



South Carolina



2009 COMPREHENSIVE FORMULARY LIST OF COVERED DRUGS

MEDICARE BLUESM PLUS

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

*BLUECROSS BLUESHIELD OF SOUTH CAROLINA CONTRACTS WITH THE FEDERAL GOVERNMENT.
CONTRACT # H4209*

Medicare Blue Plus
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.

Last Updated April 27, 2009

H4209_MBP29104 (09/2008)

Order # 12806M 04-09 Comprehensive

BlueCross BlueShield of South Carolina is an independent licensee of the Blue Cross and Blue Shield Association.

[®]Registered marks of the Blue Cross and Blue Shield Association

SMService mark of the Blue Cross and Blue Shield Association

What is the Medicare Blue Plus Formulary?

A formulary is a list of covered drugs selected by Medicare Blue Plus 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. Medicare Blue Plus will generally cover the drugs listed in our formulary as long as the drug is medically necessary, the prescription is filled at a Medicare Blue Plus network pharmacy, and other plan rules are followed. For more information on how to fill your prescriptions, please review your “Evidence of Coverage.”

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, or 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 May 1, 2009. To get updated information about the drugs covered by Medicare Blue Plus, please visit our Web site at www.southcarolinablues.com/mbplus09 or call Customer Service at 1-800-605-3256, 8:00 a.m. to 8:00 p.m., Monday through Friday; during annual enrollment (November 15, 2008 to March 1, 2009), 8:00 a.m. to 8:00 p.m., seven days a week. TTY/TDD users should call 1-888-300-7215.

How do I use the Formulary?

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

Medical Condition

The formulary begins on page 7. 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.” If you know what your drug is used for, look for the category name in the list that begins on page 7. 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 70. 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?

Medicare Blue Plus 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:** Medicare Blue Plus requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Medicare Blue Plus before you fill your prescriptions. If you don’t get approval, Medicare Blue Plus may not cover the drug.
- **Quantity Limits:** For certain drugs, Medicare Blue Plus limits the amount of the drug that Medicare Blue Plus will cover. For example, Medicare Blue Plus provides 18 tablets per prescription for *ondansetron*. This may be in addition to a standard one-month or three-month supply.
- **Step Therapy:** In some cases, Medicare Blue Plus 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, Medicare Blue Plus may not cover drug B unless you try Drug A first. If Drug A does not work for you, Medicare Blue Plus 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 7.

You can ask Medicare Blue Plus to make an exception to these restrictions or limits. See the section, “How do I request an exception to the Medicare Blue Plus 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 formulary, you should first contact Customer Service and confirm that your drug is not covered. If you learn that Medicare Blue Plus does not cover your drug, you have two options:

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

You can ask Medicare Blue Plus 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, Medicare Blue Plus 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 one of the higher tiers subject to the tiering exceptions process, you can ask us to cover it at the cost-sharing amount that applies to drugs in a lower 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, Medicare Blue Plus 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 34-day supply (unless you have a prescription written for fewer days) when you go to a network pharmacy. After your first 34-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 34-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 90 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 34-day emergency supply of that drug (unless you have a prescription for fewer days) while you pursue a formulary exception.

We will contact you by mail if you have a prescription filled for a drug that is not on our formulary. We will let you know that your drug is not covered and that we can help you find another drug to treat your medical condition that is part of the plan's formulary. You should discuss our letter and alternative formulary drugs with your doctor.

For more information

For more detailed information about your Medicare Blue Plus prescription drug coverage, please review your "Evidence of Coverage" and other plan materials.

If you have questions about Medicare Blue Plus, please call Customer Service at 1-800-605-3256, 8:00 a.m. to 8:00 p.m., Monday through Friday; during annual enrollment (November 15, 2008 to March 1, 2009), 8:00 a.m. to 8:00 p.m., seven days a week. TTY/TDD users should call 1-888-300-7215. Or visit www.southcarolinablues.com/mbplus09.

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.

Medicare Blue Plus Formulary

The formulary that begins on the next page provides coverage information about some of the drugs covered by Medicare Blue Plus. If you have trouble finding your drug in the list, turn to the Index that begins on page 70.

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

The information in the “Notes” column tells you if Medicare Blue Plus has any special requirements for coverage of your drug.

On the following pages, “PA” means “prior authorization” is required, “QL” means “quantity limits,” “ST” means “step therapy” applies, and “B/D” means Part B versus Part D determination.

Drug Name	Copayment/ Coinsurance	Notes
ANALGESICS		
COX-2 INHIBITORS		
CELEBREX	\$35	PA
GOUT		
<i>allopurinol</i>	\$8*	
<i>allopurinol sodium</i>	\$8*	
ALOPRIM	\$70	
<i>colchicine</i>	\$8*	
<i>probenecid</i>	\$8*	
<i>probenecid/colchicine</i>	\$8*	
ZYLOPRIM	\$70	
MISCELLANEOUS		
ARTHROTEC 50	\$70	
ARTHROTEC 75	\$70	
<i>nalbuphine hcl</i>	\$8*	
PREVACID NAPRAPAC	\$70	
NARCOTIC ANALGESICS, CII		
ACTIQ	\$70	QL
<i>astramorph</i>	\$8*	
AVINZA	\$35	QL
COMBUNOX	\$70	
DEMEROL	\$70	
DILAUDID	\$70	
DILAUDID-5	\$35	
DILAUDID-HP	\$70	
DOLOPHINE	\$70	QL
DOLOPHINE HCL	\$70	QL
DURAGESIC	\$70	QL
<i>duramorph</i>	\$8*	
<i>endocet</i>	\$8*	
<i>fentanyl</i>	\$8*	QL
<i>fentanyl citrate</i>	\$8*	
<i>fentanyl citrate oral transmucosal</i>	\$8*	QL
FENTORA	\$70	QL
<i>hydromorphone hcl</i>	\$8*	
INFUMORPH 200	\$70	
INFUMORPH 500	\$70	
KADIAN CP24 10MG	\$35	
KADIAN CP24 100MG, 200MG, 20MG, 30MG, 50MG, 60MG, 80MG	\$35	QL
LEVO DROMORAN	\$70	
LEVO-DROMORAN	\$70	
<i>levorphanol tartrate</i>	\$8*	
MAGNACET	\$70	
<i>meperidine hcl</i>	\$8*	
<i>meperitab</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
METHADONE HCL INJ	\$70	
<i>methadone hcl conc, oral soln</i>	\$8*	
<i>methadone hcl tabs</i>	\$8*	QL
<i>methadose</i>	\$8*	QL
<i>morphine sulfate</i>	\$8*	
<i>morphine sulfate er</i>	\$8*	QL
MS CONTIN	\$70	QL
<i>narvox</i>	\$8*	
OPANA	\$70	
OPANA ER	\$35	QL
ORAMORPH SR	\$70	QL
<i>oxycodone /acetaminophen</i>	\$8*	
<i>oxycodone /apap</i>	\$8*	
<i>oxycodone /aspirin</i>	\$8*	
<i>oxycodone /ibuprofen</i>	\$8*	
<i>oxycodone hcl</i>	\$8*	
<i>oxycodone-apap</i>	\$8*	
OXYCONTIN	\$35	QL
PERCOCET	\$70	
PERCODAN	\$70	
<i>perloxx</i>	\$8*	
ROXICET SOLN	\$35	
ROXICET TABS 500MG; 5MG	\$70	
<i>roxicet tabs 325mg; 5mg</i>	\$8*	
ROXICODONE	\$70	
TYLOX	\$70	
NARCOTIC ANALGESICS		
<i>acetaminophen/codeine</i>	\$8*	
<i>acetaminophen/codeine #2</i>	\$8*	
<i>acetaminophen/codeine #3</i>	\$8*	
<i>acetaminophen/codeine #4</i>	\$8*	
<i>ascomp/codeine</i>	\$8*	
<i>balacet 325</i>	\$8*	
<i>butal/asa/caff/cod</i>	\$8*	
<i>butalbital /apap /caffeine /codeine</i>	\$8*	
<i>butorphanol tartrate inj</i>	\$8*	
<i>butorphanol tartrate nasal soln</i>	\$8*	QL
CAPITAL/CODEINE	\$70	
<i>co-gesic</i>	\$8*	
DARVOCET A500	\$70	
DARVOCET-N 100	\$70	
DARVOCET-N 50	\$70	
DARVON	\$70	
DARVON-N	\$70	
<i>dolorex forte</i>	\$8*	
EQUAGESIC	\$70	
FIORICET /CODEINE	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
FIORINAL/CODEINE #3	\$70	
HYCET	\$70	
<i>hydrocodone /acetaminophen</i>	\$8*	
<i>hydrocodone /acetaminophen-hs</i>	\$8*	
<i>hydrocodone /ibuprofen</i>	\$8*	
<i>hydrocodone bitartrate/acetaminophen</i>	\$8*	
<i>hydrocodone bitartrate/apap</i>	\$8*	
<i>hydrocodone/apap</i>	\$8*	
LORCET 10/650	\$70	
LORCET PLUS	\$70	
LORTAB	\$70	
LORTAB 10	\$70	
LORTAB 2.5	\$70	
LORTAB 5	\$70	
LORTAB 7.5	\$70	
<i>margesic-h</i>	\$8*	
MAXIDONE	\$70	
NORCO	\$70	
PANLOR DC	\$70	
PANLOR SS	\$70	
<i>pentazocine /acetaminophen</i>	\$8*	
<i>pentazocine/naloxone hcl</i>	\$8*	
<i>phrenilin w/caffeine/codeine</i>	\$8*	
<i>propoxyphene /acetaminophen</i>	\$8*	
<i>propoxyphene hcl</i>	\$8*	
<i>propoxyphene-n /acetaminophen</i>	\$8*	
REPREXAIN	\$70	
STADOL	\$70	
<i>stagesic</i>	\$8*	
SYNALGOS-DC	\$70	
TALACEN	\$70	
TALWIN	\$70	
TALWIN NX	\$70	
<i>trezix</i>	\$8*	
TYLENOL/CODEINE #3	\$70	
TYLENOL/CODEINE #4	\$70	
<i>vanacet</i>	\$8*	
VICODIN	\$70	
VICODIN ES	\$70	
<i>vicodin hp</i>	\$8*	
VICOPROFEN	\$70	
VOPAC	\$70	
XODOL	\$70	
ZAMICET	\$70	
<i>zerlor</i>	\$8*	
ZYDONE	\$70	

NON-NARCOTIC ANALGESICS

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>tramadol hcl</i>	\$8*	
<i>tramadol hydrochloride/acetaminophen</i>	\$8*	
ULTRACET	\$70	
ULTRAM	\$70	
ULTRAM ER	\$70	
NSAIDS		
ANAPROX	\$70	
ANAPROX DS	\$70	
CATAFLAM	\$70	
CLINORIL	\$70	
DAYPRO	\$70	
<i>diclofenac potassium</i>	\$8*	
<i>diclofenac sodium</i>	\$8*	
<i>diclofenac sodium dr</i>	\$8*	
<i>diclofenac sodium ec</i>	\$8*	
<i>diclofenac sodium er</i>	\$8*	
<i>diclofenac sodium xr</i>	\$8*	
<i>diflunisal</i>	\$8*	
EC-NAPROSYN	\$70	
<i>etodolac</i>	\$8*	
<i>etodolac er</i>	\$8*	
FELDENE	\$70	
<i>fenoprofen calcium</i>	\$8*	
<i>flurbiprofen</i>	\$8*	
<i>ibuprofen</i>	\$8*	
INDOCIN	\$35	
INDOCIN SR	\$70	
<i>indomethacin</i>	\$8*	
<i>indomethacin er</i>	\$8*	
<i>ketoprofen</i>	\$8*	
<i>ketoprofen er</i>	\$8*	
<i>ketorolac tromethamine inj</i>	\$8*	
<i>ketorolac tromethamine tabs</i>	\$8*	QL
<i>meclofenamate sodium</i>	\$8*	
<i>meloxicam</i>	\$8*	
MOBIC	\$70	
MOTRIN	\$70	
<i>nabumetone</i>	\$8*	
NALFON	\$70	
NAPRELAN	\$70	
NAPROSYN	\$70	
<i>naproxen</i>	\$8*	
<i>naproxen dr</i>	\$8*	
<i>naproxen sodium</i>	\$8*	
<i>oxaprozin</i>	\$8*	
<i>piroxicam</i>	\$8*	
PONSTEL	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>sulindac</i>	\$8*	
<i>tolmetin sodium</i>	\$8*	
VOLTAREN	\$70	
VOLTAREN-XR	\$70	
ANESTHETICS		
LOCAL ANESTHETICS		
<i>lidocaine hcl</i>	\$8*	
XYLOCAINE	\$70	
ANTI-INFECTIVES		
ANTIBACTERIALS		
ADOXA	\$70	
ADOXA PAK 1/100	\$70	
ADOXA PAK 1/150	\$70	
ADOXA PAK 1/75	\$70	
ADOXA PAK 2/100	\$70	
<i>amikacin sulfate</i>	\$8*	
AMIKIN	\$70	
<i>amoclan</i>	\$8*	
<i>amoxicillin</i>	\$8*	
<i>amoxicillin/clavulanate potassium</i>	\$8*	
<i>amoxicillin/potassium clavulanate</i>	\$8*	
<i>amoxil caps</i>	\$8*	
AMOXIL SUSR 50MG/ML	\$35	
AMOXIL SUSR 400MG/5ML	\$70	
<i>amoxil susr 250mg/5ml</i>	\$8*	
<i>ampicillin</i>	\$8*	
<i>ampicillin sodium</i>	\$8*	
<i>ampicillin-sulbactam</i>	\$8*	
AUGMENTIN	\$70	
AUGMENTIN ES-600	\$70	
AUGMENTIN XR	\$70	
AVELOX	\$35	
AVELOX ABC PACK	\$35	
<i>azithromycin</i>	\$8*	
BACTOCILL IN DEXTROSE	\$70	
BIAXIN	\$70	
BIAXIN XL	\$70	
BIAXIN XL PAC	\$70	
BICILLIN C-R	\$35	
BICILLIN L-A	\$35	
CEDAX	\$70	
<i>cefaclor</i>	\$8*	
<i>cefaclor er</i>	\$8*	
<i>cefadroxil</i>	\$8*	
CEFAZOLIN SODIUM INJ 1GM; 5%, 500MG; 5%	\$35	
<i>cefazolin sodium inj 10gm, 1gm, 20gm, 500mg</i>	\$8*	
<i>cefdinir</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>cefepime</i>	\$8*	
CEFIZOX IN DEXTROSE 5%	\$70	
CEFOTAXIME SODIUM INJ 20GM	\$70	
<i>cefotaxime sodium inj 10gm, 1gm, 2gm, 500mg</i>	\$8*	
CEFOTETAN	\$70	
<i>cefoxitin sodium</i>	\$8*	
<i>cefpodoxime proxetil</i>	\$8*	
<i>cefprozil</i>	\$8*	
CEFTIN	\$70	
<i>ceftriaxone in iso-osmotic dextrose</i>	\$8*	
<i>ceftriaxone sodium</i>	\$8*	
CEFTRIAXONE/DEXTROSE	\$70	
<i>cefuroxime axetil</i>	\$8*	
<i>cefuroxime sodium</i>	\$8*	
CEFUROXIME/DEXTROSE INJ 1.5GM; 2.9%	\$70	
<i>cefuroxime/dextrose inj 750mg; 4.1%</i>	\$8*	
CEFZIL	\$70	
<i>cephalexin</i>	\$8*	
CIPRO I.V.	\$70	
CIPRO I.V.-IN D5W	\$70	
CIPRO SUSR	\$35	
CIPRO TABS	\$70	
<i>ciprofloxacin</i>	\$8*	
<i>ciprofloxacin er</i>	\$8*	
<i>ciprofloxacin extended-release</i>	\$8*	
<i>ciprofloxacin hcl</i>	\$8*	
<i>ciprofloxacin i.v.-in d5w</i>	\$8*	
CLAFORAN	\$70	
CLAFORAN/D5W	\$70	
<i>clarithromycin</i>	\$8*	
<i>clarithromycin er</i>	\$8*	
DECLOMYCIN	\$70	
<i>demeclocycline hcl</i>	\$8*	
<i>dicloxacillin sodium</i>	\$8*	
DORYX	\$70	
<i>doxy-caps</i>	\$8*	
DOXYCYCLINE HYCLATE CPEP	\$70	
<i>doxycycline hyclate caps, inj, tabs</i>	\$8*	
<i>doxycycline monohydrate</i>	\$8*	
DYNACIN	\$70	
<i>e.e.s. 200</i>	\$8*	
<i>e.e.s. 400</i>	\$8*	
E.E.S. GRANULES	\$70	
ERY-TAB	\$70	
ERYPED	\$35	
ERYPED 200	\$70	
ERYPED 400	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
ERYTHROCIN LACTOBIONATE INJ 500MG	\$35	
ERYTHROCIN LACTOBIONATE INJ 500MG	\$70	
ERYTHROCIN LACTOBIONATE INJ 1000MG	\$35	
<i>erythrocin stearate</i>	\$8*	
<i>erythromycin</i>	\$8*	
<i>erythromycin base</i>	\$8*	
<i>erythromycin ethylsuccinate</i>	\$8*	
FACTIVE	\$70	
FORTAZ	\$70	
GANTRISIN PEDIATRIC	\$70	
<i>gentamicin sulfate</i>	\$8*	
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE INJ	\$70	
0.9MG/ML; 0.9%, 1.4MG/ML; 0.9%		
<i>gentamicin sulfate/0.9% sodium chloride inj 0.8mg/ml;</i>	\$8*	
<i>0.9%, 1.2mg/ml; 0.9%, 1.6mg/ml; 0.9%, 1mg/ml; 0.9%</i>		
<i>gentamicin sulfate/sodium chloride</i>	\$8*	
<i>isotonic gentamicin</i>	\$8*	
<i>kanamycin sulfate</i>	\$8*	
KEFLEX	\$70	
KETEK	\$70	
LEVAQUIN	\$35	
LEVAQUIN LEVA-PAK	\$35	
LEVAQUIN PREMIX	\$35	
MAXIPIME	\$70	
MEFOXIN	\$70	
MEFOXIN ADD-VANTAGE	\$70	
MEFOXIN IN DEXTROSE 2.2%	\$70	
MEFOXIN IN DEXTROSE 3.9%	\$70	
MINOCIN	\$70	
MINOCIN PAC	\$70	
<i>minocycline hcl</i>	\$8*	
MONODOX	\$70	
MOXATAG	\$70	
<i>myrac</i>	\$8*	
<i>nafcillin sodium</i>	\$8*	
NALLPEN ISO-OSMOTIC IN DEXTROSE	\$70	
NALLPEN/DEXTROSE	\$70	
NEO-FRADIN	\$70	
<i>neomycin sulfate</i>	\$8*	
NOROXIN	\$70	
<i>ofloxacin</i>	\$8*	
OMNI-PAC	\$70	
OMNICEF	\$70	
<i>oxacillin sodium</i>	\$8*	
<i>paromomycin sulfate</i>	\$8*	
PCE	\$70	
<i>penicillin g potassium</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	\$70	
PENICILLIN G PROCAINE	\$35	
<i>penicillin g sodium</i>	\$8*	
<i>penicillin v potassium</i>	\$8*	
PERIOSTAT	\$70	
PFIZERPEN-G INJ 20MU	\$70	
<i>pfizerpen-g inj 5mu</i>	\$8*	
PIPERACILLIN SODIUM	\$70	
PROQUIN XR	\$70	
RANICLOR	\$70	
ROCEPHIN	\$70	
ROCEPHIN IN ISO-OSMOTIC DEXTROSE	\$70	
SOLODYN	\$70	
SPECTRACEF	\$70	
<i>streptomycin sulfate</i>	\$8*	
<i>sulfadiazine</i>	\$8*	
SUPRAX	\$70	
TAZICEF INJ 1GM/50ML; 4.4%	\$70	
<i>tazicef inj 1gm, 2gm, 6gm</i>	\$8*	
<i>tetracycline hcl</i>	\$8*	
TIMENTIN	\$70	
<i>tobramycin sulfate</i>	\$8*	
<i>tobramycin sulfate add-vantage</i>	\$8*	
<i>tobramycin sulfate fliptop</i>	\$8*	
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	\$70	
<i>trimox</i>	\$8*	
UNASYN	\$70	
UNASYN ADD-VANTAGE	\$70	
UNASYN BULK PACK	\$70	
VANTIN	\$70	
<i>veetids</i>	\$8*	
VIBRAMYCIN SUSR, SYRP	\$35	
VIBRAMYCIN CAPS	\$70	
VIBRATAB	\$70	
ZINACEF IN ISO-OSMOTIC DEXTROSE	\$70	
ZINACEF IN ISO-OSMOTIC DILUENT	\$70	
ZINACEF INJ 1.5GM, 750MG	\$70	
<i>zinacef inj 7.5gm</i>	\$8*	
ZITHROMAX	\$70	
ZITHROMAX TRI-PAK	\$70	
ZITHROMAX Z-PAK	\$70	
ZMAX	\$70	
ZOSYN INJ 5%; 2GM/50ML; 0.25GM/50ML, 5%; 3GM/50ML; 0.375GM/50ML, 5%; 4GM/100ML; 0.5GM/100ML	\$35	
ZOSYN INJ 2GM; 0.25GM, 36GM; 4.5GM, 3GM;	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
0.375GM, 4GM; 0.5GM		
ANTIFUNGALS		
ABELCET	\$70	
AMBISOME	\$70	
AMPHOTEC	\$70	
<i>amphotericin b</i>	\$8*	
ANCOBON	\$35	
CANCIDAS	\$70	
<i>clotrimazole</i>	\$8*	
DIFLUCAN	\$70	
DIFLUCAN IN ISO-OSMOTIC DEXTROSE	\$70	
DIFLUCAN IN NACL	\$70	
ERAXIS	\$70	
<i>fluconazole</i>	\$8*	
<i>fluconazole in dextrose</i>	\$8*	
<i>fluconazole in nacl</i>	\$8*	
GRIFULVIN V	\$70	
GRIS-PEG	\$35	
<i>griseofulvin microsize</i>	\$8*	
<i>itraconazole</i>	\$8*	PA
<i>ketoconazole</i>	\$8*	
LAMISIL	\$70	PA
MYCAMINE	\$70	
MYCELEX	\$70	
NOXAFIL	\$70	
<i>nystatin</i>	\$8*	
SPORANOX PULSEPAK	\$70	PA
SPORANOX SOLN	\$70	
SPORANOX CAPS	\$70	PA
<i>terbinafine hcl</i>	\$8*	PA
VFEND	33%	
VFEND IV	33%	
ANTIMALARIALS		
ARALEN	\$70	
<i>chloroquine phosphate</i>	\$8*	
DARAPRIM	\$35	
FANSIDAR	\$70	
LARIAM	\$70	
MALARONE	\$35	
<i>mefloquine hcl</i>	\$8*	
PRIMAQUINE PHOSPHATE	\$70	
QUALAQUIN	\$35	
ANTIRETROVIRAL AGENTS		
APTIVUS	\$35	
ATRIPLA	33%	
COMBIVIR	\$35	
CRIXIVAN	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our "Summary of Benefits" for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>didanosine</i>	\$8*	
EMTRIVA	\$35	
EPIVIR	\$35	
EPZICOM	\$35	
FUZEON	33%	
INTELENCE	\$35	
INVIRASE	\$35	
ISENTRESS	33%	
KALETRA	\$35	
LEXIVA	\$35	
NORVIR	\$35	
PREZISTA	33%	
RESCRIPTOR	\$35	
RETROVIR	\$70	
RETROVIR IV INFUSION	\$35	
REYATAZ	\$35	
SELZENTRY	33%	
<i>stavudine</i>	\$8*	
SUSTIVA	\$35	
TRIZIVIR	\$35	
TRUVADA	\$35	
VIDEX EC CPDR 125MG	\$35	
VIDEX EC CPDR 200MG, 250MG, 400MG	\$70	
VIDEX PEDIATRIC	\$35	
VIRACEPT	\$35	
VIRAMUNE	\$35	
VIREAD	\$35	
ZERIT	\$35	
ZIAGEN	\$35	
<i>zidovudine</i>	\$8*	
ANTITUBERCULAR AGENTS		
CAPASTAT SULFATE	\$70	
<i>ethambutol hcl</i>	\$8*	
<i>isonarif</i>	\$8*	
<i>isoniazid</i>	\$8*	
MYAMBUTOL	\$70	
MYCOBUTIN	\$35	
NYDRAZID	\$70	
PASER	\$70	
PRIFTIN	\$70	
<i>pyrazinamide</i>	\$8*	
RIFADIN	\$70	
RIFAMATE	\$70	
<i>rifampin</i>	\$8*	
RIFATER	\$70	
SEROMYCIN	\$70	
TRECTOR	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
ANTIVIRALS		
<i>acyclovir</i>	\$8*	
ACYCLOVIR SODIUM INJ 50MG/ML	\$70	
<i>acyclovir sodium inj 1000mg, 500mg</i>	\$8*	
BARACLUDE	\$35	
COPEGUS	33%	PA
CYTOVENE	\$35	
EPIVIR HBV	\$35	
<i>famciclovir</i>	\$8*	
FAMVIR	\$70	
FLUMADINE	\$70	
<i>foscarnet sodium</i>	\$8*	
FOSCAVIR	\$70	
<i>ganciclovir</i>	\$8*	
HEPSERA	\$35	
REBETOL	33%	PA
RELENZA DISKHALER	\$70	
<i>ribapak</i>	33%	PA
<i>ribasphere</i>	33%	PA
<i>ribatab</i>	33%	PA
<i>ribavirin</i>	33%	PA
<i>rimantadine hcl</i>	\$8*	
TAMIFLU	\$35	
TYZEKA	\$35	
VALCYTE	33%	
VALTREX	\$35	
VIRAZOLE	\$70	
VISTIDE	\$70	
ZOVIRAX	\$70	
MISCELLANEOUS		
ALBENZA	\$35	
ALINIA	\$35	QL
AZACTAM	\$70	
AZACTAM IN DEXTROSE	\$70	
<i>baciim</i>	\$8*	
BACITRACIN	\$70	
BACTRIM	\$70	
BACTRIM DS	\$70	
BILTRICIDE	\$70	
<i>chloramphenicol sodium succinate</i>	\$8*	
CLEOCIN GALAXY	\$70	
CLEOCIN PEDIATRIC GRANULES	\$35	
CLEOCIN PHOSPHATE	\$70	
CLEOCIN CAPS 75MG	\$35	
CLEOCIN CAPS 150MG, 300MG	\$70	
<i>clindamycin hcl</i>	\$8*	
<i>clindamycin phosphate</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>clindamycin phosphate add-vantage</i>	\$8*	
<i>colistimethate sodium</i>	\$8*	
COLY-MYCIN-M	\$70	
CUBICIN	33%	
<i>dapsone</i>	\$8*	
DORIBAX	33%	
<i>erythromycin /sulfoxazole</i>	\$8*	
FLAGYL	\$70	
FLAGYL ER	\$70	
FURADANTIN	\$70	
HIPREX	\$70	
INVANZ	\$35	
LINCOCIN	\$70	
MACROBID	\$70	
MACRODANTIN CAPS 25MG	\$35	
MACRODANTIN CAPS 100MG, 50MG	\$70	
<i>mebendazole</i>	\$8*	
MEPRON	\$70	
MERREM	\$70	
<i>methenamine hippurate</i>	\$8*	
METRO IV	\$70	
<i>metronidazole</i>	\$8*	
<i>metronidazole in nacl 0.79%</i>	\$8*	
MONUROL	\$70	
NEBUPENT	\$70	PA
NEUTREXIN	\$70	
<i>nitrofurantoin macrocrystalline</i>	\$8*	
<i>nitrofurantoin monohydrate</i>	\$8*	
PEDIAZOLE	\$70	
PENTAM 300	\$70	
<i>polymyxin b sulfate</i>	\$8*	
PRIMAXIN I.M.	\$35	
PRIMAXIN IV	\$35	
PRIMAXIN IV ADD-VANTAGE	\$35	
PRIMSOL	\$70	
SEPTRA	\$70	
SEPTRA DS	\$70	
STROMECTOL	\$70	
<i>sulfamethoxazole /trimethoprim</i>	\$8*	
<i>sulfamethoxazole/trimethoprim ds</i>	\$8*	
<i>sulfatrim</i>	\$8*	
SYNERCID	\$70	
TINDAMAX	\$35	
<i>trimethoprim</i>	\$8*	
<i>trimethoprim/sulfamethoxazole ds</i>	\$8*	
TYGACIL	33%	
UREX	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
VANCOGIN HCL	\$35	
<i>vancomycin hcl</i>	\$8*	
VANCOMYCIN HCL ISO-OSMOTIC DEXTROSE	\$35	
XIFAXAN	\$70	
ZYVOX	33%	
ANTINEOPLASTIC AGENTS		
ALKYLATING AGENTS		
ALKERAN	\$35	
BICNU	\$35	
BUSULFEX	\$35	
CEENU	\$35	
<i>cyclophosphamide inj</i>	\$8*	
<i>cyclophosphamide tabs</i>	\$8*	PA
CYTOXAN INJ	\$70	
CYTOXAN TABS	\$70	PA
<i>dacarbazine</i>	\$8*	
DTIC-DOME	\$70	
EMCYT	\$35	
HEXALEN	33%	
IFEX	\$35	
IFOSFAMIDE INJ 1GM/20ML, 3GM/60ML	\$35	
IFOSFAMIDE INJ 3GM	\$70	
<i>ifosfamide inj 1gm</i>	\$8*	
LEUKERAN	\$35	
MUSTARGEN	\$35	
<i>thiotepa</i>	\$8*	
TREANDA	33%	
ZANOSAR	\$70	
ANTHRACYCLINES		
<i>adriamycin</i>	\$8*	
CERUBIDINE	\$70	
DAUNORUBICIN HCL INJ 5MG/ML	\$35	
<i>daunorubicin hcl inj 20mg</i>	\$8*	
DAUNOXOME	\$35	
DOXIL	33%	
<i>doxorubicin hcl</i>	\$8*	
ELLENCE	\$35	
<i>epirubicin hcl</i>	\$8*	
IDAMYCIN PFS	\$70	
<i>idarubicin hcl</i>	\$8*	
ANTIBIOTICS		
BLENOXANE	\$70	
<i>bleomycin sulfate</i>	\$8*	
COSMEGEN	\$35	
<i>mitomycin</i>	\$8*	
ANTIMETABOLITES		
ALIMTA	33%	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
ARRANON	\$70	
CLOLAR	\$70	
<i>cytarabine</i>	\$8*	
<i>cytarabine aqueous</i>	\$8*	
DACOGEN	\$70	
FLUOROURACIL	\$35	
GEMZAR	\$35	
<i>mercaptopurine</i>	\$8*	
<i>methotrexate sodium</i>	\$8*	
NIPENT	\$70	
<i>pentostatin</i>	\$8*	
PURINETHOL	\$70	
TABLOID	\$35	
VIDAZA	33%	
ANTIMITOTIC, TAXOIDS		
ABRAXANE	\$70	
<i>onxol</i>	\$8*	
<i>paclitaxel</i>	\$8*	
TAXOL	\$70	
TAXOTERE	33%	
ANTIMITOTIC, VINCA ALKALOIDS		
NAVELBINE	\$70	
VINBLASTINE SULFATE INJ 10MG	\$35	
<i>vinblastine sulfate inj 1mg/ml</i>	\$8*	
<i>vincasar pfs</i>	\$8*	
<i>vincristine sulfate</i>	\$8*	
<i>vinorelbine tartrate</i>	\$8*	
BIOLOGIC RESPONSE MODIFIERS		
AVASTIN	33%	
CAMPATH	\$35	
ERBITUX	\$70	
HERCEPTIN	33%	
MYLOTARG	\$70	
ONTAK	\$35	
PROLEUKIN	33%	
RITUXAN	33%	
TORISEL	33%	
VECTIBIX	\$70	
VELCADE	33%	
HORMONAL ANTINEOPLASTIC AGENTS		
ARIMIDEX	\$35	
AROMASIN	\$35	
CASODEX	\$35	
DEPO-PROVERA	\$35	
ELIGARD	\$70	
FARESTON	\$35	
FASLODEX	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
FEMARA	\$35	
<i>flutamide</i>	\$8*	
<i>leuprolide acetate</i>	\$8*	
LUPRON 2 WEEK SUPPLY	\$70	
LUPRON 6-PACK	\$70	
LUPRON DEPOT-PED	33%	
LUPRON DEPOT INJ 11.25MG, 3.75MG	\$35	
LUPRON DEPOT INJ 22.5MG, 30MG, 7.5MG	33%	
MEGACE ES	\$35	
MEGACE ORAL	\$70	
<i>megestrol acetate</i>	\$8*	
NILANDRON	\$35	
SOLTAMOX	\$35	
<i>tamoxifen citrate</i>	\$8*	
TRELSTAR DEPOT	\$35	
TRELSTAR LA	\$35	
VANTAS	\$70	
KINASE INHIBITORS		
GLEEVEC	33%	
IRESSA	33%	
NEXAVAR	33%	
SPRYCEL	33%	
SUTENT	33%	
TARCEVA	33%	
TASIGNA	33%	
TYKERB	33%	
MISCELLANEOUS		
DROXIA	\$35	
ELSPAR	\$35	
HYDREA	\$70	
<i>hydroxyurea</i>	\$8*	
<i>irinotecan</i>	\$8*	
LYSODREN	\$35	
MATULANE	\$35	
<i>mitoxantrone hcl</i>	\$8*	
NOVANTRONE	\$70	
ONCASPAR	\$35	
PHOTOFRIN	\$35	
TARGRETIN	33%	
<i>tretinoin</i>	33%	
TRISENOX	\$35	
UVADEX	\$70	
VESANOID	33%	
ZOLINZA	33%	
NUCLEOSIDE ANALOGS		
<i>cladribine</i>	\$8*	
FLUDARA	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>fludarabine phosphate</i>	\$8*	
LEUSTATIN	\$70	
PLATINUM COORDINATION COMPLEX		
<i>carboplatin</i>	\$8*	
<i>cisplatin</i>	\$8*	
ELOXATIN	33%	
PLATINOL AQ	\$70	
PROTECTIVE AGENTS		
<i>amifostine</i>	\$8*	
<i>dexrazoxane</i>	\$8*	
ELITEK	\$70	
ETHYOL	\$70	
IFEX/MESNEX COMBO PACK	\$70	
<i>ifosfamide/mesna</i>	\$8*	
KEPIVANCE	\$70	
<i>leucovorin calcium</i>	\$8*	
<i>mesna</i>	\$8*	
MESNEX TABS	\$35	
MESNEX INJ	\$70	
ZINECARD	\$70	
TOPOISOMERASE INHIBITORS		
CAMPTOSAR	33%	
ETOPOPHOS	\$70	
<i>etoposide</i>	\$8*	
HYCAMTIN	\$35	
<i>toposar</i>	\$8*	
CARDIOVASCULAR		
ACE INHIBITOR/CALCIUM CHANNEL BLOCKER COMBINATIONS		
<i>amlodipine besylate/benazepril hydrochloride</i>	\$8*	
LEXXEL	\$70	
LOTREL CAPS 10MG; 40MG, 5MG; 40MG	\$35	
LOTREL CAPS 10MG; 20MG, 2.5MG; 10MG, 5MG; 10MG, 5MG; 20MG	\$70	
TARKA	\$35	
ACE INHIBITOR/DIURETIC COMBINATIONS		
ACCURETIC	\$70	
<i>benazepril hcl/hydrochlorothiazide</i>	\$8*	
CAPOZIDE	\$70	
<i>captopril /hydrochlorothiazide</i>	\$8*	
<i>enalapril maleate/hydrochlorothiazide</i>	\$8*	
<i>fosinopril sodium/hydrochlorothiazide</i>	\$8*	
<i>lisinopril /hydrochlorothiazide</i>	\$8*	
LOTENSIN HCT	\$70	
<i>moexipril /hydrochlorothiazide</i>	\$8*	
MONOPRIL HCT	\$70	
PRINZIDE	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>quinapril /hydrochlorothiazide</i>	\$8*	
<i>quinaretic</i>	\$8*	
UNIRETIC	\$70	
VASERETIC	\$70	
ZESTORETIC	\$70	
ACE INHIBITORS		
ACCUPRIL	\$70	
ACEON	\$70	
ALTACE	\$70	
<i>benazepril hcl</i>	\$8*	
CAPOTEN	\$70	
<i>captopril</i>	\$8*	
<i>enalapril maleate</i>	\$8*	
<i>fosinopril sodium</i>	\$8*	
<i>lisinopril</i>	\$8*	
LOTENSIN	\$70	
MAVIK	\$70	
<i>moexipril hcl</i>	\$8*	
MONOPRIL	\$70	
PRINIVIL	\$70	
<i>quinapril hcl</i>	\$8*	
<i>ramipril</i>	\$8*	
<i>trandolapril</i>	\$8*	
UNIVASC	\$70	
VASOTEC	\$70	
ZESTRIL	\$70	
ADRENOLYTICS, CENTRAL		
CATAPRES	\$70	
CATAPRES-TTS-1	\$35	
CATAPRES-TTS-2	\$35	
CATAPRES-TTS-3	\$35	
<i>clonidine hcl</i>	\$8*	
<i>guanabenz acetate</i>	\$8*	
<i>guanfacine hcl</i>	\$8*	
TENEX	\$70	
ALDOSTERONE RECEPTOR ANTAGONISTS		
ALDACTONE	\$70	
<i>eplerenone</i>	\$8*	
INSPIRA	\$70	
<i>spironolactone</i>	\$8*	
ALPHA BLOCKERS		
CARDURA	\$70	
<i>doxazosin mesylate</i>	\$8*	
HYTRIN	\$70	
MINIPRESS	\$70	
<i>prazosin hcl</i>	\$8*	
<i>terazosin hcl</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
ANGIOTENSIN II RECEPTOR ANTAGONIST COMBINATIONS		
ATACAND HCT	\$70	
AVALIDE	\$35	
AZOR	\$70	
BENICAR HCT	\$70	
DIOVAN HCT	\$35	
EXFORGE	\$35	
HYZAAR	\$35	
MICARDIS HCT	\$70	
TEVETEN HCT	\$70	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
ATACAND	\$70	
AVAPRO	\$35	
BENICAR	\$70	
COZAAR	\$35	
DIOVAN	\$35	
MICARDIS	\$70	
TEVETEN	\$70	
ANTIARRHYTHMICS		
<i>amiodarone hcl</i>	\$8*	
BETAPACE	\$70	
BETAPACE AF	\$70	
CORDARONE	\$70	
<i>disopyramide phosphate</i>	\$8*	
<i>disopyramide phosphate er</i>	\$8*	
<i>flecainide acetate</i>	\$8*	
<i>mexiletine hcl</i>	\$8*	
NORPACE	\$70	
NORPACE CR CP12 100MG	\$35	
NORPACE CR CP12 150MG	\$70	
PACERONE TABS 100MG, 300MG	\$35	
PACERONE TABS 400MG	\$70	
<i>pacerone tabs 200mg</i>	\$8*	
PROCAINAMIDE HCL	\$70	
PROCANBID	\$35	
PRONESTYL	\$70	
PRONESTYL SR	\$70	
<i>propafenone hcl</i>	\$8*	
QUINIDINE GLUCONATE	\$70	
<i>quinidine gluconate cr</i>	\$8*	
<i>quinidine gluconate er</i>	\$8*	
<i>quinidine gluconate sa</i>	\$8*	
<i>quinidine sulfate</i>	\$8*	
<i>quinidine sulfate er</i>	\$8*	
RYTHMOL	\$70	
RYTHMOL SR	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>sorine</i>	\$8*	
<i>sotalol hcl</i>	\$8*	
<i>sotalol hcl (af)</i>	\$8*	
TAMBOCOR	\$70	
TIKOSYN	\$35	
ANTILIPEMICS		
ADVICOR	\$70	
ALTOPREV	\$70	
ANTARA	\$70	
<i>cholestyramine</i>	\$8*	
<i>cholestyramine light</i>	\$8*	
COLESTID	\$70	
COLESTID FLAVORED	\$70	
<i>colestipol hcl</i>	\$8*	
CRESTOR	\$35	
<i>fenofibrate</i>	\$8*	
<i>fenofibrate micronized</i>	\$8*	
FENOGLIDE	\$70	
<i>gemfibrozil</i>	\$8*	
LESCOL	\$70	
LESCOL XL	\$70	
LIPITOR	\$35	
LIPOFEN	\$70	
LOFIBRA	\$70	
LOPID	\$70	
<i>lovastatin</i>	\$8*	
LOVAZA	\$70	
MEVACOR	\$70	
<i>niacor</i>	\$8*	
NIASPAN	\$35	
PRAVACHOL	\$70	
<i>pravastatin sodium</i>	\$8*	
<i>prevalite</i>	\$8*	
QUESTRAN	\$70	
QUESTRAN LIGHT	\$70	
SIMCOR	\$35	
<i>simvastatin</i>	\$8*	
TRICOR	\$35	
TRIGLIDE	\$70	
VYTORIN	\$35	
WELCHOL	\$35	
ZETIA	\$35	
ZOCOR	\$70	
BETA-BLOCKER/DIURETIC COMBINATIONS		
<i>atenolol/chlorthalidone</i>	\$8*	
<i>bisoprolol fumarate/hydrochlorothiazide</i>	\$8*	
CORZIDE	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
LOPRESSOR HCT	\$70	
<i>metoprolol /hydrochlorothiazide</i>	\$8*	
<i>nadolol /bendroflumethiazide</i>	\$8*	
<i>propranolol /hydrochlorothiazide</i>	\$8*	
TENORETIC 100	\$70	
TENORETIC 50	\$70	
TIMOLIDE 10/25	\$70	
ZIAC	\$70	
BETA-BLOCKERS		
<i>acebutolol hcl</i>	\$8*	
<i>atenolol</i>	\$8*	
<i>betaxolol hcl</i>	\$8*	
<i>bisoprolol fumarate</i>	\$8*	
BYSTOLIC	\$35	
CARTROL	\$70	
<i>carvedilol</i>	\$8*	
COREG	\$70	
COREG CR	\$35	
CORGARD	\$70	
INDERAL LA	\$70	
INNOPRAN XL	\$70	
KERLONE	\$70	
<i>labetalol hcl</i>	\$8*	
LEVATOL	\$70	
LOPRESSOR	\$70	
<i>metoprolol succinate er</i>	\$8*	
<i>metoprolol tartrate</i>	\$8*	
<i>nadolol</i>	\$8*	
<i>pindolol</i>	\$8*	
<i>propranolol hcl</i>	\$8*	
<i>propranolol hcl er</i>	\$8*	
SECTRAL	\$70	
TENORMIN	\$70	
<i>timolol maleate</i>	\$8*	
TOPROL XL	\$70	
TRANDATE	\$70	
TRANDATE IV	\$70	
ZEBETA	\$70	
CALCIUM CHANNEL BLOCKER/ANTILIPEMIC COMBINATIONS		
CADUET	\$70	
CALCIUM CHANNEL BLOCKERS		
ADALAT CC	\$70	
<i>afeditab cr</i>	\$8*	
<i>amlodipine besylate</i>	\$8*	
CALAN	\$70	
CALAN SR	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
CARDENE	\$70	
CARDENE I.V.	\$70	
CARDENE SR	\$70	
CARDIZEM	\$70	
CARDIZEM CD CP24 360MG	\$35	
CARDIZEM CD CP24 120MG, 180MG, 240MG, 300MG	\$70	
CARDIZEM LA	\$70	
<i>cartia xt</i>	\$8*	
COVERA-HS	\$70	
DILACOR XR	\$70	
<i>dilt-cd</i>	\$8*	
<i>dilt-xr</i>	\$8*	
<i>diltiazem cd</i>	\$8*	
<i>diltiazem hcl er</i>	\$8*	
<i>diltiazem hcl cp24, tabs</i>	\$8*	
DILTIAZEM HCL INJ 100MG	\$70	
<i>diltiazem hcl inj 5mg/ml</i>	\$8*	
DYNACIRC CR	\$70	
DYNACIRC-CR	\$70	
<i>felodipine er</i>	\$8*	
ISOPTIN SR	\$70	
<i>isradipine</i>	\$8*	
<i>nicardipine hcl</i>	\$8*	
<i>nifediac cc</i>	\$8*	
<i>nifedical xl</i>	\$8*	
<i>nifedipine er</i>	\$8*	
NIFEDIPINE CAPS 20MG	\$70	
<i>nifedipine caps 10mg</i>	\$8*	
<i>nimodipine</i>	\$8*	
NIMOTOP	\$70	
<i>nisoldipine</i>	\$8*	
NORVASC	\$70	
PLENDIL	\$70	
PROCARDIA	\$70	
PROCARDIA XL	\$70	
SULAR	\$70	
<i>taztia xt</i>	\$8*	
TIAZAC	\$70	
<i>verapamil hcl</i>	\$8*	
<i>verapamil hcl er</i>	\$8*	
VERELAN	\$70	
VERELAN PM	\$70	
DIGITALIS GLYCOSIDES		
<i>digitek</i>	\$8*	
<i>digoxin</i>	\$8*	
LANOXIN TABS	\$35	
LANOXIN INJ	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
DIRECT RENIN INHIBITORS		
TEKTURNA	\$35	
TEKTURNA HCT	\$35	
DIURETICS		
ALDACTAZIDE TABS 50MG; 50MG	\$35	
ALDACTAZIDE TABS 25MG; 25MG	\$70	
<i>amiloride /hydrochlorothiazide</i>	\$8*	
<i>amiloride hcl</i>	\$8*	
<i>bumetanide</i>	\$8*	
BUMEX	\$70	
<i>chlorothiazide</i>	\$8*	
<i>chlorthalidone</i>	\$8*	
DEMADEX INJ	\$35	
DEMADEX TABS	\$70	
DIURIL	\$70	
DIURIL IV	\$70	
DYAZIDE	\$70	
DYRENIUM	\$70	
EDECIN	\$70	
<i>furosemide</i>	\$8*	
<i>hydrochlorothiazide</i>	\$8*	
<i>indapamide</i>	\$8*	
LASIX	\$70	
MAXZIDE	\$70	
MAXZIDE-25	\$70	
<i>methyclothiazide</i>	\$8*	
<i>metolazone</i>	\$8*	
MICROZIDE	\$70	
SODIUM EDECIN	\$70	
<i>spironolactone /hydrochlorothiazide</i>	\$8*	
THALITONE	\$35	
<i>toremide</i>	\$8*	
<i>triamterene /hydrochlorothiazide</i>	\$8*	
ZAROXOLYN	\$70	
MISCELLANEOUS		
BIDIL	\$35	
CLORPRES	\$70	
DEMSER	\$70	
DIBENZYLINE	\$70	
<i>hydralazine hcl</i>	\$8*	
INVERSINE	\$70	
<i>methyldopa</i>	\$8*	
<i>methyldopa /hydrochlorothiazide</i>	\$8*	
<i>methyldopate hcl</i>	\$8*	
<i>midodrine hcl</i>	\$8*	
<i>minoxidil</i>	\$8*	
PROAMATINE	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
RANEXA	\$35	
<i>reserpine</i>	\$8*	
NITRATES		
DILATRATE SR	\$70	
IMDUR	\$70	
ISMO	\$70	
<i>isochron</i>	\$8*	
ISORDIL TITRADOSE TABS 40MG	\$35	
ISORDIL TITRADOSE TABS 5MG	\$70	
<i>isosorbide dinitrate</i>	\$8*	
<i>isosorbide dinitrate er</i>	\$8*	
<i>isosorbide mononitrate</i>	\$8*	
<i>isosorbide mononitrate er</i>	\$8*	
<i>minitran</i>	\$8*	
MONOKET	\$70	
NITRO-DUR PT24 0.3MG/HR, 0.8MG/HR	\$35	
NITRO-DUR PT24 0.1MG/HR, 0.2MG/HR, 0.4MG/HR, 0.6MG/HR	\$70	
<i>nitroglycerin</i>	\$8*	
<i>nitroglycerin transdermal</i>	\$8*	
NITROLINGUAL PUMPSPRAY	\$35	
NITROSTAT	\$35	
PULMONARY ARTERIAL HYPERTENSION		
LETAIRIS	33%	
REMODULIN	33%	
REVATIO	33%	PA
TRACLEER	33%	LA
VENTAVIS	33%	PA
CENTRAL NERVOUS SYSTEM		
ANTI-ANXIETY		
BUSPAR	\$70	
<i>bupirone hcl</i>	\$8*	
<i>fluvoxamine maleate</i>	\$8*	
LUVOX CR	\$70	
<i>meprobamate</i>	\$8*	
VANSPAR	\$70	
ANTICONVULSANTS		
BANZEL	\$35	
<i>carbamazepine</i>	\$8*	
CARBATROL	\$35	
CELONTIN	\$35	
CEREBYX	\$70	
DEPACON	\$70	
DEPAKENE	\$70	
DEPAKOTE	\$35	
DEPAKOTE ER	\$35	
DEPAKOTE SPRINKLES	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
DILANTIN	\$35	
DILANTIN INFATABS	\$35	
<i>divalproex sodium</i>	\$8*	
<i>epitol</i>	\$8*	
<i>ethosuximide</i>	\$8*	
FELBATOL	\$70	
<i>fosphenytoin sodium</i>	\$8*	
<i>gabapentin</i>	\$8*	QL
GABITRIL	\$35	
KEPPRA	\$35	
KEPPRA XR	\$70	
LAMICTAL	\$70	
LAMICTAL CHEWABLE DISPERSIBLE	\$70	
LAMICTAL STARTER/NOT TAKING CARBAMAZEPINE	\$35	
LAMICTAL STARTER/TAKING CARBAMAZEPINE/NOT TAKING VALPROATE	\$35	
LAMICTAL STARTER/TAKING VALPROATE	\$35	
<i>lamotrigine</i>	\$8*	
<i>levetiracetam</i>	\$8*	
LYRICA	\$35	QL
MYSOLINE	\$70	
NEURONTIN SOLN	\$35	QL
NEURONTIN CAPS, TABS	\$70	QL
<i>oxcarbazepine</i>	\$8*	
PEGANONE	\$35	
PHENYTEK	\$70	
<i>phenytoin</i>	\$8*	
<i>phenytoin sodium</i>	\$8*	
<i>phenytoin sodium extended</i>	\$8*	
<i>primidone</i>	\$8*	
STAVZOR	\$70	
TEGRETOL	\$70	
TEGRETOL-XR	\$35	
TOPAMAX	\$35	
TOPAMAX SPRINKLE	\$35	
TRILEPTAL SUSP	\$35	
TRILEPTAL TABS	\$70	
<i>valproate sodium</i>	\$8*	
<i>valproic acid</i>	\$8*	
ZARONTIN	\$70	
ZONEGRAN	\$70	
<i>zonisamide</i>	\$8*	
ANTIDEMENTIA		
ARICEPT	\$35	
ARICEPT ODT	\$35	
COGNEX	\$70	
EXELON	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>galantamine hydrobromide</i>	\$8*	
NAMENDA	\$35	
NAMENDA TITRATION PAK	\$35	
RAZADYNE	\$35	
RAZADYNE ER	\$35	
ANTIDEPRESSANTS		
<i>amitriptyline hcl</i>	\$8*	
<i>amoxapine</i>	\$8*	
ANAFRANIL	\$70	
<i>budeprion sr</i>	\$8*	
<i>budeprion xl</i>	\$8*	
<i>bupropion hcl</i>	\$8*	
<i>bupropion hcl sr</i>	\$8*	
CELEXA	\$70	
<i>citalopram hydrobromide</i>	\$8*	
<i>clomipramine hcl</i>	\$8*	
CYMBALTA	\$35	
<i>desipramine hcl</i>	\$8*	
<i>doxepin hcl</i>	\$8*	
EFFEXOR	\$70	
EFFEXOR XR	\$35	
EMSAM	\$35	
<i>fluoxetine hcl</i>	\$8*	
<i>imipramine hcl</i>	\$8*	
<i>imipramine pamoate</i>	\$8*	
LEXAPRO	\$35	
<i>maprotiline hcl</i>	\$8*	
MARPLAN	\$35	
<i>mirtazapine</i>	\$8*	
<i>mirtazapine odt</i>	\$8*	
NARDIL	\$35	
<i>nefazodone hcl</i>	\$8*	
NORPRAMIN	\$70	
<i>nortriptyline hcl</i>	\$8*	
PAMELOR	\$70	
PARNATE	\$70	
<i>paroxetine hcl</i>	\$8*	
<i>paroxetine hcl er</i>	\$8*	
PAXIL	\$70	
PAXIL CR	\$70	
PEXEVA	\$70	
PRISTIQ	\$35	
<i>protriptyline hcl</i>	\$8*	
PROZAC	\$70	
PROZAC WEEKLY	\$70	
RAPIFLUX	\$70	
REMERON	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
REMERON SOLTAB	\$70	
<i>sertraline hcl</i>	\$8*	
<i>sertraline hydrochloride</i>	\$8*	
SURMONTIL CAPS 100MG	\$35	
SURMONTIL CAPS 25MG, 50MG	\$70	
TOFRANIL	\$70	
TOFRANIL-PM	\$70	
<i>tranylcypromine sulfate</i>	\$8*	
<i>trazodone hcl</i>	\$8*	
<i>trimipramine maleate</i>	\$8*	
<i>venlafaxine hcl</i>	\$8*	
VENLAFAXINE HCL ER	\$70	
VIVACTIL	\$35	
WELLBUTRIN	\$70	
WELLBUTRIN SR	\$70	
WELLBUTRIN XL TB24 150MG	\$35	
WELLBUTRIN XL TB24 300MG	\$70	
ZOLOFT	\$70	
ANTIPARKINSONIAN AGENTS		
<i>amantadine hcl</i>	\$8*	
APOKYN	33%	
<i>atamet</i>	\$8*	
AZILECT	\$35	
<i>benztropine mesylate</i>	\$8*	
<i>bromocriptine mesylate</i>	\$8*	
<i>carbidopa/levodopa</i>	\$8*	
<i>carbidopa/levodopa cr</i>	\$8*	
<i>carbidopa/levodopa er</i>	\$8*	
<i>carbidopa/levodopa odt</i>	\$8*	
<i>carbidopa/levodopa sr</i>	\$8*	
COGENTIN	\$35	
COMTAN	\$35	
ELDEPRYL	\$70	
KEMADRIN	\$70	
LODOSYN	\$70	
MIRAPEX	\$35	
PARCOPA	\$35	
PARLODEL	\$70	
REQUIP	\$70	
REQUIP XL	\$70	
<i>ropinirole hcl</i>	\$8*	
<i>selegiline hcl</i>	\$8*	
SINEMET	\$70	
SINEMET CR	\$70	
STALEVO 100	\$35	
STALEVO 125	\$35	
STALEVO 150	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
STALEVO 200	\$35	
STALEVO 50	\$35	
STALEVO 75	\$35	
TASMAR	\$70	
<i>trihexyphenidyl hcl</i>	\$8*	
ZELAPAR	\$70	
ANTIPSYCHOTICS		
ABILIFY	\$35	
ABILIFY DISCMELT	\$35	
<i>chlorpromazine hcl</i>	\$8*	
<i>clozapine</i>	\$8*	
CLOZARIL	\$70	
FAZACLO	\$35	
<i>fluphenazine decanoate</i>	\$8*	
<i>fluphenazine hcl</i>	\$8*	
GEODON	\$35	
HALDOL	\$70	
HALDOL DECANOATE-100	\$70	
HALDOL DECANOATE-50	\$70	
<i>haloperidol</i>	\$8*	
<i>haloperidol decanoate</i>	\$8*	
<i>haloperidol lactate</i>	\$8*	
INVEGA	\$35	
<i>loxapine succinate</i>	\$8*	
LOXITANE	\$70	
MOBAN	\$35	
NAVANE CAPS 20MG	\$35	
NAVANE CAPS 10MG, 2MG, 5MG	\$70	
ORAP	\$35	
<i>perphenazine</i>	\$8*	
RISPERDAL CONSTA	\$35	
RISPERDAL M-TAB	\$35	
RISPERDAL SOLN	\$35	
RISPERDAL TABS	\$70	
<i>risperidone</i>	\$8*	
SEROQUEL	\$35	
SEROQUEL XR	\$35	
<i>thioridazine hcl</i>	\$8*	
<i>thiothixene</i>	\$8*	
<i>trifluoperazine hcl</i>	\$8*	
ZYPREXA	\$35	
ZYPREXA ZYDIS	\$35	
ATTENTION DEFICIT HYPERACTIVITY DISORDER		
ADDERALL	\$70	PA
ADDERALL XR	\$35	PA
<i>amphetamine salt combo</i>	\$8*	PA
CONCERTA	\$70	PA

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
DAYTRANA	\$70 PA	
DESOXYN	\$70 PA	
DEXEDRINE	\$70 PA	
<i>dexmethylphenidate hcl</i>	\$8* PA	
<i>dextroamphetamine sulfate</i>	\$8* PA	
<i>dextroamphetamine sulfate cr</i>	\$8* PA	
DEXTROSTAT TABS 10MG	\$70 PA	
<i>dextrostat tabs 5mg</i>	\$8* PA	
FOCALIN	\$70 PA	
FOCALIN XR	\$70 PA	
LIQUADD	\$70 PA	
METADATE CD	\$70 PA	
METADATE ER TBCR 10MG	\$70 PA	
<i>metadate er tbcr 20mg</i>	\$8* PA	
<i>methylin er</i>	\$8* PA	
METHYLIN CHEW, SOLN	\$70 PA	
<i>methylin tabs</i>	\$8* PA	
<i>methylphenidate hcl</i>	\$8* PA	
<i>methylphenidate hcl er</i>	\$8* PA	
RITALIN	\$70 PA	
RITALIN LA	\$70 PA	
RITALIN SR	\$70 PA	
STRATTERA	\$35	
VYVANSE	\$70 PA	
HYPNOTICS		
AMBIEN	\$70 QL	
AMBIEN CR	\$70 QL	
LUNESTA	\$35 QL	
ROZEREM	\$70 QL	
SONATA	\$70 QL	
<i>zaleplon</i>	\$8* QL	
<i>zolpidem tartrate</i>	\$8* QL	
MIGRAINE		
AMERGE	\$70 QL	
AXERT	\$70 QL	
CAFERGOT	\$70	
D.H.E. 45	\$70	
<i>dihydroergotamine mesylate</i>	\$8*	
ERGOMAR	\$70	
<i>ergotamine tartrate/caffeine</i>	\$8*	
FROVA	\$70 QL	
IMITREX	\$35 QL	
IMITREX STATDOSE REFILL	\$35 QL	
MAXALT	\$35 QL	
MAXALT-MLT	\$35 QL	
<i>migergot</i>	\$8*	
MIGRANAL	\$35 QL	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
RELPAX	\$35	QL
<i>sumatriptan succinate</i>	\$8*	QL
TREXIMET	\$70	QL
ZOMIG	\$70	QL
ZOMIG ZMT	\$70	QL
MISCELLANEOUS		
EQUETRO	\$70	
<i>ergoloid mesylates</i>	\$8*	
<i>guanidine hcl</i>	\$8*	
<i>lithium carbonate</i>	\$8*	
<i>lithium carbonate er</i>	\$8*	
<i>lithium citrate</i>	\$8*	
LITHOBID	\$70	
MESTINON TIMESPAN	\$35	
MESTINON SYRP	\$35	
MESTINON TABS	\$70	
MYTELASE	\$70	
<i>pyridostigmine bromide</i>	\$8*	
REGONOL	\$35	
RILUTEK	33%	
XENAZINE	33%	PA
MULTIPLE SCLEROSIS AGENTS		
AVONEX	33%	
BETASERON	33%	
COPAXONE	33%	
REBIF	33%	
REBIF TITRATION PACK	33%	
TYSABRI	33%	LA
MUSCULOSKELETAL THERAPY AGENTS		
AMRIX	\$70	
<i>baclofen</i>	\$8*	
<i>carisoprodol</i>	\$8*	
<i>carisoprodol /aspirin /codeine</i>	\$8*	
<i>carisoprodol/aspirin</i>	\$8*	
<i>chlorzoxazone</i>	\$8*	
<i>cyclobenzaprine hcl</i>	\$8*	
DANTRIUM	\$70	
<i>dantrolene sodium</i>	\$8*	
FEXMID	\$70	
FLEXERIL	\$70	
<i>methocarbamol</i>	\$8*	
MYOBLOC	\$70	
NORFLEX	\$70	
<i>orphenadrine /asa /caffeine</i>	\$8*	
<i>orphenadrine citrate</i>	\$8*	
<i>orphenadrine citrate er</i>	\$8*	
<i>orphenadrine compound ds</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
PARAFON FORTE DSC	\$70	
ROBAXIN-750	\$70	
ROBAXIN INJ	\$35	
ROBAXIN TABS	\$70	
SKELAXIN	\$35	
SOMA	\$70	
SOMA COMPOUND	\$70	
SOMA COMPOUND/CODEINE	\$70	
<i>tizanidine hcl</i>	\$8*	
ZANAFLEX	\$70	
NARCOLEPSY/CATAPLEXY		
PROVIGIL	\$35	PA
XYREM	\$35	LA
PSYCHOTHERAPEUTIC-MISCELLANEOUS		
ANTABUSE TABS 250MG	\$35	
ANTABUSE TABS 500MG	\$70	
BUPRENEX	\$70	
<i>buprenorphine hcl</i>	\$8*	
<i>buproban</i>	\$8*	
CAMPRAL	\$35	
CHANTIX	\$35	
<i>chlordiazepoxide /amitriptyline</i>	\$8*	
<i>depade</i>	\$8*	
LIMBITROL	\$70	
LIMBITROL DS	\$70	
<i>naloxone hcl</i>	\$8*	
<i>naltrexone hcl</i>	\$8*	
NICOTROL INHALER	\$35	
NICOTROL NS	\$70	
<i>perphenazine /amitriptyline</i>	\$8*	
REVIA	\$70	
SARAFEM	\$70	
SUBOXONE	\$35	
SUBUTEX	\$35	
SYMBYAX	\$70	
VIVITROL	\$70	
ZYBAN	\$70	
ENDOCRINE AND METABOLIC		
ANDROGENS		
ANADROL-50	\$70	
ANDRODERM	\$35	PA
ANDROGEL	\$35	PA
ANDROGEL PUMP	\$35	PA
ANDROID	\$70	
ANDROXY	\$70	
DEPO-TESTOSTERONE	\$70	
METHITEST	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
OXANDRIN	\$70	PA
<i>oxandrolone</i>	\$8*	PA
STRIANT	\$70	PA
TESTIM	\$35	PA
<i>testosterone cypionate</i>	\$8*	
<i>testosterone enanthate</i>	\$8*	
TESTRED	\$70	
ANTIDIABETICS		
<i>acarbose</i>	\$8*	
ACTOPLUS MET	\$35	
ACTOS	\$35	
ALCOHOL PREPS	\$35	
AMARYL	\$70	
APIDRA	\$70	
AVANDAMET	\$35	
AVANDARYL	\$35	
AVANDIA	\$35	
BD INSULIN SYRINGE SAFETYGLIDE/1ML/29G X 1/2"	\$35	
BD INSULIN SYRINGE ULTRAFINE/0.3ML/31G X 5/16"	\$35	
BD INSULIN SYRINGE ULTRAFINE/0.5ML/30G X 1/2"	\$35	
BD INSULIN SYRINGE ULTRAFINE/1ML/31G X 5/16"	\$35	
BD ULTRA-FINE ORIGINAL PEN NEEDLES/29G X 12.7MM	\$35	
BYETTA	\$35	
<i>chlorpropamide</i>	\$8*	
CURITY GAUZE PADS 2"X2"	\$35	
DIABETA	\$70	
DIABINESE	\$70	
DUETACT	\$35	
FORTAMET	\$70	
<i>glimepiride</i>	\$8*	
<i>glipizide</i>	\$8*	
<i>glipizide er</i>	\$8*	
<i>glipizide xl</i>	\$8*	
<i>glipizide/metformin hcl</i>	\$8*	
GLUCOPHAGE	\$70	
GLUCOPHAGE XR	\$70	
GLUCOTROL	\$70	
GLUCOTROL XL	\$70	
GLUCOVANCE	\$70	
GLUMETZA	\$70	
<i>glyburide</i>	\$8*	
<i>glyburide micronized</i>	\$8*	
<i>glyburide/metformin hcl</i>	\$8*	
GLYCRON TABS 4.5MG	\$70	
<i>glycron tabs 1.5mg, 3mg, 6mg</i>	\$8*	
GLYNASE	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our "Summary of Benefits" for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
GLYSET	\$70	
HUMALOG	\$35	
HUMALOG KWIKPEN	\$35	
HUMALOG MIX 50/50	\$35	
HUMALOG MIX 50/50 KWIKPEN	\$35	
HUMALOG MIX 50/50 PEN	\$35	
HUMALOG MIX 75/25	\$35	
HUMALOG MIX 75/25 KWIKPEN	\$35	
HUMALOG MIX 75/25 PEN	\$35	
HUMALOG PEN	\$35	
HUMULIN 50/50	\$35	
HUMULIN 70/30	\$35	
HUMULIN 70/30 PEN	\$35	
HUMULIN N	\$35	
HUMULIN N U-100 PEN	\$35	
HUMULIN R	\$35	
HUMULIN R U-500 (CONCENTRATED)	\$35	
JANUMET	\$35	
JANUVIA	\$35	
LANTUS	\$35	
LANTUS FOR OPTICLIK	\$35	
LANTUS SOLOSTAR	\$35	
LEVEMIR	\$35	
LEVEMIR FLEXPEN	\$35	
METAGLIP	\$70	
<i>metformin hcl</i>	\$8*	
<i>metformin hcl er</i>	\$8*	
MICRONASE	\$70	
NOVOLIN 70/30	\$35	
NOVOLIN 70/30 INNOLET	\$35	
NOVOLIN 70/30 PENFILL	\$35	
NOVOLIN N	\$35	
NOVOLIN N INNOLET	\$35	
NOVOLIN N U-100 PENFILL	\$35	
NOVOLIN R	\$35	
NOVOLIN R INNOLET	\$35	
NOVOLIN R U-100 PENFILL	\$35	
NOVOLOG	\$35	
NOVOLOG FLEXPEN	\$35	
NOVOLOG MIX 70/30	\$35	
NOVOLOG MIX 70/30 PENFILL	\$35	
NOVOLOG MIX 70/30 PREFILLED FLEXPEN	\$35	
NOVOLOG PENFILL	\$35	
PRANDIMET	\$70	
PRANDIN	\$35	
PRECOSE	\$70	
RELION 70/30	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
RELION 70/30 INNOLET	\$35	
RELION N	\$35	
RELION N INNOLET	\$35	
RELION R	\$35	
RIOMET	\$70	
STARLIX	\$70	
SYMLIN	\$35	
SYMLINPEN 120	\$35	
SYMLINPEN 60	\$35	
<i>tolazamide</i>	\$8*	
<i>tolbutamide</i>	\$8*	
BISPHOSPHONATES		
ACTONEL	\$35	
ACTONEL WITH CALCIUM	\$70	
<i>alendronate sodium</i>	\$8*	
AREDIA	\$70	
BONIVA	\$70	
DIDRONEL	\$70	
<i>etidronate disodium</i>	\$8*	
FOSAMAX PLUS D	\$35	
FOSAMAX SOLN	\$35	
FOSAMAX TABS	\$70	
PAMIDRONATE DISODIUM INJ 6MG/ML	\$70	
<i>pamidronate disodium inj 30mg/10ml, 30mg, 90mg/10ml, 90mg</i>	\$8*	
SKELID	\$70	
ZOMETA	33%	
CALCITONINS		
<i>calcitonin-salmon</i>	\$8*	
<i>fortical</i>	\$8*	
MIACALCIN	\$35	
CALCIUM RECEPTOR ANTAGONISTS		
SENSIPAR	\$35	
CHELATING AGENTS		
CHEMET	\$70	
EXJADE	33%	
SYPRINE	\$35	
CONTRACEPTIVES		
<i>apri</i>	\$8*	
<i>aranelle</i>	\$8*	
<i>aviane</i>	\$8*	
<i>balziva</i>	\$8*	
BREVICON-28	\$70	
<i>camila</i>	\$8*	
<i>cesia</i>	\$8*	
<i>cryselle-28</i>	\$8*	
CYCLESSA	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
DEPO-PROVERA CONTRACEPTIVE	\$70	
DEPO-SUBQ PROVERA 104	\$70	
DESOGEN	\$70	
<i>enpresse-28</i>	\$8*	
<i>errin</i>	\$8*	
ESTROSTEP FE	\$70	
<i>jolivette</i>	\$8*	
<i>junel 1.5/30</i>	\$8*	
<i>junel 1/20</i>	\$8*	
<i>junel fe 1.5/30</i>	\$8*	
<i>junel fe 1/20</i>	\$8*	
<i>kariva</i>	\$8*	
<i>kelnor 1/35</i>	\$8*	
<i>leena</i>	\$8*	
<i>lessina-28</i>	\$8*	
LEVLITE-28	\$70	
<i>levora 0.15/30-28</i>	\$8*	
LO/OVRAL-28	\$70	
LOESTRIN 1.5/30-21	\$70	
LOESTRIN 1/20-21	\$70	
LOESTRIN 24 FE	\$70	
LOESTRIN FE 1.5/30	\$70	
LOESTRIN FE 1/20	\$70	
<i>low-ogestrel</i>	\$8*	
<i>lutra</i>	\$8*	
LYBREL	\$70	
<i>medroxyprogesterone acetate</i>	\$8*	
<i>microgestin 1.5/30</i>	\$8*	
<i>microgestin 1/20</i>	\$8*	
<i>microgestin fe</i>	\$8*	
<i>microgestin fe 1.5/30</i>	\$8*	
MODICON-28	\$70	
<i>mononessa</i>	\$8*	
<i>necon 0.5/35-28</i>	\$8*	
<i>necon 1/35-28</i>	\$8*	
<i>necon 1/50-28</i>	\$8*	
NECON 10/11-28	\$35	
<i>necon 7/7/7</i>	\$8*	
NOR-QD	\$70	
<i>nora-be</i>	\$8*	
NORDETTE-28	\$70	
NORINYL 1+35	\$70	
<i>nortrel 0.5/35 (28)</i>	\$8*	
<i>nortrel 1/35 (21)</i>	\$8*	
<i>nortrel 1/35 (28)</i>	\$8*	
<i>nortrel 7/7/7</i>	\$8*	
NUVARING	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>ocella</i>	\$8*	
<i>ogestrel</i>	\$8*	
ORTHO EVRA	\$35	
ORTHO MICRONOR	\$70	
ORTHO TRI-CYCLEN LO	\$35	
ORTHO-CEPT-28	\$70	
ORTHO-CYCLEN-28	\$70	
ORTHO-NOVUM 1/50-28	\$70	
ORTHO-NOVUM 7/7/7-28	\$70	
OVCON-35	\$70	
OVCON-50 28	\$70	
PLAN B	\$35	
<i>portia-28</i>	\$8*	
<i>previfem</i>	\$8*	
<i>quasense</i>	\$8*	
<i>reclipsen</i>	\$8*	
SEASONALE	\$70	
SEASONIQUE	\$70	
<i>solia</i>	\$8*	
<i>sprintec 28</i>	\$8*	
<i>sronyx</i>	\$8*	
<i>tri-legest fe</i>	\$8*	
TRI-NORINYL 28	\$70	
<i>tri-previfem</i>	\$8*	
<i>tri-sprintec</i>	\$8*	
<i>trinessa</i>	\$8*	
<i>trivora-28</i>	\$8*	
<i>velivet</i>	\$8*	
YASMIN 28	\$70	
YAZ	\$70	
<i>zovia 1/35e</i>	\$8*	
<i>zovia 1/50e</i>	\$8*	
ENDOMETRIOSIS		
<i>danazol</i>	\$8*	
SYNAREL	\$35	
ENZYME REPLACEMENTS		
ADAGEN	33%	
ALDURAZYME	33%	
BUPHENYL POWD	\$70	
BUPHENYL TABS	33%	
CARNITOR	\$70	
CEREDASE	33%	
CEREZYME	33%	
CYSTADANE	\$35	
CYSTAGON	\$35	
ELAPRASE	33%	
FABRAZYME	33%	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
KUVAN	33%	
<i>levocarnitine</i>	\$8*	
MYOZYME	33%	
NAGLAZYME	33%	
ORFADIN	33%	
SUCRAID	33%	
ZAVESCA	33%	
ESTROGEN/PROGESTINS		
ACTIVELLA	\$70	
ANGELIQ	\$70	
CLIMARA PRO	\$35	
COMBIPATCH	\$35	
<i>estradiol/norethindrone acetate</i>	\$8*	
FEMHRT 1/5	\$70	
FEMHRT LOW DOSE	\$70	
PREFEST	\$70	
PREMPHASE	\$35	
PREMPRO	\$35	
ESTROGENS		
ALORA	\$35	
CENESTIN	\$70	
CLIMARA	\$70	
DELESTROGEN	\$70	
DEPO-ESTRADIOL	\$70	
DIVIGEL	\$70	
ELESTRIN	\$70	
ENJUVIA	\$70	
ESTRACE	\$70	
ESTRADERM	\$35	
<i>estradiol</i>	\$8*	
<i>estradiol valerate</i>	\$8*	
ESTRASORB	\$70	
ESTRING	\$70	
ESTROGEL	\$70	
<i>estropipate</i>	\$8*	
EVAMIST	\$70	
FEMRING	\$70	
FEMTRACE	\$70	
GYNODIOL TABS 1.5MG	\$35	
<i>gynodiol tabs 0.5mg, 1mg, 2mg</i>	\$8*	
MENEST	\$70	
MENOSTAR	\$70	
OGEN	\$70	
<i>ortho-est</i>	\$8*	
PREMARIN	\$35	
PREMARIN W/APPLICATOR	\$35	
VAGIFEM	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
VIVELLE-DOT	\$35	
GLUCOCORTICOIDS		
<i>a-hydrocort</i>	\$8*	
<i>a-methapred</i>	\$8*	
CELESTONE	\$70	
CORTEF	\$70	
<i>cortisone acetate</i>	\$8*	
DEPO-MEDROL	\$70	
<i>dexamethasone</i>	\$8*	
<i>dexamethasone intensol</i>	\$8*	
<i>dexamethasone sodium phosphate</i>	\$8*	
DEXPAK 13 DAY	\$35	
<i>fludrocortisone acetate</i>	\$8*	
<i>hydrocortisone</i>	\$8*	
MEDROL DOSEPAK	\$70	
MEDROL TABS 2MG	\$35	
MEDROL TABS 16MG, 32MG, 4MG, 8MG	\$70	
<i>methylprednisolone</i>	\$8*	
<i>methylprednisolone acetate</i>	\$8*	
<i>methylprednisolone sodiumsuccinate</i>	\$8*	
MILLIPRED	\$70	
ORAPRED	\$70	
ORAPRED ODT	\$70	
PEDIAPRED	\$70	
<i>prednisolone</i>	\$8*	
<i>prednisolone sodium phosphate</i>	\$8*	
<i>prednisone</i>	\$8*	
PREDNISONONE INTENSOL	\$35	
PRELONE	\$70	
SOLU-CORTEF INJ 1000MG, 250MG, 500MG	\$35	
SOLU-CORTEF INJ 100MG	\$70	
SOLU-MEDROL	\$70	
SOLU-MEDROL ACT-O-VIAL	\$70	
STERAPRED	\$70	
STERAPRED 12 DAY	\$70	
STERAPRED DS	\$70	
STERAPRED DS 12 DAY	\$70	
VERIPRED 20	\$70	
GLUCOSE ELEVATING AGENTS		
GLUCAGEN HYPOKIT	\$35	
GLUCAGON EMERGENCY KIT	\$35	
PROGLYCEM	\$35	
HUMAN GROWTH HORMONES		
GENOTROPIN	33%	PA
GENOTROPIN MINIQUICK INJ 0.2MG	\$35	PA
GENOTROPIN MINIQUICK INJ 0.4MG, 0.6MG, 0.8MG, 1.2MG, 1.4MG, 1.6MG, 1.8MG, 1MG, 2MG	33%	PA

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
HUMATROPE	33% PA	
HUMATROPE COMBO PACK	33% PA	
INCRELEX	33% PA	
IPLEX	33% PA	
NORDITROPIN CARTRIDGE	33% PA	
NORDITROPIN NORDIFLEX PEN	33% PA	
NUTROPIN	33% PA	
NUTROPIN AQ	33% PA	
NUTROPIN AQ PEN	33% PA	
SAIZEN	33% PA	
SAIZEN CLICK.EASY	33% PA	
SEROSTIM	33% PA	
TEV-TROPIN	33% PA	
ZORBTIVE	33% PA	
MISCELLANEOUS		
<i>cabergoline</i>	\$8*	
<i>chorionic gonadotropin</i>	\$8*	PA
METHERGINE	\$70	
<i>novarel</i>	\$8*	PA
<i>octreotide acetate</i>	33%	PA
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	\$8*	PA
SANDOSTATIN	33%	PA
SANDOSTATIN LAR DEPOT	33%	PA
SOMATULINE DEPOT	33%	PA
SOMAVERT	33%	PA
PARATHYROID HORMONES		
FORTEO	33%	PA
PHOPHATE BINDER AGENTS		
FOSRENOL	\$70	
PHOSLO	\$35	
RENAGEL	\$35	
REVELA	\$35	
PROGESTINS		
AYGESTIN	\$70	
CRINONE	\$70	
ENDOMETRIN	\$70	
<i>medroxyprogesterone acetate</i>	\$8*	
<i>norethindrone acetate</i>	\$8*	
PROCHIEVE	\$70	
PROMETRIUM	\$70	
PROVERA	\$70	
SELECTIVE ESTROGEN RECEPTOR MODULATORS		
EVISTA	\$35	
THYROID AGENTS		
CYTOMEL	\$35	
<i>levothroid</i>	\$8*	
<i>levothyroxine sodium</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>levoxyl</i>	\$8*	
<i>liothyronine sodium</i>	\$8*	
<i>methimazole</i>	\$8*	
<i>propylthiouracil</i>	\$8*	
SYNTHROID	\$35	
TAPAZOLE	\$70	
THYROLAR-1	\$70	
THYROLAR-1/2	\$70	
THYROLAR-1/4	\$70	
THYROLAR-2	\$70	
THYROLAR-3	\$70	
<i>unithroid</i>	\$8*	
VASOPRESSINS		
DDAVP	\$70	
<i>desmopressin acetate</i>	\$8*	
<i>minirin</i>	\$8*	
STIMATE	\$70	
GASTROINTESTINAL		
ANTIDIARRHEALS		
<i>diphenoxylate/atropine</i>	\$8*	
<i>lofene</i>	\$8*	
LOMOTIL	\$70	
<i>lonox</i>	\$8*	
<i>loperamide hcl</i>	\$8*	
MOTOFEN	\$70	
ANTIEMETICS		
ALOXI	\$70	
ANTIVERT TABS 50MG	\$35	
ANTIVERT TABS 12.5MG, 25MG	\$70	
ANZEMET INJ	\$70	
ANZEMET TABS	\$70	PA
CESAMET	\$70	QL PA
<i>compro</i>	\$8*	
<i>dronabinol</i>	\$8*	QL
EMEND MISC	\$35	QL PA
EMEND CAPS 40MG	\$35	QL
EMEND CAPS 125MG, 80MG	\$35	QL PA
<i>granisetron hcl inj</i>	\$8*	
<i>granisetron hcl tabs</i>	\$8*	PA
<i>granisol</i>	\$8*	PA
KYTRIL INJ	\$70	
KYTRIL ORAL SOLN, TABS	\$70	PA
MARINOL	\$70	QL
<i>meclizine hcl</i>	\$8*	
<i>metoclopramide hcl</i>	\$8*	
<i>ondansetron hcl inj</i>	\$8*	
<i>ondansetron hcl oral soln, tabs</i>	\$8*	PA

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>ondansetron odt</i>	\$8* PA	
<i>phenadoz</i>	\$8*	
PHENERGAN	\$70	
<i>prochlorperazine</i>	\$8*	
<i>prochlorperazine edisylate</i>	\$8*	
<i>prochlorperazine maleate</i>	\$8*	
<i>promethazine hcl</i>	\$8*	
<i>promethazine hcl plain</i>	\$8*	
<i>promethegan</i>	\$8*	
REGLAN	\$70	
SANCUSO	\$70 QL	
TIGAN	\$70	
TRANSDERM-SCOP	\$35	
<i>trimethobenzamide hcl</i>	\$8*	
ZOFRAN ODT	\$70 PA	
ZOFRAN INJ	\$70	
ZOFRAN ORAL SOLN, TABS	\$70 PA	
ANTISPASMODICS		
<i>atropine sulfata</i>	\$8*	
BENTYL	\$70	
CANTIL	\$70	
<i>dicyclomine hcl</i>	\$8*	
<i>glycopyrrolate</i>	\$8*	
<i>methscopolamine bromide</i>	\$8*	
PAMINE	\$70	
PAMINE FORTE	\$70	
<i>propantheline bromide</i>	\$8*	
ROBINUL	\$70	
ROBINUL FORTE	\$70	
H2-RECEPTOR ANTAGONISTS		
AXID	\$70	
<i>cimetidine</i>	\$8*	
<i>cimetidine hcl</i>	\$8*	
<i>famotidine</i>	\$8*	
<i>famotidine premixed</i>	\$8*	
<i>nizatidine</i>	\$8*	
PEPCID PREMIXED	\$70	
PEPCID SUSR	\$35	
PEPCID TABS	\$70	
<i>ranitidine hcl</i>	\$8*	
TALADINE	\$70	
ZANTAC	\$70	
INFLAMMATORY BOWEL DISEASE		
APRISO	\$70	
ASACOL	\$35	
AZULFIDINE	\$70	
AZULFIDINE EN-TABS	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>balsalazide disodium</i>	\$8*	
CANASA	\$35	
CIMZIA	33%	PA
COLAZAL	\$70	
<i>colocort</i>	\$8*	
CORTENEMA	\$70	
CORTIFOAM	\$70	
DIPENTUM	\$35	
ENTOCORT EC	\$35	
<i>hydrocortisone</i>	\$8*	
LIALDA	\$35	
<i>mesalamine</i>	\$8*	
PENTASA	\$70	
ROWASA	\$70	
<i>sulfasalazine</i>	\$8*	
<i>sulfazine</i>	\$8*	
<i>sulfazine ec</i>	\$8*	
IRRITABLE BOWEL SYNDROME		
LOTRONEX	\$35	
LAXATIVES		
COLYTE	\$70	
COLYTE-FLAVOR PACKS	\$70	
<i>constulose</i>	\$8*	
<i>enulose</i>	\$8*	
GOLYTELY	\$70	
HALFLYTELY BOWEL PREP	\$35	
HALFLYTELY BOWEL PREP/FLAVOR PACKS	\$35	
KRISTALOSE	\$70	
<i>lactulose</i>	\$8*	
MOVIPREP	\$70	
NULYTELY	\$70	
NULYTELY/FLAVOR PACKS	\$70	
OSMOPREP	\$70	
<i>peg 3350/electrolytes</i>	\$8*	
<i>polyethylene glycol 3350</i>	\$8*	
RELISTOR	\$35	
<i>trilyte</i>	\$8*	
VISICOL	\$70	
MISCELLANEOUS		
ACTIGALL	\$70	
AMITIZA	\$35	
CARAFATE SUSP	\$35	
CARAFATE TABS	\$70	
CYTOTEC	\$70	
GASTROCROM	\$35	
HELIDAC	\$70	
<i>misoprostol</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
PYLERA	\$70	
<i>sucralfate</i>	\$8*	
URSO 250	\$35	
URSO FORTE	\$35	
<i>ursodiol</i>	\$8*	
PANCREATIC ENZYMES		
CREON 5	\$35	
CREON 10	\$35	
CREON 20	\$35	
DYGASE	\$70	
ENZYMAX	\$70	
KU-ZYME	\$70	
KU-ZYME HP	\$70	
KUTRASE	\$70	
LAPASE	\$70	
LIPRAM 4500	\$35	
LIPRAM-PN10	\$35	
LIPRAM-PN16	\$35	
LIPRAM-PN20	\$35	
LIPRAM-UL12	\$35	
LIPRAM-UL18	\$35	
LIPRAM-UL20	\$35	
PALCAPS 10	\$70	
PALCAPS 20	\$70	
PANCREASE MT 10	\$70	
PANCREASE MT 16	\$70	
PANCREASE MT 20	\$70	
PANCREASE MT 4	\$70	
PANCRECARB MS-16	\$70	
PANCRECARB MS-4	\$70	
PANCRECARB MS-8	\$70	
PANCRELIPASE	\$35	
PANCRELIPASE MST-16	\$70	
PANCRON 10	\$70	
PANCRON 20	\$70	
PANGESTYME CN 10	\$35	
PANGESTYME CN 20	\$35	
PANGESTYME EC	\$35	
PANGESTYME MT 16	\$70	
PANGESTYME UL 12	\$35	
PANGESTYME UL 18	\$35	
PANGESTYME UL 20	\$35	
PANOCAPS	\$70	
PANOCAPS MT 16	\$70	
PANOCAPS MT 20	\$70	
PANOKASE	\$35	
PANOKASE-16	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
PLARETASE 8000	\$35	
ULTRACAPS MT 20	\$70	
ULTRASE	\$35	
ULTRASE MT 12	\$35	
ULTRASE MT 18	\$35	
ULTRASE MT 20	\$35	
VIOKASE	\$35	
VIOKASE 16	\$35	
VIOKASE 8	\$35	
PROTON PUMP INHIBITOR/ANTI-INFECTIVE COMBINATIONS		
PREVPAC	\$35	
PROTON PUMP INHIBITORS		
ACIPHEX	\$70	QL
NEXIUM	\$35	QL
NEXIUM I.V.	\$35	
<i>omeprazole</i>	\$8*	QL
<i>pantoprazole sodium</i>	\$8*	QL
PREVACID	\$35	QL
PREVACID SOLUTAB	\$35	QL
PRILOSEC CPDR 40MG	\$35	QL
PRILOSEC CPDR 10MG, 20MG	\$70	QL
PROTONIX INJ	\$70	
PROTONIX PACK, TBEC	\$70	QL
ZEGERID	\$70	QL
SALIVA STIMULANTS		
EVOXAC	\$35	
<i>pilocarpine hcl</i>	\$8*	
<i>pilocarpine hydrochloride</i>	\$8*	
SALAGEN	\$70	
GENITOURINARY		
BENIGN PROSTATIC HYPERPLASIA		
AVODART	\$35	
CARDURA XL	\$70	
<i>finasteride</i>	\$8*	
FLOMAX	\$35	
PROSCAR	\$70	
UROXATRAL	\$35	
MISCELLANEOUS		
<i>bethanechol chloride</i>	\$8*	
ELMIRON	\$35	
LITHOSTAT	\$70	
<i>potassium citrate extended-release</i>	\$8*	
THIOLA	\$35	
URECHOLINE	\$70	
UROCIT-K 10	\$70	
UROCIT-K 5	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
URINARY ANTISPASMODICS		
DETROL	\$70	
DETROL LA	\$35	
DITROPAN	\$70	
DITROPAN XL	\$70	
ENABLEX	\$35	
<i>flavoxate hcl</i>	\$8*	
<i>oxybutynin chloride</i>	\$8*	
<i>oxybutynin chloride er</i>	\$8*	
OXYTROL	\$35	
SANCTURA	\$35	
SANCTURA XR	\$35	
URISPAS	\$70	
VESICARE	\$35	
VAGINAL ANTI-INFECTIVES		
CLEOCIN SUPP	\$35	
CLEOCIN CREA	\$70	
<i>clindamycin phosphate</i>	\$8*	
CLINDESSE	\$70	
GYNAZOLE-1	\$70	
METROGEL-VAGINAL	\$70	
<i>metronidazole vaginal</i>	\$8*	
<i>miconazole 3</i>	\$8*	
TERAZOL 3	\$70	
TERAZOL 7	\$70	
<i>terconazole</i>	\$8*	
<i>vandazole</i>	\$8*	
<i>zazole</i>	\$8*	
HEMATOLOGIC		
ANTICOAGULANTS		
ARIXTRA	\$35	
COUMADIN TABS	\$35	
COUMADIN INJ	\$70	
FRAGMIN	\$70	
<i>heparin sodium dcu</i>	\$8*	
<i>heparin sodium/d5w</i>	\$8*	
HEPARIN SODIUM/NACL 0.45%	\$70	
<i>heparin sodium/nacl 0.9%</i>	\$8*	
<i>heparin sodium/sodium chloride 0.9% premix</i>	\$8*	
HEPARIN SODIUM INJ 2000UNIT/ML	\$35	
HEPARIN SODIUM INJ 2500UNIT/ML	\$70	
<i>heparin sodium inj 10000unit/ml, 1000unit/ml, 5000unit/ml</i>	\$8*	
INNOHEP	\$70	
<i>jantoven</i>	\$8*	
LOVENOX	\$35	
<i>warfarin sodium</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
HEMATOPOIETIC GROWTH FACTORS		
ARANESP ALBUMIN FREE SURECLICK	33%	PA
ARANESP ALBUMIN FREE INJ 25MCG/0.42ML, 25MCG/ML	\$35	PA
ARANESP ALBUMIN FREE INJ 100MCG/ML, 150MCG/0.3ML, 150MCG/0.75ML, 200MCG/0.4ML, 200MCG/ML, 300MCG/ML, 40MCG/0.4ML, 40MCG/ML, 500MCG/ML, 60MCG/ML	33%	PA
EPOGEN INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$35	PA
EPOGEN INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	33%	PA
LEUKINE	33%	PA
NEULASTA	33%	PA
NEUMEGA	33%	PA
NEUPOGEN	33%	PA
PROCRIT INJ 2000UNIT/ML, 3000UNIT/ML, 4000UNIT/ML	\$35	PA
PROCRIT INJ 10000UNIT/ML, 20000UNIT/ML, 40000UNIT/ML	33%	PA
MISCELLANEOUS		
AGRYLIN	\$70	
<i>anagrelide hydrochloride</i>	\$8*	
<i>cilostazol</i>	\$8*	
CYKLOKAPRON	\$35	
<i>pentopak</i>	\$8*	
<i>pentoxifylline er</i>	\$8*	
<i>pentoxil</i>	\$8*	
PLETAL	\$70	
PROMACTA	33%	
TRENTAL	\$70	
PLATELET AGGREGATION INHIBITORS		
AGGRENEX	\$35	
<i>dipyridamole</i>	\$8*	
PERSANTINE	\$70	
PLAVIX	\$35	
TICLID	\$70	
<i>ticlopidine hcl</i>	\$8*	
IMMUNOLOGIC AGENTS		
DISEASE-MODIFYING ANTI-RHEUMATIC DRUGS (DMARDS)		
ARAVA	\$70	
CUPRIMINE	\$35	
DEPEN TITRATABS	\$70	
ENBREL	33%	PA
ENBREL SURECLICK	33%	PA
HUMIRA	33%	PA

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our "Summary of Benefits" for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
HUMIRA PEN	33% PA	
HUMIRA PEN-CROHNS DISEASESTARTER	33% PA	
<i>hydroxychloroquine sulfate</i>	\$8*	
KINERET	33% PA	
<i>leflunomide</i>	\$8*	
<i>methotrexate</i>	\$8*	
ORENCIA	33% PA	
PLAQUENIL	\$70	
REMICADE	33% PA	
RHEUMATREX	\$35	
RIDAURA	\$35	
TREXALL	\$70 PA	
IMMUNOGLOBULINS		
CARIMUNE NANOFILTERED	33% PA	
FLEBOGAMMA	33% PA	
GAMASTAN S/D	\$35	
GAMMAGARD LIQUID	33% PA	
GAMUNEX	33% PA	
IVEEGAM EN	33% PA	
OCTAGAM	33% PA	
PANGLOBULIN	33% PA	
PANGLOBULIN NF	33% PA	
POLYGAM S/D INJ 0.5GM	\$70 PA	
POLYGAM S/D INJ 10GM, 2.5GM, 5GM	33% PA	
VIVAGLOBIN	33%	
IMMUNOMODULATORS		
ACTIMMUNE	33%	
ALFERON N	33%	
INFERGEN	33% PA	
INTRON-A	33%	
INTRON-A W/DILUENT	33%	
PEG-INTRON	33% PA	
PEG-INTRON REDIPEN	33% PA	
PEG-INTRON REDIPEN PAK 4	33% PA	
PEGASYS	33% PA	
REVLIMID	33% PA LA	
THALOMID	33% PA	
IMMUNOSUPPRESSANTS		
ATGAM	\$70	
AZASAN	\$35 PA	
<i>azathioprine</i>	\$8* PA	
<i>azathioprine sodium</i>	\$8*	
CELLCEPT	\$35 PA	
CELLCEPT INTRAVENOUS	\$70	
CYCLOSPORINE MODIFIED CAPS 50MG	\$70 PA	
<i>cyclosporine modified caps 100mg, 25mg</i>	\$8* PA	
<i>cyclosporine modified soln</i>	\$8* PA	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>cyclosporine inj</i>	\$8*	
<i>cyclosporine caps, oral soln</i>	\$8*	PA
<i>engraf</i>	\$8*	PA
IMURAN	\$70	PA
MYFORTIC	\$70	PA
NEORAL	\$35	PA
ORTHOCLONE OKT3	\$70	
PROGRAF CAPS	\$35	PA
PROGRAF INJ	\$70	
RAPAMUNE	\$35	PA
SANDIMMUNE CAPS, ORAL SOLN	\$35	PA
SANDIMMUNE INJ	\$70	
SIMULECT	\$70	
THYMOGLOBULIN	\$70	
ZENAPAX	\$70	
VACCINES		
ACTHIB	\$35	
ADACEL	\$35	
ATTENUVAX	\$35	
BOOSTRIX	\$35	
COMVAX	\$35	
DAPTACEL	\$35	
DECAVAC	\$35	PA
<i>diphtheria/tetanus toxoid pediatric</i>	\$8*	PA
ENGERIX-B	\$35	PA
GARDASIL	\$35	
HAVRIX	\$35	
HIBTITER	\$35	
IMOVAX RABIES (H.D.C.V.)	\$35	
INFANRIX	\$35	
IPOL INACTIVATED IPV	\$35	
JE-VAX	\$35	
M-M-R II W/DILUENT 10 DOSE	\$35	
MENACTRA	\$35	
MENOMUNE-A/C/Y/W-135	\$35	
MERUVAX II W/DILUENT 10 DOSE	\$35	
PEDIARIX	\$35	
PEDVAX HIB	\$35	
PROQUAD	\$35	
RABAVERT	\$35	
RECOMBIVAX HB	\$35	PA
ROTATEQ	\$35	
SYNAGIS	\$70	
TETANUS TOXOID ADSORBED	\$35	PA
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	\$8*	PA
TRIHIBIT	\$35	
TRIPEDIA	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
TWINRIX	\$35	
TYPHIM VI	\$35	
VAQTA	\$35	
VARIVAX	\$35	
VIVOTIF BERNA	\$35	
YF-VAX	\$35	
ZOSTAVAX	\$35	
NUTRITIONAL/SUPPLEMENTS		
ELECTROLYTES		
AMMONIUM CHLORIDE	\$70	
<i>ed k+10</i>	\$8*	
K-TABS	\$70	
<i>kaon-cl-10</i>	\$8*	
KAYEXALATE	\$70	
<i>kionex</i>	\$8*	
<i>klor-con 10</i>	\$8*	
<i>klor-con 8</i>	\$8*	
<i>klor-con m10</i>	\$8*	
<i>klor-con m15</i>	\$8*	
<i>klor-con m20</i>	\$8*	
<i>klotrix</i>	\$8*	
MAGNESIUM SULFATE INJ 40MG/ML, 80MG/ML	\$70	
<i>magnesium sulfate inj 50%</i>	\$8*	
MICRO-K	\$70	
<i>potassium chloride</i>	\$8*	
<i>potassium chloride cr</i>	\$8*	
<i>potassium chloride er</i>	\$8*	
<i>potassium chloride sr</i>	\$8*	
<i>sodium bicarbonate</i>	\$8*	
<i>sodium chloride</i>	\$8*	
<i>sodium fluoride</i>	\$8*	
<i>sodium lactate</i>	\$8*	
<i>sodium polystyrene sulfonate</i>	\$8*	
<i>sps</i>	\$8*	
<i>tpn electrolytes ftv</i>	\$8*	
IV NUTRITION		
AMINESS	\$35	PA
AMINOSYN	\$35	PA
AMINOSYN 7%/ELECTROLYTES	\$35	PA
<i>aminosyn 8.5%/electrolytes</i>	\$8*	PA
AMINOSYN II	\$35	PA
AMINOSYN II 3.5%/DEXTROSE25%	\$35	PA
AMINOSYN II 3.5%/DEXTROSE5%	\$35	PA
AMINOSYN II 3.5/DEXTROSE 25%	\$35	PA
AMINOSYN II 4.25/DEXTROSE10%	\$35	PA
AMINOSYN II 4.25/DEXTROSE20%	\$35	PA
AMINOSYN II 4.25/DEXTROSE25%	\$35	PA

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
AMINOSYN II 5/DEXTROSE 25	\$35 PA	
<i>aminosyn ii 8.5%/electrolytes</i>	\$8* PA	
AMINOSYN II M 3.5%/DEXTROSE 5%	\$35 PA	
AMINOSYN II M 4.25/DEXTROSE 10%	\$35 PA	
AMINOSYN M	\$35 PA	
AMINOSYN-HBC	\$35 PA	
<i>aminosyn-hf</i>	\$8* PA	
AMINOSYN-PF	\$35 PA	
AMINOSYN-PF 7%	\$35 PA	
CLINIMIX 2.75%/DEXTROSE 5%	\$35 PA	
<i>clanimix 4.25%/dextrose 10%</i>	\$8* PA	
<i>clanimix 4.25%/dextrose 20%</i>	\$8* PA	
<i>clanimix 4.25%/dextrose 25%</i>	\$8* PA	
CLINIMIX 4.25%/DEXTROSE 5%	\$35 PA	
CLINIMIX 5%/DEXTROSE 15%	\$35 PA	
CLINIMIX 5%/DEXTROSE 20%	\$35 PA	
CLINIMIX 5%/DEXTROSE 25%	\$35 PA	
CLINIMIX E 2.75%/DEXTROSE 10%	\$35 PA	
CLINIMIX E 2.75%/DEXTROSE 5%	\$35 PA	
CLINIMIX E 4.25%/DEXTROSE 25%	\$35 PA	
CLINIMIX E 4.25%/DEXTROSE 5%	\$35 PA	
CLINIMIX E 5%/DEXTROSE 15%	\$35 PA	
CLINIMIX E 5%/DEXTROSE 20%	\$35 PA	
CLINIMIX E 5%/DEXTROSE 25%	\$35 PA	
CLINIMIX E 5%/DEXTROSE 35%	\$35 PA	
<i>clinsol sf 15%</i>	\$8* PA	
FREAMINE HBC 6.9%	\$35 PA	
<i>freamine iii</i>	\$8* PA	
FREAMINE III 3%	\$35 PA	
<i>hepatamine</i>	\$8* PA	
HEPATASOL	\$35 PA	
<i>intralipid 20%</i>	\$8* PA	
INTRALIPID INJ 1.7%; 30%	\$35 PA	
<i>intralipid inj 2.25%; 10%, 2.25%; 20%</i>	\$8* PA	
NEPHRAMINE	\$35 PA	
<i>novamine</i>	\$8* PA	
PREMASOL INJ 52MEQ/L; 1760MG/100ML; 880MG/100ML; 34MEQ/L; 1760MG/100ML; 372MG/100ML; 406MG/100ML; 526MG/100ML; 492MG/100ML; 492MG/100ML; 526MG/100ML; 356MG/100ML; 356MG/100ML; 390MG/100ML; 34MG/100ML; 152MG/100ML	\$35 PA	
<i>premasol inj 56meq/l; 320mg/100ml; 730mg/100ml; 190mg/100ml; 3meq/l; 20mg/100ml; 300mg/100ml; 220mg/100ml; 290mg/100ml; 490mg/100ml; 840mg/100ml; 490mg/100ml; 200mg/100ml; 290mg/100ml; 410mg/100ml; 230mg/100ml; 5meq/l;</i>	\$8* PA	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>15mg/100ml; 250mg/100ml; 120mg/100ml; 140mg/100ml; 470mg/100ml</i>		
PROCALAMINE	\$35 PA	
PROSOL	\$35 PA	
RENAMIN	\$35 PA	
TRAVASOL	\$35 PA	
TRAVASOL 2.75%/DEXTROSE 10%	\$35 PA	
TRAVASOL 2.75%/DEXTROSE 5%	\$35 PA	
<i>travasol 3.5%/electrolytes</i>	\$8* PA	
TRAVASOL 4.25%/DEXTROSE 10%	\$35 PA	
TRAVASOL 4.25%/DEXTROSE 25%	\$35 PA	
TRAVASOL 5.5%/DEXTROSE 10%	\$35 PA	
TRAVASOL 5.5%/DEXTROSE 20%	\$35 PA	
TRAVASOL 5.5%/ELECTROLYTES	\$35 PA	
TRAVASOL 8.5%/DEXTROSE 10%	\$35 PA	
TRAVASOL 8.5%/DEXTROSE 20%	\$35 PA	
TRAVASOL 8.5%/DEXTROSE 50%	\$35 PA	
<i>travasol 8.5%/electrolytes</i>	\$8* PA	
TROPHAMINE	\$35 PA	
IV REPLACEMENT SOLUTIONS		
<i>alcohol 5%/dextrose 5%</i>	\$8*	
<i>dextrose 10%/nacl 0.45%</i>	\$8*	
DEXTROSE 5% /ELECTROLYTE #48 VIAFLEX	\$35	
<i>dextrose 5% /electrolyte #75 viaflex</i>	\$8*	
<i>dextrose 10% flex container</i>	\$8*	
<i>dextrose 10%/nacl 0.2%</i>	\$8*	
<i>dextrose 2.5%/nacl 0.45%</i>	\$8*	
<i>dextrose 2.5%/sodium chloride 0.45%</i>	\$8*	
<i>dextrose 5%</i>	\$8*	
<i>dextrose 5%/lactated ringer's</i>	\$8*	
<i>dextrose 5%/nacl 0.2%</i>	\$8*	
<i>dextrose 5%/nacl 0.225%</i>	\$8*	
<i>dextrose 5%/nacl 0.33%</i>	\$8*	
<i>dextrose 5%/nacl 0.45%</i>	\$8*	
<i>dextrose 5%/nacl 0.9%</i>	\$8*	
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	\$35	
<i>dextrose 5%/potassium chloride 0.15%</i>	\$8*	
<i>dextrose 5%/sodium chloride 0.2%</i>	\$8*	
<i>dextrose 5%/sodium chloride 0.33%</i>	\$8*	
<i>dextrose 5%/sodium chloride 0.45%</i>	\$8*	
<i>dextrose 5%/sodium chloride 0.9%</i>	\$8*	
IONOSOL-B/DEXTROSE 5%	\$35	
IONOSOL-MB/DEXTROSE 5%	\$35	
IONOSOL-T/DEXTROSE 5%	\$35	
ISOLYTE-H/DEXTROSE 5%	\$35	
<i>isolyte-m/dextrose 5%</i>	\$8*	
ISOLYTE-P/DEXTROSE 5%	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
ISOLYTE-S	\$35	
ISOLYTE-S PH 7.4	\$35	
ISOLYTE-S/DEXTROSE 5%	\$35	
<i>kcl 0.075%/d5w/nacl 0.2%</i>	\$8*	
<i>kcl 0.075%/d5w/nacl 0.45%</i>	\$8*	
KCL 0.15%/D10W/NACL 0.2%	\$35	
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	\$8*	
KCL 0.15%/D5W/LR	\$35	
<i>kcl 0.15%/d5w/nacl 0.2%</i>	\$8*	
KCL 0.15%/D5W/NACL 0.225%	\$35	
<i>kcl 0.15%/d5w/nacl 0.45%</i>	\$8*	
<i>kcl 0.15%/d5w/nacl 0.9%</i>	\$8*	
<i>kcl 0.224%/d5w/nacl 0.2%</i>	\$8*	
KCL 0.3%/D5W/LR	\$35	
KCL 0.3%/D5W/LR IV LAC RING	\$35	
<i>kcl 0.3%/d5w/nacl 0.2%</i>	\$8*	
<i>kcl 0.3%/d5w/nacl 0.45%</i>	\$8*	
KCL 0.3%/D5W/NACL 0.9%	\$35	
<i>lactated ringer's dextrose 5% viaflex</i>	\$8*	
<i>lactated ringer's viaflex</i>	\$8*	
MAGNESIUM SULFATE IN D5W	\$35	
<i>normosol -r</i>	\$8*	
<i>normosol-m in d5w</i>	\$8*	
NORMOSOL-R	\$35	
<i>normosol-r in d5w</i>	\$8*	
PLASMA-LYTE 56	\$35	
PLASMA-LYTE A	\$35	
PLASMA-LYTE-148	\$35	
PLASMA-LYTE-148/D5W	\$35	
PLASMA-LYTE-56/D5W	\$35	
<i>plasma-lyte-r</i>	\$8*	
<i>potassium chloride 0.075%/d5w/nacl 0.225%</i>	\$8*	
POTASSIUM CHLORIDE 0.15% /NACL 0.45%	\$35	
VIAFLEX		
<i>potassium chloride 0.15% d5w/nacl 0.33%</i>	\$8*	
<i>potassium chloride 0.15% d5w/nacl 0.45% viaflex</i>	\$8*	
<i>potassium chloride 0.15% nacl 0.9%</i>	\$8*	
<i>potassium chloride 0.15%/d5w</i>	\$8*	
POTASSIUM CHLORIDE 0.15%/NACL 0.9%	\$35	
<i>potassium chloride 0.22% d5w/nacl 0.45%</i>	\$8*	
<i>potassium chloride 0.224%/d5w</i>	\$8*	
<i>potassium chloride 0.224%/d5w/nacl 0.45%</i>	\$8*	
<i>potassium chloride 0.224%d5w/nacl 0.33%</i>	\$8*	
POTASSIUM CHLORIDE 0.3%/ NACL 0.9%	\$35	
<i>potassium chloride 0.3%/d5w</i>	\$8*	
<i>potassium chloride 0.3%/nacl 0.9%/viaflex</i>	\$8*	
POTASSIUM CHLORIDE INJ 20MEQ/50ML	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>potassium chloride inj 0.4meq/ml, 10meq/100ml, 10meq/50ml, 20meq/100ml, 30meq/100ml, 40meq/100ml</i>	\$8*	
<i>ringer's injection</i>	\$8*	
<i>sodium chloride</i>	\$8*	
<i>sodium chloride 0.45% viaflex</i>	\$8*	
VITAMINS		
CALCIJEX	\$70	
<i>calcitriol caps, oral soln</i>	\$8*	
CALCITRIOL INJ 2MCG/ML	\$35	
<i>calcitriol inj 1mcg/ml</i>	\$8*	
HECTOROL	\$35	
<i>prenatal rx 1</i>	\$8*	
ROCALTROL	\$70	
ZEMPLAR	\$70	
RESPIRATORY		
ANTICHOLINERGIC/BETA AGONIST COMBINATIONS		
COMBIVENT	\$35	QL
DUONEB	\$70	QL PA
<i>ipratropium bromide/albuterol sulfate</i>	\$8*	QL PA
ANTICHOLINERGICS		
ATROVENT	\$70	
ATROVENT HFA	\$35	QL
<i>ipratropium bromide nasal soln</i>	\$8*	
<i>ipratropium bromide inhalation soln</i>	\$8*	QL PA
SPIRIVA HANDIHALER	\$35	QL
ANTI-HISTAMINE/DECONGESTANT COMBINATIONS		
ALLEGRA-D 12 HOUR	\$70	
ALLEGRA-D 24 HOUR	\$70	
CLARINEX-D 12 HOUR	\$70	
CLARINEX-D 24 HOUR	\$70	
<i>promethazine vc</i>	\$8*	
SEMPREX-D	\$70	
ANTI-HISTAMINES, LOW/NONSEDATING		
ALLEGRA	\$70	
ASTELIN	\$35	QL
ASTEPRO	\$35	QL
CLARINEX	\$70	
CLARINEX REDITABS	\$70	
<i>fexofenadine hcl</i>	\$8*	
PATANASE	\$70	
XYZAL	\$70	
ANTI-HISTAMINES, SEDATING		
<i>clemastine fumarate</i>	\$8*	
<i>cyproheptadine hcl</i>	\$8*	
<i>dexchlorpheniramine maleate</i>	\$8*	
<i>diphenhydramine hcl</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our "Summary of Benefits" for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>hydroxyzine hcl</i>	\$8*	
<i>hydroxyzine pamoate</i>	\$8*	
PALGIC	\$70	
VISTARIL	\$70	
BETA AGONISTS		
ACCUNEB	\$70	QL PA
<i>albuterol sulfate er</i>	\$8*	
<i>albuterol sulfate syrup, tabs</i>	\$8*	
<i>albuterol sulfate nebu</i>	\$8*	QL PA
ALUPENT	\$70	QL
BRETHINE	\$70	
BROVANA	\$70	QL PA
FORADIL AEROLIZER	\$35	QL
MAXAIR AUTOHALER	\$70	QL
<i>metaproterenol sulfate syrup, tabs</i>	\$8*	
<i>metaproterenol sulfate nebu</i>	\$8*	QL PA
PERFOROMIST	\$70	QL PA
PROAIR HFA	\$35	QL
PROVENTIL HFA	\$35	QL
SEREVENT DISKUS	\$35	QL
<i>terbutaline sulfate</i>	\$8*	
VENTOLIN HFA	\$70	QL
VOSPIRE ER	\$70	
XOPENEX	\$35	QL PA
XOPENEX CONCENTRATE	\$35	QL PA
XOPENEX HFA	\$35	QL
LEUKOTRIENE RECEPTOR ANTAGONISTS		
ACCOLATE	\$70	
SINGULAIR	\$35	
ZYFLO CR	\$70	
MAST CELL STABILIZERS		
<i>cromolyn sodium</i>	\$8*	QL PA
INTAL	\$70	QL PA
INTAL INHALER	\$35	QL
MISCELLANEOUS		
<i>acetylcysteine</i>	\$8*	PA
ARALAST	33%	
<i>epinephrine hcl</i>	\$8*	
EPIPEN 2-PAK	\$35	
EPIPEN-JR 2-PAK	\$35	
PROLASTIN	33%	
PULMOZYME	33%	PA
TOBI	33%	PA
TWINJECT	\$70	
TYZINE	\$35	
TYZINE PEDIATRIC NASAL DROPS	\$35	
XOLAIR	33%	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance		Notes
ZEMAIRA	33%		
NASAL STEROIDS			
BECONASE AQ	\$70	QL	
FLONASE	\$70	QL	
<i>flunisolide</i>	\$8*	QL	
<i>fluticasone propionate</i>	\$8*	QL	
NASACORT AQ	\$35	QL	
NASAREL	\$70	QL	
NASONEX	\$35	QL	
OMNARIS	\$70	QL	
RHINOCORT AQUA	\$70	QL	
VERAMYST	\$70	QL	
STEROID INHALANTS			
AEROBID	\$70	QL	
AEROBID-M	\$70	QL	
ALVESCO	\$70	QL	
ASMANEX 120 METERED DOSES	\$35	QL	
ASMANEX 14 METERED DOSES	\$35	QL	
ASMANEX 30 METERED DOSES	\$35	QL	
ASMANEX 60 METERED DOSES	\$35	QL	
AZMACORT	\$35	QL	
FLOVENT DISKUS	\$35	QL	
FLOVENT HFA	\$35	QL	
PULMICORT	\$70	QL PA	
QVAR	\$35	QL	
STEROID/BETA-AGONIST COMBINATIONS			
ADVAIR DISKUS	\$35	QL	
ADVAIR HFA	\$35	QL	
PULMICORT FLEXHALER	\$70	QL	
SYMBICORT	\$35	QL	
XANTHINES			
<i>aminophylline</i>	\$8*		
ELIXOPHYLLIN	\$35		
LUFYLLIN	\$70		
THEO-24	\$35		
<i>theochron</i>	\$8*		
<i>theophylline cr</i>	\$8*		
<i>theophylline er</i>	\$8*		
<i>theophylline td</i>	\$8*		
UNIPHYL	\$70		
TOPICAL			
DERMATOLOGY, ACNE			
ACCUTANE	\$70		
AKNE-MYCIN	\$70		
<i>amnesteem</i>	\$8*		
ATRALIN	\$70	PA	
<i>avita</i>	\$8*	PA	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
AZELEX	\$35	
BENZACLIN	\$70	
BENZAMYCIN	\$70	
<i>claravis</i>	\$8*	
CLEOCIN-T	\$70	
CLINDAGEL	\$70	
<i>clindamycin phosphate</i>	\$8*	
DIFFERIN	\$35	PA
<i>ery</i>	\$8*	
<i>eryderm</i>	\$8*	
ERYGEL	\$70	
<i>erythromycin</i>	\$8*	
<i>erythromycin/benzoyl peroxide</i>	\$8*	
EVOCLIN	\$70	
KLARON	\$70	
RETIN-A	\$70	PA
RETIN-A MICRO	\$70	PA
<i>sodium sulfacetamide</i>	\$8*	
<i>sotret</i>	\$8*	
<i>tretinoin</i>	\$8*	PA
ZIANA	\$70	
DERMATOLOGY, ACTINIC KERATOSIS		
CARAC	\$35	
EFUDEX	\$70	
EFUDEX OCCLUSION PACK	\$70	
FLUOROPLEX	\$35	
<i>fluorouracil</i>	\$8*	
SOLARAZE	\$35	
DERMATOLOGY, ANTIBIOTICS		
ALTABAX	\$35	
BACTROBAN NASAL	\$70	
BACTROBAN CREA	\$35	
BACTROBAN OINT	\$70	
CORTISPORIN	\$70	
<i>gentamicin sulfate</i>	\$8*	
<i>mupirocin</i>	\$8*	
PHISOHEX	\$70	
SILVADENE	\$70	
<i>silver sulfadiazine</i>	\$8*	
<i>ssd</i>	\$8*	
<i>ssd af</i>	\$8*	
SULFAMYLON	\$70	
<i>thermazene</i>	\$8*	
DERMATOLOGY, ANTIFUNGALS		
<i>ciclopirox</i>	\$8*	
<i>ciclopirox nail lacquer</i>	\$8*	
<i>ciclopirox olamine</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>clotrimazole</i>	\$8*	
<i>clotrimazole/betamethasone dipropionate</i>	\$8*	
<i>econazole nitrate</i>	\$8*	
ERTACZO	\$70	
EXELDERM	\$70	
EXTINA	\$70	
<i>ketokonazole</i>	\$8*	
<i>kuric</i>	\$8*	
LAMISIL	\$70	
LOPROX	\$70	
LOPROX SHAMPOO	\$35	
LOTRISONE	\$70	
MENTAX	\$70	
MYCOSTATIN	\$70	
NAFTIN	\$70	
NAFTIN-MP	\$70	
<i>nyamyc</i>	\$8*	
<i>nystatin</i>	\$8*	
<i>nystatin/triamcinolone</i>	\$8*	
<i>nystop</i>	\$8*	
OXISTAT	\$70	
<i>pedi-dri</i>	\$8*	
PENLAC NAIL LACQUER	\$70	
XOLEGEL	\$70	
DERMATOLOGY, ANTIPRURITIC		
ANUSOL-HC	\$70	
<i>proctocream-hc</i>	\$8*	
<i>proctosol hc</i>	\$8*	
<i>proctozone-hc</i>	\$8*	
ZONALON	\$35	
DERMATOLOGY, ANTIPSORIATICS		
8-MOP	\$70	
AMEVIVE	\$70	
<i>calcipotriene</i>	\$8*	
DOVONEX CREA	\$35	
DOVONEX SOLN	\$70	
OXSORALEN ULTRA	\$35	
RAPTIVA	33%	
SORIATANE CK	\$70	
TAZORAC	\$70	
DERMATOLOGY, ANTISEBORRHEICS		
<i>ketokonazole</i>	\$8*	
NIZORAL	\$70	
<i>selenium sulfide</i>	\$8*	
SELSUN SHAMPOO	\$70	
DERMATOLOGY, ANTIVIRALS		
DENAVIR	\$35	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
ZOVIRAX	\$35	
DERMATOLOGY, CORTICOSTEROIDS		
ACLOVATE	\$70	
<i>ala-cort</i>	\$8*	
ALA-SCALP	\$70	
<i>alclometasone dipropionate</i>	\$8*	
<i>amcinonide</i>	\$8*	
<i>augmented betamethasone dipropionate</i>	\$8*	
<i>beta-val</i>	\$8*	
<i>betamethasone dipropionate</i>	\$8*	
<i>betamethasone valerate</i>	\$8*	
CAPEX	\$70	
CARMOL-HC	\$70	
<i>clobetasol propionate</i>	\$8*	
<i>clobetasol propionate e</i>	\$8*	
<i>clobetasol propionate emollient</i>	\$8*	
CLOBEX	\$70	
CLODERM	\$70	
CORDRAN	\$70	
CORDRAN SP	\$70	
CORDRAN TAPE	\$70	
<i>cormax</i>	\$8*	
CUTIVATE	\$70	
<i>del-beta</i>	\$8*	
DERMA-SMOOTHIE/FS BODY OIL	\$70	
DERMA-SMOOTHIE/FS SCALP OIL	\$35	
DERMATOP	\$70	
DESONATE	\$70	
<i>desonide</i>	\$8*	
DESOWEN OINT	\$35	
DESOWEN CREA, LOTN	\$70	
<i>desoximetasone</i>	\$8*	
<i>diflorasone diacetate</i>	\$8*	
DIPROLENE	\$70	
DIPROLENE AF	\$70	
ELOCON	\$70	
<i>fluocinolone acetonide</i>	\$8*	
<i>fluocinonide</i>	\$8*	
<i>fluocinonide emollient base</i>	\$8*	
<i>fluocinonide-e</i>	\$8*	
<i>fluticasone propionate</i>	\$8*	
<i>halobetasol propionate</i>	\$8*	
HALOG	\$70	
<i>hydrocortisone</i>	\$8*	
<i>hydrocortisone butyrate</i>	\$8*	
<i>hydrocortisone in absorbbase</i>	\$8*	
<i>hydrocortisone valerate</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
HYTONE	\$70	
<i>isovate</i>	\$8*	
KENALOG AERS	\$35	
KENALOG CREA	\$70	
LOCOID	\$70	
LOCOID LIPOCREAM	\$70	
<i>lokara</i>	\$8*	
LUXIQ	\$70	
<i>mometasone furoate</i>	\$8*	
OLUX	\$70	
OLUX-E	\$70	
PANDEL	\$70	
<i>prednicarbate</i>	\$8*	
<i>procto-pak</i>	\$8*	
PROCTOCORT	\$70	
PSORCON E	\$70	
TACLONEX	\$70	
TACLONEX SCALP	\$70	
TEMOVATE	\$70	
TEMOVATE E	\$70	
TEXACORT SOLN 2.5%	\$35	
<i>texacort soln 1%</i>	\$8*	
TOPICORT	\$70	
TOPICORT LP	\$70	
<i>triamcinolone acetonide</i>	\$8*	
TRIAMCINOLONE ACETONIDE IN ABSORBASE	\$70	
<i>triderm</i>	\$8*	
<i>u-cort</i>	\$8*	
ULTRAVATE	\$70	
VANOS	\$70	
VERDESO	\$70	
WESTCORT	\$70	
DERMATOLOGY, IMMUNOMODULATORS		
ELIDEL	\$35	ST
PROTOPIC	\$35	ST
DERMATOLOGY, LOCAL ANESTHETICS		
EMLA	\$70	
EMLA /TEGADERM	\$70	
<i>lidocaine</i>	\$8*	
<i>lidocaine hcl</i>	\$8*	
<i>lidocaine hcl jelly</i>	\$8*	
<i>lidocaine/prilocaine</i>	\$8*	
LIDODERM	\$35	
SYNERA	\$70	
XYLOCAINE	\$70	
XYLOCAINE JELLY	\$70	
DERMATOLOGY, MISCELLANEOUS SKIN AND MUCOUS		

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
MEMBRANE		
ALDARA	\$70	
<i>ammonium lactate</i>	\$8*	
BENOQUIN	\$70	
CONDYLOX	\$70	
CONDYLOX	\$70	W/APPLICATORS
LAC-HYDRIN	\$70	
<i>laclotion</i>	\$8*	
OXSORALEN	\$70	
PANRETIN	33%	
<i>podofilox</i>	\$8*	
TARGRETIN	33%	
VOLTAREN	\$35	
DERMATOLOGY, ROSACEA		
FINACEA	\$70	
METROCREAM	\$70	
METROGEL	\$35	
METROLOTION	\$70	
<i>metronidazole</i>	\$8*	
NORITATE	\$70	
ORACEA	\$35	
DERMATOLOGY, SCABICIDES AND PEDICULIDES		
<i>acticin</i>	\$8*	
ELIMITE	\$70	
EURAX	\$35	
<i>lindane</i>	\$8*	
OVIDE	\$35	
<i>permethrin</i>	\$8*	
DERMATOLOGY, WOUND CARE AGENTS		
<i>lactated ringer's irrigation</i>	\$8*	
<i>neomycin/polymyxin b sulfates</i>	\$8*	
<i>physiolyte</i>	\$8*	
<i>physiosol irrigation</i>	\$8*	
PHYSIOSOL IRRIGATION PH 7.4	\$70	
REGRANEX	33%	PA
<i>ringer's irrigation</i>	\$8*	
SANTYL	\$35	
<i>sodium chloride 0.9%</i>	\$8*	
<i>sodium chloride 0.9%</i>	\$8*	
<i>sterile water irrigation</i>	\$8*	
<i>tis-u-sol</i>	\$8*	
<i>tis-u-sol viaflex</i>	\$8*	
MOUTH/THROAT/DENTAL AGENTS		
APHTHASOL	\$70	
<i>chlorhexadine gluconate oral rinse</i>	\$8*	
<i>chlorhexidine gluconate</i>	\$8*	
<i>lidomar viscous</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our "Summary of Benefits" for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>nystatin</i>	\$8*	
PERIDEX ORAL RINSE	\$70	
<i>periogard</i>	\$8*	
<i>triamcinolone in orabase</i>	\$8*	
XYLOCAINE VISCOUS	\$70	
OPHTHALMIC		
<i>acetazolamide</i>	\$8*	
<i>acetazolamide sodium</i>	\$8*	
ACULAR	\$70	
ACULAR LS	\$70	
ACULAR PF	\$70	
<i>ak-con</i>	\$8*	
<i>ak-poly-bac</i>	\$8*	
<i>ak-tob</i>	\$8*	
ALAMAST	\$70	
ALBALON	\$70	
ALCAINE	\$70	
ALOCRIAL	\$70	
ALOMIDE	\$70	
ALPHAGAN P	\$35	
ALREX	\$35	
AZASITE	\$70	
AZOPT	\$35	
<i>bac /poly /neomy /hc</i>	\$8*	
<i>bacitracin</i>	\$8*	
<i>bacitracin /neomycin /polymyxin</i>	\$8*	
<i>bacitracin/polymyxin b</i>	\$8*	
BETAGAN	\$70	
BETAGAN WITHOUT C CAP	\$70	
<i>betaxolol hcl</i>	\$8*	
BETIMOL	\$70	
BETOPTIC-S	\$35	
BLEPH-10	\$70	
BLEPHAMIDE	\$70	
BLEPHAMIDE S.O.P.	\$35	
BOTOX	\$70	
<i>brimonidine tartrate</i>	\$8*	
<i>carteolol hcl</i>	\$8*	
CILOXAN OINT	\$35	
CILOXAN SOLN	\$70	
<i>ciprofloxacin hcl</i>	\$8*	
COMBIGAN	\$35	
CORTISPORIN	\$70	
COSOPT	\$35	
CROLOM	\$70	
<i>cromolyn sodium</i>	\$8*	
<i>dexamethasone sodium phosphate</i>	\$8*	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>dexasporin</i>	\$8*	
DIAMOX	\$35	
<i>diclofenac sodium</i>	\$8*	
<i>dipivefrin hcl</i>	\$8*	
<i>dorzolamide hcl</i>	\$8*	
<i>dorzolamide hcl/timolol maleate</i>	\$8*	
DUREZOL	\$70	
ECONOPRED PLUS	\$70	
ELESTAT	\$70	
EMADINE	\$70	
<i>erythromycin</i>	\$8*	
FLAREX	\$70	
<i>fluor-op</i>	\$8*	
<i>fluorometholone</i>	\$8*	
<i>flurbiprofen sodium</i>	\$8*	
FML FORTE	\$70	
FML LIQUIFILM	\$70	
FML S.O.P.	\$35	
<i>genoptic</i>	\$8*	
<i>gentak</i>	\$8*	
<i>gentamicin sulfate</i>	\$8*	
<i>gentasol</i>	\$8*	
IOPIDINE	\$70	
IQUIX	\$70	
ISTALOL	\$70	
LACRISERT	\$35	
<i>levobunolol hcl</i>	\$8*	
LOTEMAX	\$70	
LUMIGAN	\$35	
MAXIDEX	\$70	
MAXITROL	\$70	
<i>methazolamide</i>	\$8*	
<i>metipranolol</i>	\$8*	
<i>mydral</i>	\$8*	
MYDRIACYL	\$70	
<i>naphazoline hcl</i>	\$8*	
NATACYN	\$35	
<i>neo /poly /bac /hc</i>	\$8*	
<i>neomycin /bacitracin /polymyxin</i>	\$8*	
<i>neomycin /polymyxin /dexamethasone</i>	\$8*	
<i>neomycin /polymyxin /gramicidin</i>	\$8*	
<i>neomycin /polymyxin /hydrocortisone</i>	\$8*	
<i>neomycin/bacitracin zn/polymyx</i>	\$8*	
NEOSPORIN	\$70	
NEVANAC	\$70	
OCUFEN	\$70	
OCUFLOX	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
<i>ocusulf-10</i>	\$8*	
<i>ofloxacin</i>	\$8*	
OPTIPRANOLOL	\$70	
OPTIVAR	\$70	
<i>parcaine</i>	\$8*	
PATADAY	\$35	
PATANOL	\$35	
PHOSPHOLINE IODIDE	\$70	
PILOPINE HS	\$35	
<i>poly-dex</i>	\$8*	
POLY-PRED	\$70	
<i>polycin b</i>	\$8*	
<i>polymyxin b sulfate/trimethoprim sulfate</i>	\$8*	
POLYTRIM	\$70	
PRED FORTE	\$70	
PRED MILD	\$70	
PRED-G	\$70	
PRED-G S.O.P.	\$70	
<i>prednisolone acetate</i>	\$8*	
<i>prednisolone sodium phosphate</i>	\$8*	
<i>proparacaine hcl</i>	\$8*	
PROPINE	\$70	
QUIXIN	\$70	
RESTASIS	\$35	
<i>romycin</i>	\$8*	
<i>sulf-10</i>	\$8*	
<i>sulfacetamide sodium</i>	\$8*	
<i>sulfacetamide sodium/prednisolone sodium phosphate</i>	\$8*	
<i>timolol maleate</i>	\$8*	
<i>timolol maleate ophthalmic gel forming</i>	\$8*	
TIMOPTIC	\$70	
TIMOPTIC OCUDOSE	\$70	
TIMOPTIC-XE	\$70	
TOBRADEX	\$70	
<i>tobramycin /dexamethasone</i>	\$8*	
<i>tobramycin sulfate</i>	\$8*	
<i>tobrasol</i>	\$8*	
TOBEX OINT	\$35	
TOBEX SOLN	\$70	
TRAVATAN	\$35	
TRAVATAN Z	\$35	
<i>trifluridine</i>	\$8*	
<i>trimethoprim sulfate/polymyxin b sulfate</i>	\$8*	
<i>tropicacyl</i>	\$8*	
<i>tropicamide</i>	\$8*	
TRUSOPT	\$35	
VEXOL	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Drug Name	Copayment/ Coinsurance	Notes
VIGAMOX	\$35	
VIROPTIC	\$70	
VOLTAREN	\$70	
XALATAN	\$70	
XIBROM	\$35	
ZYLET	\$70	
ZYMAR	\$70	
OTIC		
<i>acetazol hc</i>	\$8*	
<i>acetic acid</i>	\$8*	
<i>acetic acid/hydrocortisone</i>	\$8*	
<i>borofair</i>	\$8*	
CIPRO HC	\$70	
CIPRODEX	\$70	
COLY-MYCIN-S	\$70	
CORTISPORIN	\$70	
CORTISPORIN-TC	\$70	
<i>cortomycin</i>	\$8*	
DERMOTIC	\$35	
FLOXIN OTIC	\$70	
FLOXIN OTIC SINGLES	\$70	
<i>neomycin /polymyxin /hc</i>	\$8*	
<i>neomycin /polymyxin /hydrocortisone</i>	\$8*	
<i>ofloxacin</i>	\$8*	
<i>oticin hc</i>	\$8*	
PEDIOTIC	\$70	

*We provide coverage of this prescription drug in the Coverage Gap. Please refer to our “Summary of Benefits” for more information about this coverage.

Index

Drug Name	Page #
8-MOP	62
ABELCET	15
ABILIFY	33
ABILIFY DISCMELT	33
ABRAXANE	20
<i>acarbose</i>	37
ACCOLATE	59
ACCUNEB	59
ACCUPRIL	23
ACCURETIC	22
AC CUTANE	60
<i>acebutolol hcl</i>	26
ACEON	23
<i>acetaminophen/codeine</i>	8
<i>acetaminophen/codeine #2</i>	8
<i>acetaminophen/codeine #3</i>	8
<i>acetaminophen/codeine #4</i>	8
<i>acetazol hc</i>	69
<i>acetazolamide</i>	66
<i>acetazolamide sodium</i>	66
<i>acetic acid</i>	69
<i>acetic acid/hydrocortisone</i>	69
<i>acetylcysteine</i>	59
ACIPHEX	49
ACLOVATE	63
ACTHIB	53
<i>acticin</i>	65
ACTIGALL	47
ACTIMMUNE	52
ACTIQ	7
ACTIVELLA	42
ACTONEL	39
ACTONEL WITH CALCIUM	39
ACTOPLUS MET	37
ACTOS	37
ACULAR	66
ACULAR LS	66
ACULAR PF	66
<i>acyclovir</i>	17
ACYCLOVIR SODIUM	17
ADACEL	53
ADAGEN	41
ADALAT CC	26
ADDERALL	33
ADDERALL XR	33
ADOXA	11
ADOXA PAK 1/100	11

Drug Name	Page #
ADOXA PAK 1/150	11
ADOXA PAK 1/75	11
ADOXA PAK 2/100	11
<i>adriamycin</i>	19
ADVAIR DISKUS	60
ADVAIR HFA	60
ADVICOR	25
AEROBID	60
AEROBID-M	60
<i>afeditab cr</i>	26
AGGRENOLX	51
AGRYLIN	51
<i>a-hydrocort</i>	43
<i>ak-con</i>	66
AKNE-MYCIN	60
<i>ak-poly-bac</i>	66
<i>ak-tob</i>	66
<i>ala-cort</i>	63
ALAMAST	66
ALA-SCALP	63
ALBALON	66
ALBENZA	17
<i>albuterol sulfate</i>	59
<i>albuterol sulfate er</i>	59
ALCAINE	66
<i>alclometasone dipropionate</i>	63
<i>alcohol 5%/dextrose 5%</i>	56
ALCOHOL PREPS	37
ALDACTAZIDE	28
ALDACTONE	23
ALDARA	65
ALDURAZYME	41
<i>alendronate sodium</i>	39
ALFERON N	52
ALIMTA	19
ALINIA	17
ALKERAN	19
ALLEGRA	58
ALLEGRA-D 12 HOUR	58
ALLEGRA-D 24 HOUR	58
<i>allopurinol</i>	7
<i>allopurinol sodium</i>	7
ALOCRIAL	66
ALOMIDE	66
ALOPRIM	7
ALORA	42
ALOXI	45
ALPHAGAN P	66
ALREX	66
ALTABAX	61

Drug Name	Page #
ALTACE	23
ALTOPREV	25
ALUPENT	59
ALVESCO	60
<i>amantadine hcl</i>	32
AMARYL	37
AMBIEN	34
AMBIEN CR	34
AMBISOME	15
<i>amcinonide</i>	63
AMERGE	34
<i>a-methapred</i>	43
AMEVIVE	62
<i>amifostine</i>	22
<i>amikacin sulfate</i>	11
AMIKIN	11
<i>amiloride /hydrochlorothiazide</i>	28
<i>amiloride hcl</i>	28
AMINESS	54
<i>aminophylline</i>	60
AMINOSYN	54
AMINOSYN 7%/ELECTROLYTES	54
<i>aminosyn 8.5%/electrolytes</i>	54
AMINOSYN II	54
AMINOSYN II 3.5%/DEXTROSE25%	54
AMINOSYN II 3.5%/DEXTROSE5%	54
AMINOSYN II 3.5/DEXTROSE 25%	54
AMINOSYN II 4.25/DEXTROSE10%	54
AMINOSYN II 4.25/DEXTROSE20%	54
AMINOSYN II 4.25/DEXTROSE25%	54
AMINOSYN II 5/DEXTROSE 25	55
<i>aminosyn ii 8.5%/electrolytes</i>	55
AMINOSYN II M 3.5%/DEXTROSE 5%	55
AMINOSYN II M 4.25/DEXTROSE 10%	55
AMINOSYN M	55
AMINOSYN-HBC	55
<i>aminosyn-hf</i>	55
AMINOSYN-PF	55
AMINOSYN-PF 7%	55
<i>amiodarone hcl</i>	24
AMITIZA	47
<i>amitriptyline hcl</i>	31
<i>amlodipine besylate</i>	26
<i>amlodipine besylate/benazepril hydrochloride</i>	22
AMMONIUM CHLORIDE	54
<i>ammonium lactate</i>	65
<i>amnestem</i>	60
<i>amoclan</i>	11
<i>amoxapine</i>	31

Drug Name	Page #
<i>amoxicillin</i>	11
<i>amoxicillin/clavulanate potassium</i>	11
<i>amoxicillin/potassium clavulanate</i>	11
<i>amoxil</i>	11
<i>amphetamine salt combo</i>	33
AMPHOTEC	15
<i>amphotericin b</i>	15
<i>ampicillin</i>	11
<i>ampicillin sodium</i>	11
<i>ampicillin-sulbactam</i>	11
AMRIX	35
ANADROL-50	36
ANAFRANIL	31
<i>anagrelide hydrochloride</i>	51
ANAPROX	10
ANAPROX DS	10
ANCOBON	15
ANDRODERM	36
ANDROGEL	36
ANDROGEL PUMP	36
ANDROID	36
ANDROXY	36
ANGELIQ	42
ANTABUSE	36
ANTARA	25
ANTIVERT	45
ANUSOL-HC	62
ANZEMET	45
APHTHASOL	65
APIDRA	37
APOKYN	32
<i>apri</i>	39
APRISO	46
APTIVUS	15
ARALAST	59
ARALEN	15
<i>aranelle</i>	39
ARANESP ALBUMIN FREE	51
ARANESP ALBUMIN FREE	51
SURECLICK	
ARAVA	51
AREDIA	39
ARICEPT	30
ARICEPT ODT	30
ARIMIDEX	20
ARIXTRA	50
AROMASIN	20
ARRANON	20
ARTHROTEC 50	7
ARTHROTEC 75	7

Drug Name	Page #
ASACOL	46
<i>ascomp/codeine</i>	8
ASMANEX 120 METERED DOSES	60
ASMANEX 14 METERED DOSES	60
ASMANEX 30 METERED DOSES	60
ASMANEX 60 METERED DOSES	60
ASTELIN	58
ASTEPRO	58
<i>astramorph</i>	7
ATACAND	24
ATACAND HCT	24
<i>atamet</i>	32
<i>atenolol</i>	26
<i>atenolol/chlorthalidone</i>	25
ATGAM	52
ATRALIN	60
ATRIPLA	15
<i>atropine sulfate</i>	46
ATROVENT	58
ATROVENT HFA	58
ATTENUVAX	53
<i>augmented betamethasone dipropionate</i>	63
AUGMENTIN	11
AUGMENTIN ES-600	11
AUGMENTIN XR	11
AVALIDE	24
AVANDAMET	37
AVANDARYL	37
AVANDIA	37
AVAPRO	24
AVASTIN	20
AVELOX	11
AVELOX ABC PACK	11
<i>aviane</i>	39
AVINZA	7
<i>avita</i>	60
AVODART	49
AVONEX	35
AXERT	34
AXID	46
AYGESTIN	44
AZACTAM	17
AZACTAM IN DEXTROSE	17
AZASAN	52
AZASITE	66
<i>azathioprine</i>	52
<i>azathioprine sodium</i>	52
AZELEX	61
AZILECT	32

Drug Name	Page #
<i>azithromycin</i>	11
AZMACORT	60
AZOPT	66
AZOR	24
AZULFIDINE	46
AZULFIDINE EN-TABS	46
<i>bac /poly /neomy /hc</i>	66
<i>baciim</i>	17
BACITRACIN	17
<i>bacitracin</i>	66
<i>bacitracin /neomycin /polymyxin</i>	66
<i>bacitracin/polymyxin b</i>	66
<i>baclofen</i>	35
BACTOCILL IN DEXTROSE	11
BACTRIM	17
BACTRIM DS	17
BACTROBAN	61
BACTROBAN NASAL	61
<i>balacet 325</i>	8
<i>balsalazide disodium</i>	47
<i>balziva</i>	39
BANZEL	29
BARACLUDGE	17
BD INSULIN SYRINGE	37
SAFETYGLIDE/1ML/29G X 1/2"	
BD INSULIN SYRINGE	37
ULTRAFINE/0.3ML/31G X 5/16"	
BD INSULIN SYRINGE	37
ULTRAFINE/0.5ML/30G X 1/2"	
BD INSULIN SYRINGE	37
ULTRAFINE/1ML/31G X 5/16"	
BD ULTRA-FINE ORIGINAL PEN	37
NEEDLES/29G X 12.7MM	
BECONASE AQ	60
<i>benazepril hcl</i>	23
<i>benazepril hcl/hydrochlorothiazide</i>	22
BENICAR	24
BENICAR HCT	24
BENOQUIN	65
BENTYL	46
BENZACLIN	61
BENZAMYCIN	61
<i>benztropine mesylate</i>	32
BETAGAN	66
BETAGAN WITHOUT C CAP	66
<i>betamethasone dipropionate</i>	63
<i>betamethasone valerate</i>	63
BETAPACE	24
BETAPACE AF	24
BETASERON	35

Drug Name	Page #
<i>beta-val</i>	63
<i>betaxolol hcl</i>	26
<i>betaxolol hcl</i>	66
<i>bethanechol chloride</i>	49
BETIMOL	66
BETOPTIC-S	66
BIAXIN	11
BIAXIN XL	11
BIAXIN XL PAC	11
BICILLIN C-R	11
BICILLIN L-A	11
BICNU	19
BIDIL	28
BILTRICIDE	17
<i>bisoprolol fumarate</i>	26
<i>bisoprolol fumarate/hydrochlorothiazide</i>	25
BLENOXANE	19
<i>bleomycin sulfate</i>	19
BLEPH-10	66
BLEPHAMIDE	66
BLEPHAMIDE S.O.P.	66
BONIVA	39
BOOSTRIX	53
<i>borofair</i>	69
BOTOX	66
BRETHINE	59
BREVICON-28	39
<i>brimonidine tartrate</i>	66
<i>bromocriptine mesylate</i>	32
BROVANA	59
<i>budeprion sr</i>	31
<i>budeprion xl</i>	31
<i>bumetanide</i>	28
BUMEX	28
BUPHENYL	41
BUPRENEX	36
<i>buprenorphine hcl</i>	36
<i>buproban</i>	36
<i>bupropion hcl</i>	31
<i>bupropion hcl sr</i>	31
BUSPAR	29
<i>bupirone hcl</i>	29
BUSULFEX	19
<i>butal/asa/caff/cod</i>	8
<i>butalbital /apap /caffeine /codeine</i>	8
<i>butorphanol tartrate</i>	8
BYETTA	37
BYSTOLIC	26
<i>cabergoline</i>	44
CADUET	26

Drug Name	Page #
CAFERGOT	34
CALAN	26
CALAN SR	26
CALCIJEX	58
<i>calcipotriene</i>	62
<i>calcitonin-salmon</i>	39
<i>calcitriol</i>	58
<i>camila</i>	39
CAMPATH	20
CAMPRAL	36
CAMPTOSAR	22
CANASA	47
CANCIDAS	15
CANTIL	46
CAPASTAT SULFATE	16
CAPEX	63
CAPITAL/CODEINE	8
CAPOTEN	23
CAPOZIDE	22
<i>captopril</i>	23
<i>captopril /hydrochlorothiazide</i>	22
CARAC	61
CARAFATE	47
<i>carbamazepine</i>	29
CARBATROL	29
<i>carbidopa/levodopa</i>	32
<i>carbidopa/levodopa cr</i>	32
<i>carbidopa/levodopa er</i>	32
<i>carbidopa/levodopa odt</i>	32
<i>carbidopa/levodopa sr</i>	32
<i>carboplatin</i>	22
CARDENE	27
CARDENE I.V.	27
CARDENE SR	27
CARDIZEM	27
CARDIZEM CD	27
CARDIZEM LA	27
CARDURA	23
CARDURA XL	49
CARIMUNE NANOFILTERED	52
<i>carisoprodol</i>	35
<i>carisoprodol /aspirin /codeine</i>	35
<i>carisoprodol/aspirin</i>	35
CARMOL-HC	63
CARNITOR	41
<i>carteolol hcl</i>	66
<i>cartia xt</i>	27
CARTROL	26
<i>carvedilol</i>	26
CASODEX	20

Drug Name	Page #
CATAFLAM	10
CATAPRES	23
CATAPRES-TTS-1	23
CATAPRES-TTS-2	23
CATAPRES-TTS-3	23
CEDAX	11
CEENU	19
<i>cefaclor</i>	11
<i>cefaclor er</i>	11
<i>cefadroxil</i>	11
CEFAZOLIN SODIUM	11
<i>cefdinir</i>	11
<i>cefepime</i>	12
CEFIZOX IN DEXTROSE 5%	12
CEFOTAXIME SODIUM	12
CEFOTETAN	12
<i>cefoxitin sodium</i>	12
<i>cefpodoxime proxetil</i>	12
<i>cefprozil</i>	12
CEFTIN	12
<i>ceftriaxone in iso-osmotic dextrose</i>	12
<i>ceftriaxone sodium</i>	12
CEFTRIAZONE/DEXTROSE	12
<i>cefuroxime axetil</i>	12
<i>cefuroxime sodium</i>	12
CEFUROXIME/DEXTROSE	12
CEFZIL	12
CELEBREX	7
CELESTONE	43
CELEXA	31
CELLCEPT	52
CELLCEPT INTRAVENOUS	52
CELONTIN	29
CENESTIN	42
<i>cephalexin</i>	12
CEREBYX	29
CEREDASE	41
CEREZYME	41
CERUBIDINE	19
CESAMET	45
<i>cesia</i>	39
CHANTIX	36
CHEMET	39
<i>chloramphenicol sodium succinate</i>	17
<i>chlordiazepoxide /amitriptyline</i>	36
<i>chlorhexadine gluconate oral rinse</i>	65
<i>chlorhexidine gluconate</i>	65
<i>chloroquine phosphate</i>	15
<i>chlorothiazide</i>	28
<i>chlorpromazine hcl</i>	33

Drug Name	Page #
<i>chlorpropamide</i>	37
<i>chlorthalidone</i>	28
<i>chlorzoxazone</i>	35
<i>cholestyramine</i>	25
<i>cholestyramine light</i>	25
<i>chorionic gonadotropin</i>	44
<i>ciclopirox</i>	61
<i>ciclopirox nail lacquer</i>	61
<i>ciclopirox olamine</i>	61
<i>cilostazol</i>	51
CILOXAN	66
<i>cimetidine</i>	46
<i>cimetidine hcl</i>	46
CIMZIA	47
CIPRO	12
CIPRO HC	69
CIPRO I.V.	12
CIPRO I.V.-IN D5W	12
CIPRODEX	69
<i>ciprofloxacin</i>	12
<i>ciprofloxacin er</i>	12
<i>ciprofloxacin extended-release</i>	12
<i>ciprofloxacin hcl</i>	12
<i>ciprofloxacin hcl</i>	66
<i>ciprofloxacin i.v.-in d5w</i>	12
<i>cisplatin</i>	22
<i>citalopram hydrobromide</i>	31
<i>cladribine</i>	21
CLAFORAN	12
CLAFORAN/D5W	12
<i>claravis</i>	61
CLARINEX	58
CLARINEX REDITABS	58
CLARINEX-D 12 HOUR	58
CLARINEX-D 24 HOUR	58
<i>clarithromycin</i>	12
<i>clarithromycin er</i>	12
<i>clemastine fumarate</i>	58
CLEOCIN	17
CLEOCIN	50
CLEOCIN GALAXY	17
CLEOCIN PEDIATRIC GRANULES	17
CLEOCIN PHOSPHATE	17
CLEOCIN-T	61
CLIMARA	42
CLIMARA PRO	42
CLINDAGEL	61
<i>clindamycin hcl</i>	17
<i>clindamycin phosphate</i>	17
<i>clindamycin phosphate</i>	50

Drug Name	Page #
<i>clindamycin phosphate</i>	61
<i>clindamycin phosphate add-vantage</i>	18
CLINDESSE	50
CLINIMIX 2.75%/DEXTROSE 5%	55
<i>clinimix 4.25%/dextrose 10%</i>	55
<i>clinimix 4.25%/dextrose 20%</i>	55
<i>clinimix 4.25%/dextrose 25%</i>	55
CLINIMIX 4.25%/DEXTROSE 5%	55
CLINIMIX 5%/DEXTROSE 15%	55
CLINIMIX 5%/DEXTROSE 20%	55
CLINIMIX 5%/DEXTROSE 25%	55
CLINIMIX E 2.75%/DEXTROSE 10%	55
CLINIMIX E 2.75%/DEXTROSE 5%	55
CLINIMIX E 4.25%/DEXTROSE 25%	55
CLINIMIX E 4.25%/DEXTROSE 5%	55
CLINIMIX E 5%/DEXTROSE 15%	55
CLINIMIX E 5%/DEXTROSE 20%	55
CLINIMIX E 5%/DEXTROSE 25%	55
CLINIMIX E 5%/DEXTROSE 35%	55
<i>clinisol sf 15%</i>	55
CLINORIL	10
<i>clobetasol propionate</i>	63
<i>clobetasol propionate e</i>	63
<i>clobetasol propionate emollient</i>	63
CLOBEX	63
CLODERM	63
CLOLAR	20
<i>clomipramine hcl</i>	31
<i>clonidine hcl</i>	23
CLORPRES	28
<i>clotrimazole</i>	15
<i>clotrimazole</i>	62
<i>clotrimazole/betamethasone dipropionate</i>	62
<i>clozapine</i>	33
CLOZARIL	33
COGENTIN	32
<i>co-gesic</i>	8
COGNEX	30
COLAZAL	47
<i>colchicine</i>	7
COLESTID	25
COLESTID FLAVORED	25
<i>colestipol hcl</i>	25
<i>colistimethate sodium</i>	18
<i>colocort</i>	47
COLY-MYCIN-M	18
COLY-MYCIN-S	69
COLYTE	47
COLYTE-FLAVOR PACKS	47

Drug Name	Page #
COMBIGAN	66
COMBIPATCH	42
COMBIVENT	58
COMBIVIR	15
COMBUNOX	7
<i>compro</i>	45
COMTAN	32
COMVAX	53
CONCERTA	33
CONDYLOX	65
CONDYLOX	65
W/APPLICATORS	
<i>constulose</i>	47
COPAXONE	35
COPEGUS	17
CORDARONE	24
CORDRAN	63
CORDRAN SP	63
CORDRAN TAPE	63
COREG	26
COREG CR	26
CORGARD	26
<i>cormax</i>	63
CORTEF	43
CORTENEMA	47
CORTIFOAM	47
<i>cortisone acetate</i>	43
CORTISPORIN	61
CORTISPORIN	66
CORTISPORIN	69
CORTISPORIN-TC	69
<i>cortomycin</i>	69
CORZIDE	25
COSMEGEN	19
COSOPT	66
COUMADIN	50
COVERA-HS	27
COZAAR	24
CREON 5	48
CREON 10	48
CREON 20	48
CRESTOR	25
CRINONE	44
CRIXIVAN	15
CROLOM	66
<i>cromolyn sodium</i>	59
<i>cromolyn sodium</i>	66
<i>cryselle-28</i>	39
CUBICIN	18
CUPRIMINE	51

Drug Name	Page #
CURITY GAUZE PADS 2"X2"	37
CUTIVATE	63
CYCLESSA	39
<i>cyclobenzaprine hcl</i>	35
<i>cyclophosphamide</i>	19
<i>cyclosporine</i>	53
CYCLOSPORINE MODIFIED	52
CYKLOKAPRON	51
CYMBALTA	31
<i>cyproheptadine hcl</i>	58
CYSTADANE	41
CYSTAGON	41
<i>cytarabine</i>	20
<i>cytarabine aqueous</i>	20
CYTOMEL	44
CYTOTEC	47
CYTOVENE	17
CYTOXAN	19
D.H.E. 45	34
<i>dacarbazine</i>	19
DACOGEN	20
<i>danazol</i>	41
DANTRIUM	35
<i>dantrolene sodium</i>	35
<i>dapsone</i>	18
DAPTACEL	53
DARAPRIM	15
DARVOCET A500	8
DARVOCET-N 100	8
DARVOCET-N 50	8
DARVON	8
DARVON-N	8
DAUNORUBICIN HCL	19
DAUNOXOME	19
DAYPRO	10
DAYTRANA	34
DDAVP	45
DECAVAC	53
DECLOMYCIN	12
<i>del-beta</i>	63
DELESTROGEN	42
DEMADEX	28
<i>demeclocycline hcl</i>	12
DEMEROL	7
DEMSER	28
DENAVIR	62
DEPACON	29
<i>depade</i>	36
DEPAKENE	29
DEPAKOTE	29

Drug Name	Page #
DEPAKOTE ER	29
DEPAKOTE SPRINKLES	29
DEPEN TITRATABS	51
DEPO-ESTRADIOL	42
DEPO-MEDROL	43
DEPO-PROVERA	20
DEPO-PROVERA CONTRACEPTIVE	40
DEPO-SUBQ PROVERA 104	40
DEPO-TESTOSTERONE	36
DERMA-SMOOTH/FS BODY OIL	63
DERMA-SMOOTH/FS SCALP OIL	63
DERMATOP	63
DERMOTIC	69
<i>desipramine hcl</i>	31
<i>desmopressin acetate</i>	45
DESOGEN	40
DESONATE	63
<i>desonide</i>	63
DESOWEN	63
<i>desoximetasone</i>	63
DESOXYN	34
DETROL	50
DETROL LA	50
<i>dexamethasone</i>	43
<i>dexamethasone intensol</i>	43
<i>dexamethasone sodium phosphate</i>	43
<i>dexamethasone sodium phosphate</i>	66
<i>dexasporin</i>	67
<i>dexchlorpheniramine maleate</i>	58
DEXEDRINE	34
<i>dexmethylphenidate hcl</i>	34
DEXPAK 13 DAY	43
<i>dexrazoxane</i>	22
<i>dextroamphetamine sulfate</i>	34
<i>dextroamphetamine sulfate cr</i>	34
<i>dextrose 10%/nacl 0.45%</i>	56
DEXTROSE 5% /ELECTROLYTE #48	56
VIAFLEX	
<i>dextrose 5% /electrolyte #75 viaflex</i>	56
<i>dextrose 10% flex container</i>	56
<i>dextrose 10%/nacl 0.2%</i>	56
<i>dextrose 2.5%/nacl 0.45%</i>	56
<i>dextrose 2.5%/sodium chloride 0.45%</i>	56
<i>dextrose 5%</i>	56
<i>dextrose 5%/lactated ringer's</i>	56
<i>dextrose 5%/nacl 0.2%</i>	56
<i>dextrose 5%/nacl 0.225%</i>	56
<i>dextrose 5%/nacl 0.33%</i>	56
<i>dextrose 5%/nacl 0.45%</i>	56
<i>dextrose 5%/nacl 0.9%</i>	56

Drug Name	Page #
DEXTROSE 5%/POTASSIUM CHLORIDE 0.075%	56
<i>dextrose 5%/potassium chloride 0.15%</i>	56
<i>dextrose 5%/sodium chloride 0.2%</i>	56
<i>dextrose 5%/sodium chloride 0.33%</i>	56
<i>dextrose 5%/sodium chloride 0.45%</i>	56
<i>dextrose 5%/sodium chloride 0.9%</i>	56
DEXTROSTAT	34
DIABETA	37
DIABINESE	37
DIAMOX	67
DIBENZYLINE	28
<i>diclofenac potassium</i>	10
<i>diclofenac sodium</i>	10
<i>diclofenac sodium</i>	67
<i>diclofenac sodium dr</i>	10
<i>diclofenac sodium ec</i>	10
<i>diclofenac sodium er</i>	10
<i>diclofenac sodium xr</i>	10
<i>dicloxacillin sodium</i>	12
<i>dicyclomine hcl</i>	46
<i>didanosine</i>	16
DIDRONEL	39
DIFFERIN	61
<i>diflorasone diacetate</i>	63
DIFLUCAN	15
DIFLUCAN IN ISO-OSMOTIC	15
DEXTROSE	
DIFLUCAN IN NACL	15
<i>diflunisal</i>	10
<i>digitek</i>	27
<i>digoxin</i>	27
<i>dihydroergotamine mesylate</i>	34
DILACOR XR	27
DILANTIN	30
DILANTIN INFATABS	30
DILATRATE SR	29
DILAUDID	7
DILAUDID-5	7
DILAUDID-HP	7
<i>dilt-cd</i>	27
<i>diltiazem cd</i>	27
<i>diltiazem hcl</i>	27
<i>diltiazem hcl er</i>	27
<i>dilt-xr</i>	27
DIOVAN	24
DIOVAN HCT	24
DIPENTUM	47
<i>diphenhydramine hcl</i>	58
<i>diphenoxylate/atropine</i>	45

Drug Name	Page #
<i>dipivefrin hcl</i>	67
DIPROLENE	63
DIPROLENE AF	63
<i>diphtheria/tetanus toxoid pediatric</i>	53
<i>dipyridamole</i>	51
<i>disopyramide phosphate</i>	24
<i>disopyramide phosphate er</i>	24
DITROPAN	50
DITROPAN XL	50
DIURIL	28
DIURIL IV	28
<i>divalproex sodium</i>	30
DIVIGEL	42
DOLOPHINE	7
DOLOPHINE HCL	7
<i>dolorex forte</i>	8
DORIBAX	18
DORYX	12
<i>dorzolamide hcl</i>	67
<i>dorzolamide hcl/timolol maleate</i>	67
DOVONEX	62
<i>doxazosin mesylate</i>	23
<i>doxepin hcl</i>	31
DOXIL	19
<i>doxorubicin hcl</i>	19
<i>doxy-caps</i>	12
DOXYCYCLINE HYCLATE	12
<i>doxycycline monohydrate</i>	12
<i>dronabinol</i>	45
DROXIA	21
DTIC-DOME	19
DUETACT	37
DUONEB	58
DURAGESIC	7
<i>duramorph</i>	7
DUREZOL	67
DYAZIDE	28
DYGASE	48
DYNACIN	12
DYNACIRC CR	27
DYNACIRC-CR	27
DYRENIUM	28
<i>e.e.s. 200</i>	12
<i>e.e.s. 400</i>	12
E.E.S. GRANULES	12
EC-NAPROSYN	10
<i>econazole nitrate</i>	62
ECONOPRED PLUS	67
<i>ed k+10</i>	54
EDECIN	28

Drug Name	Page #
EFFEXOR	31
EFFEXOR XR	31
EFUDEX	61
EFUDEX OCCLUSION PACK	61
ELAPRASE	41
ELDEPRYL	32
ELESTAT	67
ELESTRIN	42
ELIDEL	64
ELIGARD	20
ELIMITE	65
ELITEK	22
ELIXOPHYLLIN	60
ELLENCE	19
ELMIRON	49
ELOCON	63
ELOXATIN	22
ELSPAR	21
EMADINE	67
EMCYT	19
EMEND	45
EMLA	64
EMLA /TEGADERM	64
EMSAM	31
EMTRIVA	16
ENABLEX	50
<i>enalapril maleate</i>	23
<i>enalapril maleate/hydrochlorothiazide</i>	22
ENBREL	51
ENBREL SURECLICK	51
<i>endocet</i>	7
ENDOMETRIN	44
ENGERIX-B	53
ENJUVA	42
<i>enpresse-28</i>	40
ENTOCORT EC	47
<i>enulose</i>	47
ENZYMAX	48
<i>epinephrine hcl</i>	59
EPIPEN 2-PAK	59
EPIPEN-JR 2-PAK	59
<i>epirubicin hcl</i>	19
<i>epitol</i>	30
EPIVIR	16
EPIVIR HBV	17
<i>eplerenone</i>	23
EPOGEN	51
EPZICOM	16
EQUAGESIC	8
EQUETRO	35

Drug Name	Page #
ERAXIS	15
ERBITUX	20
<i>ergoloid mesylates</i>	35
ERGOMAR	34
<i>ergotamine tartrate/caffeine</i>	34
<i>errin</i>	40
ERTACZO	62
<i>ery</i>	61
<i>eryderm</i>	61
ERYGEL	61
ERYPED	12
ERYPED 200	12
ERYPED 400	12
ERY-TAB	12
ERYTHROCIN LACTOBIONATE	13
<i>erythrocin stearate</i>	13
<i>erythromycin</i>	13
<i>erythromycin</i>	61
<i>erythromycin</i>	67
<i>erythromycin /sulfisoxazole</i>	18
<i>erythromycin base</i>	13
<i>erythromycin ethylsuccinate</i>	13
<i>erythromycin/benzoyl peroxide</i>	61
ESTRACE	42
ESTRADERM	42
<i>estradiol</i>	42
<i>estradiol valerate</i>	42
<i>estradiol/norethindrone acetate</i>	42
ESTRASORB	42
ESTRING	42
ESTROGEL	42
<i>estropipate</i>	42
ESTROSTEP FE	40
<i>ethambutol hcl</i>	16
<i>ethosuximide</i>	30
ETHYOL	22
<i>etidronate disodium</i>	39
<i>etodolac</i>	10
<i>etodolac er</i>	10
ETOPOPHOS	22
<i>etoposide</i>	22
EURAX	65
EVAMIST	42
EVISTA	44
EVOCLIN	61
EVOXAC	49
EXELDERM	62
EXELON	30
EXFORGE	24
EXJADE	39

Drug Name	Page #
EXTINA	62
FABRAZYME	41
FACTIVE	13
<i>famciclovir</i>	17
<i>famotidine</i>	46
<i>famotidine premixed</i>	46
FAMVIR	17
FANSIDAR	15
FARESTON	20
FASLODEX	20
FAZACLO	33
FELBATOL	30
FELDENE	10
<i>felodipine er</i>	27
FEMARA	21
FEMHRT 1/5	42
FEMHRT LOW DOSE	42
FEMRING	42
FEMTRACE	42
<i>fenofibrate</i>	25
<i>fenofibrate micronized</i>	25
FENOGLIDE	25
<i>fenoprofen calcium</i>	10
<i>fentanyl</i>	7
<i>fentanyl citrate</i>	7
<i>fentanyl citrate oral transmucosal</i>	7
FENTORA	7
FEXMID	35
<i>fexofenadine hcl</i>	58
FINACEA	65
<i>finasteride</i>	49
FIORICET /CODEINE	8
FIORINAL/CODEINE #3	9
FLAGYL	18
FLAGYL ER	18
FLAREX	67
<i>flavoxate hcl</i>	50
FLEBOGAMMA	52
<i>flecainide acetate</i>	24
FLEXERIL	35
FLOMAX	49
FLONASE	60
FLOVENT DISKUS	60
FLOVENT HFA	60
FLOXIN OTIC	69
FLOXIN OTIC SINGLES	69
<i>fluconazole</i>	15
<i>fluconazole in dextrose</i>	15
<i>fluconazole in nacl</i>	15
FLUDARA	21

Drug Name	Page #
<i>fludarabine phosphate</i>	22
<i>fludrocortisone acetate</i>	43
FLUMADINE	17
<i>flunisolide</i>	60
<i>fluocinolone acetonide</i>	63
<i>fluocinonide</i>	63
<i>fluocinonide emollient base</i>	63
<i>fluocinonide-e</i>	63
<i>fluorometholone</i>	67
<i>fluor-op</i>	67
FLUOROPLEX	61
FLUOROURACIL	20
<i>fluorouracil</i>	61
<i>fluoxetine hcl</i>	31
<i>fluphenazine decanoate</i>	33
<i>fluphenazine hcl</i>	33
<i>flurbiprofen</i>	10
<i>flurbiprofen sodium</i>	67
<i>flutamide</i>	21
<i>fluticasone propionate</i>	60
<i>fluticasone propionate</i>	63
<i>fluvoxamine maleate</i>	29
FML FORTE	67
FML LIQUIFILM	67
FML S.O.P.	67
FOCALIN	34
FOCALIN XR	34
FORADIL AEROLIZER	59
FORTAMET	37
FORTAZ	13
FORTEO	44
<i>fortical</i>	39
FOSAMAX	39
FOSAMAX PLUS D	39
<i>foscarnet sodium</i>	17
FOSCAVIR	17
<i>fosinopril sodium</i>	23
<i>fosinopril sodium/hydrochlorothiazide</i>	22
<i>fosphenytoin sodium</i>	30
FOSRENOL	44
FRAGMIN	50
FREAMINE HBC 6.9%	55
<i>freamine iii</i>	55
FREAMINE III 3%	55
FROVA	34
FURADANTIN	18
<i>furosemide</i>	28
FUZEON	16
<i>gabapentin</i>	30
GABITRIL	30

Drug Name	Page #
<i>galantamine hydrobromide</i>	31
GAMASTAN S/D	52
GAMMAGARD LIQUID	52
GAMUNEX	52
<i>ganciclovir</i>	17
GANTRISIN PEDIATRIC	13
GARDASIL	53
GASTROCROM	47
<i>gemfibrozil</i>	25
GEMZAR	20
<i>gengraf</i>	53
<i>genoptic</i>	67
GENOTROPIN	43
GENOTROPIN MINIQUICK	43
<i>gentak</i>	67
<i>gentamicin sulfate</i>	13
<i>gentamicin sulfate</i>	61
<i>gentamicin sulfate</i>	67
GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	13
<i>gentamicin sulfate/sodium chloride</i>	13
<i>gentasol</i>	67
GEODON	33
GLEEVEC	21
<i>glimepiride</i>	37
<i>glipizide</i>	37
<i>glipizide er</i>	37
<i>glipizide xl</i>	37
<i>glipizide/metformin hcl</i>	37
GLUCAGEN HYPOKIT	43
GLUCAGON EMERGENCY KIT	43
GLUCOPHAGE	37
GLUCOPHAGE XR	37
GLUCOTROL	37
GLUCOTROL XL	37
GLUCOVANCE	37
GLUMETZA	37
<i>glyburide</i>	37
<i>glyburide micronized</i>	37
<i>glyburide/metformin hcl</i>	37
<i>glycopyrrolate</i>	46
GLYCRON	37
GLYNASE	37
GLYSET	38
GOLYTELY	47
<i>granisetron hcl</i>	45
<i>granisol</i>	45
GRIFULVIN V	15
<i>griseofulvin microsize</i>	15
GRIS-PEG	15

Drug Name	Page #
<i>guanabenz acetate</i>	23
<i>guanfacine hcl</i>	23
<i>guanidine hcl</i>	35
GYNAZOLE-1	50
GYNODIOL	42
HALDOL	33
HALDOL DECANOATE-100	33
HALDOL DECANOATE-50	33
HALFLYTELY BOWEL PREP	47
HALFLYTELY BOWEL PREP/FLAVOR PACKS	47
<i>halobetasol propionate</i>	63
HALOG	63
<i>haloperidol</i>	33
<i>haloperidol decanoate</i>	33
<i>haloperidol lactate</i>	33
HAVRIX	53
HECTOROL	58
HELIDAC	47
HEPARIN SODIUM	50
<i>heparin sodium dcu</i>	50
<i>heparin sodium/d5w</i>	50
HEPARIN SODIUM/NAACL 0.45%	50
<i>heparin sodium/nacl 0.9%</i>	50
<i>heparin sodium/sodium chloride 0.9% premix</i>	50
<i>hepatamine</i>	55
HEPATASOL	55
HEPSERA	17
HERCEPTIN	20
HEXALEN	19
HIBTITER	53
HIPREX	18
HUMALOG	38
HUMALOG KWIKPEN	38
HUMALOG MIX 50/50	38
HUMALOG MIX 50/50 KWIKPEN	38
HUMALOG MIX 50/50 PEN	38
HUMALOG MIX 75/25	38
HUMALOG MIX 75/25 KWIKPEN	38
HUMALOG MIX 75/25 PEN	38
HUMALOG PEN	38
HUMATROPE	44
HUMATROPE COMBO PACK	44
HUMIRA	51
HUMIRA PEN	52
HUMIRA PEN-CROHNS DISEASESTARTER	52
HUMULIN 50/50	38
HUMULIN 70/30	38

Drug Name	Page #
HUMULIN 70/30 PEN	38
HUMULIN N	38
HUMULIN N U-100 PEN	38
HUMULIN R	38
HUMULIN R U-500 (CONCENTRATED)	38
HYCAMTIN	22
HYCET	9
<i>hydralazine hcl</i>	28
HYDREA	21
<i>hydrochlorothiazide</i>	28
<i>hydrocodone /acetaminophen</i>	9
<i>hydrocodone /acetaminophen-hs</i>	9
<i>hydrocodone /ibuprofen</i>	9
<i>hydrocodone bitartrate/acetaminophen</i>	9
<i>hydrocodone bitartrate/apap</i>	9
<i>hydrocodone/apap</i>	9
<i>hydrocortisone</i>	43
<i>hydrocortisone</i>	47
<i>hydrocortisone</i>	63
<i>hydrocortisone butyrate</i>	63
<i>hydrocortisone in absorbase</i>	63
<i>hydrocortisone valerate</i>	63
<i>hydromorphone hcl</i>	7
<i>hydroxychloroquine sulfate</i>	52
<i>hydroxyurea</i>	21
<i>hydroxyzine hcl</i>	59
<i>hydroxyzine pamoate</i>	59
HYTONE	64
HYTRIN	23
HYZAAR	24
<i>ibuprofen</i>	10
IDAMYCIN PFS	19
<i>idarubicin hcl</i>	19
IFEX	19
IFEX/MESNEX COMBO PACK	22
IFOSFAMIDE	19
<i>ifosfamide/mesna</i>	22
IMDUR	29
<i>imipramine hcl</i>	31
<i>imipramine pamoate</i>	31
IMITREX	34
IMITREX STATDOSE REFILL	34
IMOVAX RABIES (H.D.C.V.)	53
IMURAN	53
INCRELEX	44
<i>indapamide</i>	28
INDERAL LA	26
INDOCIN	10
INDOCIN SR	10
<i>indomethacin</i>	10

Drug Name	Page #
<i>indomethacin er</i>	10
INFANRIX	53
INFERGEN	52
INFUMORPH 200	7
INFUMORPH 500	7
INNOHEP	50
INNOPRAN XL	26
INSPIRA	23
INTAL	59
INTAL INHALER	59
INTELENCE	16
INTRALIPID	55
<i>intralipid 20%</i>	55
INTRON-A	52
INTRON-A W/DILUENT	52
INVANZ	18
INVEGA	33
INVERSINE	28
INVIRASE	16
IONOSOL-B/DEXTROSE 5%	56
IONOSOL-MB/DEXTROSE 5%	56
IONOSOL-T/DEXTROSE 5%	56
IOPIDINE	67
IPLEX	44
IPOL INACTIVATED IPV	53
<i>ipratropium bromide</i>	58
<i>ipratropium bromide/albuterol sulfate</i>	58
IQUIX	67
IRESSA	21
<i>irinotecan</i>	21
ISENTRESS	16
ISMO	29
<i>isochron</i>	29
ISOLYTE-H/DEXTROSE 5%	56
<i>isolyte-m/dextrose 5%</i>	56
ISOLYTE-P/DEXTROSE 5%	56
ISOLYTE-S	57
ISOLYTE-S PH 7.4	57
ISOLYTE-S/DEXTROSE 5%	57
<i>isonarif</i>	16
<i>isoniazid</i>	16
ISOPTIN SR	27
ISORDIL TITRADOSE	29
<i>isosorbide dinitrate</i>	29
<i>isosorbide dinitrate er</i>	29
<i>isosorbide mononitrate</i>	29
<i>isosorbide mononitrate er</i>	29
<i>isotonic gentamicin</i>	13
<i>isovate</i>	64
<i>isradipine</i>	27

Drug Name	Page #
ISTALOL	67
<i>itraconazole</i>	15
IVEEGAM EN	52
<i>jantoven</i>	50
JANUMET	38
JANUVIA	38
JE-VAX	53
<i>jolivette</i>	40
<i>junel 1.5/30</i>	40
<i>junel 1/20</i>	40
<i>junel fe 1.5/30</i>	40
<i>junel fe 1/20</i>	40
KADIAN	7
KALETRA	16
<i>kanamycin sulfate</i>	13
<i>kaon-cl-10</i>	54
<i>kariva</i>	40
KAYEXALATE	54
<i>kcl 0.075%/d5w/nacl 0.2%</i>	57
<i>kcl 0.075%/d5w/nacl 0.45%</i>	57
KCL 0.15%/D10W/NACL 0.2%	57
<i>kcl 0.15%/d5w/ nacl 0.3%</i>	57
KCL 0.15%/D5W/LR	57
<i>kcl 0.15%/d5w/nacl 0.2%</i>	57
KCL 0.15%/D5W/NACL 0.225%	57
<i>kcl 0.15%/d5w/nacl 0.45%</i>	57
<i>kcl 0.15%/d5w/nacl 0.9%</i>	57
<i>kcl 0.224%/d5w/nacl 0.2%</i>	57
KCL 0.3%/D5W/LR	57
KCL 0.3%/D5W/LR IV LAC RING	57
<i>kcl 0.3%/d5w/nacl 0.2%</i>	57
<i>kcl 0.3%/d5w/nacl 0.45%</i>	57
KCL 0.3%/D5W/NACL 0.9%	57
KEFLEX	13
<i>kelnor 1/35</i>	40
KEMADRIN	32
KENALOG	64
KEPIVANCE	22
KEPPRA	30
KEPPRA XR	30
KERLONE	26
KETEK	13
<i>ketoconazole</i>	15
<i>ketoconazole</i>	62
<i>ketoconazole</i>	62
<i>ketoprofen</i>	10
<i>ketoprofen er</i>	10
<i>ketorolac tromethamine</i>	10
KINERET	52
<i>kionex</i>	54

Drug Name	Page #
KLARON	61
<i>klor-con 10</i>	54
<i>klor-con 8</i>	54
<i>klor-con m10</i>	54
<i>klor-con m15</i>	54
<i>klor-con m20</i>	54
<i>klotrix</i>	54
KRISTALOSE	47
K-TABS	54
<i>kuric</i>	62
KUTRASE	48
KUVAN	42
KU-ZYME	48
KU-ZYME HP	48
KYTRIL	45
<i>labetalol hcl</i>	26
LAC-HYDRIN	65
<i>laclotion</i>	65
LACRISERT	67
<i>lactated ringer's dextrose 5% viaflex</i>	57
<i>lactated ringer's irrigation</i>	65
<i>lactated ringer's viaflex</i>	57
<i>lactulose</i>	47
LAMICTAL	30
LAMICTAL CHEWABLE DISPERSIBLE	30
LAMICTAL STARTER/NOT TAKING	30
CARBAMAZEPINE	
LAMICTAL STARTER/TAKING	30
CARBAMAZEPINE/NOT TAKING	
VALPROATE	
LAMICTAL STARTER/TAKING	30
VALPROATE	
LAMISIL	15
LAMISIL	62
<i>lamotrigine</i>	30
LANOXIN	27
LANTUS	38
LANTUS FOR OPTICLIK	38
LANTUS SOLOSTAR	38
LAPASE	48
LARIAM	15
LASIX	28
<i>leena</i>	40
<i>leflunomide</i>	52
LESCOL	25
LESCOL XL	25
<i>lessina-28</i>	40
LETAIRIS	29
<i>leucovorin calcium</i>	22
LEUKERAN	19

Drug Name	Page #	Drug Name	Page #
LEUKINE	51	<i>lithium citrate</i>	35
<i>leuprolide acetate</i>	21	LITHOBID	35
LEUSTATIN	22	LITHOSTAT	49
LEVAQUIN	13	LO/OVRAL-28	40
LEVAQUIN LEVA-PAK	13	LOCOID	64
LEVAQUIN PREMIX	13	LOCOID LIPOCREAM	64
LEVATOL	26	LODOSYN	32
LEVEMIR	38	LOESTRIN 1.5/30-21	40
LEVEMIR FLEXPEN	38	LOESTRIN 1/20-21	40
<i>levetiracetam</i>	30	LOESTRIN 24 FE	40
LEVLITE-28	40	LOESTRIN FE 1.5/30	40
LEVO DROMORAN	7	LOESTRIN FE 1/20	40
<i>levobunolol hcl</i>	67	<i>lofene</i>	45
<i>levocarnitine</i>	42	LOFIBRA	25
LEVO-DROMORAN	7	<i>lokara</i>	64
<i>levora 0.15/30-28</i>	40	LOMOTIL	45
<i>levorphanol tartrate</i>	7	<i>lonox</i>	45
<i>levothroid</i>	44	<i>loperamide hcl</i>	45
<i>levothyroxine sodium</i>	44	LOPID	25
<i>levoxyl</i>	45	LOPRESSOR	26
LEXAPRO	31	LOPRESSOR HCT	26
LEXIVA	16	LOPROX	62
LEXXEL	22	LOPROX SHAMPOO	62
LIALDA	47	LORCET 10/650	9
<i>lidocaine</i>	64	LORCET PLUS	9
<i>lidocaine hcl</i>	11	LORTAB	9
<i>lidocaine hcl</i>	64	LORTAB 10	9
<i>lidocaine hcl jelly</i>	64	LORTAB 2.5	9
<i>lidocaine/prilocaine</i>	64	LORTAB 5	9
LIDODERM	64	LORTAB 7.5	9
<i>lidomar viscous</i>	65	LOTEMAX	67
LIMBITROL	36	LOTENSIN	23
LIMBITROL DS	36	LOTENSIN HCT	22
LINCOCIN	18	LOTREL	22
<i>lindane</i>	65	LOTRISONE	62
<i>liothyronine sodium</i>	45	LOTRONEX	47
LIPITOR	25	<i>lovastatin</i>	25
LIPOFEN	25	LOVAZA	25
LIPRAM 4500	48	LOVENOX	50
LIPRAM-PN10	48	<i>low-ogestrel</i>	40
LIPRAM-PN16	48	<i>loxapine succinate</i>	33
LIPRAM-PN20	48	LOXITANE	33
LIPRAM-UL12	48	LUFYLLIN	60
LIPRAM-UL18	48	LUMIGAN	67
LIPRAM-UL20	48	LUNESTA	34
LIQUADD	34	LUPRON 2 WEEK SUPPLY	21
<i>lisinopril</i>	23	LUPRON 6-PACK	21
<i>lisinopril /hydrochlorothiazide</i>	22	LUPRON DEPOT	21
<i>lithium carbonate</i>	35	LUPRON DEPOT-PED	21
<i>lithium carbonate er</i>	35	<i>lutea</i>	40

Drug Name	Page #
LUVOX CR	29
LUXIQ	64
LYBREL	40
LYRICA	30
LYSODREN	21
MACROBID	18
MACRODANTIN	18
MAGNACET	7
MAGNESIUM SULFATE	54
MAGNESIUM SULFATE IN D5W	57
MALARONE	15
<i>maprotiline hcl</i>	31
<i>margesic-h</i>	9
MARINOL	45
MARPLAN	31
MATULANE	21
MAVIK	23
MAXAIR AUTOHALER	59
MAXALT	34
MAXALT-MLT	34
MAXIDEX	67
MAXIDONE	9
MAXIPIME	13
MAXITROL	67
MAXZIDE	28
MAXZIDE-25	28
<i>mebendazole</i>	18
<i>meclizine hcl</i>	45
<i>meclofenamate sodium</i>	10
MEDROL	43
MEDROL DOSEPAK	43
<i>medroxyprogesterone acetate</i>	40
<i>medroxyprogesterone acetate</i>	44
<i>mefloquine hcl</i>	15
MEFOXIN	13
MEFOXIN ADD-VANTAGE	13
MEFOXIN IN DEXTROSE 2.2%	13
MEFOXIN IN DEXTROSE 3.9%	13
MEGACE ES	21
MEGACE ORAL	21
<i>megestrol acetate</i>	21
<i>meloxicam</i>	10
MENACTRA	53
MENEST	42
MENOMUNE-A/C/Y/W-135	53
MENOSTAR	42
MENTAX	62
<i>mepерidine hcl</i>	7
<i>meperitab</i>	7
<i>meprobamate</i>	29

Drug Name	Page #
MEPRON	18
<i>mercaptopurine</i>	20
MERREM	18
MERUVAX II W/DILUENT 10 DOSE	53
<i>mesalamine</i>	47
<i>mesna</i>	22
MESNEX	22
MESTINON	35
MESTINON TIMESPAN	35
METADATE CD	34
METADATE ER	34
METAGLIP	38
<i>metaproterenol sulfate</i>	59
<i>metformin hcl</i>	38
<i>metformin hcl er</i>	38
METHADONE HCL	8
<i>methadose</i>	8
<i>methazolamide</i>	67
<i>methenamine hippurate</i>	18
METHERGINE	44
<i>methimazole</i>	45
METHITEST	36
<i>methocarbamol</i>	35
<i>methotrexate</i>	52
<i>methotrexate sodium</i>	20
<i>methscopolamine bromide</i>	46
<i>methyclothiazide</i>	28
<i>methyl dopa</i>	28
<i>methyl dopa /hydrochlorothiazide</i>	28
<i>methyl dopate hcl</i>	28
METHYLIN	34
<i>methylin er</i>	34
<i>methylphenidate hcl</i>	34
<i>methylphenidate hcl er</i>	34
<i>methylprednisolone</i>	43
<i>methylprednisolone acetate</i>	43
<i>methylprednisolone sodiumsuccinate</i>	43
<i>metipranolol</i>	67
<i>metoclopramide hcl</i>	45
<i>metolazone</i>	28
<i>metoprolol /hydrochlorothiazide</i>	26
<i>metoprolol succinate er</i>	26
<i>metoprolol tartrate</i>	26
METRO IV	18
METROCREAM	65
METROGEL	65
METROGEL-VAGINAL	50
METROLOTION	65
<i>metronidazole</i>	18
<i>metronidazole</i>	65

Drug Name	Page #
<i>metronidazole in nacl 0.79%</i>	18
<i>metronidazole vaginal</i>	50
MEVACOR	25
<i>mexiletine hcl</i>	24
MIACALCIN	39
MICARDIS	24
MICARDIS HCT	24
<i>miconazole 3</i>	50
<i>microgestin 1.5/30</i>	40
<i>microgestin 1/20</i>	40
<i>microgestin fe</i>	40
<i>microgestin fe 1.5/30</i>	40
MICRO-K	54
MICRONASE	38
MICROZIDE	28
<i>midodrine hcl</i>	28
<i>migergot</i>	34
MIGRANAL	34
MILLIPRED	43
MINIPRESS	23
<i>minirin</i>	45
<i>minitran</i>	29
MINOCIN	13
MINOCIN PAC	13
<i>minocycline hcl</i>	13
<i>minoxidil</i>	28
MIRAPEX	32
<i>mirtazapine</i>	31
<i>mirtazapine odt</i>	31
<i>misoprostol</i>	47
<i>mitomycin</i>	19
<i>mitoxantrone hcl</i>	21
M-M-R II W/DILUENT 10 DOSE	53
MOBAN	33
MOBIC	10
MODICON-28	40
<i>moexipril /hydrochlorothiazide</i>	22
<i>moexipril hcl</i>	23
<i>mometasone furoate</i>	64
MONODOX	13
MONOKET	29
<i>mononessa</i>	40
MONOPRIL	23
MONOPRIL HCT	22
MONUROL	18
<i>morphine sulfate</i>	8
<i>morphine sulfate er</i>	8
MOTOFEN	45
MOTRIN	10
MOVIPREP	47

Drug Name	Page #
MOXATAG	13
MS CONTIN	8
<i>mupirocin</i>	61
MUSTARGEN	19
MYAMBUTOL	16
MYCAMINE	15
MYCELEX	15
MYCOBUTIN	16
MYCOSTATIN	62
<i>mydral</i>	67
MYDRIACYL	67
MYFORTIC	53
MYLOTARG	20
MYOBLOC	35
MYOZYME	42
<i>myrac</i>	13
MYSOLINE	30
MYTELASE	35
<i>nabumetone</i>	10
<i>nadolol</i>	26
<i>nadolol /bendroflumethiazide</i>	26
<i>nafcillin sodium</i>	13
NAFTIN	62
NAFTIN-MP	62
NAGLAZYME	42
<i>nalbuphine hcl</i>	7
NALFON	10
NALLPEN ISO-OSMOTIC IN	13
DEXTROSE	
NALLPEN/DEXTROSE	13
<i>naloxone hcl</i>	36
<i>naltrexone hcl</i>	36
NAMENDA	31
NAMENDA TITRATION PAK	31
<i>naphazoline hcl</i>	67
NAPRELAN	10
NAPROSYN	10
<i>naproxen</i>	10
<i>naproxen dr</i>	10
<i>naproxen sodium</i>	10
NARDIL	31
<i>narvox</i>	8
NASACORT AQ	60
NASAREL	60
NASONEX	60
NATACYN	67
NAVANE	33
NAVELBINE	20
NEBUPENT	18
<i>necon 0.5/35-28</i>	40

Drug Name	Page #
<i>necon 1/35-28</i>	40
<i>necon 1/50-28</i>	40
NECON 10/11-28	40
<i>necon 7/7/7</i>	40
<i>nefazodone hcl</i>	31
<i>neo /poly /bac /hc</i>	67
NEO-FRADIN	13
<i>neomycin /bacitracin /polymyxin</i>	67
<i>neomycin /polymyxin /dexamethasone</i>	67
<i>neomycin /polymyxin /gramicidin</i>	67
<i>neomycin /polymyxin /hc</i>	69
<i>neomycin /polymyxin /hydrocortisone</i>	67
<i>neomycin /polymyxin /hydrocortisone</i>	69
<i>neomycin sulfate</i>	13
<i>neomycin/bacitracin zn/polymyx</i>	67
<i>neomycin/polymyxin b sulfates</i>	65
NEORAL	53
NEOSPORIN	67
NEPHRAMINE	55
NEULASTA	51
NEUMEGA	51
NEUPOGEN	51
NEURONTIN	30
NEUTREXIN	18
NEVANAC	67
NEXAVAR	21
NEXIUM	49
NEXIUM I.V.	49
<i>niacor</i>	25
NIASPAN	25
<i>nicardipine hcl</i>	27
NICOTROL INHALER	36
NICOTROL NS	36
<i>nifediac cc</i>	27
<i>nifedical xl</i>	27
NIFEDIPINE	27
<i>nifedipine er</i>	27
NILANDRON	21
<i>nimodipine</i>	27
NIMOTOP	27
NIPENT	20
<i>nisoldipine</i>	27
NITRO-DUR	29
<i>nitrofurantoin macrocrystalline</i>	18
<i>nitrofurantoin monohydrate</i>	18
<i>nitroglycerin</i>	29
<i>nitroglycerin transdermal</i>	29
NITROLINGUAL PUMPSPRAY	29
NITROSTAT	29
<i>nizatidine</i>	46

Drug Name	Page #
NIZORAL	62
<i>nora-be</i>	40
NORCO	9
NORDETTE-28	40
NORDITROPIN CARTRIDGE	44
NORDITROPIN NORDIFLEX PEN	44
<i>norethindrone acetate</i>	44
NORFLEX	35
NORINYL 1+35	40
NORITATE	65
<i>normosol -r</i>	57
<i>normosol-m in d5w</i>	57
NORMOSOL-R	57
<i>normosol-r in d5w</i>	57
NOROXIN	13
NORPACE	24
NORPACE CR	24
NORPRAMIN	31
NOR-QD	40
<i>nortrel 0.5/35 (28)</i>	40
<i>nortrel 1/35 (21)</i>	40
<i>nortrel 1/35 (28)</i>	40
<i>nortrel 7/7/7</i>	40
<i>nortriptyline hcl</i>	31
NORVASC	27
NORVIR	16
<i>novamine</i>	55
NOVANTRONE	21
<i>novarel</i>	44
NOVOLIN 70/30	38
NOVOLIN 70/30 INNOLET	38
NOVOLIN 70/30 PENFILL	38
NOVOLIN N	38
NOVOLIN N INNOLET	38
NOVOLIN N U-100 PENFILL	38
NOVOLIN R	38
NOVOLIN R INNOLET	38
NOVOLIN R U-100 PENFILL	38
NOVOLOG	38
NOVOLOG FLEXPEN	38
NOVOLOG MIX 70/30	38
NOVOLOG MIX 70/30 PENFILL	38
NOVOLOG MIX 70/30 PREFILLED	38
FLEXPEN	
NOVOLOG PENFILL	38
NOXAFIL	15
NULYTELY	47
NULYTELY/FLAVOR PACKS	47
NUTROPIN	44
NUTROPIN AQ	44

Drug Name	Page #	Drug Name	Page #
NUTROPIN AQ PEN	44	ORTHOCLONE OKT3	53
NUVARING	40	ORTHO-CYCLEN-28	41
<i>nyamyc</i>	62	<i>ortho-est</i>	42
NYDRAZID	16	ORTHO-NOVUM 1/50-28	41
<i>nystatin</i>	15	ORTHO-NOVUM 7/7/7-28	41
<i>nystatin</i>	62	OSMOPREP	47
<i>nystatin</i>	66	<i>oticin hc</i>	69
<i>nystatin/triamcinolone</i>	62	OVCON-35	41
<i>nystop</i>	62	OVCON-50 28	41
<i>ocella</i>	41	OVIDE	65
OCTAGAM	52	<i>oxacillin sodium</i>	13
<i>octreotide acetate</i>	44	OXANDRIN	37
OCUFEN	67	<i>oxandrolone</i>	37
OCUFLOX	67	<i>oxaprozin</i>	10
<i>ocusulf-10</i>	68	<i>oxcarbazepine</i>	30
<i>ofloxacin</i>	13	OXISTAT	62
<i>ofloxacin</i>	68	OXSORALEN	65
<i>ofloxacin</i>	69	OXSORALEN ULTRA	62
OGEN	42	<i>oxybutynin chloride</i>	50
<i>ogestrel</i>	41	<i>oxybutynin chloride er</i>	50
OLUX	64	<i>oxycodone /acetaminophen</i>	8
OLUX-E	64	<i>oxycodone /apap</i>	8
<i>omeprazole</i>	49	<i>oxycodone /aspirin</i>	8
OMNARIS	60	<i>oxycodone /ibuprofen</i>	8
OMNICEF	13	<i>oxycodone hcl</i>	8
OMNI-PAC	13	<i>oxycodone-apap</i>	8
ONCASPAR	21	OXYCONTIN	8
<i>ondansetron hcl</i>	45	OXYTROL	50
<i>ondansetron odt</i>	46	PACERONE	24
ONTAK	20	<i>paclitaxel</i>	20
<i>onxol</i>	20	PALCAPS 10	48
OPANA	8	PALCAPS 20	48
OPANA ER	8	PALGIC	59
OPTIPRANOLOL	68	PAMELOR	31
OPTIVAR	68	PAMIDRONATE DISODIUM	39
ORACEA	65	PAMINE	46
ORAMORPH SR	8	PAMINE FORTE	46
ORAP	33	PANCREASE MT 10	48
ORAPRED	43	PANCREASE MT 16	48
ORAPRED ODT	43	PANCREASE MT 20	48
ORENCIA	52	PANCREASE MT 4	48
ORFADIN	42	PANCRECARB MS-16	48
<i>orphenadrine /asa /caffeine</i>	35	PANCRECARB MS-4	48
<i>orphenadrine citrate</i>	35	PANCRECARB MS-8	48
<i>orphenadrine citrate er</i>	35	PANCRELIPASE	48
<i>orphenadrine compound ds</i>	35	PANCRELIPASE MST-16	48
ORTHO EVRA	41	PANCRON 10	48
ORTHO MICRONOR	41	PANCRON 20	48
ORTHO TRI-CYCLEN LO	41	PANDEL	64
ORTHO-CEPT-28	41	PANGESTYME CN 10	48

Drug Name	Page #
PANGESTYME CN 20	48
PANGESTYME EC	48
PANGESTYME MT 16	48
PANGESTYME UL 12	48
PANGESTYME UL 18	48
PANGESTYME UL 20	48
PANGLOBULIN	52
PANGLOBULIN NF	52
PANLOR DC	9
PANLOR SS	9
PANOCAPS	48
PANOCAPS MT 16	48
PANOCAPS MT 20	48
PANOKASE	48
PANOKASE-16	48
PANRETIN	65
<i>pantoprazole sodium</i>	49
PARAFON FORTE DSC	36
<i>parcaine</i>	68
PARCOPA	32
PARLODEL	32
PARNATE	31
<i>paromomycin sulfate</i>	13
<i>paroxetine hcl</i>	31
<i>paroxetine hcl er</i>	31
PASER	16
PATADAY	68
PATANASE	58
PATANOL	68
PAXIL	31
PAXIL CR	31
PCE	13
PEDIAPRED	43
PEDIARIX	53
PEDIAZOLE	18
<i>pedi-dri</i>	62
PEDIOTIC	69
PEDVAX HIB	53
<i>peg 3350/electrolytes</i>	47
PEGANONE	30
PEGASYS	52
PEG-INTRON	52
PEG-INTRON REDIPEN	52
PEG-INTRON REDIPEN PAK 4	52
<i>penicillin g potassium</i>	13
PENICILLIN G POTASSIUM IN ISO-OSMOTIC DEXTROSE	14
PENICILLIN G PROCAINE	14
<i>penicillin g sodium</i>	14
<i>penicillin v potassium</i>	14

Drug Name	Page #
PENLAC NAIL LACQUER	62
PENTAM 300	18
PENTASA	47
<i>pentazocine /acetaminophen</i>	9
<i>pentazocine/naloxone hcl</i>	9
<i>pentopak</i>	51
<i>pentostatin</i>	20
<i>pentoxifylline er</i>	51
<i>pentoxil</i>	51
PEPCID	46
PEPCID PREMIXED	46
PERCOCET	8
PERCODAN	8
PERFOROMIST	59
PERIDEX ORAL RINSE	66
<i>periogard</i>	66
PERIOSTAT	14
<i>perloxx</i>	8
<i>permethrin</i>	65
<i>perphenazine</i>	33
<i>perphenazine /amitriptyline</i>	36
PERSANTINE	51
PEXEVA	31
PFIZERPEN-G	14
<i>phenadoz</i>	46
PHENERGAN	46
PHENYTEK	30
<i>phenytoin</i>	30
<i>phenytoin sodium</i>	30
<i>phenytoin sodium extended</i>	30
PHISOHEX	61
PHOSLO	44
PHOSPHOLINE IODIDE	68
PHOTOFRIN	21
<i>phrenilin w/caffeine/codeine</i>	9
<i>physiolyte</i>	65
<i>physiosol irrigation</i>	65
PHYSIOSOL IRRIGATION PH 7.4	65
<i>pilocarpine hcl</i>	49
<i>pilocarpine hydrochloride</i>	49
PILOPINE HS	68
<i>pindolol</i>	26
PIPERACILLIN SODIUM	14
<i>piroxicam</i>	10
PLAN B	41
PLAQUENIL	52
PLARETASE 8000	49
PLASMA-LYTE 56	57
PLASMA-LYTE A	57
PLASMA-LYTE-148	57

Drug Name	Page #
PLASMA-LYTE-148/D5W	57
PLASMA-LYTE-56/D5W	57
<i>plasma-lyte-r</i>	57
PLATINOL AQ	22
PLAVIX	51
PLENDIL	27
PLETAL	51
<i>podofilox</i>	65
<i>polycin b</i>	68
<i>poly-dex</i>	68
<i>polyethylene glycol 3350</i>	47
POLYGAM S/D	52
<i>polymyxin b sulfate</i>	18
<i>polymyxin b sulfate/trimethoprim sulfate</i>	68
POLY-PRED	68
POLYTRIM	68
PONSTEL	10
<i>portia-28</i>	41
<i>potassium chloride</i>	54
POTASSIUM CHLORIDE	57
<i>potassium chloride 0.075%/d5w/nacl</i>	57
<i>0.225%</i>	
POTASSIUM CHLORIDE 0.15% /NACL	57
<i>0.45% VIAFLEX</i>	
<i>potassium chloride 0.15% d5w/nacl</i>	57
<i>0.33%</i>	
<i>potassium chloride 0.15% d5w/nacl</i>	57
<i>0.45% viaflex</i>	
<i>potassium chloride 0.15% nacl 0.9%</i>	57
<i>potassium chloride 0.15%/d5w</i>	57
POTASSIUM CHLORIDE 0.15%/NACL	57
<i>0.9%</i>	
<i>potassium chloride 0.22% d5w/nacl</i>	57
<i>0.45%</i>	
<i>potassium chloride 0.224%/d5w</i>	57
<i>potassium chloride 0.224%/d5w/nacl</i>	57
<i>0.45%</i>	
<i>potassium chloride 0.224%d5w/nacl</i>	57
<i>0.33%</i>	
POTASSIUM CHLORIDE 0.3%/ NACL	57
<i>0.9%</i>	
<i>potassium chloride 0.3%/d5w</i>	57
<i>potassium chloride 0.3%/nacl</i>	57
<i>0.9%/viaflex</i>	
<i>potassium chloride cr</i>	54
<i>potassium chloride er</i>	54
<i>potassium chloride sr</i>	54
<i>potassium citrate extended-release</i>	49
PRANDIMET	38
PRANDIN	38

Drug Name	Page #
PRAVACHOL	25
<i>pravastatin sodium</i>	25
<i>prazosin hcl</i>	23
PRECOSE	38
PRED FORTE	68
PRED MILD	68
PRED-G	68
PRED-G S.O.P.	68
<i>prednicarbate</i>	64
<i>prednisolone</i>	43
<i>prednisolone acetate</i>	68
<i>prednisolone sodium phosphate</i>	43
<i>prednisolone sodium phosphate</i>	68
<i>prednisone</i>	43
PREDNISON INTENSOL	43
PREFEST	42
<i>pregnyl w/diluent benzyl alcohol/nacl</i>	44
PRELONE	43
PREMARIN	42
PREMARIN W/APPLICATOR	42
PREMASOL	55
PREMPHASE	42
PREMPRO	42
<i>prenatal rx 1</i>	58
PREVACID	49
PREVACID NAPRAPAC	7
PREVACID SOLUTAB	49
<i>prevalite</i>	25
<i>previfem</i>	41
PREVPAC	49
PREZISTA	16
PRIFTIN	16
PRIOSEC	49
PRIMAQUINE PHOSPHATE	15
PRIMAXIN I.M.	18
PRIMAXIN IV	18
PRIMAXIN IV ADD-VANTAGE	18
<i>primidone</i>	30
PRIMSOL	18
PRINIVIL	23
PRINZIDE	22
PRISTIQ	31
PROAIR HFA	59
PROAMATINE	28
<i>probenecid</i>	7
<i>probenecid/colchicine</i>	7
PROCAINAMIDE HCL	24
PROCALAMINE	56
PROCANBID	24
PROCARDIA	27

Drug Name	Page #
PROCARDIA XL	27
PROCHIEVE	44
<i>prochlorperazine</i>	46
<i>prochlorperazine edisylate</i>	46
<i>prochlorperazine maleate</i>	46
PROCRIT	51
PROCTOCORT	64
<i>proctocream-hc</i>	62
<i>procto-pak</i>	64
<i>proctosol hc</i>	62
<i>proctozone-hc</i>	62
PROGLYCEM	43
PROGRAF	53
PROLASTIN	59
PROLEUKIN	20
PROMACTA	51
<i>promethazine hcl</i>	46
<i>promethazine hcl plain</i>	46
<i>promethazine vc</i>	58
<i>promethegan</i>	46
PROMETRIUM	44
PRONESTYL	24
PRONESTYL SR	24
<i>propafenone hcl</i>	24
<i>propantheline bromide</i>	46
<i>proparacaine hcl</i>	68
PROPINE	68
<i>propoxyphene /acetaminophen</i>	9
<i>propoxyphene hcl</i>	9
<i>propoxyphene-n /acetaminophen</i>	9
<i>propranolol /hydrochlorothiazide</i>	26
<i>propranolol hcl</i>	26
<i>propranolol hcl er</i>	26
<i>propylthiouracil</i>	45
PROQUAD	53
PROQUIN XR	14
PROSCAR	49
PROSOL	56
PROTONIX	49
PROTOPIC	64
<i>protriptyline hcl</i>	31
PROVENTIL HFA	59
PROVERA	44
PROVIGIL	36
PROZAC	31
PROZAC WEEKLY	31
PSORCON E	64
PULMICORT	60
PULMICORT FLEXHALER	60
PULMOZYME	59

Drug Name	Page #
PURINETHOL	20
PYLERA	48
<i>pyrazinamide</i>	16
<i>pyridostigmine bromide</i>	35
QUALAQUIN	15
<i>quasense</i>	41
QUESTRAN	25
QUESTRAN LIGHT	25
<i>quinapril /hydrochlorothiazide</i>	23
<i>quinapril hcl</i>	23
<i>quinaretic</i>	23
QUINIDINE GLUCONATE	24
<i>quinidine gluconate cr</i>	24
<i>quinidine gluconate er</i>	24
<i>quinidine gluconate sa</i>	24
<i>quinidine sulfate</i>	24
<i>quinidine sulfate er</i>	24
QUIXIN	68
QVAR	60
RABAVERT	53
<i>ramipril</i>	23
RANEXA	29
RANICLOR	14
<i>ranitidine hcl</i>	46
RAPAMUNE	53
RAPIFLUX	31
RAPTIVA	62
RAZADYNE	31
RAZADYNE ER	31
REBETOL	17
REBIF	35
REBIF TITRATION PACK	35
<i>reclipsen</i>	41
RECOMBIVAX HB	53
REGLAN	46
REGONOL	35
REGRANEX	65
RELENZA DISKHALER	17
RELION 70/30	38
RELION 70/30 INNOLET	39
RELION N	39
RELION N INNOLET	39
RELION R	39
RELISTOR	47
RELPAK	35
REMERON	31
REMERON SOLTAB	32
REMICADE	52
REMODULIN	29
RENAGEL	44

Drug Name	Page #
RENAMIN	56
RENVELA	44
REPREXAIN	9
REQUIP	32
REQUIP XL	32
RESCRIPTOR	16
<i>reserpine</i>	29
RESTASIS	68
RETIN-A	61
RETIN-A MICRO	61
RETROVIR	16
RETROVIR IV INFUSION	16
REVATIO	29
REVIA	36
REVLIMID	52
REYATAZ	16
RHEUMATREX	52
RHINOCORT AQUA	60
<i>ribapak</i>	17
<i>ribasphere</i>	17
<i>ribatab</i>	17
<i>ribavirin</i>	17
RIDAURA	52
RIFADIN	16
RIFAMATE	16
<i>rifampin</i>	16
RIFATER	16
RILUTEK	35
<i>rimantadine hcl</i>	17
<i>ringer's injection</i>	58
<i>ringer's irrigation</i>	65
RIOMET	39
RISPERDAL	33
RISPERDAL CONSTA	33
RISPERDAL M-TAB	33
<i>risperidone</i>	33
RITALIN	34
RITALIN LA	34
RITALIN SR	34
RITUXAN	20
ROBAXIN	36
ROBAXIN-750	36
ROBINUL	46
ROBINUL FORTE	46
ROCALTROL	58
ROCEPHIN	14
ROCEPHIN IN ISO-OSMOTIC	14
DEXTROSE	
<i>romycin</i>	68
<i>ropinirole hcl</i>	32

Drug Name	Page #
ROTATEQ	53
ROWASA	47
ROXICET	8
ROXICODONE	8
ROZEREM	34
RYTHMOL	24
RYTHMOL SR	24
SAIZEN	44
SAIZEN CLICK.EASY	44
SALAGEN	49
SANCTURA	50
SANCTURA XR	50
SANCUSO	46
SANDIMMUNE	53
SANDOSTATIN	44
SANDOSTATIN LAR DEPOT	44
SANTYL	65
SARAFEM	36
SEASONALE	41
SEASONIQUE	41
SECTRAL	26
<i>selegiline hcl</i>	32
<i>selenium sulfide</i>	62
SELSUN SHAMPOO	62
SELZENTRY	16
SEMPREX-D	58
SENSIPAR	39
SEPTRA	18
SEPTRA DS	18
SEREVENT DISKUS	59
SEROMYCIN	16
SEROQUEL	33
SEROQUEL XR	33
SEROSTIM	44
<i>sertraline hcl</i>	32
<i>sertraline hydrochloride</i>	32
SILVADENE	61
<i>silver sulfadiazine</i>	61
SIMCOR	25
SIMULECT	53
<i>simvastatin</i>	25
SINEMET	32
SINEMET CR	32
SINGULAIR	59
SKELAXIN	36
SKELID	39
<i>sodium bicarbonate</i>	54
<i>sodium chloride</i>	54
<i>sodium chloride</i>	58
<i>sodium chloride 0.9%</i>	65

Drug Name	Page #
<i>sodium chloride 0.45% viaflex</i>	58
<i>sodium chloride 0.9%</i>	65
SODIUM EDECRIN	28
<i>sodium fluoride</i>	54
<i>sodium lactate</i>	54
<i>sodium polystyrene sulfonate</i>	54
<i>sodium sulfacetamide</i>	61
SOLARAZE	61
<i>solia</i>	41
SOLODYN	14
SOLTAMOX	21
SOLU-CORTEF	43
SOLU-MEDROL	43
SOLU-MEDROL ACT-O-VIAL	43
SOMA	36
SOMA COMPOUND	36
SOMA COMPOUND/CODEINE	36
SOMATULINE DEPOT	44
SOMAVERT	44
SONATA	34
SORIATANE CK	62
<i>sorine</i>	25
<i>sotalol hcl</i>	25
<i>sotalol hcl (af)</i>	25
<i>sotret</i>	61
SPECTRACEF	14
SPIRIVA HANDIHALER	58
<i>spironolactone</i>	23
<i>spironolactone /hydrochlorothiazide</i>	28
SPORANOX	15
SPORANOX PULSEPAK	15
<i>sprintec 28</i>	41
SPRYCEL	21
<i>sps</i>	54
<i>sronyx</i>	41
<i>ssd</i>	61
<i>ssd af</i>	61
STADOL	9
<i>stagesic</i>	9
STALEVO 100	32
STALEVO 125	32
STALEVO 150	32
STALEVO 200	33
STALEVO 50	33
STALEVO 75	33
STARLIX	39
<i>stavudine</i>	16
STAVZOR	30
STERAPRED	43
STERAPRED 12 DAY	43

Drug Name	Page #
STERAPRED DS	43
STERAPRED DS 12 DAY	43
<i>sterile water irrigation</i>	65
STIMATE	45
STRATTERA	34
<i>streptomycin sulfate</i>	14
STRIANT	37
STROMECTOL	18
SUBOXONE	36
SUBUTEX	36
SUCRAID	42
<i>sucrafate</i>	48
SULAR	27
<i>sulf-10</i>	68
<i>sulfacetamide sodium</i>	68
<i>sulfacetamide sodium/prednisolone</i>	68
<i>sodium phosphate</i>	
<i>sulfadiazine</i>	14
<i>sulfamethoxazole /trimethoprim</i>	18
<i>sulfamethoxazole/trimethoprim ds</i>	18
SULFAMYLON	61
<i>sulfasalazine</i>	47
<i>sulfatrim</i>	18
<i>sulfazine</i>	47
<i>sulfazine ec</i>	47
<i>sulindac</i>	11
<i>sumatriptan succinate</i>	35
SUPRAX	14
SURMONTIL	32
SUSTIVA	16
SUTENT	21
SYMBICORT	60
SYMBYAX	36
SYMLIN	39
SYMLINPEN 120	39
SYMLINPEN 60	39
SYNAGIS	53
SYNALGOS-DC	9
SYNAREL	41
SYNERA	64
SYNERCID	18
SYNTHROID	45
SYPRINE	39
TABLOID	20
TACLONEX	64
TACLONEX SCALP	64
TALACEN	9
TALADINE	46
TALWIN	9
TALWIN NX	9

Drug Name	Page #
TAMBOCOR	25
TAMIFLU	17
<i>tamoxifen citrate</i>	21
TAPAZOLE	45
TARCEVA	21
TARGRETIN	21
TARGRETIN	65
TARKA	22
TASIGNA	21
TASMAR	33
TAXOL	20
TAXOTERE	20
TAZICEF	14
TAZORAC	62
<i>taztia xt</i>	27
TEGRETOL	30
TEGRETOL-XR	30
TEKTURNA	28
TEKTURNA HCT	28
TEMOVATE	64
TEMOVATE E	64
TENEX	23
TENORETIC 100	26
TENORETIC 50	26
TENORMIN	26
TERAZOL 3	50
TERAZOL 7	50
<i>terazosin hcl</i>	23
<i>terbinafine hcl</i>	15
<i>terbutaline sulfate</i>	59
<i>terconazole</i>	50
TESTIM	37
<i>testosterone cypionate</i>	37
<i>testosterone enanthate</i>	37
TESTRED	37
TETANUS TOXOID ADSORBED	53
<i>tetanus/diphtheria toxoids-adsorbed adult</i>	53
<i>tetracycline hcl</i>	14
TEVETEN	24
TEVETEN HCT	24
TEV-TROPIN	44
TEXACORT	64
THALITONE	28
THALOMID	52
THEO-24	60
<i>theochron</i>	60
<i>theophylline cr</i>	60
<i>theophylline er</i>	60
<i>theophylline td</i>	60

Drug Name	Page #
<i>thermazene</i>	61
THIOLA	49
<i>thioridazine hcl</i>	33
<i>thiotepa</i>	19
<i>thiothixene</i>	33
THYMOGLOBULIN	53
THYROLAR-1	45
THYROLAR-1/2	45
THYROLAR-1/4	45
THYROLAR-2	45
THYROLAR-3	45
THIAZAC	27
TICLID	51
<i>ticlopidine hcl</i>	51
TIGAN	46
TIKOSYN	25
TIMENTIN	14
TIMOLIDE 10/25	26
<i>timolol maleate</i>	26
<i>timolol maleate</i>	68
<i>timolol maleate ophthalmic gel forming</i>	68
TIMOPTIC	68
TIMOPTIC OCUDOSE	68
TIMOPTIC-XE	68
TINDAMAX	18
<i>tis-u-sol</i>	65
<i>tis-u-sol viaflex</i>	65
<i>tizanidine hcl</i>	36
TOBI	59
TOBRADEX	68
<i>tobramycin /dexamethasone</i>	68
<i>tobramycin sulfate</i>	14
<i>tobramycin sulfate</i>	68
<i>tobramycin sulfate add-vantage</i>	14
<i>tobramycin sulfate fliptop</i>	14
TOBRAMYCIN SULFATE/SODIUM CHLORIDE	14
<i>tobrasol</i>	68
TOBRIX	68
TOFRANIL	32
TOFRANIL-PM	32
<i>tolazamide</i>	39
<i>tolbutamide</i>	39
<i>tolmetin sodium</i>	11
TOPAMAX	30
TOPAMAX SPRINKLE	30
TOPICORT	64
TOPICORT LP	64
<i>toposar</i>	22
TOPROL XL	26

Drug Name	Page #
TORISEL	20
<i>toremide</i>	28
<i>tpn electrolytes ftv</i>	54
TRACLEER	29
<i>tramadol hcl</i>	10
<i>tramadol hydrochloride/acetaminophen</i>	10
TRANDATE	26
TRANDATE IV	26
<i>trandolapril</i>	23
TRANSDERM-SCOP	46
<i>tranylcypromine sulfate</i>	32
TRAVASOL	56
TRAVASOL 2.75%/DEXTROSE 10%	56
TRAVASOL 2.75%/DEXTROSE 5%	56
<i>travasol 3.5%/electrolytes</i>	56
TRAVASOL 4.25%/DEXTROSE 10%	56
TRAVASOL 4.25%/DEXTROSE 25%	56
TRAVASOL 5.5%/DEXTROSE 10%	56
TRAVASOL 5.5%/DEXTROSE 20%	56
TRAVASOL 5.5%/ELECTROLYTES	56
TRAVASOL 8.5%/DEXTROSE 10%	56
TRAVASOL 8.5%/DEXTROSE 20%	56
TRAVASOL 8.5%/DEXTROSE 50%	56
<i>travasol 8.5%/electrolytes</i>	56
TRAVATAN	68
TRAVATAN Z	68
<i>trazodone hcl</i>	32
TREANDA	19
TRECTOR	16
TRELSTAR DEPOT	21
TRELSTAR LA	21
TRENTAL	51
<i>tretinoin</i>	21
<i>tretinoin</i>	61
TREXALL	52
TREXIMET	35
<i>trezix</i>	9
<i>triamcinolone acetonide</i>	64
TRIAMCINOLONE ACETONIDE IN ABSORBASE	64
<i>triamcinolone in orabase</i>	66
<i>triamterene /hydrochlorothiazide</i>	28
TRICOR	25
<i>triderm</i>	64
<i>trifluoperazine hcl</i>	33
<i>trifluridine</i>	68
TRIGLIDE	25
<i>trihexyphenidyl hcl</i>	33
TRIHIBIT	53
<i>tri-legest fe</i>	41

Drug Name	Page #
TRILEPTAL	30
<i>trilyte</i>	47
<i>trimethobenzamide hcl</i>	46
<i>trimethoprim</i>	18
<i>trimethoprim sulfate/polymyxin b sulfate</i>	68
<i>trimethoprim/sulfamethoxazole ds</i>	18
<i>trimipramine maleate</i>	32
<i>trimox</i>	14
<i>trinessa</i>	41
TRI-NORINYL 28	41
TRIPEDIA	53
<i>tri-previfem</i>	41
TRISENOX	21
<i>tri-sprintec</i>	41
<i>trivora-28</i>	41
TRIZIVIR	16
TROPHAMINE	56
<i>tropicacyl</i>	68
<i>tropicamide</i>	68
TRUSOPT	68
TRUVADA	16
TWINJECT	59
TWINRIX	54
TYGACIL	18
TYKERB	21
TYLENOL/CODEINE #3	9
TYLENOL/CODEINE #4	9
TYLOX	8
TYPHIM VI	54
TYSABRI	35
TYZEKA	17
TYZINE	59
TYZINE PEDIATRIC NASAL DROPS	59
<i>u-cort</i>	64
ULTRACAPS MT 20	49
ULTRACET	10
ULTRAM	10
ULTRAM ER	10
ULTRASE	49
ULTRASE MT 12	49
ULTRASE MT 18	49
ULTRASE MT 20	49
ULTRAVATE	64
UNASYN	14
UNASYN ADD-VANTAGE	14
UNASYN BULK PACK	14
UNIPHYL	60
UNIRETIC	23
<i>unithroid</i>	45
UNIVASC	23

Drug Name	Page #
URECHOLINE	49
UREX	18
URISPAS	50
UROCIT-K 10	49
UROCIT-K 5	49
UROXATRAL	49
URSO 250	48
URSO FORTE	48
<i>ursodiol</i>	48
UVADEX	21
VAGIFEM	42
VALCYTE	17
<i>valproate sodium</i>	30
<i>valproic acid</i>	30
VALTREX	17
<i>vanacet</i>	9
VANCOCIN HCL	19
<i>vancomycin hcl</i>	19
VANCOMYCIN HCL ISO-OSMOTIC	19
DEXTROSE	
<i>vandazole</i>	50
VANOS	64
VANSPAR	29
VANTAS	21
VANTIN	14
VAQTA	54
VARIVAX	54
VASERETIC	23
VASOTEC	23
VECTIBIX	20
<i>veetids</i>	14
VELCADE	20
<i>velivet</i>	41
<i>venlafaxine hcl</i>	32
VENLAFAXINE HCL ER	32
VENTAVIS	29
VENTOLIN HFA	59
VERAMYST	60
<i>verapamil hcl</i>	27
<i>verapamil hcl er</i>	27
VERDESO	64
VERELAN	27
VERELAN PM	27
VERIPRED 20	43
VESANOID	21
VESICARE	50
VEXOL	68
VFEND	15
VFEND IV	15
VIBRAMYCIN	14

Drug Name	Page #
VIBRATAB	14
VICODIN	9
VICODIN ES	9
<i>vicodin hp</i>	9
VICOPROFEN	9
VIDAZA	20
VIDEX EC	16
VIDEX PEDIATRIC	16
VIGAMOX	69
VINBLASTINE SULFATE	20
<i>vincasar pfs</i>	20
<i>vincristine sulfate</i>	20
<i>vinorelbine tartrate</i>	20
VIOKASE	49
VIOKASE 16	49
VIOKASE 8	49
VIRACEPT	16
VIRAMUNE	16
VIRAZOLE	17
VIREAD	16
VIROPTIC	69
VISICOL	47
VISTARIL	59
VISTIDE	17
VIVACTIL	32
VIVAGLOBIN	52
VIVELLE-DOT	43
VIVITROL	36
VIVOTIF BERNA	54
VOLTAREN	11
VOLTAREN	65
VOLTAREN	69
VOLTAREN-XR	11
VOPAC	9
VOSPIRE ER	59
VYTORIN	25
VYVANSE	34
<i>warfarin sodium</i>	50
WELCHOL	25
WELLBUTRIN	32
WELLBUTRIN SR	32
WELLBUTRIN XL	32
WESTCORT	64
XALATAN	69
XENAZINE	35
XIBROM	69
XIFAXAN	19
XODOL	9
XOLAIR	59
XOLEGEL	62

Drug Name	Page #
XOPENEX	59
XOPENEX CONCENTRATE	59
XOPENEX HFA	59
XYLOCAINE	11
XYLOCAINE	64
XYLOCAINE JELLY	64
XYLOCAINE VISCOUS	66
XYREM	36
XYZAL	58
YASMIN 28	41
YAZ	41
YF-VAX	54
<i>zaleplon</i>	34
ZAMICET	9
ZANAFLEX	36
ZANOSAR	19
ZANTAC	46
ZARONTIN	30
ZAROXOLYN	28
ZAVESCA	42
<i>zazole</i>	50
ZEBETA	26
ZEGERID	49
ZELAPAR	33
ZEMAIRA	60
ZEMPLAR	58
ZENAPAX	53
ZERIT	16
<i>zerlor</i>	9
ZESTORETIC	23
ZESTRIL	23
ZETIA	25
ZIAC	26
ZIAGEN	16
ZIANA	61
<i>zidovudine</i>	16
ZINACEF	14
ZINACEF IN ISO-OSMOTIC DEXTROSE	14
ZINACEF IN ISO-OSMOTIC DILUENT	14
ZINECARD	22
ZITHROMAX	14
ZITHROMAX TRI-PAK	14
ZITHROMAX Z-PAK	14
ZMAX	14
ZOCOR	25
ZOFRAN	46
ZOFRAN ODT	46
ZOLINZA	21
ZOLOFT	32

Drug Name	Page #
<i>zolpidem tartrate</i>	34
ZOMETA	39
ZOMIG	35
ZOMIG ZMT	35
ZONALON	62
ZONEGRAN	30
<i>zonisamide</i>	30
ZORBTIVE	44
ZOSTAVAX	54
ZOSYN	14
<i>zovia 1/35e</i>	41
<i>zovia 1/50e</i>	41
ZOVIRAX	17
ZOVIRAX	63
ZYBAN	36
ZYDONE	9
ZYFLO CR	59
ZYLET	69
ZYLOPRIM	7
ZYMAR	69
ZYPREXA	33
ZYPREXA ZYDIS	33
ZYVOX	19