

## PPO Benefit Summary

Benefit	PPO	
	In-Network	Out-of-Network
<b>Deductible</b>	None	\$400 Individual \$800 Family Aggregate
<b>Out-of-Pocket Maximums (Includes Deductible)</b>	Not Applicable	\$1,500 Individual \$3,000 Family Aggregate
<b>Lifetime Maximum</b>	Unlimited	\$1,000,000/person
<b>Ambulance</b>	100%	70% after deductible
<b>Diabetes Treatment</b>	100%	70% after deductible
<b>Diagnostic Services</b>	100%	70% after deductible
<b>Durable Medical Equipment, Orthotics and Prosthetics</b>	100%	70% after deductible
<b>Emergency Room Services</b>	100% after \$50 copay - waived if admitted	100% after \$50 copay - waived if admitted
<b>Enteral Formulae</b>	100%	70% no deductible
<b>Home Health Care</b>	100 % (90 visits/benefit period)	70% after deductible (90 visits/benefit period)
<b>Hospice</b>	100%	70% after deductible
<b>Hospital Expenses (Inpatient &amp; Outpatient)</b>	100%	70% after deductible
<b>Infertility Counseling, Testing and Treatment</b>	100%	70% after deductible
<b>Maternity</b>	100%	70% after deductible
<b>Medical Care (Inpatient Visits)</b>	100%	70% after deductible
<b>Mental Health Inpatient</b>	100% (30 days/benefit period)	70% after deductible (30 days/benefit period)
<b>Mental Health Outpatient</b>	100% after \$25 copay (30 visits/benefit period)	50% after deductible (30 visits/benefit period)
<b>Office Visits</b>		
<b>Physician Visits</b>	100% after \$15 copay	70% after deductible
<b>Specialist</b>	100% after \$25 copay	70% after deductible
<b>Oral Surgery</b>	100%	70% after deductible
<b>Physical Medicine Outpatient</b>	100% after \$25 copay (20 visits/benefit period)	70% after deductible (20 visits/benefit period)
<b>Preventive Care Adult</b>		
<b>Physical Examinations</b>	100% after \$15 copay	70% after deductible

Benefit	PPO	
	In-Network	Out-of-Network
<b>Immunizations</b>	100%	70% after deductible
<b>Gynecological &amp; PAP Mammograms</b>	100% after \$25 copay	70% no deductible
<b>Diagnostic Screening</b>	100%	70% after deductible
<i>Pediatric</i>		
<b>Physical Examinations</b>	100% after \$15 copay	70% after deductible
<b>Immunizations</b>	100%	70% no deductible
<b>Diagnostic Screening</b>	100%	70% after deductible
<b>Private Duty Nursing</b>	100% (240 hrs/benefit period)	70% after deductible (240 hrs/benefit period)
<b>Skilled Nursing Facility Care</b>	100% (100 days/benefit period)	70% after deductible (100 days/benefit period)
<b>Speech &amp; Occupational Therapy</b>	100% after \$25 copay (12 visits/benefit period)	70% after deductible (12 visits/benefit period)
<b>Spinal Manipulations</b>	100% after \$25 copay (20 visits/benefit period)	70% after deductible (20 visits/benefit period)
<b>Substance Abuse Detox</b>	100% (7 days/admission)	70% after deductible (7 days/admission)
<b>Substance Abuse Inpatient</b>	100% (30 days/benefit period, 90 lifetime)	70% after deductible (30 days/benefit period, 90 lifetime)
<b>Substance Abuse Outpatient</b>	100% after \$25 copay (60 visits/benefit period, 120 lifetime)	70% after deductible (60 visits/benefit period, 120 lifetime)
<b>Surgical Expenses</b>	100%	70% after deductible
<b>Therapy &amp; Rehabilitation</b>		
<b>Radiation Therapy</b>	100%	70% after deductible
<b>Chemotherapy</b>	100%	70% after deductible
<b>Dialysis Treatment</b>	100%	70% after deductible
<b>Respiration Therapy</b>	100%	70% after deductible
<b>Cardiac Rehabilitation</b>	100%	70% after deductible
<b>Transplant Services</b>	100%	70% after deductible

## Aetna Prescription Drug Program

### Three Tiered Formulary Plan

	Retail	Mail Order	Retail Maintenance
Generic	\$10.00	\$15.00	\$20.00
Preferred Brand	\$18.00	\$27.00	\$36.00
Non-Preferred Brand	\$36.00	\$54.00	\$72.00

- \* 31 day maximum supply on drugs dispensed at retail
- \* Mail order for all prescriptions that are filled for a 31-90 day supply
- \* Specialty Drugs - Available only through the vendors specialty drug program

See Formulary Below

## 2008 Aetna Preferred Drug List

(Unless otherwise noted, all generically available covered oral products available by prescription are on Aetna's Preferred Drug List.)

ACTONEL	EMCYT	MAXALT	REQUIP	ZYVOX
ACTONEL w/CALCIUM	EMEND	MAXALT-MLT	RETIN-A MICRO	
ACTOPLUS MET	EMTRIVA	MENEST	REVATIO	
ACTOS	ENABLEX	MENOPUR	REYATAZ	
ADDERALL XR	ENBREL	MEPRON	RISPERDAL	
ADVAIR DISKUS	ENJUVA	MESTINON	RISPERDAL M	
ADVAIR HFA	EPIPEN	METADATE CD	ROWASA (enema only)	
ADVICOR	EPIPEN-JR	METROGEL 1%	SEASONIQUE	
AGGRENOX	EPIVIR	MIRAPEX	SEREVENT DISKUS	
ALDARA	EPIVIR HBV	MYAMBUTOL	SEROQUEL	
ALKERAN	ESTRASORB	MYLERAN	SEROQUEL XR	
ALPHAGAN P	ETHMOZINE	NAMENDA	SINGULAIR	
ALREX	EVISTA	NASONEX	SKELAXIN	
ALTACE	EVOXAC	NEBUPENT	SORIATANE	
AMBIEN CR	EXELON	NEXAVAR	SPIRIVA	
AMERGE	EXFORGE	NEXIUM	STARLIX	
ANDRODERM	FEMARA	NIASPAN	SUSTIVA	
ANDROGEL	FEMRING	NILANDRON	SUTENT	
ANTARA	FLOMAX	NITROSTAT	SYMBICORT	
ARIMIDEX	FLOVENT HFA	NORVIR	SYMLIN	
AROMASIN	FLOVENT ROTADISC	NOVOLOG	TABLOID	
ASACOL	FLOXIN OTIC	NOVOLOG MIX 70/30	TARCEVA	
ASMANEX	FOLLISTIM	NUTROPIN	TARGRETIN	
ASTELIN NASAL	FOLLISTIM AQ	NUTROPIN AQ	TAZORAC	
AVANDAMET	FORADIL	OLUX	TEKTURNA	
AVANDARYL	FORTEO	OLUX-E	TEMODAR	
AVANDIA	FOSAMAX	OMNICEF	TEV-TROPIN	
AVELOX	FOSAMAX PLUS D	ONE TOUCH BASIC/ PROFILE/ONE	TRACLEER	
AVONEX	FOSRENOL	TOUCH II test strips	TRAVATAN	
AZOPT	FREESTYLE test strips	ONE TOUCH FAST	TRICOR	
BD insulin syringes	GLEEVEC	TAKE test strips	TRILEPTAL	
BENZAFLIN	GONAL-F	ONE TOUCH SURE	TRINSICON	
BRAVELLE	HEPSERA	STEP test strips	TRUSOPT	
BYETTA	HEXALEN	ONE TOUCH ULTRA	TRUVADA	
CANASA	HUMALOG	test strips	TUSSIONEX	
CARDIZEM LA	HUMALOG MIX 75/25	OPANA ER	ULTRASE	
CASODEX	HUMATROPE	OPTIVAR	ULTRASE MT	
CEENU	HUMIRA	ORFADIN	UROXATRAL	
CELLCEPT	HUMULIN 50/50	OXYTROL	URSO 250	
CENESTIN	HUMULIN 70/30	PANRETIN	URSO FORTE	
CIPRODEX	HUMULIN N	PATADAY	VALCYTE	
CLOBEX	HUMULIN R	PATANOL	VALTREX	
COLAZAL	HYZAAR	PEGASYS	VANOS	
COMBIVENT	IMITREX	PEG-INTRON	VENTAVIS	
COMBIVIR	INVIRASE	PHOSLO	VESICARE	
COMTAN	JANUMET	PLAVIX	VIDEX	
COPAXONE	JANUVIA	PRANDIN	VIGAMOX	
COREG CR	KADIAN	PRECISION Q-I-D	VIOKASE	
COSOPT	KALETRA	test strips	VIRACEPT	
COZAAR	KEPPRA	PRECISION SOF-TACT	VIRAMUNE	
CREON	LAMICTAL	test strips	VIREAD	
CRESTOR	LANTUS	PRECISION XTRA	VOLTAREN ophthal	
CRIVAN	LESCOL	KETONE test strips	VYTORIN	
CYMBALTA	LESCOL XL	PRECISION XTRA	VYVANSE	
DAYTRANA	LEUKERAN	test strips	WELCHOL	
DEPAKOTE	LEVEMIR	PREVACID	WELLBUTRIN XL	
DEPAKOTE ER	LEXIVA	PREVACID SOLUTAB	XELODA	
DEPAKOTE SPRINKLE	LIALDA	PREVPAC	ZANTAC syrup	
DIBENZYLINE	LIDODERM	PROAIR HFA	ZEMPLAR	
DIFFERIN gel/cream	LOPROX gel/shampoo	PROGLYCEM	ZERIT	
DIOVAN	LORABID	PROGRAF	ZETIA	
DIOVAN HCT	LOTEMAX	PROMETRIUM	ZIAGEN	
DIVIGEL	LUMIGAN	PROTOPIC	ZIANA	
DUAC	LUPRON	PROVENTIL HFA	ZOFRAN	
DUETACT	LUXIQ	PULMICORT RESPULES	ZOFRAN ODT	
DUONEB	LYBREL	RENAGEL	ZYPREXA	
EFFEXOR XR	MATULANE	REPRONEX	ZYPREXA ZYDIS	
ELIDEL	MAXAIR AUTOHALER			

**Aetna Non-Preferred Drug List** *These are some of the medications that may be covered at the non-preferred copay. Any brand-name drug not on the Preferred Drug List may be subject to a non-preferred copay*

ABILIFY	BECONASE AQ	DDAVP	GLUCOVANCE	LUNESTA
ABILIFY DISC	BENICAR	DEMULEN 1/35	GLYSET	LYNOX
ACCOLATE	BENICAR HCT	DEMULEN 1/50	GOLYTELY	LYRICA
ACCUNEB	BENZAMYCIN	DENAVIR	GYNAZOLE-1	LYTENSOPRIL
ACCUPRIL	BENZIQU	DESOGEN	HALFLYTELY	MACROBID
ACCURETIC	BENZIQU LS	DESONATE	HALOG	MAVIK
ACEON	BENZIQU WASH	DESOXYN	HALOTIN CREAM	MAXIDONE
ACIPHEX	BETIMOL	DETROL	HELIDAC	MENOSTAR
ACTIQ	BETOPTIC-S	DETROL LA	HIVID	METADATE ER
ACULAR	BIAXIN	DHE-45	HMS	METAGLIP
ACULAR LS	BIAXIN XL	diabetic strips- all	IMDUR	<i>metaproterenol</i>
ACULAR PF	BINORA	except Lifescan or	INOVA	<i>metipranolol</i>
ADOXA	BIO-THROID	Medisense	INSPIRA	<i>metoprolol SR</i>
AEROBID	BLEPHAMIDE S.O.P.	<i>diclofenac sodium XR</i>	insulin syringes	METROCREAM
AEROBID-M	BONIVA	DIDRONEL	(all syringes other	METROGEL VAGINAL
AGENERASE	BREVICON	DIGEX	than BD brand)	METROLOTION
AGRYLIN	BRONCAP	DILATRATE SR	INTAL	METYHLIN chew/soln
AKNE-MYCIN	BROVANA	DIPENTUM	IOPIDINE	MEVACOR
ALAMAST	BYSTOLIC	DIPROLENE AF	IQUIX	MIACALCIN NASAL
ALCET	CADUET	DITROPAN XL	ISO CARBACHOL	MICARDIS
ALESSE	CAMPRAL	DORAL	ISTALOL	MICARDIS HCT
ALLEGRA	CAPITROL	DOVONEX	KERLONE	MIGRANAL
ALLEGRA D	CAPOTEN	DURAGESIC	KETEK	MIRALAX
ALOCRIAL	CAPOZIDE	DURICEF	<i>ketoprofen ER</i>	MIRCETTE
ALOMIDE	CARDENE SR	DYNABAC	KLARON	MOBIC
ALORA	CARDURA XL	DYNACIRC	KLONOPIN WAFER	MODICON 0.5/35
ALTABAX	CARTROL	DYNACIRC CR	KRISTALOSE	MONOPRIL
ALTOPREV	CEDAX	EDECIN	KU-ZYME	MONOPRIL HCT
ALUPENT	CEFZIL	EFFEXOR	KU-ZYME-HP	MONUROL
AMARYL	CELEBREX	ELESTAT	KYTRIL	MOVIPREP
AMBIEN	CELESTONE	ELESTRIN	LAMISIL	MYFORTIC
AMITIZA	CELEXA	ELMIRON	lancets- all brands	<i>nabumetone</i>
ANCOBON	CENTANY KIT	EMADINE	except BD	NAFTIN
ANZEMET	CIPRO	EMSAM	LAVOCLEN	NAPRELAN
APIDRA	CIPRO HC	ENTOCORT EC	CREAMY WASH	NAPROXEN KIT
ARAVA	CIPRO XR	EQUAGESIC	LETAIRIS	NASACORT AQ
ARICEPT	CLARINEX	EQUETRO	LEVAQUIN	<i>nefazodone</i>
ARICEPT ODT	CLARINEX D	ERTACZO	LEVATOL	NEOBENZ MICRO
ARMOUR THYROID	CLARINEX REDITAB	ESCLIM	LEVLEN	NEUPRO
ARTHROTEC	CLEOCIN VAGINAL	ESTRADERM	LEVLITE	NEVANAC
ATACAND	CLIMARA	ESTROGEL	LEXAPRO	NIMITOP
ATACAND HCT	CLIMARA PRO	ESTROSTEP FE	LEXXEL	NIRAVAM
ATROVENT	CLINDESSE	<i>etodolac ER</i>	LIPEX	NITROBID
ATROVENT HFA	CLODERM	EURAX	LIPITOR	NITRO-DUR
AUGMENTIN	COGNEX	EVOCLIN	LIPOFEN	NORDETTE
AUGMENTIN ES	COLESTID	EXELDERM	LO/OVRAL	NORINYL 1+35
AUGMENTIN XR	COLY-MYCIN-S	EXTINA	LODINE XL	NORINYL 1+50
AURALGAN	COLYTE	FACTIVE	LOESTRIN 1.5/30	NORITATE
AVALIDE	COMBIGAN	FAMVIR	LOESTRIN 1/20	NOROXIN
AVAPRO	COMBIPATCH	FAZACLO	LOESTRIN FE	NOR-QD
AVAR	COMBUNOX	FEXMID	LOESTRIN FE 1.5/30	NORVASC
AVAR GREEN	CONCERTA	<i>fexofenadine</i>	LOESTRIN-24	NOVOLIN 70/30
AVINZA	COPEGUS	FINACEA	LOFIBRA	NOVOLIN N
AVODART	CORAZ	FIRST-TESTOSTERONE	LOPID	NOVOLIN R
AXERT	CORDRAN	FLECTOR	LOPRESS HCT	NOXAFIL
AZASAN	CORTIFOAM	FLONASE	LOPRESSOR	NULYTELY
AZASITE	CORZIDE	FML-S	LOPROX crm/lot/susp	NUOX
AZELEX	COUMADIN	FOCALIN	LOTENSIN	NUVARING
AZMACORT	COVERA-HS	FOCALIN XR	LOTENSIN HCT	NUZON
AZOR	CUPRIMINE	FORTAMET	LOTREL	OPANA
BACTROBAN	CYCLESSA	FROVA	LOTRISONE	OPTIPRANOLOL
BACTROBAN NASAL	DANTRIUM	GEOCILLIN	LOTRONEX	ORACEA
BARACLUDE	DAYPRO	GEODON	LOVAZA	ORAPRED

## Aetna Non-Preferred Drug List (continued)

ORAXYL	PRAVACHOL	ROSULA	TOBRADEX	VOLTAREN XR
ORTHO EVRA	PRAZOLAMINE	ROSULA NS	TOLECTIN	WELLBUTRIN
ORTHO TRI-CYCLEN	PRECOSE	ROXICET	<i>tolmetin sodium</i>	WELLBUTRIN SR
ORTHO TRI-CYCLEN LO	PRED-G	ROZEREM	TOPROL XL	XALATAN
ORTHO-CEPT	PRED-G S.O.P	ROZEX	TRANSDERM	XANAX XR
ORTHO-CYCLEN	PREFEST	SANCTURA	SCOPOLAMINE	XIBROM
ORTHO-NOVUM 1/35	PREVACID NAPRAPAC	SEASONALE	TRAZAMINE	XIFAXAN
ORTHO-NOVUM 1/50	PRILOSEC	SEBIZON	TREXALL	XOLEGEL
ORTHO-NOVUM 10/11	PRINIVIL	SEMPREX D	TRIAZ	XOLEGEL DUO
ORTHO-NOVUM 7/7/7	PRINZIDE	SENOPHYLLINE	TRIGLIDE	XOPENEX
ORUVAIL ER	PROAMATINE	SKELID	TRI-LEVLEN	XOPENEX HFA
OSMOPREP	PROQUIN XR	SONATA	TRINALIN	XYRALID RC
OVACE	PROSCAR	SPECTRACEF	TRI-NORINYL	XYZAL
OVCON 50	PROTONIX	SPORANOX	TRIPHASIL	YASMIN
OVCON FE	PROVIGIL	STAFLEX	TRYCET	YAZ
OVCON-35	PROZAC	STALEVO	TYZEKA	ZANAFLEX
<i>oxaprozin</i>	PROZAC WEEKLY	STRATTERA	ULTRACAPS	ZAZOLE
OXISTAT	PULMICORT	STRAZEPAM	ULTRACET	Z-CLINZ
PALCAPS	INHALATION	STRIANT	ULTRAM	ZEBETA
PALGIC	PULMICORT	SULAR	ULTRAM ER	ZEGERID
PANIXINE	TURBUHALER	SULFACET-R	ULTRAVATE	ZESTORETIC
PANOCAPS	PYLERA	SULFOXYL	UNIPHYL	ZESTRIL
<i>pantoprazole</i>	QUESTRAN	SUPRAX	UNIRETIC	ZITHROMAX
PARCOPA	QUIXIN	SYMBYAX	UNIVASC	ZMAX
PAXIL	QVAR	SYNERA	URELLE	ZOCOR
PAXIL CR	<i>ramipril</i>	TACLONEX	UREX	ZODERM
PCE	RANEXA	TAPAZOLE	URISPAS	ZOLOFT
PENLAC	RANICLOR	TARKA	UTA	ZOMIG
PENTASA	RAPIFLUX	TASIGNA	VANACHOL	ZOMIG ZMT
PERCOCET	RAZADYNE	TASMAR	VANTIN	ZOVIRAX
PERFOROMIST	RAZADYNE ER	TEQUIN	VASERETIC	ZYDONE
PEXEVA	RELAFEN	TERAZOL	VASOTEC	ZYFLO
PHOSPHOLINE	RELION 70/30	TESTIM	VENTOLIN HFA	ZYLET
PILOPINE HS	RELION N	TEVETEN	VERAMYST	ZYMAR
PLENDIL	RELION R	TEVETEN HCT	VEREGEN	ZYRTEC
PLETAL	RELPAX	THEO-24	VEXOL	ZYRTEC D
PLEXION EMULSION	RETROVIR	THERAPROXEN	VFEND	ZYTOPIC
PLEXION SCT	RHINOCORT AQ	THYROLAR	VIDEX EC	
PLEXION TS	RIDAURA	TILADE	VISICOL	
POLY-PRED	RITALIN LA	TIMOLIDE	VIVELLE	
PONSTEL	ROSAC	TINDAMAX	VIVELLE-DOT	

## 2008 Aetna Precertification List

ACCUTANE	AVODART	<i>itraconazole</i>	PREVACID	<i>tretinoin PR ≥ 36 yr old</i>
ACIPHEX	CASODEX	IV IMMUNE	PREVACID NAPRAPAC	UROXATRAL
All <b>Factor VIIa</b> products	CELEBREX	GLOBULIN (IVIG)	PRILOSEC	VFEND
All <b>Factor VIII</b> products	<i>chloroquine</i>	LAMISIL tab	PROSCAR	VIVOTIF BERNIA EC
All <b>Factor IX</b> products	CLARINEX	LARIAM	PROTONIX	XIFAXAN
All <b>Fluoroquinolone</b> antibiotics	CLARINEX-D	LOTRONEX	PROVIGIL	XYREM
<b>PR &lt; 10 yr old</b>	DARAPRIM	MALARONE	REBETRON	XYZAL
All <b>Growth Hormones</b>	DIFLUCAN	<i>mefloquine</i>	RETIN-A MICRO gel	ZAVESCA
All <b>Tetracycline</b> antibiotics	EXUBERA	NEXIUM	<b>PR ≥ 36 yr old</b>	ZEGERID
<b>PR ≤ 8 yr old</b>	FANSIDAR	NOXAFIL	REVATIO	ZIANA
ALLEGRA	<i>fexofenadine</i>	<i>omeprazole</i>	RILUTEK	ZYRTEC
ALLEGRA-D	FLOMAX	ORAXYL	ROFERON-A	ZYRTEC-D
AMITIZA	<i>fluconazole</i>	ORFADIN	SEMPREX-D	ZYVOX
ARALEN	<i>hydroxychloroquine</i>	PEGASYS	SOLODYN	
AVITA <b>PR ≥ 36 yr old</b>	INFERGEN	PEG-INTRON	SOTRET	
	INTRON-A	PENLAC nail lacquer	SPORANOX	
	<i>isotretinoin</i>	PLAQUENIL	SYNAGIS	

## 2008 Aetna Quantity Limits List

ABILIFY	CARDIZEM CD	<i>fentanyl</i>	<i>mirtazapine</i>	SEROQUEL
ACCOLATE	CARDIZEM LA	FENTORA	MONOPRIL	SEROQUEL XR
ACCUPRIL	<i>cartia xt</i>	<i>fexofenadine</i>	NEURONTIN	<i>sertraline</i>
ACCUTANE	CELEBREX	FLECTOR	NEXIUM	<i>simvastatin</i>
ACEON	CELEXA	<i>fluconazole</i>	<i>nifedical XL</i>	SINGULAIR
ACIPHEX	CESAMET	<i>fluoxetine</i>	<i>nifedipine CR/ER</i>	SONATA
ACTIQ	<i>chloroquine</i>	<i>fluvoxamine</i>	NORVASC	STADOL NS
ACTONEL	<i>citalopram</i>	FOCALIN	NEUPRO	STRATTERA
ACTONEL w/CALCIUM	CLARINEX	FOCALIN XR	<i>omeprazole</i>	SULAR
ADALAT CC	CLARINEX-D	FOSAMAX	<i>ondansetron</i>	<i>sulfasalazine</i>
ADDERALL	CLIMARA	FOSAMAX PLUS D	<b>Oral Contraceptives</b>	<i>sulfasalazine EC</i>
ADDERALL XR	CLIMARA PRO WEEKLY	<i>fosinopril</i>	(all but SEASONALE)	SULFAZINE
ADVICOR	<i>clozapine</i>	FROVA	OPANA ER	SULFAZINE EC
ALLEGRA	CLOZARIL	<i>gabapentin</i>	ORACEA	SYMBYAX
ALLEGRA-D	COLAZAL	GABARONE	<i>oxycodone/ibuprofen</i>	TAMIFLU
ALORA	COMBIPATCH	<i>granisetron</i>	<i>oxycodone SR</i>	<i>taztia xt</i>
ALTACE	COMBUNOX	GEODON	OXYCONTIN CR	TEKTURNA
ALTOPREV	CONCERTA	HELIDAC	<i>pantoprazole</i>	TEVETEN
AMBIEN	COVERA HS	<i>hydroxychloroquine</i>	<i>paroxetine</i>	TIAZAC
AMBIEN CR	COZAAR	HYZAAR	PAXIL	TORADOL
AMERGE	CRESTOR	IMITREX	PAXIL CR	UNIVASC
<i>amphetamine/ dextroamphetamine</i>	CYLERT	INVEGA	<i>pemoline</i>	VASOTEC
ANZAMET	CYMBALTA	ISOPTIN SR	PENTASA	<i>venlafaxine</i>
ARALEN	DAYTRANA	<i>isotretinoin</i>	PEXEVA	<i>verapamil CR/ER/SR</i>
ASACOL	DESOXYN	<i>ketorolac</i>	PLAQUENIL	VERELAN
ATACAND	DESOXYN CR	KYTRIL	PLENDIL	VERELAN PM
ATACAND HCT	DEXEDRINE	LESCOL	PRAVACHOL	VERELAN SR
AVALIDE	DEXEDRINE CR	LESCOL XL	<i>pravastatin</i>	VIVELLE
AVAPRO	<i>dextroamphetamine</i>	LEXAPRO	PREVACID	VIVELLE DOT
AVODART	<i>dextroamphetamine CR</i>	LIALDA	PREVACID SOLUTAB	VYTORIN
AXERT	<i>dextrostat</i>	LIPITOR	PREVPAC	WELLBUTRIN
AZOR	DIFLUCAN	<i>lisinopril</i>	PRIOSEC	WELLBUTRIN SR
AZULFIDINE	DILACOR XR	<i>lotensin</i>	PRINIVIL	WELLBUTRIN XL
AZULFIDINE ENTABS	<i>diltiaz XT</i>	<i>lovastatin</i>	PROCARDIA XL	XIFAXAN
<i>balsalazide</i>	<i>diltiazem CD/CR/ER/XT</i>	LUNESTA	PROTONIX	XYZAL
BARACLUDE	<i>diltiazem extended release</i>	LYRICA	PROVIGIL	ZEGERID
<i>benazepril</i>	<i>beads SR</i>	<i>maprotiline</i>	PROZAC	ZESTRIL
BENICAR	DIOVAN	MAVIK	PYLERA	ZETIA
BENICAR HCT	DIOVAN HCT	MAXALT	<i>quinapril</i>	ZOCOR
BONIVA	DIPENTUM	MAXALT MLT	<i>ramipril</i>	ZOFRAN
<i>budeprion</i>	DURAGESIC	MENOSTAR	RANEXA	ZOFRAN ODT
<i>budeprion ER/SR</i>	EFFEXOR	METADATE CD	RAPIFLUX	ZOLOFT
<i>bupropion</i>	EFFEXOR XR	METADATE ER	RELENZA	ZOMIG
<i>bupropion ER/SR</i>	EMEND	<i>metbampbetamine</i>	RELPAZ	ZOMIG ZMT
<i>butorphanol nasal</i>	EMSAM	METHYLIN	REMERON	ZYFLO
BYETTA	<i>enalapril</i>	METHYLIN chew/soln	RISPERDAL	ZYFLO CR
BYSTOLIC	ESCLIM	METHYLIN ER	RISPERDAL M	ZYPREXA
CADUET	ESTRADERM	<i>methylphenidate</i>	RITALIN	ZYPREXA ZYDIS
CALAN SR	<i>estradiol patch</i>	<i>methylphenidate CR/ER/SR</i>	RITALIN LA	ZYRTEC
CANASA	EXFORGE	MEVACOR	RITALIN SR	ZYRTEC-D
CAPOTEN	EXUBERA	MICARDIS	ROWASA	
<i>captopril</i>	FAZACLO	MICARDIS HCT	ROZEREM	
	<i>felodipine</i>	MIGRANAL	SEMPREX-D	