Health Plus

SCOTT & WHITE HEALTH PLAN

SUMMARY OF BENEFITS
HEALTH PLUS SAVER

This insert attempts to summarize the principal benefits of Scott & White Health Plan and is not a contract. Details of benefits are subject to the terms, conditions and limitations of the Individual Evidence of Coverage.

PLAN PROVISIONS

Annual Deductible	
Individual Subscriber	$3,000
Family (cumulative)	$6,000
Annual Out-of-Pocket Maximum	
Individual Subscriber	$5,600*
Family (cumulative)	$10,200*
Lifetime Maximum	$5,000,000/member

OUTPATIENT SERVICES — MEMBER PAYS

Primary Care Office Visit	$0 Copay after deductible
Specialty Care Office Visit	$0 Copay after deductible
Preventive Services	No Charge
- with Lab & X-Ray	No Charge
Immunizations (age appropriate)	No Charge
Standard Lab & X-Ray	0% after deductible
Diagnostic/Radiology Procedures	0% after deductible
(limited to the following procedures: angiograms, CT scans, MRIs, myelography, PET scans, stress tests)	
Day Surgery	0% after deductible
Allergy Serum	$0/vial after deductible
Eye Exam (1 refraction annually)	$0 Copay after deductible
Family Planning	$0 Copay after deductible
Maternity	
Pre- and Post-Natal Care	$0 Copay after deductible
Outpatient Specialty Drugs	
(Requires Approval of Medical Director)	
Level 1	10% after deductible
Level 2 (preferred)	20% after deductible
Level 3 (premium preferred)	30% after deductible
Level 4 (non-preferred)	50% after deductible***

INPATIENT SERVICES

Hospital Room, Semi-private	0% after deductible
Intensive Care Unit	0% after deductible
Surgery/Physician Services	0% after deductible
Other Hospital Services	0% after deductible
Skilled Nursing Facility	0% after deductible
(Pre-Certification Required)	

THERAPEUTIC SERVICES

Speech & Hearing	$0 Copay after deductible
Physical Therapy	$0 Copay after deductible
Occupational Therapy	$0 Copay after deductible
(Benefit maximum of 20 visits per contract year, based upon medical necessity)	

DURABLE MEDICAL EQUIPMENT/PROSTHESES

DME/Prosthetics	0% after deductible
($1000 maximum benefit per contract year)	

DIABETIC SUPPLIES, EQUIPMENT AND SELF-MANAGEMENT TRAINING

Supplies	0% Copay after deductible
Equipment	0% Copay after deductible
Education/Nutrition Counseling	$0 Copay after deductible

MENTAL HEALTH/CHEMICAL ABUSE SERVICES

Outpatient	
Visits 1-20	0% after deductible
Over 20 Visits	No Coverage
Alcohol and Drug Dependency	$0 Copay after deductible
(Covered as a physical illness, Lifetime maximum of (1) series of treatment)	
Inpatient	
Days 1-20	0% after deductible
Over 20 Days	No Coverage
Alcohol and Drug Dependency	0% after deductible
(Covered as a physical illness, Lifetime maximum of (1) series of treatment)	

HOME HEALTH SERVICES

Home Health	$0 Copay after deductible
Hospice	0% after deductible

EMERGENCY CARE SERVICES

In-Area and Out-of-Area	0% after deductible
Urgent Care (in and out of area)	0% after deductible
Ambulance	0% after deductible

PRESCRIPTIONS

Annual Benefit Maximum	$3000

All copays and/or percent copays are after deductible

Retail Quantity (All Network Pharmacies)
(Up to a 34-day supply or 100 units, whichever is less)

Generic**	$5 Copay
Brand	$25 Copay
Non-preferred brand	Lesser of $50 or 50%
Non-Formulary	Greater of $50 or 50%

Maintenance Quantity (SWHP Pharmacies only)
(Up to a 90-day supply or 360 units, whichever is less)

Generic**	$10 Copay
Brand	$50 Copay
Non-preferred brand	Lesser of $100 or 50%
Non-Formulary	Not Covered

* Deductibles apply to the Out-of-Pocket Maximum
** If a brand name drug is dispensed when a generic is available, 50% Copay applies.
*** Level 4 Copayment does not count toward Out-of-Pocket Maximum
**** Deductible on brand name drugs, alternate choice brand name drugs and non-formulary drugs. There will be no deductible on generic drugs.

EFF. 1/2008

Exclusions

- Altered sexual characteristics including sex change operations or any related services
- Blood, blood plasma, and other blood products
- Chiropractic care
- Cosmetic and reconstructive procedures and treatments undertaken to improve or modify a Member's appearance except for mastectomy reconstruction following breast cancer surgery
- Custodial or domiciliary care
- Dental care
- Elective abortions, which are not necessary to preserve the health of the Member
- Elective treatment or elective surgery
- Experimental or investigational treatment
- Genetic testing
- Infertility treatment including any drug whose primary purpose is the treatment of infertility
- Mental health services or disorders are limited to those described in your evidence of coverage
- Non-covered benefits or services
- Cost of services in excess of the usual, customary, and reasonable charges
- Personal comfort items
- Physical and mental exams for employment, licenses, insurance, educational purposes or services for non-medically necessary special education and developmental programs
- Reversal of voluntary surgically-induced sterility; artificial insemination, in-vitro fertilization or family planning therapies
- Rehabilitation services and therapies are limited to those recommended by a Participating or Referral Physician as medically necessary
- Storage of bodily fluids and other body parts
- Experimental organ transplants and associated donor/procurement costs and artificial organs; e.g., heart
- Treatment received in State or Federal facilities or institutions or services or supplies provided by an employer or governmental agency or entity
- Vision corrective surgery including laser application
- War, insurrection, riot, disaster or epidemic
- Weight reduction surgery

See the Exclusions and Limitations section of the Scott and White Health Plan Evidence of Coverage for specific information.

Scott & White Health Plan Pharmacies

Temple
South Loop
2601 Thornton Ln., Suite A
Temple, TX 76502
(254) 742-1100
(800) 344-2301

Temple
CDM
1605 South 31st Street
Temple, TX 76508
(254) 215-9100

Bryan/College Station
1110 Earl Rudder Freeway S.
College Station, TX 77840
(979) 691-3900

Georgetown/Sun City
4945 Williams Dr.
Georgetown, TX 78628
(512) 942-3302

Waco
Town West Shopping Center
1412 North Valley Mills
Suite 116
Waco, TX 76710
(254) 761-5200

Killeen
2500 Cross Drive
Killeen, TX 76543
(254) 699-1133

Mail Order Prescriptions
Express Home Prescription Services
PO Box 3690
Temple, TX 76505
(254) 742-0550 (800) 707-3477

Belton
2805 N. Loop 121
Suite E
Belton, TX 76513
(254) 933-6000

Administrative Offices & Member Service Centers

Waco
Scott & White Health Plan
American Plaza
200 W. Hwy 6, Suite 300
Waco, TX 76712
(254) 756-8000
(800) 684-7947

Temple
Scott & White Health Plan
2401 South 31st Street
Temple, TX 76508-3000
(254) 298-3000
(800) 321-7947

Bryan/College Station
Scott & White Health Plan
3000 Briarcrest, Suite 422
Bryan, TX 77802
(979) 268-7947
(800) 791-8777

Georgetown
Scott & White Health Plan
204 South IH 35, Suite 100
Georgetown, TX 78628
(512) 930-6040
(800) 758-3012

SCOTT AND WHITE HEALTH PLAN FORMULARY

JUNE 2008

ABILIFY	$$$$$$	C	P	Aminophylline	$$	A	M	Benazepril & HCTZ	$$	A	M	Cefprozil	$$$$	A					
ACCU-CHEK	$$	+		Amiodarone	$$$$$	A	M	BENICAR	$$$	B	M	Ceftin*	$$$$	A					
Acebutolol	$$$$$	A	M	AMITIZA	$$$	C		BENICAR HCT	$$$	B	M	CELEBREX	$$$$$$	C					
Acetazolamide	$	A	M	Amitrip /Chlordiazepox	$$	A		BENZACLIN	$$$$	B		CELLCEPT	$$$$$$	B	P				
Acetic Acid /HC Otic	$$	A		Amitriptyline	$	A		Benzamycin	$$	A		Cephalexin	$	A					
Acetic Acid Otic	$	A		Amoxicillin	$	A		Benzocaine Otic	$$	A		CERUMENEX	$$	B					
ACIPHEX	$$$$$	C		Ampicillin	$	A		Benzocaine-Antipy-PE	$$	A		Chloral Hydrate	$	A					
Aclovate*	$$	A		Analpram-HC*	$	A		Benztropine	$	A	M	Chloramphenicol Opht	$	A					
ACTIVELLA	$$	B	M	ANDRODERM	$$$$$$	B	P	Betamethasone	$	A		Chlordiazepox /Clindin	$	A					
ACTONEL	$$$$$	B	M	ANGELIQ	$$	B		BETASERON	$$$$$$	I		Chlordiazepoxide	$	A					
ACTOS	$$$$$$	C	M	ANTABUSE	$$	B		Betaxolol	$$$	A	M	Chlorhexidine Soln	$$	A					
ACULAR	$$$	B		Anthralin Cream	$$$$	A		Bethanechol	$	A		Chloroquine 500mg	$$	A					
Acyclovir	$$$$	A		APAP /Codeine	$	A		BETOPTIC-S	$$$$	B	M	Chlorothiazide	$	A	M				
Adalat*	$$$	A	M	APIDRA	$$$	C	M	Biaxin XL*	$$$$$	A		Chlorpromazine	$	A					
ADDERALL XR	$$$$$$	B		Arava*	$$$$$$	C	P	Biaxin*	$$$$	A		Chlorpropamide	$	A	M				
Adderall*	$$$$	A		ARGATROBAN	$$$$$$	I	P	Bicitra*	$	A		Chlorthalidone	$	A	M				
ADVAIR	$$$$$$	B	M	ARIMIDEX	$$$$$$	B		Bisoprolol	$$	A	M	Chlorzoxazone	$	A					
ADVAIR HFA	$$$$$$	B	M	ARMOUR THYROID	$	B	M	Bisoprolol /HCTZ	$$$	A	M	Cholestyramine	$$$$	A	M				
ADVICOR	$$$$	B	M	AROMASIN	$$$$$$	C		BLEPHAMIDE OPTH	$$	B		Ciclopirox Lotion	$$	A					
AEROBID-M	$$$	B	M	ASACOL	$$$$$$	B		Brontex*	$$	A		Cilostazol	$$$$$$	A	P				
AGENERASE	$$$$$$	B		ASMANEX	$$$	B	M	Bumetanide	$$	A	M	Cimetidine	$$	A	M				
AGGRENOX	$$$$$$	B		Aspirin /Codeine	$	A		Bupropion	$$$$	A		CIPRO HC	$$$	B					
Agrylin*	$$$$	A		Aspirin 800 CR	$$	A		Bupropion-SR	$$$$$	A		CIPRODEX	$$$	B					
AKINETON	$$$$	B	M	Aspirin 975 EC	$	A		Buspirone	$$$	A		Ciprofloxacin	$	A					
AKNE-MYCIN	$	B		Atenolol	$	A	M	Butalbital /APAP	$	A		Ciprofloxacin (Ophth)	$$	A					
ALBENZA	$$$$$	B		Atenolol/Chlorthal	$$	A	M	BYETTA	$$$$$	C	P M	Citalopram	$$$	A					
Albuterol Inhaler	$	A		ATRIPLA	$$$$$$	B		Calcitonin	$$$$	A		CLEOCIN 75MG CAP	$$$	B					
Albuterol Nebules	$	A	M	Atropine Ophth	$	A	M	CAMPRAL	$$$$$	B	P	CLEOCIN PED SOLN	$$$	B					
Albuterol Tab	$	A		ATROVENT MDI	$$$$$	B	M	CAPITROL	$$	B		CLEOCIN VAG	$$$	B					
ALDACTAZIDE 50mg	$	B		Augmentin*	$$$	A		Captopril	$$	A	M	Climara*	$$	A	M				
Alesse*	$$	A		AVANDAMET	$$$$$	C	M	Captopril /HCTZ	$$$$	A	M	Clindamycin Cap	$$$	A					
ALKERAN	$$$$$	B		AVANDARYL	$$$$$	C	M	CARAC	$$$$	B		Clindamycin Topical	$$	A					
Allegra*	$$$$	C		AVANDIA	$$$$$	C	M	CARAFATE SUSP	$$$$	B		Clobetasol	$$$$	A					
ALLEGRA-D	$$$$$	C		AVC	$	B		Carbachol Ophth	$$	A	M	Clomipramine	$$$	A					
Allopurinol	$	A	M	AVELOX	$$$$$$	C		Carbamazepine	$$	A	M	Clonazepam	$$	A	M				
ALOCRIL	$$$$	B		AVODART	$$$$$$			CARBATROL	$$$	B	M	Clonidine	$$	A	M				
ALOMIDE	$$$$	B		AVONEX	$$$$$$	I		Carbidopa /Levodopa	$$$	A	M	Clonidine /Chlorthal	$$	A	M				
ALOXI INJ	$$$$$$	I	P	Aygestin*	$$$	A		Carisoprodol	$	A		Clorazepate	$	A					
ALPHAGAN P	$$$$	B	M	Azathioprine	$$$$$$	A		Carisoprodol/ASA	$$	A		Clotrimazole Troche	$$$	A					
Alprazolam	$$	A		AZELEX	$$$	B		CARNITOR	$$$$$$	C		Clozapine	$$$$$$	A	P				
Altace*	$$$	A	P	M	AZMACORT	$$	B	M	Carteolol Ophth	$$$	A	M	Codeine*	$	A					
ALUPENT MDI	$$	B		AZOPT	$$$	B		CASODEX	$$$$$$	B		Colazal*	$$	A					
Amantadine	$	A	M	Azo-Sulfisoxazole	$	A		CATAPRES-TTS	$$$$$$	B	M	Colchicine	$	A	M				
Amaryl*	$$	A	M	AZULFIDINE EC	$$	B		CAVERJECT	$$$$$	C		Colchicine /Probenicid	$	A	M				
Ambien*	$$$$$	A		Bacitracin	$	A		CEDAX	$$$$$$	B		Colestid*	$$$	A	M				
Amcinonide	$$$	A		Baclofen	$$$	A		CEENU	$$$$$$	B	P	COLYMYCIN-S	$$	B					
AMICAR	$$$$$$	B		Bactrim*	$	A		Cefaclor	$$$	A		COMBIVENT	$$$$	B	M				
Amiloride	$$	A	M	BACTROBAN CREA	$$$	B		Cefaclor CD 500	$$$$	A		COMBIVIR	$$$$$$	B					
Amiloride /HCTZ	$$	A	M	BACTROBAN NASAL	$$$	B		Cefadroxil	$$$	A		COMTAN	$$$$$$	C	M				
Amino Acid /Urea	$$	A		Benazepril	$$	A	M	Cefpodoxime Tab	$$$$	A		CONCERTA	$$$$$$	B					

A = A Tier Generic B = B Tier Preferred Brand C= C Tier Nonpreferred DRUG = Brand Drug drug = Generic Drug P = Prior Authorization M = Maintenance Benefit

drug* = Brand name listed for reference only, a generic equivalent is available I = Injectable/Specialty Copay may apply S = Step Therapy Required + = Preferred Test Strip

Brand Name products where generic is available; non-formulary copayment will apply Each $ is a relative cost to agents in each category

Prescription formularies continually change to reflect the most recent advances in drug therapy. Therefore, this list is not inclusive and does not guarantee coverage. However, it represents an abbreviation of the member's prescription drug coverage.

COPAXONE	**$$$$$$**	**I**		**Diazepam**	**$**	**A**		**Ergotamine-Caffeine**	**$$**	**A**		**Fluticasone Topical**	**$$**	**A**					
Cophene #2*	**$**	**A**		**DIBENZYLINE**	**$$$$**	**B**	**M**	**ERYPED**	**$**	**B**		**FML FORTE**	**$$**	**B**					
Coreg*	**$$$**	**A**	**M**	**Diclofenac**	**$$$$**	**A**		**ERY-TAB**	**$**	**B**		**FML OINT**	**$$**	**B**					
CORTIFOAM	**$**	**B**		**Diclofenac Ophth**	**$$$**	**A**		**Erythromycin**	**$**	**A**		**FML-S**	**$$**	**B**					
Cortisone	**$**	**A**		**Diclofenac XR**	**$$$$$**	**A**		**Erythromycin Ophth**	**$**	**A**		**Folic Acid**	**$**	**A**	**M**				
CORTISPORIN OPTH	**$**	**B**		**Dicloxacillin**	**$$**	**A**		**Erythromycin Top**	**$$**	**A**		**FORADIL**	**$$$$$**	**B**	**M**				
Cortisporin Otic*	**$**	**A**		**Dicyclomine**	**$**	**A**		**Erythromycin/Sulfisox**	**$$**	**A**		**FORTEO**	**$$$$$$**	**I**	**P**				
Corzide*	**$$**	**A**	**M**	**DIDRONEL**	**$$$$$$**	**B**		**Esgic-Plus***	**$$**	**A**		**FORTICAL NASAL SP**	**$$$**	**B**					
COSOPT	**$$$$$**	**B**	**M**	**DIFFERIN**	**$$**	**B**		**Eskalith Cr***	**$$**	**A**	**M**	**Fosamax***	**$$**	**A**	**M**				
COUMADIN	**$$$**	**B**	**M**	**Diflorasone**	**$$$$**	**A**		**ESTRACE VAG**	**$$$**	**B**		**Fosinopril**	**$**	**A**	**M**				
COZAAR	**$$$$**	**B**	**M**	**Diflunisal**	**$$$$**	**A**		**ESTRADERM**	**$$**	**B**	**M**	**Fosinopril/Hctz**	**$$**	**A**	**M**				
CREON	**$$$$$$**	**B**		**Digoxin**	**$**	**A**	**M**	**Estradiol**	**$$**	**A**	**M**	**FRAGMIN**	**$$$$$$**	**I**					
CRESTOR	**$$$$$**	**B**	**M**	**Dihistine DH***	**$$**	**A**		**Estradiol Inj.**	**$$**	**I**	**P**	**FURADANTIN SUSP**	**$$**	**B**					
CRIXIVAN	**$$$$$$**	**B**		**DILANTIN 100MG**	**$$**	**B**	**M**	**ESTRATEST**	**$$$**	**B**	**M**	**Furosemide**	**$**	**A**	**M**				
Cromolyn Neb	**$$$**	**A**	**M**	**Diltiazem**	**$$**	**A**	**M**	**ESTRATEST HS**	**$$$**	**B**	**M**	**Gabapentin**	**$$$**	**A**	**M**				
Cromolyn Ophth	**$$$$**	**A**		**DIOVAN**	**$$$$**	**B**	**M**	**Estrostep FE***	**$$$**	**A**		**GABITRIL**	**$$$$$$**	**B**	**M**				
CUPRIMINE	**$**	**B**		**DIOVAN HCT**	**$$$$$**	**B**	**M**	**Ethambutol**	**$$$$$$**	**A**		**Ganciclovir Cap**	**$$$$$**	**A**					
Cyanocobalamin	**$**	**A**		**DIPENTUM**	**$$$$$**	**B**		**ETHMOZINE**	**$$$$$$**	**B**	**M**	**GANTRISIN PED**	**$**	**B**					
Cyclessa*	**$$**	**A**		**Diphenoxyl /Atropine**	**$**	**A**		**Ethosuximide**	**$$**	**A**	**M**	**Gemfibrozil**	**$$**	**A**	**M**				
Cyclobenzaprine 10mg	**$$**	**A**		**Dipiverfrin Ophth**	**$$**	**A**		**Etodolac**	**$$$**	**A**		**GENGRAF**	**$$$$$$**	**B**	**P**				
CYCLOGYL 0.5%	**$$**	**B**		**Diprolene AF***	**$**	**A**		**EURAX**	**$$**	**B**		**Gentamicin**	**$**	**A**					
Cyclopentolate	**$$**	**A**		**Diprolene* Cr & Oint**	**$**	**A**		**EVISTA**	**$$$$$$**	**C**		**Gentamicin Ophth**	**$**	**A**					
Cyclophosphamide	**$$$$$$**	**A**		**Dipyridamole**	**$**	**A**	**M**	**EXELDERM**	**$$$**	**B**		**GEOCILLIN**	**$$$$$$**	**C**					
Cyclosporine	**$$$$$**	**A**	**P**	**Disopyramide**	**$$$$$$**	**A**	**M**	**EXELON**	**$$$$$**	**B**		**GEODON**	**$$$$$$**	**C**	**P**				
Cyclosporine Inj	**$$$$$**	**I**	**P**	**Disopyramide CR**	**$$$$$$**	**A**	**M**	**EXELON LIQUID**	**$$$$$**	**B**		**GLEEVEC**	**$$$$$$**	**I**	**P**				
CYMBALTA	**$$$$$$**	**B**		**DIURIL SUSP**	**$**	**B**	**M**	**EXFORGE**	**$$$**	**B**	**M**	**Glipizide**	**$$**	**A**	**M**				
Cyproheptadine	**$**	**A**		**Donnatal***	**$**	**A**		**Famciclovir**	**$$$$**	**C**		**Glipizide XL**	**$$**	**A**	**M**				
CYTADREN	**$$$$$$**	**B**		**Dostinex***	**$$$$$**	**A**		**FANSIDAR**	**$$$$$$**	**B**		**GLUCAGON**	**$$$$**	**B**					
CYTOMEL	**$$**	**B**	**M**	**DOVONEX**	**$$$**	**A**		**FARESTON**	**$$$$$**	**I**		**Glyburide**	**$$**	**A**	**M**				
CYTOVENE INJ	**$$$$$$**	**I**		**Doxazosin**	**$**	**A**	**M**	**FELBATOL**	**$$$$$**	**B**	**M**	**Glyburide Micro**	**$$$**	**A**	**M**				
Danazol	**$$$$$**	**A**		**Doxepin**	**$**	**A**		**FEMARA**	**$$$$$**	**B**		**Glyburide-Metformin**	**$$$**	**A**	**M**				
DANTRIUM	**$$$$**	**C**		**Doxycycline 100mg**	**$**	**A**		**Fenofibrate**	**$$$$**	**C**	**M**	**Gold Sod Thiomalate**	**$$$$$$**	**A**					
Dapsone	**$$**	**A**		**Doxycycline 50mg**	**$**	**A**		**Fenoprofen Tab**	**$$**	**A**		**GoLytely***	**$$**	**A**					
DARAPRIM	**$$$$$$**	**B**		**Drysol***	**$**	**A**		**Fioricet #3***	**$$**	**A**		**Granulex***	**$$**	**A**					
DDAVP TABS	**$$$$**	**B**		**DUAC**	**$$$$$**	**B**		**Fioricet***	**$**	**A**		**Grifulvin Susp***	**$$$**	**A**					
DELESTROGEN INJ	**$$**	**I**	**P**	**Duragesic***	**$$$$$**	**A**		**Fiorinal w/codeine***	**$**	**A**		**GRIS-PEG**	**$$$**	**B**					
Demeclocycline	**$$$$**	**C**		**DURICEF SUSP**	**$$$**	**B**		**Fiorinal***	**$**	**A**		**Guanabenz**	**$$$$$**	**A**	**M**				
Depakene*	**$$**	**A**	**M**	**DYNABAC**	**$$$**	**B**		**FLAREX**	**$$**	**B**		**Guanfacine**	**$$$$**	**A**	**M**				
DEPAKOTE	**$$$$**	**B**	**M**	**E.E.S.**	**$**	**A**		**Flavoxate**	**$$$$**	**A**		**HALFLYTELY KIT**	**$$$$**	**B**					
DEPAKOTE ER	**$$$$**	**B**	**M**	**Econazole Cream**	**$$**	**A**		**Flonase***	**$$**	**A**		**HALOG**	**$$$$**	**B**					
DEPO-PROVERA 400	**$$$**	**B**		**EFFEXOR XR**	**$$$$$$**	**B**		**Florinef***	**$$**	**A**		**Haloperidol**	**$**	**A**					
DEPO-TESTOST	**$**	**I**		**EFUDEX CREAM**	**$$$$**	**B**		**FLOVENT**	**$$$$$$**	**B**	**M**	**Heparin**	**$**	**A**					
DERMASMOOTH	**$$**	**B**		**ELIDEL**	**$$$$**	**C**		**FLOXIN OTIC**	**$$$**	**C**		**HEPSERA**	**$$$$$$**	**C**					
Desipramine	**$**	**A**		**Elimite***	**$$**	**A**		**Flubiprofen Ophth**	**$$$$**	**A**		**Histussin HC***	**$$**	**A**					
Desmopressin	**$$$$$**	**A**		**ELLENCE**	**$$$$$$**	**I**		**Fluconazole**	**$$**	**A**		**HIVID**	**$$$$$$**	**B**					
Desmopressin Inj	**$$$$$**	**A**		**ELMIRON**	**$$$$$$**	**B**		**Flumadine***	**$$$$**	**A**		**Homatropine Ophth**	**$**	**A**					
Desogen*	**$$**	**A**		**EMEND**	**$$$$$$**	**C**	**P**	**Fluocinolone Top**	**$**	**A**		**HUMALOG**	**$$$**	**B**	**M**				
Desonide	**$$**	**A**		**EMTRIVA**	**$$$$$$**	**B**		**Fluocinonide**	**$**	**A**		**HUMIRA**	**$$$$$$**	**I**	**P**				
Desoximetasone	**$$**	**A**		**ENABLEX**	**$$$$$**	**B**	**M**	**FLUORI-METHA**	**$$**	**B**		**HUMULIN Insulins**	**$$**	**B**	**M**				
DETROL LA	**$$$$$$**	**C**		**Enalapril**	**$**	**A**	**M**	**Fluorometholone**	**$$**	**A**		**Hycodan***	**$$**	**A**					
Dexamethasone	**$**	**A**		**Enalapril/HCTZ**	**$$**	**A**	**M**	**Fluorouracil (Topical)**	**$$$**	**A**		**Hydralazine**	**$$**	**A**	**M**				
Dexamethasone Opth	**$**	**A**		**ENBREL**	**$$$$$$**	**I**	**P**	**Fluoxetine**	**$**	**A**		**Hydrochlorothiazide**	**$**	**A**	**M**				
Dextroamphetamine	**$$$**	**A**		**ENTOCORT EC**	**$$$$$$**	**C**	**P**	**Fluoxymesterone**	**$$$**	**A**		**Hydrocodone /Guifen.**	**$$**	**A**					
DHE	**$$$$$$**	**B**		**EPI-PEN**	**$$**	**B**		**Fluphenazine**	**$$**	**A**		**Hydrocodone/ APAP**	**$**	**A**					
DHT	**$$$$$**	**C**		**EPI-PEN-JR**	**$**	**B**		**Flurazepam**	**$**	**A**		**Hydrocortisone Enema**	**$**	**A**					
DIAMOX SEQUEL	**$**	**B**	**M**	**EPIVIR**	**$$$$$$**	**B**		**Flurbiprofen**	**$$**	**A**		**Hydrocortisone Rectal**	**$**	**A**					
DIASTAT	**$$$$$**	**B**		**Ergoloid Mesylate**	**$$**	**A**		**Flutamide**	**$$$$$$**	**A**		**Hydrocortisone Supp.**	**$**	**A**					

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Hydrocortisone Tablet	**$**	**A**		**Labetalol**	**$$$$**	**A**	**M**	**MAXAIR**	**$$$$**	**B**	**M**	**Mirtazapine**	**$$$$$**	**A**					
Hydrocortisone Top 2.5	**$**	**A**		**LACRISERT**	**$**	**B**		**MAXALT**	**$$$$$$**	**B**		**Misoprostol**	**$$$$$$**	**A**					
Hydromorphone	**$$$$$**	**A**		**Lactulose**	**$$**	**A**		**MAXIDEX**	**$**	**B**		**Modicon***	**$$**	**A**					
Hydroxychloroquine	**$$$$**	**A**	**M**	**LAMICTAL**	**$$$$$**	**B**	**M**	**Maxitrol***	**$**	**A**		**Mometasone Topical**	**$$$**	**A**					
Hydroxyurea	**$$$$$$**	**A**		**Lamisil***	**$$$$**	**A**	**P**	**MEBARAL**	**$$**	**B**	**M**	**Morphine Sulfate**	**$$$$**	**A**					
Hydroxyzine	**$**	**A**		**Lamotrigine chewable***	**$$$$$**	**A**	**M**	**Mebendazole**	**$$**	**A**		**Morphine Sulfate CR**	**$$$$$$**	**A**					
Hyoscyamine	**$$**	**A**	**M**	**LANOXICAPS**	**$**	**B**	**M**	**Meclofenamate**	**$$**	**A**		**Mupirocin Oint**	**$$**	**A**					
Hyoscyamine SL	**$$**	**A**	**M**	**LANOXIN**	**$**	**B**	**M**	**MEDROL 2MG**	**$$**	**B**		**MUSE**	**$$$$**	**C**					
HYZAAR	**$$$$**	**B**	**M**	**LANTUS**	**$$$**	**B**	**M**	**Medroxyprogesterone**	**$**	**A**	**M**	**MYCOBUTIN**	**$$$$$$**	**C**					
Ibuprofen	**$**	**A**		**Lariam***	**$$$$$**	**A**		**Medroxyprogesterone 1**	**$$**	**A**		**MYFORTIC**	**$$$$**	**B**	**P**				
Imipramine	**$**	**A**		**Leucovorin**	**$$$$$$**	**A**		**Megestrol**	**$$$**	**A**		**MYLERAN**	**$$$$**	**I**					
IMITREX INJ	**$$$$$**	**B**		**LEUKERAN**	**$$$$**	**B**		**MENEST**	**$$$**	**B**	**M**	**Nabumetone**	**$$$$$**	**A**					
IMITREX NASAL	**$$$$$**	**B**		**Leuprolide 5mg/ml**	**$$$$$$**	**I**	**P**	**Meperidine**	**$$**	**A**		**Nadolol**	**$$$$**	**A**		**M**			
IMITREX TABS	**$$$$$**	**B**		**LEVEMIR**	**$$$**	**C**	**M**	**Meperidine /Prometh**	**$$$$$**	**A**		**NAFTIN**	**$$$$**	**B**					
Indapamide	**$$**	**A**	**M**	**Levobunolol**	**$$**	**A**	**M**	**MEPHYTON**	**$$**	**B**		**NALFON CAP**	**$$**	**B**					
Inderal LA *	**$$$$$**	**A**	**M**	**Levo-Dromoran***	**$$$$$**	**A**		**Meprobamate**	**$**	**A**		**Naltrexone**	**$$$$$**	**A**	**P**				
Inderal LA*	**$$$$$**	**A**	**M**	**Levora**	**$$**	**A**		**Mercaptopurine Tab**	**$$$$**	**A**		**NAMENDA**	**$$$$$$**	**C**					
INDOCIN SUPP	**$**	**B**		**Levothroid***	**$**	**A**	**M**	**Mesalamine Rectal**	**$$$**	**A**		**Naproxen**	**$$**	**A**					
INDOCIN SUSP	**$**	**B**		**Levothyroxine**	**$**	**A**		**METADATE CD**	**$$$$**	**B**		**Naproxen EC**	**$$$$$$**	**A**					
Indomethacin	**$**	**A**		**Lidocaine**	**$$**	**A**		**Metaproterenol**	**$**	**A**		**NARDIL**	**$$$$$**	**B**					
INTAL INHALER	**$$$**	**B**	**M**	**Lidocaine Viscous**	**$**	**A**		**Metaproterenol Nebs**	**$$$**	**A**		**NASACORT AQ**	**$$$$**	**B**					
INTRON-A	**$$$$$$**	**I**		**Lidocaine/prilocaine Cr**	**$$$**	**A**		**METAPROTERENOL**	**$$**	**B**	**M**	**NASCOBAL**	**$$$$$**	**B**	**P**				
INVERSINE	**$$$$$**	**C**	**M**	**LINDANE**	**$$$$**	**B**		**Metformin**	**$$**	**A**	**M**	**NATACYN**	**$$$**	**C**					
INVIRASE	**$$$$$$**	**B**		**Lisinopril**	**$**	**A**	**M**	**Metformin XR**	**$$$**	**A**	**M**	**Necon**	**$$**	**A**					
Iodoquinol / HC	**$$**	**A**		**Lisinopril/Hctz**	**$$**	**A**	**M**	**Methadone**	**$$**	**A**		**Neo-Decadron***	**$$**	**A**					
IOPIDINE	**$$$$**	**B**		**Lithium Carbonate**	**$**	**A**	**M**	**Methazolamide**	**$$$**	**A**	**M**	**Neomycin**	**$$**	**A**					
Ipratropium Neb	**$$$$$**	**A**	**M**	**Lithium Citrate**	**$$**	**A**	**M**	**Methenamine Hippurat**	**$$$$$**	**A**		**NEORAL**	**$$$$$$**	**B**	**P**				
Isoetharine	**$$$**	**A**		**Lithobid***	**$**	**A**	**M**	**METHERGINE**	**$$$**	**B**		**Neosporin***	**$**	**A**					
Isoniazid	**$**	**A**	**M**	**LITHOSTAT**	**$$$$$$**	**B**		**Methimazole**	**$$**	**A**	**M**	**NEPHROCAPS**	**$$**	**B**					
ISOPTO HYOSCINE	**$$**	**B**		**LIVOSTIN**	**$$$**	**B**		**Methocarbamol**	**$**	**A**		**NIASPAN**	**$$$$**	**B**		**M**			
ISOPTO-CARBACHO	**$$**	**B**	**M**	**Lo/Ovral***	**$$$**	**A**		**Methotrexate**	**$$$$$**	**A**	**M**	**Nifedipine XL**	**$$$$$$**	**A**		**M**			
ISORDIL TAB 40MG	**$**	**B**	**M**	**LOCOID**	**$$**	**B**		**Methotrexate Inj.**	**$$$$$**	**A**	**M**	**Nimotop***	**$$$$**	**A**					
Isosorbide Dinitrate	**$**	**A**	**M**	**LOESTRIN 24 FE**	**$$$**	**B**		**Methyclothiazide**	**$**	**A**	**M**	**NITRO-DUR 0.3MG**	**$$**	**B**		**M**			
Isosorbide Mononitrate	**$$$**	**A**	**M**	**Loestrin Fe***	**$$$**	**A**		**Methyldopa**	**$$**	**A**	**M**	**Nitrofurantoin**	**$$**	**A**					
Isotretinoin	**$$$$$$**	**A**		**Loestrin***	**$$**	**A**		**Methyldopa /HCTZ**	**$$**	**A**	**M**	**Nitrofurantoin Monohy**	**$$**	**A**					
ISTALOL	**$$$$**	**B**	**M**	**LOPROX SHAMPOO**	**$$**	**B**		**Methylphenidate**	**$$$**	**A**		**Nitroglycerin Oint**	**$$**	**A**		**M**			
JANUMET	**$$$**	**B**	**M**	**Loprox***	**$$**	**A**		**Methylphenidate SR**	**$$$**	**A**		**Nitroglycerin Patch**	**$$**	**A**		**M**			
JANUVIA	**$$$$**	**B**	**M**	**LORABID**	**$$$$**	**B**		**Methylprednisolone**	**$$**	**A**		**Nitroglycerin SL**	**$**	**A**					
KALETRA	**$$$$$$**	**B**		**Lorazepam**	**$**	**A**		**Metoclopramide**	**$**	**A**		**Nitroglycerin SR**	**$**	**A**		**M**			
Kayexelate*	**$$**	**A**		**LOTEMAX**	**$$$**	**B**		**Metolazone**	**$$**	**A**	**M**	**NITROLINGUAL SPR**	**$$$**	**B**					
KENALOG SPRAY	**$$$**	**B**		**Lotrel***	**$$$$$**	**A**	**M**	**Metoprolol**	**$**	**A**	**M**	**Nizatidine**	**$$$$**	**A**					
KEPPRA	**$$$$$$**	**C**	**M**	**Lotrisone Cream***	**$$$**	**A**		**Metoprolol & HCTZ**	**$$**	**A**	**M**	**NORDITROPIN**	**$$$$$$**	**I**					
Ketaconazole Cream	**$$$**	**A**		**Lotrisone Lotion***	**$$$**	**A**		**METROGEL**	**$$$**	**B**		**Norgesic Forte***	**$$**	**A**					
Ketoconazole Rx Sham	**$$**	**A**		**LOTRONEX**	**$$$$$$**	**C**		**Metrogel Vag***	**$$$**	**A**		**Norgesic***	**$$**	**A**					
Ketoconazole Tab	**$$$$$**	**A**		**Lovastatin**	**$$$**	**A**	**M**	**Metrolotion***	**$$$**	**A**		**NORITATE**	**$$$**	**B**					
Ketoprofen	**$**	**A**		**LOVENOX**	**$$$$$$**	**I**		**Metronidazole**	**$**	**A**		**NORPACE CR 100MG**	**$$$$$$**	**B**		**M**			
Ketoprofen SR	**$$**	**A**		**Loxapine**	**$$$**	**A**		**Metronidazole Cream 0**	**$$$**	**A**		**Nortriptyline**	**$$**	**A**					
Ketorolac	**$$$**	**A**		**LUMIGAN**	**$$$$**	**C**		**Mexiletene**	**$$$**	**A**	**M**	**Norvasc***	**$$$$$**	**A**		**M**			
Klaron*	**$$$**	**A**		**LUNESTA**	**$$$$$**	**C**		**Microgestin**	**$$**	**A**		**NORVIR**	**$$$$$$**	**B**					
K-Lyte CL*	**$**	**A**		**LUPRON DEPOT**	**$$$$$$**	**I**	**P**	**Micronor***	**$$**	**A**		**NOVOLIN INSULIN**	**$$**	**B**		**M**			
K-Lyte*	**$**	**A**		**LUTREPULSE**	**$$$$$$**	**C**	**P**	**Midrin***	**$$**	**A**		**NOVOLOG**	**$$$**	**B**		**M**			
K-PHOS	**$$$**	**B**		**LYBREL**	**$$$$**	**B**		**MIGRANAL**	**$$$$$$**	**B**		**NOVOLOG MIX**	**$$$**	**B**		**M**			
K-Phos Neutral*	**$$$**	**A**		**LYRICA**	**$$$$$$**	**C**		**Minocycline**	**$$$$$**	**A**		**NOXAFIL**	**$$$$**	**B**	**P**				
K-PHOS-2	**$$$**	**B**		**MACRODANTIN 25M**	**$$**	**B**		**Minoxidil**	**$$**	**A**	**M**	**NUVARING**	**$$$**	**B**					
KUTRASE	**$$$$**	**B**		**MALARONE**	**$$$$$$**	**B**		**MINTEZOL**	**$$$**	**B**		**Nystatin**	**$**	**A**					
KUZYME-HP	**$$$$$$**	**B**		**Mandelamine**	**$$**	**A**		**MIRAPEX**	**$$$$$$**	**B**	**M**	**Nystatin /Triamcinolon**	**$**	**A**					
Kytril*	**$$$$**	**C**	**P**	**MARINOL**	**$$$$$$**	**C**	**P**	**Mircette***	**$$**	**A**		**Nystatin Topical**	**$**	**A**					

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Octreotide Acetate Inj	**$$$$$$**	**I**		**Pravachol***	**$$$$$**	**C**	**M**	**RETIN-A MICRO**	**$$$$**	**B**	**P**		**SURMONTIL**	**$$$$**	**B**				
Ofloxacin Ophth	**$**	**A**		**Prazosin**	**$**	**A**	**M**	**Retrovir***	**$$$$$**	**A**			**SUSTIVA**	**$$$$$**	**B**				
OGEN CREAM	**$$$$$**	**B**		**PRECOSE**	**$$$**	**A**	**M**	**REYATAZ**	**$$$$$$**	**B**			**TACLONEX OINT**	**$$$$**	**C**				
Ogen*	**$$**	**A**	**M**	**PRED MILD**	**$$**	**B**		**Ribavirin**	**$$$$$**	**A**			**Talwin NX***	**$$$$**	**A**				
Ogestrel (Ovral*)	**$$**	**A**		**PRED-G**	**$$**	**B**		**RIDAURA**	**$$$$$$**	**B**			**Tambocor***	**$$$$$**	**A**	**M**			
Omnicef*	**$$$$**	**A**		**Prednisolone**	**$$**	**A**		**Rifampin**	**$$$**	**A**			**Tamoxifen**	**$$$$$**	**A**	**M**			
Optipranolol*	**$$**	**A**	**M**	**Prednisolone Ophth**	**$$**	**A**		**RILUTEK**	**$$$$$$**	**C**			**Tapazole***	**$$**	**A**	**M**			
ORAP	**$$$$$$**	**B**		**Prednisone**	**$**	**A**		**RISPERDAL**	**$$$$$$**	**B**			**TAZORAC**	**$$$$$$**	**B**	**P**			
Orphenadrine	**$$$$**	**A**		**Prelone Syrup***	**$$**	**A**		**RITALIN LA**	**$$$$$$**	**B**			**TEGRETOL**	**$$$**	**B**	**M**			
Oxaprozin	**$$$$$$**	**A**		**PREMARIN**	**$$**	**B**	**M**	**Robitussin AC***	**$**	**A**			**TEGRETOL XR**	**$$$**	**B**	**M**			
Oxazepam Cap	**$**	**A**		**PREMARIN CREAM**	**$$$**	**B**		**Rocaltrol***	**$$$**	**A**			**TEKTURNA**	**$$$**	**C**	**M**			
OXISTAT	**$$$**	**B**		**PREMPHASE**	**$$**	**B**	**M**	**ROFERON-A**	**$$$$$**	**I**	**P**		**TEKTURNA-HCT**	**$$$**	**C**	**M**			
OXSORALEN-UL	**$$$$**	**C**		**PREMPRO**	**$$**	**B**	**M**	**Roxicet**	**$**	**A**			**Temazepam**	**$**	**A**				
Oxybutynin	**$**	**A**	**M**	**Prenatal MVI (Rx Only**	**$$**	**A**	**M**	**Roxicodone***	**$$**	**A**			**TEMODAR**	**$$$$$**	**I**	**P**			
Oxycodone	**$**	**A**		**Prenate Advance***	**$$**	**A**	**M**	**ROZEREM**	**$$$$**	**C**			**TERAZOL 3 SUPP**	**$$$**	**B**				
Oxycodone /APAP	**$**	**A**		**Prevident***	**$**	**A**		**RUM-K**	**$**	**B**	**M**		**Terazol Cr***	**$$$**	**A**				
Oxycodone /ASA	**$**	**A**		**PRIMAQUINE**	**$$$**	**B**		**Rythmol***	**$$$$**	**A**	**M**		**Terazosin**	**$**	**A**	**M**			
OXYCONTIN	**$$$$$**	**B**		**Primidone**	**$$**	**A**	**M**	**Salsalate**	**$**	**A**			**Terbutaline**	**$**	**A**	**M**			
PANAFIL	**$$$$$**	**B**		**Proair HFA**	**$$$**	**B**		**SANDOSTATIN**	**$$$$$$**	**I**			**TESLAC**	**$$$$$**	**I**				
PANCREASE	**$$$$$$**	**B**		**Probenecid**	**$**	**A**	**M**	**SANTYL**	**$$$$$**	**B**			**Tessalon***	**$$**	**A**				
Pancrelipase	**$$$$$$**	**A**		**Procainamide**	**$$**	**A**	**M**	**Seasonale***	**$$$**	**A**			**TESTIM GEL**	**$$$$$$**	**C**				
Parlodel*	**$$$$$$**	**A**	**M**	**Procainamide SR**	**$$**	**A**	**M**	**SEASONIQUE**	**$$$$**	**B**			**Testosterone Cypionate**	**$**	**I**				
Paroxetine	**$$$$**	**A**		**Prochlorperazine**	**$$**	**A**		**Selegiline**	**$$$$$$**	**A**	**M**		**Testosterone Inj.**	**$**	**I**				
PATANOL	**$$$$**	**B**		**PROCTOFOAM**	**$$**	**B**		**Selenium Sulfide**	**$**	**A**			**Tetracycline**	**$**	**A**				
PAXIL CR	**$$$**	**A**		**PROCTOFOAM HC**	**$**	**B**		**SEREVENT DISKUS**	**$$$$$$**	**B**	**M**		**TEXACORT**	**$**	**B**				
PEGASYS	**$$$$$$**	**I**		**PROGLYCEM**	**$$$$$**	**B**	**M**	**SEROQUEL**	**$$$$$$**	**B**			**THALITONE**	**$**	**B**	**M**			
PEG-INTRON	**$$$$$**	**I**		**PROGRAF**	**$$$$$$**	**B**	**P**	**SEROSTIM**	**$$$$$$**	**I**			**Theophylline**	**$$**	**A**	**M**			
Penicillin VK	**$**	**A**		**Promethazine**	**$**	**A**		**Silver Sulfadiazine**	**$$**	**A**			**Theophylline SR**	**$$**	**A**	**M**			
PENTASA	**$$$$**	**B**		**Promethazine / COD**	**$**	**A**		**Simvastatin**	**$**	**A**	**M**		**Thioridazine**	**$**	**A**				
Pentoxifylline	**$$$$**	**A**	**M**	**Promethazine VC**	**$**	**A**		**SINGULAIR**	**$$$$**	**C**			**Thiothixene Cap**	**$**	**A**				
Phenazopyridine	**$**	**A**		**Propafenone**	**$$$$$$**	**A**	**M**	**SKELAXIN**	**$$$**	**B**			**Thyroid**	**$**	**A**	**M**			
Phenergan DM*	**$$**	**A**		**Propantheline 15mg**	**$**	**A**		**Sodium Chloride Nebs**	**$**	**A**			**THYROLAR**	**$$**	**B**	**M**			
Phenergan VC*	**$**	**A**		**Propoxyphene**	**$**	**A**		**Sodium Cit-Cit Acid**	**$**	**A**			**Ticlopidine**	**$$$$**	**A**	**M**			
Phenobarb /Belladonna	**$**	**A**		**Propoxyphene /APAP**	**$**	**A**		**Sodium Fluoride**	**$**	**A**	**M**		**TILADE**	**$$**	**B**	**M**			
Phenobarbital	**$**	**A**	**M**	**Propoxyphene CMPD**	**$**	**A**		**Sodium Fluoride Gel**	**$**	**A**			**Timolide***	**$$$**	**A**	**M**			
Phenylephrine Ophth	**$$**	**A**		**Propranolol**	**$**	**A**	**M**	**SOLGANOL**	**$$$$$$**	**B**			**Timolol**	**$$$**	**A**	**M**			
PHENYL-FREE Powd	**$$**	**B**		**Propranolol /HCTZ**	**$$**	**A**	**M**	**Sonata***	**$$$**	**C**			**Timolol Ophth**	**$$$$**	**A**	**M**			
PHOSLO	**$$**	**B**		**Propylthiouracil**	**$$**	**A**	**M**	**SORIATANE**	**$$$$$$**	**C**			**Tizanidine**	**$$$$$**	**A**				
PHOSPHOLINE	**$$$**	**B**		**Proscar***	**$$$$$**	**A**		**Sotalol**	**$$$$$$**	**A**	**M**		**TOBI NEB**	**$$$$$$**	**I**				
Pilocarpine	**$$**	**A**	**M**	**PROTOPIC**	**$$$$**	**C**		**SPIRIVA**	**$$$$$$**	**B**	**M**		**TOBRADEX**	**$$$**	**B**				
Pilocarpine Tabs	**$$$$**	**A**		**PROVENTIL REPETA**	**$$$$**	**B**	**M**	**Spironolactone**	**$**	**A**	**M**		**Tobramycin Ophth Sol**	**$$**	**A**				
Pilocarpine/Epineph	**$$$**	**A**	**M**	**PROVIGIL**	**$$$$$$**	**C**		**Spironolactone /HCTZ**	**$**	**A**	**M**		**Tolazamide**	**$**	**A**	**M**			
Pindolol	**$$$$**	**A**	**M**	**PULMICORT NEB**	**$$$$$$**	**B**	**P**	**M**	**Sporanox***	**$$$$$**	**A**	**P**		**Tolbutamide**	**$**	**A**	**M**		
Piroxicam	**$$**	**A**		**Pyrazinamide**	**$$$$**	**A**		**Stadol Nasal Soln***	**$$$$$**	**A**			**Tolmetin**	**$**	**A**				
PLAVIX	**$$$$$$**	**B**		**Pyridostigmine**	**$$$$**	**A**		**STARLIX**	**$$$**	**C**	**M**		**TOPAMAX**	**$$$$$$**	**B**	**M**			
Plendil*	**$$$**	**A**	**M**	**Quinidine Gluconate**	**$$**	**A**	**M**	**STIMATE**	**$$$$$$**	**B**	**P**		**Toprol XL***	**$$**	**A**	**M**			
Podofilox	**$$$$$**	**A**		**Quinidine Sulfate**	**$**	**A**	**M**	**STRATTERA**	**$$$$$$**	**B**			**TORECAN**	**$$$**	**B**				
Polycitra-K*	**$$**	**A**		**Quinidine Sulfate CR**	**$$$$$$**	**A**	**M**	**STROMECTOL**	**$$$$$$**	**B**			**TORISEL**	**$$$$$**	**I**				
POLY-PRED	**$**	**B**		**Ranitidine**	**$$$**	**A**	**M**	**Sucralfate**	**$$$$**	**A**			**Torsemide**	**$$**	**A**	**M**			
Polysporin*	**$**	**A**		**RAPAMUNE**	**$$$$$$**	**C**	**P**	**Sulfacetamide / Pred**	**$$**	**A**			**TRANSDERM-SCOP**	**$$$$**	**B**				
Polytrim*	**$$**	**A**		**RAPTIVA**	**$$$$$$**	**I**	**P**	**Sulfacetamide /Sulphur**	**$$$**	**A**			**TRANXENE SD**	**$$**	**B**				
Poly-Vi-Flor*	**$**	**A**		**REGRANEX**	**$$$$$$**	**B**	**P**	**Sulfacetamide Ophth**	**$**	**A**			**Tranylcypromine Sulfat**	**$$$$**	**A**				
Ponstel*	**$$$$$$**	**C**		**RENAGEL**	**$$$$$$**	**C**		**Sulfadiazine**	**$**	**A**			**Trazadone**	**$**	**A**				
Potasium Iodide	**$**	**A**		**Requip***	**$$$**	**A**	**M**	**Sulfasalazine**	**$$**	**A**	**M**		**Tretinoin**	**$$**	**A**	**P**			
Potassium Chloride	**$**	**A**	**M**	**RESCRIPTOR**	**$$$$$$**	**B**		**Sulfasoxazole**	**$**	**A**			**Triamcinolone**	**$**	**A**				
PRAMOSONE	**$$**	**B**		**Reserpine**	**$**	**A**	**M**	**Sulindac**	**$$**	**A**			**Triamcinolone/Orabase**	**$**	**A**				
Pramoxine /HC	**$$**	**A**		**RESTASIS**	**$$$$$$**	**C**	**P**	**SUPPRELIN**	**$$$$$$**	**I**			**Triamterene /HCTZ**	**$**	**A**	**M**			

A = A Tier Generic **B = B Tier Preferred Brand** **C= C Tier Nonpreferred** **DRUG = Brand Drug** **drug = Generic Drug** **P = Prior Authorization** **M = Maintenance Benefit**
drug* = Brand name listed for reference only, a generic equivalent is available **I = Injectable/Specialty Copay may apply** **S = Step Therapy Required** **+ = Preferred Test Strip**
Brand Name products where generic is available; non-formulary copayment will apply **Each $ is a relative cost to agents in each category**

Prescription formularies continually change to reflect the most recent advances in drug therapy. Therefore, this list is not inclusive and does not guarantee coverage. However, it represents an abbreviation of the member's prescription drug coverage.

Triazolam	**$$**	**A**		**Yohimbine**	**$**	**A**			
Tricitrates*	**$$**	**A**		**Zantac syrup***	**$$$**	**A**		**M**	
TRICOR	**$$$$$$**	**C**	**M**	**ZEMPLAR**	**$$$$$$**	**B**	**P**		
TRIDESILON	**$$**	**B**		**ZENAPAX**	**$$$$$$**	**B**	**P**		
Trifluoperazine	**$$**	**A**		**ZERIT**	**$$$$$$**	**B**			
Trihexiphenidyl	**$**	**A**	**M**	**ZETIA**	**$$$$$**	**C**		**M**	
Trileptal*	**$$$$$**	**C**	**M**	**Zithromax***	**$$**	**A**			
Trilisate*	**$$$**	**A**		**Zocor***	**$**	**A**		**M**	
Trimeth/Sulfameth	**$**	**A**		**Zofran Inj***	**$$$$$$**	**C**	**P**		
Trimethobenzamide	**$**	**A**		**Zofran ODT***	**$$$$$$**	**C**	**P**		
Trimethoprim	**$**	**A**		**Zofran***	**$$$$$$**	**C**	**P**		
TRIPHASIL	**$$**	**A**		**Zoloft***	**$$$$**	**A**			
Triple Antibiotic+HC O	**$**	**A**		**Zonisamide**	**$$$$$**	**C**		**M**	
TRIZIVIR	**$$$$$$**	**C**		**Zovia**	**$$**	**A**			
Tropicamide	**$$**	**A**		**ZOVIRAX OINT**	**$$$$**	**B**			
TRUSOPT	**$$$**	**B**	**M**	**ZYMAR**	**$$$**	**B**	**P**		
TRUVADA	**$$$$$$**	**B**		**ZYPREXA**	**$$$$$$**	**B**	**P**		
Tussi Organidin*	**$$**	**A**							
TUSSIONEX	**$$$$**	**B**							
Ultram*	**$$$**	**A**	**M**						
ULTRASE	**$$$$**	**B**							
Ultravate*	**$$$**	**A**							
Urised*	**$$$**	**A**							
Urocit-k*	**$$$$**	**A**							
UROXATRAL	**$$$$$$**	**B**							
Ursodiol	**$$$$$$**	**A**							
VALCYTE	**$$$$$$**	**B**							
VALTREX	**$$$$$$**	**C**							
VANCOCIN	**$$$$$$**	**C**							
VANTIN SUSP	**$$$$$$**	**B**							
Venlafaxine	**$$$$**	**A**							
VENTOLIN HFA	**$$$**	**A**							
VEPESID	**$$$$$$**	**I**	**P**						
Verapamil	**$$**	**A**	**M**						
VESICARE	**$$$$$**	**B**	**M**						
VEXOL	**$$$**	**B**							
VIBRAMYCIN SYRUP	**$**	**B**							
VIDEX	**$$$$$$**	**B**							
VIGAMOX	**$$$$**	**C**	**P**						
VIRACEPT	**$$$$$$**	**B**							
VIRAMUNE	**$$$$$$**	**B**							
VIREAD	**$$$$$$**	**B**							
Viroptic*	**$$$**	**A**							
Vitamin D 50,000 IU	**$**	**A**							
VIVELLE	**$$**	**B**	**M**						
VIVELLE-DOT	**$$**	**B**	**M**						
VIVOTIF BERN	**$$$$**	**B**							
VOSPIRE ER	**$$$**	**B**	**M**						
VYTORIN	**$$$$$**	**B**	**M**						
Warfarin	**$$**	**A**	**M**						
WELCHOL	**$$$$$$**	**C**	**M**						
XALATAN	**$$$$**	**B**	**M**						
XELODA	**$$$$$$**	**B**	**P**						
XIFAXAN	**$$$$$**	**C**	**P**						
YASMIN	**$$**	**B**							
YAZ	**$$**	**B**							
YODOXIN	**$$$$**	**B**							

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