8 wks	1oz
G	VYTORIN	MCK/SCHER	0	form/call r/o	yrly	6-8 wks	30,90
O	WELCHOL	DAIICHI	tax or income	form	3 months	6-8 wks	180
R	WELLBUTRIN	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	see book
O	XALATAN	PFIZER	tax or income	form	yrly	6-8 wks	2.5ml
R	XELODA	ROCHE	tax or income	call co to mail form	3 months	6-8 wks	60120
R	XENICAL	ROCHE	PROGRAM	TERMINATED	38961		
O	ZADITOR	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	1,5ml
O	ZELNORM	NOVARTIS	tax or income	form or r/o form	yrly	6-8 wks	60
G	ZETIA	MCK/SCHER	0	form/call r/o	yrly	6-8 wks	30,90
O	ZITHROMAX	PFIZER	tax or income	form	yrly	6-8 wks	30
	<b>ZOCOR</b>	<b>PROGRAM</b>	<b>TERMINATED</b>				
O	ZOLOFT	PFIZER	tax or income	form	yrly	6-8 wks	90
O	ZOMIG	ASTRA	TAX OR 4506	form/call r/o	yrly	6-8 wks	3, 6
R	ZOVIRAX	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	100
R	ZYBAN	GLAXO/BTA	1 month	call & form/call to r/o	ongoing per co	1 wk	60
O	ZYPREXA	LILLY CARES	tax or income	form	4 Months	6-8 wks	60
O	ZYPREXA ZYDIS	LILLY CARES	tax or income	form	4 months	6-8 wks	30