Anthem Blue Cross - GenRx Prescription Drug Formulary

INTRODUCTION

The GenRx Prescription Drug Formulary is a list of generic drugs covered under your benefit. These are commonly prescribed Food and Drug Administration (FDA) approved drugs chosen by Anthem Blue Cross for their value and effectiveness. Drugs not listed on this formulary are NOT covered under your plan.

The GenRx Prescription Drug Formulary is updated biannually and is subject to change without prior notification. To check for regular updates to the formulary, please visit us on the web at www.anthem.com/ca. You can also contact the Customer Service Center at the number listed on your Anthem Blue Cross ID card. We encourage you to share this drug list with your doctor.

GENERIC vs. BRANDS

A brand name drug is one that is developed, patented, and marketed by the original drug manufacturer. Until the patent expires, no other companies can produce that same particular brand name drug, which keeps the price relatively high.

A generic drug contains the same active ingredient as its brand name counterpart. A generic drug may be manufactured by various drug companies after the original patent expires. A generic drug is identical to the brand name drug in dosage form, strength, route of administration, quality, and intended uses. Generics may differ from their brand name equivalent in color and/or shape. However, both brands and generics have to meet the same strict safety, purity, and performance standards governed by the FDA.

QUANTITY LIMITS

In order to minimize the potential for adverse drug reactions due to over-utilization, Anthem Blue Cross has implemented an upper dispensing limit on select medications. These quantities were determined based on the FDA dosing recommendations. The quantity limits adopted by Anthem Blue Cross should allow for a medically appropriate quantity for most conditions. However, if your doctor has determined that it is medically necessary for you to take a larger amount, please ask your doctor to submit a prior authorization of benefits request to have the additional amount reviewed for coverage.

PRIOR AUTHORIZATION OF BENEFIT COVERAGE PROGRAM

This program is designed to encourage appropriate and cost-effective use of medications. Drugs included in this program are generally those that have a high side effect potential, those that should be reserved for a specific FDA indication, or those that have a high misuse or abuse potential. If your doctor prescribes a medication that requires prior authorization for benefit coverage, please ask your doctor to complete a Prior Authorization of Benefit Form and submit it to Anthem Blue Cross. To obtain a list of drugs that require Prior Authorization for Benefit Coverage, please contact the Customer Service Center at the number listed on your Anthem Blue Cross ID card.

NARROW THERAPEUTIC DRUGS

Certain medications require that your physician carefully monitor the dosage that you are on to achieve optimal effect while preventing adverse side effects. For these select few drugs, it is recommended that you NOT switch between the brand and generic versions of the drug. If you are already on a generic version, it is recommended that you continue taking the generic version. If you are already on the brand name version, it is recommended that you continue taking the brand name drug.

The following is a list of some narrow therapeutic index (NTI) drugs:

Armour Thyroid, Gabitril, Pacerone, Lanoxin, Synthroid, Topamax, Dilantin, Coumadin, Eskalith, Neoral, Zarontin, Lithobid, Keppra, Cellcept, Clozaril, Lamictal, Depakote/ER, Mysoline, Tegretol/XR, Trileptal, Carbatrol, Banzel and Zonegran

Your pharmacy benefit will provide coverage for these brand name medications if you are currently on a brand name version. For a complete list of NTI drugs, visit anthem.com/ca.

HOW TO USE THIS GUIDE

The first column lists the **brand name** or common name of a given drug, and is for **reference purposes only**. With the exception of a few narrow therapeutic index drugs and some insulins, brand name medications are NOT covered under your pharmacy benefit plan.

The second column lists the **generic name** or the name of the active ingredient(s) of the drug. Your benefit plan provides coverage for these generic medications.

If your physician prescribed a medication that does not appear on this list, the medication may not be covered under your pharmacy benefit. Please share this list with your doctor and ask him/her to prescribe a generic alternative drug that is medically appropriate for your condition and is listed on this Formulary.

CONTACT INFORMATION

Please call the Member Services number on your ID card if you have questions about your benefit or questions about the GenRx Prescription Drug Formulary. In addition, you can check for regular updates to the formulary by visiting anthem.com/ca. If you would like to find out if a particular generic drug is covered under your benefit and you do not see it listed here, please call the Customer Service number listed on your Anthem Blue Cross ID card. The hearing and speech impaired may use our TDD number at 1-800-905-9821 for additional information. Hours of operation are Monday through Friday 7am - 9pm and Saturday 7am - 7pm CST.

Brand Name *For Reference Only*	Generic Name *Drug Covered by Plan*
Accolate	Zafirlukast
Accu-Chek Test Strips	Accu-Chek BS Test Strips
Accupril	Quinapril
Accuretic	Quinapril/HCTZ
Accutane	Isotretinoin
Aclovate	Aclometasone
Actifed w/ Codeine	P-Ephed/Cod/Triprol
Actigall	Ursodiol
Actiq	Fentanyl Lolli-pops
Activella	Estradiol/Norethindrone acetate
Actoplus Met	Pioglitazone/Metformin
Actos	Pioglitazone
Adalat CC	Nifedipine SR
Adderall	Amphetamine/Dextroamphetamine Mixed Salts
Adderall XR	Amphetamine/Dextroamphetamine Mixed Salts ER
Agrylin	Anagrelide
Aldactazide	HCTZ/Spironolactone
Aldactone	Spironolactone
Aldomet	Methyldopa
Aldoril	Methyldopa/HCTZ
Alesse	Lessina, Aviane, Lutera
Allegra/D	Fexofenadine
Alphagan	Brimonidine
Altace	Ramipril
Amicar	Aminocaproic Acid
Amaryl	Glimepiride
Ambien/CR	Zolpidem/ER
Amerge	Naratriptan
Amoxil	Amoxicillin
Anafranil	Clomipramine
Anaprox	Naproxen Sodium
Ansaid	Flurbiprofen
Antabuse	Disulfiram
Anusol HC	Hydrocortisone
Apresoline	Hydralazine
Apresazide	Hydralazine/HCTZ
Aralen	Chloroquine
Arava	Leflunomide
Aricept	Donepezil
Arimidex	Anastrozole
Aristocort	Triamcinolone
Arixtra	Fondaparinux
Armour Thyroid	Thyroid
Aromasin	Exemestane
Artane	Trihexyphenidyl
Arthrotec	Diclofenac/Misoprostol
Atarax	Hydroxyzine
Atacand HCT	Candesartan/hydrochlorothiazide
Ativan	Lorazepam
Atrovent	Ipratropium Inhal Soln
Augmentin	Amoxicillin/Clavulanate
Auralgan	Antipyrine/Benzocaine/Glycerin
Avalide	Irbesartan/HCTZ
Avapro	Irbesartan
AVC Cream	Sulfanilamide
Axid	Nizatidine
Aygestin	Norethindrone
Azo-Gantrisin	Sulfisoxazole/Phenazopy
Azulfidine	Sulfasalazine

Brand Name *For Reference Only*	Generic Name *Drug Covered by Plan*
Bacitracin	Bacitracin
Bacticin Ophth	Bacitracin
Bactrim/DS	Sulfamethoxazole/TMP
Bactroban 2% Cream	mupirocin
B-Complex Vit Plus	Multivits, Therap w-Fe, Hematin
Belladonna & Opium	Opium/Belladonna Alkaloids
Bellergal	Ergot/Bellad Alk/PB
Bellergal-S	Ergot/Belladonna/PB
Benemid	Probenecid
Bentyl	Dicyclomine
Benzac AC	Benzoyl Peroxide
BenzaClin	Clindamycin/ Benzoyl Peroxide
Benzamycin	Erythromycin/Benzoyl Peroxide
Betagan	Levobunolol
Betapace	Sotalol
Betoptic	Betaxolol
Biaxin/XL	Clarithromycin
Bicitra	Citric Acid/Sodium Citrate
Blephamide	Na Sulfacetm/Prednisol Ac
Blocadren	Timolol Maleate
Boniva	Ibandronate
Brevicon	Noreth-Eth Estrad
Bromfed	P-Ephed/BR-Phenir
Buspar	Buspirone
Caduet	Amlodipine/Atorvastatin
Cafergot	Ergotamine Tartrate/Caff
Calan/SR	Verapamil
Capoten	Captopril
Capozide	Captopril/HCTZ
Carafate	Sucralfate
Carbatrol	Carbamazepine ER
Cardene	Nicardipine
Cardizem/LA	Diltiazem
Cardura	Doxazosin
Catapres	Clonidine
Ceclor/CD	Cefaclor
Ceftin	Cefuroxime
Cefzil	Cefprozil
Cellcept	Mycophenolate mofetil
Celexa	Citalopram
Chronulac	Lactulose
Ciloxan	Ciprofloxacin
Cipro	Ciprofloxacin
Clarinex	Desloratadine
Cleocin	Clindamycin HCl
Cleocin-T	Clindamycin Phosphate
Cleocin Vaginal Cream	Clindamycin Phosphate
Climara	Estradiol Patch
Clinoril	Sulindac
Clobex Lotion/Shampoo	Clobetasol
Clozaril	Clozapine
Codimal DH	Phenyleph/Hydrocod/Pyr
Cogentin	Benztropine
Colazal	Balsalazide
Colchicine	Colchicine
Colestid	Colestipol
Colestid Ganules	Colestipol
Colyte	Sod Sulf/Sod/NAHCO3/KCL/PEGs
Combipres	Clonidine/Chlorthalidone
Combivir	Lamivudine,/Zidovudine
Compazine	Prochlorperazine
Comtan	Entacapone
Concerta	Methylphenidate ER
Copegus	Ribivirin
Cordarone	Amiodarone
Corgard	Nadolol
Coreg	Carvedilol
Cortef	Hydrocortisone
Cortisporin Otic Soln/Susp	Neomy/Polymyx B Sulf/HC
Cortisporin Opth Oint	Neomy/Bacitrac ZN/Poly/HC
Cortone	Cortisone
Cosopt	Dorzolamide HCl/Timolol maleate
Coumadin	Warfarin
Cozaar	Losartan
Cutivate	Fluticasone
Cyclocort	Amcinonide
Cyclogyl	Cyclopentolate

Brand Name *For Reference Only*	Generic Name *Drug Covered by Plan*
Cylert	Pemoline
Cytotec	Misoprostol
Dalmane	Flurazepam
Daypro	Oxaprozin
DDAVP	Desmopressin
Decadron	Dexamethasone
Deconamine SR	P-eph/Chlor
Deltasone	Prednisone
Demerol	Meperidine
Demulen	Kelnor, Zovia
Depakene	Valproic Acid
Depakote/ER	Divalproex/ER
Dermatop	Prednicarbate
Desogen	Apri, Reclipsen, Solia
Desowen	Desonide
Desquam-X	Benzoyl Peroxide
Desyrel	Trazodone
Detrol	Tolterodine
Dexedrine	D-Amphetamine Sulfate
Diabeta	Glyburide
Diabinese	Chlorpropamide
Diamox	Acetazolamide
Dicloxacilin	Dicloxacilin
Differin 0.1% Gel	Adapalene
Diflucan	Fluconazole
Dilacor/XR	Diltiazem
Dilantin	Phenytoin
Dilaudid	Hydromorphone
Diovan HCT	Valsartan/Hydrochlorothiazide
Diprolene	Betameth Dipro/Prop Gly
Diprosone	Betamethasone Dipro
Disalcid	Salsalate
Ditropan	Oxybutynin
Dolobid	Diflunisal
Dolophine	Methadone
Domeboro Otic	Acetic Acid/Aluminum Acet
Donnatal	Belladonna Alks/P-Barb
Doryx	Doxycycline Delayed-Release
Dostinex	Cabergoline
Dovonex Cream	Calcipotriene
Duac Gel	Clindamycin/Benzoyl Peroxide
Duetact	Pioglitazone/Glimepiride
Duoneb	Ipratropium /albuterol
Duragesic	Fentanyl Patch
Duricef	Cefadroxil
Dyazide	HCTZ/Triamterene
Dymelor	Acetohexamide
Dynacin	Minocycline
Dynacirc	Isradipine
Dynapen	Dicloxacillin
Edex	Alprostadil
E.E.S.	Erythromycin Ethylsuc
Effexor/XR	Venlafaxine
Efudex Topical Cream	Fluorouracil
Elavil	Amitriptyline
Eldepryl	Selegiline
Elestat	Epinastine
Elixophyllin	Theophylline
Elocon	Mometasone
Empirin w/ Codeine	Codeine/Aspirin
Enpresse	Levonorges/Eth Estra
Entex LA	Guaifenesin/Phenylephrine
Entocort EC	Budesonide
E-Pilo-6	Polocarpine/Epi Bit
Equanil	Meprobamate
Eryc	Erythromycin Base
Erygel	Erythromycin Base/Ethanol
Erythrocin	Erythromycin Stearate
Esclim	Estradiol Patch
Eskalith/CR	Lithium
Estrace	Estradiol
Eulexin	Flutamide
Evoxac	Cevimeline
Exelon	Rivastigmine
Extendryl	Phenyleph/Chlor/Scop
Extina	Ketoconazole Foam
FazaClo ODT	Clozapine
Felbatol	Felbamate
Feldene	Piroxicam

Brand Name *For Reference Only*	Generic Name *Drug Covered by Plan*
Femara	Letrozole
Femcon Fe	Zeosa, Ethinyl estradiol/Norethindrone
FemHRT	Jinteli, Ethinyl estradiol/Norethindrone
Fioricet	Acetaminophen/caffeine /butalb
Fioricet w/codeine	Codeine/APAP/caffeine/butalb
Flagyl	Metronidazole
Flarex	Fluorometholone
Flexeril	Cyclobenzaprine
Flomax	Tamsulosin
Flonase	Fluticasone
Florinef	Fludrocortisone
Floxin Otic	Ofloxacin Otic
Flumadine	Rimantadine
FML	Fluorometholone
Focalin	Dexmethylphenidate
Folic Acid	Folic Acid
Fortamet	Metformin Extended-Release
Fosamax	Alendronate
Furadantin Suspension	Nitrofurantoin
Gabitril	Tiagabine
Gantrisin	Sulfisoxazole
Garamycin	Gentamicin
Gentropin	Somatropin
Geodon	Ziprasidone
Glucagon Kit	Glucagon
Glucophage/XR	Metformin/ER
Glucotrol/XL	Glipizide/ER
Glucovance	Glyburide/Metformin
Glynase	Glyburide, Micronized
Halcion	Triazolam
Haldol	Haloperidol
Histinex HC	Phenyleph/Hydrocodone/CP
Histinex PV	P-Ephed/Hydrocod/CP
Histussin D	P-Ephed/Hydrocod
Humalog	Insulin Lispro
Humalog Mix 75/25	Insulin NPL/Insulin Lispro
Humatin	Paromomycin Sulfate
Humulin 50/50	HU Insul NPH S-S/INS RG
Humulin 70/30	HU Rec Insul NPH/INS RG
Humulin L	Insulin Zinc Human REC
Humulin N	Insulin NPH Human Recom Insulin
Humulin R	Regular Human REC
Hycotuss	Guaifenesin/Hydrocod Bit
Hydergine	Ergoloid Mesylates
Hydrea	Hydroxyurea
Hycodan	Hydrocod/Homatropine
Hydro-Diuril	Hydrochlorothiazide
Hygroton	Chlorthalidone
Hytone	Hydrocortisone
Hytrin	Terazosin
Hyzaar	Losartan/HCTZ
Ilotycin	Erythromycin Base
Imdur	Isosorbide Dinitrate
Imitrex	Sumatriptan
Inderal/LA	Propranolol/ER
Inderide	Propranolol/Hydrochlorothiazide
Indocin/SR	Indomethacin
Inflamase Forte	Prednisolone
Intal	Cromolyn Sodium
Ismo	Isosorbide mononitrate
Isoniazid	Isoniazid
Isoptin/SR	Verapamil
Isordil	Isosorbide Dinitrate
Kadian	Morphine Sulfate ER
Kayexalate	Sodium Polystyrene Sulfonate
K-Dur	Potassium Chloride
Keflex	Cephalexin
Kenalog	Triamcinolone
Keppra/XR	Levetiracetam/ER
Klonopin	Clonzepam
Klor-Con	Potassium Chloride
K-Lyte	Potassium Bicarbonate/Cit AC
Kytril Soln/Tabs	Granisetron
Lamictal/XR	Lamotrigine
Lamisil	Terbinafine
Lanoxin	Digoxin
Lasix	Furosemide
Lescol	Fluvastatin
Levaquin	Levofloxacin

Brand Name *For Reference Only*	Generic Name *Drug Covered by Plan*
Levlen	Portia, Levora
Levoxyl	Levothyroxine Sodium
Levsin/SL	Hyoscyamine
Lexapro	Escitalopram
Librax	Clidinium/Chlordiazeperoxide
Librium	Chloradiazepoxide
Lidex/E	Fluocinonide/Emollient
Lioresal	Baclofen
Lipitor	Atorvastatin
Lithium Citrate	Lithium Citrate
Lithobid	Lithium Carbonate
Lodine/XL	Etodolac
Loestrin/Fe	Junel/FE, Microgestin/FE
Lofibra	Fenofibrate, Micronized
Lomotil	Diphenoxylate/Atropine
Loniten	Minoxidil
Lo/Ovral	Cryselle, Low-ogestrel
Lopid	Gemfibrozil
Lopressor	Metoprolol
Loprox	Ciclopirox
LoSeasonique	Amethia Lo
Lotensin/HCT	Benazepril/HCTZ
Lotrel	Amlodipine/benzepril
Lotrisone	Clotrimazole/betamet
Lovenox	Enoxaparin
Loxitane	Loxapine
Lozol	Indapamide
Luvox	Fluvoxamine
Lybrel	Ethinyl Estradiol/Levonorgestrel
Lysteda	Tranexamic acid
Macrobid	Nitrofurantoin/nitrofuran mac
Macrodantin	Nirtofurantoin Macrocrystal
Malarone	Atovaquone/Proguanil
Mandelamine	Methenamine Mandelate
Marinol	Dronabinol
Maxalt/MLT	Rizatriptan
Maxiflor	Diflorasone Diacetate
Maxitrol	Neo/Polymyx B Sulf/Dexameth
Maxzide	HCTZ/Triamterene
Mebaral	Mephobarbital
Medrol	Methylprednisolone
Megace	Megestrol
Mellaril	Thioridazine
Mepergan Fortis	Meperidine/Prometh
Metadate CD	Methylphenidate Extended-Release
Metaglip	Glipizide/Metformin
Methergine	Methylergonovine Maleate
Methimazole	Methimazole
Methotrexate	Methotrexate
Metrocream	Metronidazole
Mevacor	Lovastatin
MetroGel Vaginal	Metronidazole
MetroLotion	Metronidazole
Mexitil	Mexiletine
Miacalcin	Fortical
Micronase	Glyburide
Midamor	Amiloride
Midrin	Isometheptene/APAP/Dichlphen
Minipres	Prazosin
Minocin	Minocycline
Mirapex	Pramipexole
Mircette	Desoges-ethinyl estradiol, Kariva
Mobic	Meloxicam
Modicon	Notrel, N.E.E. 0.5/35, Necon
Monodox	Doxycycline monohydrate
Monoket	Isosorbide Mononitrate
Monopril/HCT	Fosinopril/HCTZ
Morphine	Morphine
Motrin	Ibuprofen
MS Contin	Morphine sulfate
MSIR	Morphine sulfate
Mucinex	Guaifenesin
Myambutol	Ethambutol
Myclex Troche	Clotrimazole

Brand Name *For Reference Only*	Generic Name *Drug Covered by Plan*
Mycolog II	Nystatin/Triamcin
Mycostatin	Nystatin
Mydriacil	Tropicamide
Mysoline	Primidone
Naprelan	Naproxen sodium
Naprosyn	Naproxen
Nardil	Phenelzine
Nasacort AQ	Triamcinolone Acetonide
Navane	Thiothixene
Neo-Calglucon	Calcium Glubionate
Neosporin Ophthalmic	Neomycin sulf/Gramicidin/Polymyxin B
Neomycin	Neomycin Sulfate
Neoral	Cyclosporine
Nephro-Fer RX	Ferrous Fumarate/Folic Acid
Neptazane	Methazolamide
Neurontin Tabs/Soln	Gabapentin
Nicobid	Niacin
Nimotop	Nimodipine
Nitrobid	Nitroglycerin
Nitro-Dur	Nitroglycerin Patch
Nitrostat	Nitroglycerin
Nizoral	Ketoconazole
Noctec	Chloral Hydrate
NoHist-Plus	Chlorphen/Phenyleph/Methscopol
Nolvadex	Tamoxifen
Norco	Hydrocodone/APAP
Nordette	Portia, Levora, Levlen
Norflex	Orphenadrine
Norgesic Forte	Orphenadrine/Aspirin/Caff
Norinyl	Nortrel, Necon
Normodyne	Labetalol
Norpace	Disopyramide
Norpramin	Desipramine
Nor-Q-D	Camila, Errin, Jolivette, Nora-BE
Norvasc	Amlodipine
Novolin 70/30	Human Insulin NPH/Reg
Novolin L	Human Insulin Zinc
Novolin N	Human Insulin NPH
Novolin R	Human Insulin Reg
Novolog	Insulin Aspart
Novolog 70/30	Insulin ASP PRT/Insulin Aspart
Nucofed	Guaifenesin/P-Ephen/Cod
Nutropin AQ	Somatropin
Nystatin	Nystatin
Ocufen	Flurbiprofen
Ocuflox	Ofloxacin ophthalmic solution
Ocupress	Carteolol
Ogen	Estropipate
Omnicef	Cefdinir
One Touch Test Strips	One Touch BS Test Strips
Opana ER	Oxymorphone ER
Ophthaine	Proparacaine
Opticrom	Cromolyn
Optipranolol	Metipranolol
Optivar	Azelastine
Orapred	Prednisolone
Orinase	Tolbutamide
Ortho Micronor	Camila, Errin, Jolivette, Nora-BE
Ortho Novum 1/35	Necon 1/35
Ortho Novum 1/50	Necon 1/50
Ortho Tri-Cyclen	Trinessa, Tri-Previfem, Tri-Sprintec
Ortho-Cept	Apri, Reclipsen, Solia Mononessa, Previfem, Sprintec
Ortho-Cyclen	Estropipate
Ortho-Est	Necon 777, Nortrel 777
Ortho-Novum 777	Ketoprofen
Orudis	Malathion
Ovide	Norgestrel-Ethinyl Estradiol, Ogestrel
Ovral	Oxandrolone
Oxandrin	Oxycodone IR
OxyIR	Oxycodone
Roxicodone	Amiodarone
Pacerone	Nortriptyline
Pamelor	Amylase/Lipase/Protease
Pancrease	Chlorzoxazone
Parafon Forte DSC	Bromocriptine Mesylate
Parlodel	Paroxetine/ER
Paxil/CR	Paroxetine oral suspension
Paxil	

Brand Name *For Reference Only*	Generic Name *Drug Covered by Plan*
Pediazole	Ery E-Succ/Sulfisoxazole
Pen Vee K	Penicillin V Potassium
Pepcid	Famotidine
Percocet	Oxycodone/APAP
Percodan	Oxycodone/Aspirin
Periactin	Cyproheptadine
Peridex	Chlorhexidine Gluconate
Periostat	Doxycycline Hyclate
Permax	Pergolide
Persantine	Dipyridamole
Phenergan	Promethazine
Phenergan DM	D-Methorphan/Promethazine
Phenergan VC	Phenylephrine/Promethazine
Phenergan VC w/ Codeine	Phenylephrine/Codeine/Promethazine
Phenergan w/ Codeine	Promethazine/Codeine
Phenobarbital	Phenobarbital
PhosLo	Calcium Acetate
Pilostat	Pilocarpine
Plan B One-Step	Levonorgestrel ("Next Choice One Dose")
Plaquenil	Hydroxychloroquine
Plavix	Clopidogrel
Plendil	Felodipine
Pletal	Cilostazol
Polycitra	Sod/Potass/K Cit/Sodium Cit/CA
Polycitra-K	Citric Acid/Potassium Citrate
Polysporin	Bacitracin/Polymyxin B
Polytrim	Polymyxin B/TMP
Pravachol	Pravastatin
Prelone	Prednisolone
Prevacid/SoluTabs	Lansoprazole
Prilosec	Omeprazole
Principen	Ampicillin
Prinivil	Lisinopril
Prinzide	Lisinopril/HCTZ
ProAir	AlbuterolHFA
Probanthine	Propantheline
Procan	Procainamide
Procardia XL	Nifedipine XL
Proctocort	Hydrocortisone
Proctocream HC	Hydrocortisone
Proctofoam HC	HC Acetate/Pramoxine
Prolixin	Fluphenazine
Proloprim	Trimethoprim
Prometrium	Progesterone
Propine	Dipivefrin
Propylthiouracil	Propylthiouracil
Proscar	Finasteride
Protonix	Pantoprazole
Provera	Medroxyprogesterone
Provigil	Modafinil
Prozac	Fluoxetine
Psorcon	Diflorasone Diacetate
Pulmicort	Budesonide
Pyrazinamide	Pyrazinamide
Pyridium	Phenazopyridine
Qualaquin	Quinine Sulfate
Questran/Light	Cholestyramine
Quinaglute	Quinidine Gluconate
Quinamm	Quinine Sulfate
Quinidex	Quinidine Sulfate
Rebetol	Ribavirin
Reglan	Metoclopramide
Relafen	Nabumetone
Remeron	Mirtazapine
Requip/XL	Ropinirole/ER
Restoril	Temazepam
Retin-A	Tretinoin
Retin-A Micro	Tretinoin micro
Retrovir	Zidovudine
Revatio	Sildenafil
Revia	Naltrexone
Rifadin	Rifampin
Rifamate	Rifampin/Isoniazid
Rilutek	Riluzole
Risperdal	Risperidone
Ritalin/SR/LA	Methylphenidate/ER
RMS Supp	Morphone

Brand Name *For Reference Only*	Generic Name *Drug Covered by Plan*
Rynatan	Phenyleph/Chlor
Rynatuss	Car-B-Pen/Ephed/PE/CP
Rythmol SR	Propafenone sustained-release
Salagen	Pilocarpine
Sanctura XR	Trospium Extended Release
Sandimmune	Cyclosporine
Seasonale	Jolessa, Quasense
Seasonique	Amethia, Camrese
SelsunRx	Selenium Sulfide
Serax	Oxazepam
Septra/DS	Sulfamethoxazole/Trimethoprim
Seromycin	Cycloserine
Seroquel	Quetiapine
Serzone	Nefazodone
Silver Sulfadiazine	Silver Sulfadiazine
Sinemet	Carbidopa/Levodopa
Sinequan	Doxepin
Singulair	Montelukast
Skelaxin	Metaxalone
Slo-Phyllin	Aminophylline
Slow-K	Potassium Chloride
Sodium Sulamyd	Sulfacetamide Sodium
Soma/Compound	Carisoprodol/Aspirin
Soma Compound w/ Codeine	Carisoprodol/Aspirin/Codeine
Sonata	Zaleplon
Spectazole	Econazole
Sporanox	Itraconazole
SSKI	Potassium Iodide
Stalevo	Carbidopa/levodopa/entacapone
Starlix	Nateglinide
Stelazine	Trifluoperazine
Suboxone SL tablet	Buprenorphine/naloxone
Sular	Nislodipine
Sulfacet-R	Sulfacetamide Sodium/Sulfur
Sultrin Triple Sulfa	Sulfathiaz/Sulfacet/S-Benz
Sumycin	Tetracycline
Symbyax	Olanzapine/fluoxetine
Symmetrel	Amantadine
Synalar	Fluocinolone Acetonide
Synthroid	Levothyroxine
Tagamet	Cimetidine
Tambocor	Flecanide
Tapazole	Methimazole
Tarka	Trandolapril/verapamil ER
Tebamide Supp	Trimethobenzamide/B-caine
Tegretol	Carbamezapine
Temovate/E	Clobetasol/Emoll
Tenoretic	Chlorthalidone/Atenolol
Tenormin	Atenolol
Tessalon	Benzonatate
Theo-Dur	Theophylline Anhydrous
Thorazine	Chlorpromazine
Tiazac	Diltiazem
Ticlid	Ticlopidine
Tigan	Trimethobenzamide
Timoptic/XE	Timolol
Tindamax	Tinidazole
Tobradex	Tobramycin/Dexamethasone
Tobrex	Tobramycin
Tofranil	Imipramine
Tolinase	Tolazamide
Tolectin/DS	Tolmetin
Topamax	Topiramte
Topicort	Desoximetasone
Toprol/XL	Metoprolol/ER
Toradol	Ketorolac
Trandate	Labetalol
Tranxene	Clorazepate
Trental	Pentoxifylline
Triavil	Amitriptyline/Perphenazine
Tricor	fenoifibrate
Trilafon	Perphenazine
Trileptal	Oxcarbazepine
Tri-Levlen	Enpresse, Trivora
Trilisate	Chol Sal/Mag Salicylate
Robaxin	Methocarbamol
Robaxisol	Methocarbamol/Aspirin
Robitussin AC	Guaifenesin/Codeine

Brand Name *For Reference Only*	Generic Name *Drug Covered by Plan*
Rondec	Phenylephrine-chlorpheniramine
Rondec DM	D-Methorphan/PE/Chlorphenir
Ryna-12	Phenyleph Tan/Pyril/CP
Trimpex	Trimethoprim
Tri-Norinyl	Arenelle, Leena
Triphasil	Enpresse, Trivora
Trusopt	Dorzolamide HCl Ophthalmic
Tylenol w/ Codeine	Codeine/ Acetaminophen
Tylox	Oxycodone/Acetaminophen
Ultracet	Tramadol HCl/Acetaminophen
Ultravate	Halobetasol
Uniretic	Moexipril/Hydrochlorothiazide
Urocit K	Potassium Citrate
Ultram	Tramadol
Ultram ER	Tramadol ER
Urecholine	Bethanechol
Uroxatral	Alfuzosin
Valisone	Betamethasone
Valium	Diazepam
Valtrex	Valacyclovir
Vancocin	Vancomycin
Vantin	Cefpodoxime
Vaseretic	Enalapril/HCTZ
Vasocidin	NA Sulfacetm/Prednis SP
Vasotec	Enalapril
Ventolin HFA	AlbuterolHFA
Verelan	Verapamil
Vfend	Voriconazole
Vibramycin	Doxycycline
Vicodin/ES/HP	Hydrocodone/APAP
Vicoprofen	Ibuprofen/Hydrocodone
Videx EC 250mg	Didanosine Enteric-coated
Viokase	Amylase/Lipase/Protease
Viramine	Nevirapine
Viroptic	Trifluridine
Visken	Pindolol
Vistaril	Hydroxyzine Pamoate
Vitamin D	Ergocalciferol
Vivelle	Estradiol
Voltaren	Diclofenac Sodium/ER
Vosol/HC	Acetic Acid/HC
Wellbutrin/SR/XL	Bupropion/SA/ER
Westcort	Hydrocortisone Valerate
Xalatan	Latanoprost
Xanax/XR	Alprazolam/extended-release
Xibrom	Bromfenac Sodium
Xopenex	Levalbuterol
Xylocaine Viscous	Lidocaine
Xyzal Solution	Levocetirizine
Yasmin	Drospirenone/Ethinyl estradiol
Yaz	Drospirenone/Ethinyl estradiol
Yodoxin	Iodoquinol
Zanaflex	Tizanidine
Zantac	Ranitidine
Zarontin	Ethosuximide
Zestoretic	Lisinopril/HCTZ
Zestril	Lisinopril
Ziac	Bisoprolol/HCTZ
Ziagen	Abacavir
Zithromax	Azithromycin
Zocor	Simvastatin
Zofran	Ondansetron
Zoloft	Sertraline
Zomig/ZMT	Zomitriptan
Zonegran	Zonisamide
Zorprin	Aspirin
Zovia 1/35E	Ethynodiol D-ethinyl estradiol
Zovirax	Acyclovir
Zovirax 5% ointment	Acyclovir
Zyloprim	Allopurinol
Zyprexa/Zydis	Olanzapine

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