

Pharmacy Benefits:

These benefits are self-insured by Union Pacific and are administered by UPREHS. UPREHS been granted discretionary authority to interpret the terms of the pharmacy benefits portion of the Plan and to determine entitlement to Plan benefits in accordance with the terms of the Plan. Pharmacy Coinsurance payments also do not count toward the Medical Coinsurance Maximum, but do count toward an annual Pharmacy Coinsurance Maximum. . Amounts for outpatient pharmacy and vision care benefits paid by the Plan are not counted towards the lifetime maximum benefit for covered medical expenses.

Pharmacy Coinsurance Amount: Participants in the Plan pay a coinsurance amount for prescription drugs at participating pharmacies or through the home delivery pharmacy service. No prescription drug deductibles apply. Cost sharing through coinsurance begins with the first prescription. The Pharmacy Coinsurance is separate from the Medical Coinsurance and amounts paid for pharmacy drugs do not count toward the annual Medical Deductibles, annual Medical Coinsurance Maximums, or Lifetime Medical Maximum.

The pharmacy coinsurance percentage depends on the Plan’s formulary feature, with the member paying a smaller percentage for Tier-1 (typically generic drugs), a greater percentage for Tier-2 (formulary brand name drugs), and the highest percentage for Tier-3 (non-formulary non-preferred brand name drugs). The lesser of actual costs or a minimum coinsurance amount applies. Participant coinsurance payments are capped to lessen the burden of high cost drugs. Specific coinsurance percentages, minimum and maximum costs, and annual out-of-pocket limits are presented in the Schedule of Benefits on Page XX.

The Coordination of Benefits provisions do not apply to Pharmacy Benefits. Pharmacy Benefits will not be coordinated with those of any other health coverage plan.

Pharmacy Benefits	
Retail (up to 31-day supply)	Prescription Drug Coinsurance Percentage* (\$10 minimum,** \$100 maximum coinsurance payment per prescription)
Tier 1 - Generic	20%
Tier 2 - Preferred	30%
Tier 3 - Non-Preferred	40%
Home Delivery (up to 90-day supply)	Prescription Drug Coinsurance Percentage* (\$25 minimum,** \$125 maximum coinsurance payment per prescription)
Tier 1 - Generic	15%
Tier 2 - Preferred	25%
Tier 3 - Non-Preferred	40%
Annual Out-of-Pocket Pharmacy Maximums	Retail and Home Delivery Combined
-Individual	\$1,250
-Family: 2+ persons	\$2,500
*Pharmacy coinsurance does not count towards the annual medical deductible, the annual coinsurance medical maximums, or the lifetime medical maximum	
**If the actual cost of the drug is less than the stated minimum, the member will pay the actual drug cost	

PHARMACY PROGRAM

The Majestic Health Plan Pharmacy Program is offered as part of the Majestic Health Plan and is designed to meet your specific needs and provide excellent Outpatient prescription drug benefits. Benefits are limited to Physician prescribed drugs and medications used for the treatment of a medical condition that is a covered benefit. Your cooperation is vital to the success of the pharmacy program. Failure to use the program

consistently in the manner required can result in denied benefit payment. You are responsible for denied payments.

The Majestic Health Plan Pharmacy Program Formulary is a list of Outpatient prescription drugs and other medications that are a covered benefit when used for the treatment of a medical condition that is a covered benefit. The Formulary is incentive based, which means there are three Tiers with your lowest co-insurance applying to the least costly drugs. The higher the cost of the drug to UPREHS, the higher the Tier and your co-insurance. Formulary prescription drugs are included in Tier 1 and Tier 2. Most non-formulary prescription drugs are available under Tier 3.

Majestic Mail-Order Pharmacy co-payments are less than when using the Majestic or contract network pharmacies. Using the Majestic Mail-Order Pharmacy whenever possible is most economical for you and UPREHS.

The Pharmacy and Therapeutics Committee reviews the Formulary at least three times each Year. Formulary content is based on those reviews so drugs may change during the Calendar Year. If you have questions about current prescription drugs or prescription benefits you may call Majestic Health Plan Customer Service at 1-800-547-0421 between the hours of 7:30 AM and 4:00 PM Mountain Time, Monday through Thursday and 8:30 AM to 4:00 PM on Friday. The current Majestic Health Plan Pharmacy Program Formulary List is available on the Internet at www.MajesticHealthPlan.com.

MAJESTIC HEALTH PLAN INSURANCE ID CARD:

The Majestic Health Plan does not reimburse you for prescriptions when they are filled without using your Majestic Health Insurance ID Card. The pharmacist needs the information supplied on the front and back of your card to fill prescriptions within the Majestic Health Plan Pharmacy Program Formulary. Present your card whenever you obtain an emergency or one-time-only prescription from a Majestic Health Plan or Contract Network Pharmacy. Your Majestic Health Plan Health Insurance ID Card is your key to receiving maximum pharmacy benefits.

MEMBER CO-INSURANCE PAYMENTS FOR PRESCRIPTIONS:

MAJESTIC MAIL-ORDER PHARMACY		Your Co-Insurance Up to 90-day Supply*	
- Tier 1 Generic Drugs		15%	
- Tier 2 Brand Name Drugs		25%	
- Tier 3 Non-Formulary Drugs		40%	
* 90 day supply or the prescribed amount, whichever is less			
MAJESTIC PHARMACIES & CONTRACT NETWORK PHARMACIES		Your Co-Insurance 90-day Supply	Your Co-Insurance 30-day Supply*
- Tier 1 Generic Drugs		Not Supplied	20%
- Tier 2 Brand Name Drugs		Not Supplied	30%
- Tier 3 Non-Formulary Drugs		Not Supplied	40%
* 30-day supply or the prescribed amount, whichever is less			

DRUG AND MEDICATION TIERS:

Tier 1 – Majestic Health Plan Pharmacy Program Formulary Generic Drugs: Tier 1 consists of Formulary generic drugs. If your prescription has a Formulary Tier 1 generic drug equivalent, you will receive that drug regardless of the drug name prescribed by your Physician. Tier 1 drugs have the lowest cost to Majestic Health Plan so they require the lowest level of Coinsurance. 15% of the Prescription Drug Cost is the Tier 1 co-insurance payment for each prescription or up to a 90-day supply ordered through the

Majestic Mail-Order Pharmacy. 20% is the Tier 1 co-insurance payment for each prescription or 30-day supply obtained from a Majestic Health Plan or Contract Network Pharmacy.

Tier 2 – Majestic Health Plan Pharmacy Program Formulary Brand Name Drugs: Tier 2 consists of Formulary brand name drugs. You will receive the Tier 2 brand name drug if there is no Tier 1 Formulary generic drug equivalent. Tier 2 drugs are much more expensive to Majestic Health Plan than Tier 1 drugs. The Tier 2 co-insurance payment for each prescription or up to a 90-day supply ordered through the Majestic Mail-Order Pharmacy is 25% of the Prescription Drug Cost. The Tier 2 co-insurance payment for each prescription or 30-day supply obtained from a Majestic or Contract Network Pharmacy is 30%.

Tier 3 – Majestic Otherwise Non-Formulary Drugs: Tier 3 includes otherwise (drugs that are not included in Tiers 1 or 2) non-formulary drugs. UPREHS has created Tier 3 pharmacy benefits so you have access to non-formulary prescription drugs that were not a covered benefit in the past. These drugs are very costly to Majestic Health Plan, and are generally a covered benefit only when obtained from the Majestic Mail-Order Pharmacy. The Tier 3 co-insurance payment, up to a 90-day supply is 40%. In rare instances, Tier 3 prescriptions cannot be supplied by the Majestic Mail-Order pharmacy because they are in a classification that cannot be sent by mail. These drugs must be obtained from a UPREHS or Contract Network Pharmacy. These exceptions are clearly indicated on the Formulary List beginning on Page XX. The Tier 3 co-insurance payment is 40% for each prescription or 30-day supply.

When Tier 3 Benefits Are Available:

- Tier 3 benefits are available when you or a provider requests a non-formulary generic or brand name drug that has not been included in Tier 1 or 2 for the treatment of a medical condition that is a covered benefit. A 40% co-insurance payment is required for up to a 90-day supply.
- **Tier 3 includes certain catastrophic or extended treatment drugs that are extremely costly and are not otherwise included in Tier 1 or 2 of the Formulary. The Majestic Pharmacy and Therapeutics Committee determine which of these Tier 3 drugs are available. A 40% co-insurance payment is required for up to a 90-day supply.**

In all cases when the allowed charge for the drug is different than the Coinsurance, the lesser of the two will be charged.

TYPES OF PHARMACY SERVICES:

The Majestic Health Plan Pharmacy Program offers a variety of services, which helps to maintain quality and manage a cost-effective pharmacy program. Pharmacy services include:

- The UPREHS Mail-Order Pharmacy supplies Formulary Tier 1 and 2 maintenance and Tier 3 non-formulary prescription drugs.
- UPREHS pharmacies supply emergency and one-time-only Formulary Tier 1 and 2 prescription drugs and certain Tier 3 non-formulary drugs that cannot be mailed by the UPREHS Mail Order Pharmacy .
- Contract network pharmacies supply emergency and one-time-only Formulary Tier 1 and 2 prescription drugs and certain Tier 3 non-formulary drugs when the UPREHS Mail-Order Pharmacy and other UPREHS pharmacies are not available.

UPREHS Mail-Order Pharmacy: You must order all Formulary Tier 1 and 2 maintenance prescriptions and Tier 3 non-formulary prescriptions through the UPREHS Mail-Order Pharmacy. Exceptions are detailed in the Formulary List. Maintenance prescriptions are medications intended to be taken longer than 30 days.

Maintenance prescriptions can be filled for the first time at a UPREHS or Contract Network Pharmacy, but additional refills must be ordered through the UPREHS Mail-Order Pharmacy. One-time-only prescriptions can be filled through the UPREHS Mail-Order Pharmacy at a lower Coinsurance if it is possible to wait for the medication.

UPREHS Mail-Order Pharmacy Cost Savings: When you use the UPREHS Mail-Order Pharmacy, Tier 1 and Tier 2 co-insurance payments are reduced. UPREHS Mail-Order Pharmacy co-insurance percentages are less than when using the UPREHS or contract network pharmacies. Using the UPREHS Mail-Order Pharmacy whenever possible is most economical for you and UPREHS.

UPREHS is able to supply Mail-Order Pharmacy maintenance prescriptions to you with lower co-insurance payments because of volume discounts. Many medications are produced by several different drug manufacturers who label the medication with their own brand name or produce a generic drug. Drugs are individually analyzed by UPREHS for quality, safety, and cost. Formulary selections are made and a large supply of the drug is purchased from one manufacturer to stock the UPREHS Mail-Order Pharmacy. The manufacturer gives a volume discount for the purchase of large drug quantities. These savings are passed on to you through lower Mail-Order Pharmacy Coinsurance.

To Order New Maintenance Prescriptions from the UPREHS Mail-Order Pharmacy: Ordering new Formulary Tier 1 and 2 maintenance or Tier 3 non-formulary prescriptions is easy, you are charged no shipping costs. Follow these directions to fill new prescriptions:

- Obtain the prescription(s) from your doctor. Make certain the number of refills the doctor wants you to have is clearly indicated on the prescription.
- Use a separate sheet of paper to show your name and UPREHS Member ID number exactly as they appear on your UPREHS Health Insurance ID Card, your return address, and your doctor's name.
- Order a 90-day supply for each prescription if possible. Be sure to specify whether you want a 90 or 30-day supply.
- Make your check or money order payable to the UPREHS Pharmacy. Please do not send cash. Allow 10 days for delivery.
- Mail the prescription(s), information, and a check for the applicable Tier co-insurance payment(s) to:

UPREHS Mail-Order Pharmacy
PO Box 3228
Ogden, UT 84409

To Order Prescription Refills from the UPREHS Mail-Order Pharmacy: Formulary Tier 1 and 2 maintenance and Tier 3 non-formulary prescriptions are easy to refill if they are already on file with the UPREHS Mail-Order Pharmacy. UPREHS urges you to order a 90-day supply depending on the number of refills left on the prescription. Reorders for a 90-day supply may be placed 60 days or more after your last refill so that you will not run out of your medication.

- **To order refills by telephone.** Just call the UPREHS toll-free number, 1-800-547-0421, and follow instructions. You must use MasterCard, VISA, American Express, or Discover for co-insurance payments to order refills by telephone. To use the telephone service:
 1. Have ready your UPREHS Health Insurance ID Card, the credit card you intend to use (see above), and the prescription number(s) to be refilled.
 2. Call the UPREHS Mail-Order Pharmacy refills telephone number at 1-800-547-0421.
 3. Follow the instructions of the automated pharmacy service line to order your refill(s) and pay the co-insurance payment(s).
- **To Order Refills By Mail. The information necessary to reorder is on the receipt you receive with each prescription order. Refills by mail are obtained in the same manner as the new prescription, with the prescription numbers substituting for the original prescription(s). Enclose your check or money order in the correct amount made payable to the UPREHS Pharmacy. Please do not send cash.**

UPREHS Pharmacies: UPREHS pharmacies are located in areas where large concentrations of members reside. Members in those locations must use UPREHS pharmacies, if available, to fill emergency and one-time-only prescriptions. These pharmacies are not stocked with the enormous quantities of medications required to fill maintenance prescriptions. Refer to the UPREHS pharmacy listing below for telephone numbers and addresses of different locations. UPREHS telephone systems are not equipped to serve the hearing impaired.

UPREHS Mail-Order Pharmacy

P O Box 3228
Ogden, UT 84409
Phone: 1-800-331-6353
Refills by Phone: 1-800-547-0421

Nebraska

UPREHS Pharmacy
810 West Reid #2
North Platte, NE 69101
Phone: (308) 534-8886

Idaho

UPREHS Pharmacy
120 South Railroad Avenue
Pocatello, ID 83204
Phone: (208) 236-5396

Nebraska

UPREHS Pharmacy
Union Pacific Center
1400 Douglas Street
Omaha, NE 68179
Phone: (402) 544-3740

Contract Network Pharmacies: You are required to obtain all maintenance prescriptions from the UPREHS Mail-Order Pharmacy and other non-maintenance prescriptions from UPREHS Pharmacies whenever possible. You can obtain an emergency and/or one-time-only Formulary Tier 1 or 2 prescription from a Contract Network Pharmacy if a UPREHS pharmacy is not available. Tier 3 non-formulary prescriptions are a covered benefit only when obtained from the UPREHS Mail-Order Pharmacy. In rare instances Tier 3 prescriptions cannot be sent through the mail, so they cannot be supplied by the UPREHS Mail-Order Pharmacy. These drugs must be obtained from a UPREHS or a Contract Network Pharmacy. These exceptions are clearly indicated on the Formulary List.

The Contract Network Pharmacies cannot be used for convenience purposes when a UPREHS Pharmacy or the UPREHS Mail-Order Pharmacy can be used.

Contract Network Pharmacies are an extensive national network that include most local retail pharmacies. As part of the UPREHS network, these pharmacies electronically implement the Majestic Health Plan Pharmacy Program Formulary when filling your prescription. To find a Contract Network Pharmacy near you, refer to the list beginning on Page XX or call Pharmacy Information Services at 1-800-950-2840.

NON-COVERED DRUGS AND MEDICATIONS:

Majestic Health Plan Pharmacy Program benefits are limited to Physician prescribed drugs and medications used for the treatment of a medical condition that is a Covered Benefit or Service. A Physician may prescribe certain drugs or medications that can be obtained over-the-counter without a prescription. Over-the-counter items are not a UPREHS covered benefit even when prescribed by a Physician.

Following Are Non-Covered Benefits:

- Drugs prescribed for treatment of a medical condition that is not a Covered Benefit or Service.
- Drugs used for non-FDA approved indications.
- Prescriptions used for cosmetic purposes.
- Appetite suppressants or diet pills.
- Drugs used experimentally or investigationaly.
- Drugs or medications used to relieve tobacco dependency.
- Any drug or medication obtainable without a prescription unless it is specifically included in the UPREHS Formulary.
- Drugs prescribed to treat an on-duty Injury, regardless of fault.

EMERGENCY PRESCRIPTIONS:

If an emergency occurs at a location that makes it severely impractical or impossible to have a prescription filled at a UPREHS or Contract Network Pharmacy, the nearest pharmacy may be used. Send a written explanation of the nature of the emergency with the itemized bill to UPREHS, 795 North 400 West, Salt Lake City, UT 84103. See the section, 'How to Submit a Pharmacy Program Claim.' Approved refunds are made in the amount of the actual cost of the drug to UPREHS less the applicable Tier Coinsurance. You will not be reimbursed for the difference, if any, between the amount you pay for the prescription and the actual cost of the drug to UPREHS.

PHARMACY AND THERAPEUTICS COMMITTEE:

The UPREHS Pharmacy and Therapeutics Committee is the advisory group on therapeutic drug use. Committee members include Physicians of various specialties, pharmacists, and administrative personnel. The committee reviews the Formulary at least three times each Year. Formulary content is based on those reviews so Formulary drugs may change during the Calendar Year. The committee maintains and revises Formulary drugs based on quality and safety issues. Cost is a consideration, but only if there are several drug choices that first meet all other criteria.

GENERIC DRUG QUALITY:

There have been reported instances of questionable quality in some generic drugs. The Majestic Health Plan Pharmacy Program Formulary adheres to quality-first-selections and completely rejects drugs having quality concerns. Even though the generic drug may be deeply discounted, UPREHS will select the brand name drug if there are generic drug quality concerns. This is why many Majestic Health Plan Pharmacy Program Formulary drug selections are brand name drugs.

MEMBER RIGHTS AND RESPONSIBILITIES:

Under the Majestic Health Plan Pharmacy Program, you have rights and responsibilities to make certain that the program and their benefits function in the manner intended.

Your Rights:

- You have the right to receive prompt supply of Physician prescribed drugs and medications for treatment of medical conditions that are Covered Benefits or Services; and
- To file an Appeal with UPREHS regarding a payment decision.

Your Responsibilities:

- You have the responsibility to use the Pharmacy Program in the manner required;
- To know your benefits under the Majestic Health Plan Pharmacy Program; and
- To observe the Majestic Health Plan Pharmacy Program Formulary.

HOW TO USE THE MAJESTIC HEATH PLAN PHARMACY PROGRAM FORMULARY:

Drug Name Column: The drug name column is an alphabetical list of Formulary Tier 1 and Tier 2 generic and brand name drugs and non-formulary Tier 3 drugs that are covered benefits. Remember, to be a covered benefit, listed drugs must be prescribed by a Physician for treatment of a Covered Benefit or Service. Brand name and generic drugs that are not included in the Formulary Tier 1 or 2 of this list may be included with Tier 3 non-formulary drugs.

Tier Column: A number 1, 2, or 3 indicates the Tier applicable to the drug as follows:

- **Tier 1 – Formulary Generic Drugs**
- **Tier 2 – Formulary Brand Name Drugs**
- **Tier 3 – Otherwise Non-formulary Drugs**

Caution Indicator Column: This column alerts you to special conditions that apply to benefit payment, benefit limitations, etc. for that particular drug, medication or item. A drug can have multiple indicators. Caution Indicators correspond to the following explanations:

- **A** - These drugs have been classified by the FDA as solely for the treatment of mental health conditions, alcohol and/or substance abuse.
- **B** - indicates drugs that are class II narcotics. These drugs cannot be sent through the mail. They must be obtained through a UPREHS or Contract Network Pharmacy. In rare instances, Tier 3 prescriptions cannot be supplied by the UPREHS Mail-Order pharmacy because they are in this classification. Only those Tier 3 drugs may be obtained from a UPREHS or Contract Network Pharmacy. These exceptions are clearly indicated on the Formulary List.
- **D** - indicates diabetic supplies and insulin that have special applications. They are supplied **ONLY** through the UPREHS Mail-Order Pharmacy with a Physician's prescription. They are not supplied through the UPREHS or contract network pharmacies. More precise explanations and special benefit applications are provided in the "Diabetic Supplies And Insulin Benefits" chart on Page 34.
- **P** - indicates drugs that require pre-approval and are supplied under very limited circumstances only through the UPREHS Mail-Order Pharmacy. To obtain a pre-approval, send your prescription and a letter from the prescribing Physician documenting the medical diagnosis requiring treatment. Approved prescriptions are filled and sent to the member. Denials are sent in writing and are subject to the UPREHS appeals process. See the Claims and Appeal Information section, beginning on Page XX.

Category D - Diabetic Supplies And Insulin Benefits
<p>Blood Glucose Monitor</p> <ul style="list-style-type: none"> - UPREHS benefit - Supplied one time only through UPREHS Mail-Order Pharmacy - Requires applicable co-insurance payment - Requires Physician prescription
<p>Diabetic Test Strips</p> <ul style="list-style-type: none"> - UPREHS benefit - 100 test strips per prescription only through UPREHS Mail-Order Pharmacy - Requires applicable co-insurance payment - Requires Physician prescription
<p>Insulin Syringes</p> <ul style="list-style-type: none"> - UPREHS benefit - UPREHS Mail-Order only - Requires applicable co-insurance payment - Requires Physician prescription
<p>Insulin</p> <ul style="list-style-type: none"> - UPREHS benefit - UPREHS Mail-Order only - Requires applicable co-insurance payment - Requires Physician prescription

Lancets

- Not a UPREHS benefit
- Member is financially responsible

CONTRACT NETWORK PHARMACIES LIST

A&P Pharmacies
ACME Pharmacies
Albertsons Pharmacies
Arbor Drugs
Arrow Prescription Centers
Aurora Pharmacies
Bartell Pharmacies
Bernie Shulman's
Bi-Lo Pharmacies
Bi-Mart Drugs
Big B Pharmacies
Big Bear Pharmacies
Brooks Pharmacies
Brookshire Pharmacies
Buttrey Foods Pharmacies
CVS Pharmacies
Carnival Pharmacies
Carr Drug Stores
City Market Pharmacies
Concord Drugs
Costco Pharmacies
Cub Pharmacies
Dahls Pharmacies
Dillon Pharmacies
Discount Drug Marts
Drug Emporiums
Drug Warehouses
Eckerd Pharmacies
Fagen Pharmacies
Farmco Drug Centers
Farmer Jack Pharmacies
Finast Pharmacies
Foodtown Pharmacies
Fred Meyer Pharmacies
Fred's Pharmacies
Fry's Food & Drug Stores
Genovese Drugs
Giant Discount Drugs
Giant Eagle Pharmacies
Giant Pharmacies
Grand Union Pharmacies
Happy Harry's
Harco Pharmacies
Harvest Foods Pharmacies
H-E-B Pharmacies
Homeland Pharmacies
Hook Pharmacies
Horton & Converses
Hy-Vee Pharmacies
K & B Foods
Kare Pharmacies
Kash N' Karry Pharmacies
Kerr Drug Pharmacies
Kmart Pharmacies
King Soopers Pharmacies
Kroger Pharmacies
Leader Drug Stores
Legend Pharmacies
Longs Pharmacies
Lucky Pharmacies
Marc's Pharmacies
May's Drug Stores
Med-X Drugs
Medicap Pharmacies
Medic Discount Drugs
Meijer Pharmacies
Minyard Pharmacies
Osco Drugs
Pamida Pharmacies
Pathmark Pharmacies
Payless Drug Stores
Peoples Drugs
Perry Drugs
Petty's Drugs
Phar-Mor Pharmacies
Pharm Pharmacies
Pharmhouse Pharmacies
Price Club Pharmacies
Publik Pharmacies
Raley Pharmacies
Randall's Pharmacies
Rea & Deric Pharmacies
Revco Pharmacies
Rite Aid Pharmacies
Rx Place Pharmacies
Rx Plus Pharmacies
Sack N Save Pharmacies
Safeway Pharmacies
Save Mart Pharmacies
Sav-On Drugs

Schnucks Pharmacies
Schwegman Pharmacies
Shopko Pharmacies
Shoprite Rx Pharmacies
Smith's Food & Drugs
Snyder Drugs
Super 1 Pharmacies
Super D Pharmacies
SuperX Pharmacies
Target Pharmacies
The Medicine Shoppes
Thrift/Treasury Drugs
Thrift Way Food & Drugs
Thrifty Drugs
Thrifty White Pharmacies
Times Pharmacies
Tom Thumb-Page Pharmacies
Tops Pharmacies
US Drug & Beauty Markets
Vix Pharmacies
Vons Pharmacies
Waldbaum Pharmacies
Walgreen Pharmacies
Walmart Pharmacies
Weis Pharmacies
Winn Dixie Pharmacies
Xpect Discounts

<u>DRUG NAME</u>	<u>ALTERNATE NAME</u>	<u>COPAY TIER</u>	<u>CAUTION INDICATOR DESIGNATION</u>
5-ASA SUPPOSITORY	ROWASA	1	
ABILIFY	ARIPIPRAZOLE	2	
ACCOLATE	ZAFIRLUKAST	2	
ACCUPRIL	QUINAPRIL	2	
ACCURETIC	QUINAPRIL HCTZ	2	
ACE SPACER		2	
ACEBUTOLOL	SECTRAL	1	
ACETASOL HC	VOSOL HC	1	
ACETASOL OTIC	ACETIC ACID OTIC	1	
ACETAZOLAMIDE	DIAMOX	1	
ACETIC ACID	VOSOL OS	1	
ACETIC ACID HC	VOSOL HC	1	
ACLOVATE	ACLOMETASONE	2	
ACTIMMUNE	INTERFERON	3	
ACTINEX	MASOPROCOL	2	
ACTIQ	FENTANYL	3	
ACTONEL	RISEDRONATE	2	
ACTONEL WEEKLY	RISEDRONATE	2	
ACTOS	PIOGLITAZONE	2	
ACULAR	KETOROLAC	2	
ACULAR PF	KETOROLAC	2	
ACYCLOVIR	ZOVIRAX	1	
ADDERALL	DEXTROAMPHETAMINE + RACEMIC AMPHETAMINE	2	B
ADRIAMYCIN	DOXORUBICIN	2	
ADVAIR	FLUTICASONE+SALMETEROL	2	
AVODART	DUTASTERIDE	2	
AEROBID INH	FLUNISOLIDE	2	
AEROCHAMBER	AEROCHAMBER	2	
AGENERASE	AMPRENAVIR	3	
AGRYLIN	ANAGRELIDE	3	
ALBUTEROL	PROVENTIL/VENTOLIN	1	
ALBUTEROL INH	PROVENTIL/VENTOLIN	1	
ALBUTEROL SOL	PROVENTIL SOL	1	
ALDACTAZIDE	SPIRO/HCTZ	2	
ALDARA	IMIQUIMOD	2	
ALESSE	ETHINYL ESTRADIOL LEVONORGESTREL	2	P
ALKERAN	MELPHALAN	2	
ALLEGRA	FEXOFENADINE	2	
ALLEGRA D	FEXOFENADINE PSEUDOEPHEDRINE	2	
ALLOPURINOL	ZYLOPRIM	1	
ALOCRIIL	NEDOCROMIL	2	
ALOMIDE	LODOXAMIDE	2	
ALPHAGAN *P*	BRIMONIDINE TARTRA	2	

ALPRAZOLAM	XANAX	1
ALREX	LOTEPREDNOL	2
ALTACE	RAMIPRIL	2
ALUPENT INH	METAPROTERENOL	2
AMANTADINE	SYMMETREL	1
AMARYL	GLIMEPIRIDE	2
AMBIEN	ZOLPIDEM	2
AMEVIVE	ALEFACEPT	3
AMICAR	AMINOCAPROIC ACID	2
AMILORIDE	MIDAMOR	1
AMILORIDE HCTZ	MODURETIC	1
AMIODARONE	CORDARONE	1
AMITRIPTYLINE	ELAVIL	1
AMMONIUM LACTATE	LAC HYDRIN	1
AMOX/POT CLAV	AUGMENTIN	1
AMOXICILLIN	POLYMOX	1
AMPICILLIN	POLYCILLIN	1
ANAFRANIL	CLOMIPRAMINE	2
ANALPRAM HC CR	PROMOXINE/HC	2
ANASPAZ	HYOSCYAMINE	2
ANDRODERM	TESTOSTERONE	2
ANDROGEL	TESTOSTERONE GEL	2
ANDROID	METHYLTESTOSTE	2
ANTIBIOTIC EAR	CORTISPORIN SUSP	1
ANTIBIOTIC EAR	CORTISOPRIN SOL	1
ANTIPYRINE & B	AURALGAN OTIC	1
ANTISPASMODIC	DONNATAL	1
ANZEMET	DOLASETRON MESYLATE	3
APAP CODEINE	TYLENOL COD 30MG	1
ARANESP	DARBEPOETIN ALFA	3
ARAVA	LEFLUNOMIDE	3
ARICEPT	DONEPEZIL HCL	2
ARIMIDEX	ANASTROZOLE	3
ARISTOCORT A	TRIAMCINOLONE ACETONIDE	2
AROMASIN	EXEMESTANE	3
ARTANE SEQUELS	TRIHEXYPHENIDYL	2
ARTHROTEC	DICOLFENAC MISOPROSTOL	2
ASACOL	MESALAMINE	2
ASPIRIN COD	EMPIRIN CODEINE	1
ASPIRIN SR	EASPRIN	1
ASPIRIN SR	ZORPRIN	1
ASTELIN SPRAY	AZELASTINE	2
ATENOLOL	TENORMIN	1
ATENOLOL CHLORTHALIDONE	TENORETIC	1
ATROPINE	ATROPINE	1
ATROVENT INH	IPRATROPIUM	2
ATROVENT SPRAY	IPRATROPIUM BROMIDE	2
AUGMENTED BETAMETHASONE	DIPROLENE, DIPROLENE AF	1

AUGMENTIN XR	AMOX/CLAVULANIC AC	2
AVANDAMET	ROSIGLITAZONE MET	2
AVANDIA	ROSIGLITAZONE	2
AVC	SULFANILAMIDE	2
AVELOX	MOXIFLOXACIN	2
AVONEX	INTERFERON BETA 1A	3
AXERT	ALMOTRIPTAN	2
AZATHIOPRINE	IMURAN	1
AZELEX CR 50	AZELAIC ACID	2
AZMACORT INH	TRIAMCINOLONE	2
AZOPT	BRINZOLAMIDE	2
AZULFIDINE EN	SULFASALAZINE	2
BACI ZN POLY B	POLYSPORIN	1
BACITRACIN	AK TRACIN	1
BACLOFEN	LIORESAL	1
BECONASE AQ	BECLOMETHASONE	2
BEL PHEN ERGOT	BELLERGAL S	1
BENADRYL	DIPHENHYDRAMINE	2
BENZAEPRI	LOTENSIN	1
BENZAEPRI HCTZ	LOTENSIN HCTZ	1
BENICAR	OLMESARTAN	2
BENICAR HCT	OLMESARTAN	2
BENZACLIN	CLINDAMYCIN BENZOY	2
BENZAMYCIN GEL	ERYTHROMYCIN BENZO	2
BENZONATATE	TESSALON	1
BENZOYL PEROXIDE	BENZOYL PEROXIDE	1
BENZTROPINE	COGENTIN	1
BETAMETHASONE DIPROPIONATE	DIPROLENE	1
BETAMETHASONE VALERATE	VALISONE	1
BETAPACE AF	SOTALOL	2
BETASERON	INTERFERON BETA 1B	3
BETHANECHOL	URECHOLINE	1
BETOPTIC *S*	BETAXOLOL	2
BIAXIN	CLARITHROMYCIN	2
BIAXIN XL	CLARITHROMYCIN	2
BICITRA	SOD CITRATE	2
BISOPROLOL	ZEBETA	1
BISOPROLOL HCTZ	ZIAC	1
BLEOMYCIN	BLENOXANE	3
BLEPH 10	SOD SULFACETAMIDE	2
BLEPHAMIDE	SULFACET/PREDNISOL	2
BRETHINE	TERBUTALINE	2
BROMOCRIPTINE	PARLODEL	1
BUMETANIDE	BUMEX	1
BUPROPION	WELLBUTRIN	1
BUSPIRONE	BUSPAR	1
BUTAL APAP CAF	FIORICET, ESGIC	1
BUTAL ASA COD	FIORINAL COD	1

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BUTALBITAL CPD	FIORINAL TABS	1
BUTALBITAL CPD ASA	FIORINAL	1
BUTORPHANOL NS	STADOL NS	1
CADUET	AMLODIPINE ATORVASTATIN	2
CAFERGOT	ERGOTAMINE CAFFEINE	2
CALCITRIOL	ROCALTROL	1
CANASA SUPPOSITORY	MESALAMINE SUPPOSITORY	2
CAPEX	FS SHAMPOO	1
CAPTOPRIL	CAPOTEN	1
CAPTOPRIL HCTZ	CAPOZIDE	1
CARAC	FLUOROURACIL CR	2
CARBAMAZEPINE	TEGRETOL	1
CARBIDOPA LEVODOPA	SINEMET CR	1
CARDIZEM CD 360MG	DILTIAZEM	2
CARISOPRODAL ASA CODEINE	SOMA COMPOUND C CODEINE	1
CARISOPRODAL C	SOMA COMPOUND	1
CARISOPRODOL	SOMA	1
CARMOL 20	20% UREA CREAM	2
CARTEOLOL	OCCUPRESS	1
CARTIA XT	DILTIAZEM ER	2
CARTROL	CARTEOLOL	2
CASODEX	BICALUTAMIDE	3
CASODEX	BICALUTAMIDE	3
CATAPRES	CLONIDINE	2
CATAPRES PATCH	CLONIDINE	2
CAVERJECT	ALPROSTADIL	2
CEENU	LOMUSTINE	3
CEFACLOR	CECLOR	1
CEFADROXIL	DURICEF	1
CEFUROXIME	CEFTIN	1
CEFZIL	CEFPROZIL	2
CELEBREX	CELECOXIB	2
CELEXA	CITALOPRAM	2
CELLCEPT	MYCOPHENOLATE MOFE	3
CENESTIN	SYNTHETIC ESTROGEN	2
CEPHALEXIN	KEFLEX	1
CERUMENEX	TRIETHANOLAMINE	2
CHLORDIAZEPOXIDE	LIBRIUM	1
CHLORDIAZEPOXIDE AMITRIPTYLINE	LIMBITROL	1
CHLORDIAZEPOXIDE/CLIDINIUM	LIBRAX/CLINDEX	1
CHLORDRINE SR	DECONAMINE SR	1
CHLORHEXIDINE	PERIDEX/PERIOGARD	1
CHLORPROMAZINE	THORAZINE	1
CHLORPROPAMIDE	DIABINESE	1
CHLORTHALIDONE	HYGROTON	1
CHLORZOXAZONE	PARAFON FORTE DSC	1
CHOLESTYRAMINE	QUESTRAN LITE	1

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CHOLINE MAGNESIUM	TRILISATE	1	
CHROMAGEN	IRON, VIT B 12, INTRINSIC FACTOR	2	
CIALIS	TADALAFIL	2	
CILOXAN OPHTHALMIC	CIPROFLOXACIN	2	
CIMETIDINE	TAGAMET	1	
CIPRO HC OTIC	CIPROFLOXACIN	2	
CIPROFLOXACIN	CIPRO	1	
CLARINEX	DES Loratadine	2	
CLEOCIN	CLINDAMYCIN	2	
CLIMARA	ESTRADIOL	2	
CLINDAMYCIN	CLEOCIN	1	
CLINDAMYCIN T	CLEOCIN GEL	1	
CLOBETASOL	TEMOVATE	1	
CLOBEVATE	CLOBETASOL	2	
CLONAZEPAM	KLONOPIN	1	
CLONIDINE	CATAPRES	1	
CLORAZEPATE	TRANXENE	1	
CLORPRES	CLONIDINE CHLORTHALIDONE	1	
CLOTRIMAZOLE	LOTRISONE	1	
CLOTRIMAZOLE BETAMETHASONE	LOTRISONE CR	1	
CLOTRIMAZOLE/BETAMETHASONE	LOTRISONE LOTION	1	
COLAZAL	BALSALAZIDE	2	
COLCHICINE	COLCHICINE	1	
COLESTID	COLESTIPOL	2	
COLOCORT ENEMA	CORTENEMA	1	
COLYTE	POLYETHYLENE	2	
COMBIPATCH	ESTRADIOL/NORETHINDRONE	2	
COMBIVENT INH	ALBUTEROL/IPATROPIUM	2	
COMBIVIR	LAMIVUDINE ZIDOVUDINE	3	
COMTAN	ENTACAPONE	2	
CONCERTA	METHYLPHENIDATE	2	B
CONDYLOX	PODOFILOX	2	
COPAXONE	GLATIRAMER	3	
CORDRAN	FLURANDRENOLIDE	2	
COREG	CARVEDILOL	2	
CORMAX CR 45	CLOBETASOL PROPIONATE	2	
CORTEF	HYDROCORTISONE	2	
CORTISONE	CORTONE	1	
CORTISPORIN	NEOSPORIN HC	2	
COSOPT	DORZOLAMIDE TIMOLOL	2	
COUMADIN	WARFARIN	2	
COZAAR	LOSARTAN POTASSIUM	2	
CRIVAN	INDINAVIR	3	
CROLOM	CROMOLYN	2	
CROMOLYN	INTAL NEBULIZER	1	
CUPRIMINE	PENICILLAMINE	2	
CUTIVATE	FLUTICASONE	2	

CYANOCOBALAMIN	VITAMIN B-12	1	
CYCLESSA	ETHINYL ESTRADIOL DESOGESTREL	2	P
CYCLOBENZAPRINE	FLEXERIL	1	
CYCLOGYL	CYCLOPENTOLATE	2	
CYCLOPHOSPHAMIDE	CYTOXAN	1	
CYLERT	PEMOLINE	2	
CYMBALTA	DULOXETINE	2	
CYPROHEPTADINE	PERIACTIN	1	
CYSTOSPAZ	HYOSCYAMINE	2	
CYTOMEL	LIOTHYRONINE	2	
CYTOSAR U	CYTARABINE	2	
CYTOXAN	CYCLOPHOSPHAMIDE	2	
DANAZOL	DANOCRINE	1	
DANTRIUM	DANTROLENE	2	
DAPSONE	DAPSONE	2	
DDAVP	DESMOPRESSIN	2	
DECONAMINE SR	PSEUDOCHLOR SR	2	
DECONSAL II	PSEUDOEPH/GUAIFENESEN	2	
DELATESTRYL	TESTOSTERONE ENANTHATE	2	
DELESTROGEN	ESTRADIOL VALERATE	2	
DEMEROL	MEPERIDINE	2	B
DENAVIR	PENCICLOVIR	2	
DEPAKOTE	DIVALPROEX	2	
DEPAKOTE SPRIN	DIVALPROEX	2	
DEPO ESTRADIOL	ESTRADIOL	2	
DEPO MEDROL	METHYLPREDNISOLONE	2	
DEPO PROVERA	MEDROXYPROGESTERON	2	
DEPO TESTOSTERONE	TESTOSTERONE CYPRIONATE	2	
DERMASMOOTH FS	FLUOCINOLONE/OIL	2	
DES OWEN	DESONIDE	2	
DESIPRAMINE	NORPRAMIN	1	
DESONIDE	TRIDESILON	1	
DESOXIMETASONE	TOPICORT	1	
DETROL	TOLTERODINE	2	
DETROL LA	TOLTERODINE	2	
DEXAMETHASONE	DECADRON	1	
DEXCHLORPHENIRAMINE	POLARAMINE	1	
DEXEDRINE	DEXTROAMPHETAMINE	2	B
DEXFERRUM	IRON DEXTRAN	2	
DHE 45	DIHYDROERGOTAMINE	2	
DIAMOX	ACETAZOLAMIDE	2	
DIAZEPAM	VALIUM	1	
DIBENZYLINE	PHENOXYBENZAMINE	2	
DICLOFENAC	VOLTAREN OS	1	
DICLOFENAC	VOLTAREN	1	
DICLOXACILLIN	DYNAPEN	1	
DICYCLOMINE	BENTYL	1	
DIDREX	BENZPHETAMINE	2	P

DIDRONEL	ETIDRONATE	2	
DIFFERIN	ADAPALENE	2	
DIFLORASONE DIACETATE	PSORCON	1	
DIFLUCAN	FLUCONAZOLE	2	
DIFLUNISAL	DOLOBID	1	
DIHISTINE	ROBITUSSIN DAC	1	
DILANTIN	PHENYTOIN	2	
DILAUDID	HYDROMORPHONE	2	B
DILTIA XT	DILTIAZEM	2	
DILTIAZEM	CARDIZEM	1	
DILTIAZEM CD	CARDIZEM CD	1	
DILTIAZEM SR	CARDIZEM SR	1	
DIOVAN	VALSARTAN	2	
DIOVAN HCT	VALSARTAN HCTZ	2	
DIPENTUM	OLSALAZINE	2	
DIPHENHYDRAMINE	BENADRYL	1	
DIPHENOXYLATE	LOMOTIL	1	
DIPIVEFRIN	PROPINE	1	
DIPROLENE	BETAMETHASONE DIPROPIONATE	2	
DIPROLENE AF	BETAMETHASONE DIPROPIONATE	2	
DIPYRIDAMOLE	PERSANTINE	1	
DISOPYRAMIDE	NORPACE (CR)	1	
DISULFIRAM	ANTABUSE	1	
DITROPAN	OXYBUTYNIN	2	
DITROPAN XL	OXYBUTYNIN	2	
DONNATAL	HYOSOPHEN	2	
DOSTINEX	CABERGOLINE	3	
DOVONEX	CALCIPOTRIENE	2	
DOXAZOSIN	CARDURA	1	
DOXEPIN	ADAPIN/SINEQUAN	1	
DOXYCYCLINE	VIBRAMYCIN	1	
DRISDOL	ERGOCALCIFEROL	2	
DRITHROCREME HP	ANTHRALIN	2	
DRITUSS GP	DURATUSS GP	1	
DUONEB	IPRATROPIUM/ALBUTEROL	2	
DURAGESIC	FENTANYL	3	B
DURATUSS	PSEUDOEPHEDRINE GUAIFENESIN	2	
DURATUSS HC	PSEUDOEPHEDRINE GUAIFENESIN HYDROCODONE	2	
DURATUSS HD	HYDROCOD PSEUDOEPH GUAIF	1	
DYNACIRC	ISRADIPINE	2	
DYNACIRC CR	ISRADIPINE	2	
DYPHYLLINE GG	LUFYLLIN GG	1	
EASIVENT	AEROCHAMBER	1	
EASPRIN	ASPIRIN SR	2	
ECONAZOLE	SPECTAZOLE	1	
EFFEXOR	VENLAFAXINE	2	A
EFFEXOR XR	VENLAFAXINE	2	A
EFLONE	FLUOROMETHOLONE	2	

EFUDEX	FLUOROURACIL	2	
ELESTAT OS	EPINASTINE	2	
ELIDEL	PIMECROLIMUS	2	
ELMIRON	PENTOSAN POLYSULFATE	2	
EMCYT	ESTRAMUSTINE	3	
EMEND	APREPITANT	2	
EMGEL	ERYTHROMYCIN	2	
EMLA	LIDOCAINE PRILOCAINE	2	
ENALAPRIL	VASOTEC	1	
ENALAPRIL HCTZ	VASERETIC	1	
ENBREL	ETANERCEPT	3	
ENDODAN	PERCODAN	1	B
ENTEX PSE	PSEUDOEPHEDRINE GUAIFENESIN	2	
ENTOCORT EC	BUDESONIDE	2	
EPIPEN	EPINEPHRINE	2	
EPIVIR	LAMIVUDINE	3	
EPIVIR-HBV	LAMIVUDINE	3	
EPOGEN	EPOETIN	3	
ERGOLOID ORAL	HYDERGINE	1	
ERYTHROMYCIN	ERYTHROMYCIN	1	
ESKALITH CR	LITHIUM	2	
ESTRACE	ESTRADIOL	2	
ESTRADERM	ESTROGEN	2	
ESTRADIOL	ESTRACE	1	
ESTRADIOL PATCH	CLIMARA	1	
ESTRATEST	ESTROGEN METHYLTESTOSTERONE	2	
ESTRATEST HS	ESTROGEN METHYLTESTOSTERONE	2	
ESTRING	ESTRADIOL	2	
ESTROPIPATE	OGEN/ORTHO-EST	1	
ESTROSTEP FE	ETHINYL ESTRADIOL NORETHINDRONE	2	P
ETHMOZINE	MORICIZINE HCL	2	
ETODOLAC	LODINE	1	
ETODOLAC ER	LODINE XL	1	
EURAX	CROTAMITON	2	
EVISTA	RALOXIFENE	2	
EXELON	RIVASTIGMINE	2	
FAMOTIDINE	PEPCID	1	
FAMVIR	FAMCICLOVIR	2	
FARESTON	TOREMIFENE	3	
FE TINIC	NIFEREX	1	
FEMARA	LETROZOLE	2	
FEMHRT	NORETHINDRONE ETHINYL ESTRADIOL	2	
FENOPROFEN	NALFON	1	
FIORICET	ISOCET	2	
FLAREX	FLUOROMETHOLONE	2	
FLECAINIDE	TAMBOCOR	1	
FLOMAX	TAMSULOSIN	2	
FLONASE INH	FLUTICASONE	2	

FLORDIL INH	FORMOTEROL FUMARAT	2	
FLOVENT DISKUS	FLUTICASONE	2	
FLOVENT INH	FLUTICASONE	2	
FLOXIN	OFLOXACIN	2	
FLOXIN OTIC	OFLOXACIN	2	
FLUDROCORTISONE	FLORINEF	1	
FLUOCINOLONE	SYNALAR	1	
FLUOCINONIDE	LIDEX	1	
FLUORIDE	LURIDE	1	
FLUOROMETHOLONE	FML/FLAREX	1	
FLUOROURACIL	5 FLUOROURACIL	2	
FLUOROURACIL	5 FU	2	
FLUOXETINE	SARAFEM	1	A
FLUOXETINE	PROZAC	1	A
FLUOXYMESTERONE	HALOTESTIN	1	
FLUPHENAZINE	PROLIXIN	1	
FLURBIPROFEN	ANSAID	1	
FLUTAMIDE	EULEXIN	3	
FLUVOXAMINE	LUVOX	1	A
FML	FLUOROMETHOLONE	2	
FML FORTE	FLUOROMETHOLONE	2	
FOLGARD	VITAMIN/FOLIC ACID	2	
FOLIC ACID	FOLVITE	1	
FOLTIX	FOLIC ACID/B12/B6	2	
FORADIL INH	FORMOTEROL FUMARAT	2	
FORTEO	TERIPARATIDE	3	
FOSAMAX	ALENDRONATE	2	
FOSINOPRIL	MONOPRIL	1	
FRAGMIN	DALTEPARIN	3	
FROVA	FROVATRIPTAN	2	
FULVICIN UF	GRISEOFULVIN ULTRA	2	
FUNGOID TINCT	COMBINATION	2	
FUROSEMIDE	LASIX	1	
GABITRIL	TIAGABINE	2	
GANCICLOVIR	CYTOVENE	3	
GANITUSS DM	TUSSI ORGANIDIN DM	1	
GASTROCROM	CROMOLYN SODIUM	2	
GEMFIBROZIL	LOPID	1	
GENGRAF	CYCLOSPORINE	3	
GENOPTIC	GENTAMYCIN	1	
GENTAK	GENTAMYCIN	1	
GENTAMYCIN	GARAMYCIN	1	
GEOCILLIN	CARBENICILLIN INDANYL	2	
GEODON	ZIPRASIDONE	2	A
GLEEVEC	IMATINIB MESYLATE	3	
GLIPIZIDE	GLUCOTROL	1	
GLIPIZIDE ER	GLUCOTROL XL	1	
GLUCAGON	GLUCAGON	2	

GLUCOMETER PROFILE	GLUCOMETER	2	D
GLUCOMETER ULTRA	GLUCOMETER	2	D
GLUCOVANCE	GLYBURIDE/METFORMIN	2	
GLYBURIDE	MICRONASE/DIABETA	1	
GLYDEINE SYRUP	ROB AC, TUSS ORG C	1	
GLYNASE	GLYBURIDE	2	
GLYSET	MIGLITOL	2	
GOLYTELY	POLYETHYLENE GLYCOL + ELECTROLYTES	2	
GRANULEX	TRYPSIN BALLSAM CASTOR OIL	2	
GRIS PEG	GRISEOFULVIN	2	
GRISACTIN	GRISEOFULVIN	2	
GRISACTIN ULTR	GRISEOFULVIN	2	
GUAIFED	GUAIFENESIN PSEUDOEPHEDRINE	2	
GUAIFENESIN AC	ROBITUSSIN AC	1	
GUAIFENESIN CODEINE	BRONTEX	1	
GUAIFENESIN ER	HUMIBID LA	1	
GUAIFENEX DM	GUAIFENESIN DM	1	
GUAIFENEX G	DURATUSS G	1	
GUAIFENEX PSE	ENTEX PSE	1	
GUAIFENEX PSE	DECONASAL II	1	
GUANFACINE	TENEX	1	
GUAIFENESIN DEXTRO	HUMIBID DM	1	
GUIATUSS AC	ROBITUSSIN AC	1	
GUIATUSS DAC	ROBITUSSIN DAC	1	
HALOG	HALCINONIDE	2	
HALOPERIDOL	HALDOL	1	
HALOTESTIN	FLUOXYMESTERONE	2	
HALOTUSSIN DM	ROB DM, TUSS ORG D	1	
HEMORRHOIDAL S	ANUSOL HC SUPPOSITORY	1	
HEPARIN	HEPARIN	1	
HISTAVENT DA	DURAVENT DA	1	
HISTUSSIN HC	PHENYLEPHRINE CHLORPHENIRAMINE HYDROCODONE	2	
HIVID	ZALCITABINE	3	
HOMATROPINE	HOMATROPINE	2	
HUMIRA	ADALIMUNAB	3	
HYCODAN	HYDROCODONE HOMATROPINE	2	
HYCOMINE CPD	HYDROCODONE	2	
HYDRALAZINE	APRESOLINE	1	
HYDRALAZINE HCTZ	APRESAZIDE	1	
HYDROCHLOROTHIAZIDE	ESIDRIX/ HYDRODIURIL	1	
HYDROCODONE APAP	VICODIN / LORTAB	1	
HYDROCODONE GG	HYDROCODONE GUAIFENESEN	1	
HYDROCODONE GUAIFENESEN	CODICLEAR DH/HYCODAN TUSS	1	
HYDROCODONE GUAIFENESIN	VICODIN TUSS	1	
HYDROCODONE SY	HYCODAN SYRUP	1	
HYDROCORTISONE	CORTEF/HYDROCORTON	1	
HYDROCORTISONE	ANUSOL HC	1	

HYDROCORTISONE	HYDROCORTISONE	1	
HYDROCORTISONE VALERATE	WESTCORT	1	
HYDROMET SYRUP	HYCODAN SYRUP	1	
HYDROXYCHLOROQUINE	PLAQUENIL	1	
HYDROXYUREA	HYDREA	1	
HYDROXYZINE	ATARAX	1	
HYDROXYZINE PAMOATE	VISTARIL	1	
HYOSCYAMINE	LEVSIN, ANASPAZ	1	
HYOSCYAMINE TR	LEVSINEX	1	
HYOSOPHEN	DONNATAL TABS	1	
HYZAAR	LOSARTAN POT-HCTZ	2	
IBUPROFEN	MOTRIN	1	
IMIPRAMINE	TOFRANIL	1	
IMITREX	SUMATRIPTAN	2	
INDAPAMIDE	LOZOL	1	
INDERAL LA	PROPRANOLOL	2	
INDERIDE LA	PROPRANOLOL/HCTZ	2	
INDOMETHACIN IV	INDOCIN IV	2	
INDOMETHACIN	INDOCIN	1	
INFED	IRON DEXTRAN	2	
INFERGEN INJ	INTERFERON ALFACON 1	3	
INFLAMASE FORTE	PREDNISOLONE	2	
INSPIRESE KIT		2	
INSULIN HUMALOG	INSULIN	2	D
INSULIN HUMULIN	INSULIN NOVOLIN	2	D
INSULIN SYRINGES	INSULIN SYRINGES	2	D
INTAL INH	CROMOLYN SODIUM	2	
INTRON A	INTERFERON ALFA 2B	3	
INVIRASE	SAQUINAVIR MESYLAT	3	
IOPIDINE	APRACLONIDINE	2	
IPRATROPIUM	ATROVENT	1	
ISONIAZID	INH	1	
ISOSORBIDE DINITRATE	ISORDIL/SORBITRATE	1	
ISOSORBIDE MONONITRATE	MONOKET/ISMO	1	
ISOTRETINOIN	ACUTANE	1	
K PHOS	PHOSPHORUS	2	
K PHOS NEUTRAL	PHOSPHORUS	2	
KADIAN	MORPHINE SULFATE	2	B
KALETRA	LOPINAVIR/RITONAVIR	3	
KANTREX	KANAMYCIN	2	
KAYEXALATE	SODIUM POLYSTYRENE SULFONATE	2	
KEMADRIN	PROCYCLIDINE	2	
KENALOG SPRAY	TRIAMCINOLONE	2	
KEPPRA	LEVETIRACETAM	2	
KETEK	TELITHROMYCIN	2	
KETOCONAZOLE	NIZORAL	1	
KETOPROFEN	ORUDIS	1	
KETOROLAC	TORADOL	1	

KINERET	ANAKINRA	3	
KIONEX	KAYEXALATE	1	
KLARON	SODIUM SULFACETAMIDE	2	
KRISTALOSE	LACTULOSE	2	
KYTRIL	GRANISETRON	3	
LABETALOL	TRANDATE	1	
LACTIC ACID LOTION	LAC HYDRIN	1	
LACTULOSE CEPHULAC	CEPHULAC,CHRONULAC	1	
LAMICTAL	LAMOTRIGINE	2	
LAMISIL	TERBINAFINE	2	
LAMPRENE	CLOFAZIMINE	2	
LANOXIN	DIGOXIN	1	
LANTUS	GLARGINE INSULIN	2	D
LARIAM	MEFLOQUINE	2	
LEUCOVORIN	LEUCOVORIN	2	
LEUKERAN	CHLORAMBUCIL	2	
LEUKINE	SARGRAMOSTIM	3	
LEVAQUIN	LEVOFLOXACIN	2	
LEVBIID	HYOSCYAMINE SULFATE	2	
LEVITRA	VARDENAFIL	2	
LEVLITE	ETHINYL ESTRADIOL LEVONORGESTRAL	2	P
LEVOBUNOLOL	BETAGAN	1	
LEVO-DROMORAN	LEVORPHANOL	2	B
LEVOTHYROXINE	LEVOXYL	1	
LEVSIN	HYOSCYAMINE	2	
LEVSINEX	HYOSCYAMINE	2	
LEXAPRO	ESCITALOPRAM	2	A
LIDOCAINE	XYLOCAINE	1	
LIDOCAINE	XYLOCAINE JELLY	1	
LIDODERM PATCH	LIDOCAINE PATCH	2	
LINDANE	KWELL	1	
LIPITOR	ATORVASTATIN	2	
LISINOPRIL	PRINIVIL/ZESTRIL	1	
LISINOPRIL HCTZ	PRINZIDE/ZESTORETI	1	
LITHIUM CARBON	ESKALITH/LITHOBID	1	
LITHOBID	LITHIUM CARBONATE	2	
LIVOSTIN	LEVOCABASTINE	2	
LO/OVRAL	NORGESTREL/ETHINYL ESTRADIOL	2	P
LODOSYN	CARBIDOPA	2	
LOESTRIN 21	ETHINYL ESTRADIOL NORETHINDRONE	2	P
LOPERAMIDE	IMODIUM	1	
LOPRESSOR HCTZ	METOPROLOL HCTZ	2	
LOPROX	CICLOPIROX	2	
LORAZEPAM	ATIVAN	1	
LORCET	HYDROCODONE/ACETAM	2	
LORTAB ASA	HYDROCOD ASPIRIN	2	
LOTEMAX	LOTEPREDNOL	2	
LOTREL	AMLODIPINE BENZAPRIL	2	

LOTRONEX	ALOSETRON	2	
LOVASTATIN	MEVACOR	1	
LOVENOX	ENOXAPARIN SODIUM	3	
LOXAPINE	LOXITANE	2	
LUMIGAN	BIMATOPROST	2	
LUPRON	LEUPROLIDE	3	
LUPRON DEPOT	LEUPROLIDE	3	
MACROBID	NITROFURANTOIN	2	
MAPROTILINE	LUDIOMIL	1	
MARINOL	DRONABINOL	2	
MATULANE	PROCARBAZINE	2	
MAXAIR	PIRBUTEROL	2	
MAXAIR AUTOHAL	MAXAIR INH	2	
MAXALT	RIZATRIPTAN	2	
MAXALT MLT	RIZATRIPTAN	2	
MAXIDONE	HYDROCOD APAP	2	
MAXITROL	DEXAMETHASONE NEOMYCIN POLYMYXIN DEXACIDIN	2	
MEBENDAZOLE	VERMOX	1	
MECLIZINE	ANTIVERT	1	
MECLIZINE	MECLIZINE CHEW	1	
MEDROL	METHYLPREDNISOLONE	2	
MEDROXYPROGESTERONE	PROVERA	1	
MEGACE	MEGESTROL ACETATE	2	
MEGESTROL	MEGACE	1	
MEPROBAMATE	EQUANIL	1	
MESTINON LA	PYRIDOSTIGMINE	2	
METAGLIP	GLIPIZIDE/METFORMIN	2	
METAPROTERENOL	ALUPENT/METAPREL	1	
METFORMIN	GLUCOPHAGE	1	
METFORMIN ER	GLUCOPHAGEXR	1	
METHADONE	DOLOPHINE	1	B
METHAZOLAMIDE	NEPTAZANE	1	
METHENAMINE	METHENAMINE PHENYL SALICYLATE ATROPINE	1	
METHENAMINE MANDELATE	MANDELAMINE	1	
METHITEST	METHYL TESTOSTERONE	2	
METHOCARBAMOL	ROBAXIN	1	
METHOTREXATE	METHOTREXATE	2	
METHOTREXATE	RHEUMATREX	1	
METHYLDOPA	ALDOMET	1	
METHYLDOPA HCTZ	ALDORIL	1	
METHYLPHENIDATE	RITALIN	1	B
METHYLPREDNISOLONE	MEDROL	1	
METOCLOPRAMIDE	REGLAN	1	
METOLAZONE	ZAROXOLYN	1	
METOPROLOL	LOPRESSOR	1	
METROCREAM	METRONIDAZOLE CR	2	
METROGEL	METRONIDAZOLE	2	

METROLOTION	METRONIDAZOLE CR	2	
METRONIDAZOLE	FLAGYL	1	
MEXILETINE	MEXITIL	1	
MIACALCIN	CALCITONIN-SALMON	2	
MIGQUIN	MIDRIN	1	
MIGRANAL SPRAY	DIHYDROERGOTAMINE	2	
MIGRATINE	MIDRIN	1	
MINIZIDE	PRAZOSIN HCTZ	2	
MINOCYCLINE	MINOCIN	1	
MINOXIDIL	LONITEN	1	
MIRALAX	POLYETHYLENE GLYCOL	2	
MIRAPEX	PRAMIPEXOLE	2	
MIRCETTE	ETHINYL ESTRADIOL DESOGESTROL	2	
MIRTAZAPINE	REMERON	1	
MISOPROSTOL	CYTOTEC	1	
MOBIC	MELOXICAM	2	
MOEXIPRIL	UNIVASC	1	
MOMETASONE FUROATE	ELOCON	1	
MONISTAT DERM	MICONAZOLE	2	
MONOPRIL HCT	FOSINOPRIL HCT	2	
MORPHINE INJ	MORPHINE	1	B
MS CONTIN	MORPHINE	3	B
MSIR	MORPHINE	2	B
MUPIROCIN	BACTROBAN	1	
MUSE	ALPROSTADIL	2	
MYAMBUTOL	ETHAMBUTAL	2	
MYCELEX	CLORTRIMAZOLE	2	
MYCOBUTIN	RIFABUTIN	2	
MYCOSTATIN	NYSTATIN	2	
MYDFRIN	PHENYLEPHRINE	2	
MYDRIACYL	TROPICAMIDE	2	
MYLERAN	BUSULFAN	2	
MYSOLINE	PRIMIDONE	2	
NA POLYSTYRENE	SODIUM POLYSTYRENE SULFONATE	1	
NABUMETONE	RELAFEN	1	
NAFTIN	NAFTIFINE	2	
NALTREXONE	REVIA	1	
NAMENDA	MEMANTINE	2	
NAPRELAN	ANSAID	2	
NAPROXEN	NAPRELAN	1	
NAPROXEN NA	ANAPROX DS	1	
NASACORT AQ	TRIAMCINOLONE	2	
NASCOBAL	CYANCOBALAMIN	2	
NASONEX	MOMETASONE	2	
NEBUPENT	PENTAMIDINE	3	
NECON 1/50	MESTRANOL NORETHINDRONE	2	P
NEFAZODONE	SERZONE	1	
NEO POLY GRAM	NEOSPORIN	1	

NEODECADRON	NEOMYCIN DEXAMETHASONE	2	
NEOMYCIN	NEOMYCIN	1	
NEOMYCIN POLYMXIN HC	CORTISPORIN	1	
NEOMYCIN POLYMYXIN DEXAMETHASONE DEXACIDIN	MAXITROL	1	
NEORAL	CYCLOSPORINE	3	
NEOSPORIN	TRIPLE ANTIBIO	2	
NEOSTIGMINE	PROSTIGMIN	1	
NEPHROCAPS	VITAMIN SUPPLEMENT	2	
NEPHROVITE RX	VITAMIN B/VITAMIN	2	
NEUPOGEN	FILGRASTIM	3	
NEURONTIN	GABAPENTIN	2	
NEUTRA-PHOS	PHOSPHORUS	2	
NEXIUM	ESOMEPRAZOLE	2	
NIACIN	NICOTINIC ACID	1	
NIASPAN	NIACIN	2	
NIFEDIPINE	PROCARDIA	1	
NIFEDIPINE ER	PROCARDIA XL	1	
NIFEREX 150	FERROUS POLYSACARRIDE	2	
NILANDRON	NILUTAMIDE	3	
NITROBID OINT	NITROGLYCERINE	2	
NITRODUR	NITRODISC	1	
NITROFURANTOIN	MACRODANTIN	1	
NITROGLYCERINE	NITROGLYCERINE	1	
NITROGLYCERINE PATCH	NITRO-DUR	1	
NITROLINGUAL SPRAY	NITROGLYCERINE	2	
NITROQUICK	NITROSTAT	1	
NORITATE	METRONIDAZOLE	2	
NORMAL SALINE	SODIUM CHLORIDE	1	
NOROXIN	NORFLOXACIN	2	
NORPACE CR	DISOPYRAMIDE	2	
NORTRIPTYLINE	PAMELOR	1	
NORVASC	AMLODIPINE	2	
NORVIR	RITONAVIR	3	
NYSTATIN	NILSTAT	1	
NYSTATIN	MYCOSTATIN NILSTAT	1	
NYSTATIN	MYCOSTATIN	1	
NYSTATIN TRIAMCINOLONE	MYCOLOG	1	
OCUFLOX	OFLOXACIN	2	
OLUX FOAM 100	CLOBETASOL	2	
OMEPRAZOLE	PRILOSEC	1	
OPTIPRANOLOL	METIPRANOLOL	2	
OPTIVAR	AZELASTINE	2	
ORPHENADRINE	NORFLEX	1	
ORTHO CEPT	DESOGESTREL/ETHINYL ESTRADIOL	2	P
ORTHO CYCLEN	ETHINYL ESTRADIOL NORGESTIMATE	2	P
ORTHO NOVUM 1/35	ETHINYL ESTRADIOL NORETHINDRONE	2	P
ORTHO NOVUM 777	ETHINYL ESTRADIOL NORETHINDRONE	2	P

OXAPROZIN	DAYPRO	1	
OXISTAT	OXICONAZOLE NITRAT	2	
OXSORALEN ULTRA	METHOXSALEN	2	
OXY IR	OXYCODONE	2	B
OXYBUTYNIN	DITROPAN/OXYTROL	1	
OXYCODONE APAP	PERCOJET, TYLOX, ENDOCET	1	B
OXYCODONE ASA	PERCODAN	1	B
OXYCONTIN	OXYCODONE	2	B
OXYTROL PATCH	OXYBUTYNIN PATCH	2	
PANAFIL	PAPAIN/UREA/CHLOROPHYLLIN COPPER COMPLEX	2	
PANCRELIPASE	VIOKASE/PANCREASE	1	
PANCRELIPASE	CREON	1	
PANGESTYME	CREON 10	1	
PAPAVERINE	PAVABID	1	
PAREGORIC	PAREGORIC	1	
ASS	BROMOCRIPTINE	3	
PAROXETINE	PAXIL	1	A
PATANOL	OLOPATADINE	2	
PAXIL CR	PAROXETINE	2	A
PB ERGOT BELLA	BELLERGA S	1	
PEGANONE	ETHOTOIN	2	
PEG-INTRON	PEGINTERFERON ALFA 2B	3	
PENICILLIN VK	BETAPEN VK	1	
PENTAM	PENTAMIDINE	3	
PENTASA	MESALAMINE	2	
PENTOXIFYLLINE	TRENTAL	1	
PERMAX	PERGOLIDE	2	
PERPHENAZINE	TRILAFON	1	
PERPHENAZINE AMITRIPTYLINE	TRIAVIL/ETRAFON	1	
PHENAZOPYRIDINE	PYRIDIUM	1	
PHENERGAN	PROMETHAZINE	2	
PHENOBARBITAL	PHENOBARBITAL	1	
PHOSLO	CALCIUM ACETATE	2	
PILOCARPINE	PILOCARPINE	1	
PILOPINE GEL	PILOCARPINE	2	
PINDOLOL	VISKEN	1	
PIROXICAM	FELDENE	1	
PLAVIX	CLOPIDOGREL	2	
PLENDIL	FELODIPINE	2	
PLETAL	CILOSTAZOL	2	
POLYCITRA	CITRATE	2	
POLYCITRA K	CITRATE	2	
POLYHISTINE D	PHENYLTOLOXAMINE PYRILAMINE PHENIRAMINE	2	
POTABA CAPS	AMINOENZOATE/POTA	2	
POTASSIUM	SLOW K OR K DUR	1	
POTASSIUM PACKET	K-LOR 20MEQ	1	
PRAMOSONE	HYDROCORTISONE PRAMOXINE	2	
PRAMOXINE HC	PROCTOFOAM HC	1	

PRANDIN	REPAGLINIDE	2
PRAZOSIN	MINIPRESS	1
PRECOSE	ACARBOSE	2
PRED FORTE	PREDNISOLONE	2
PRED MILD	PREDNISOLONE	2
PREDNISOLONE	ECONOPRED PLUS	1
PREDNISOLONE	PREDNISOLONE	1
PREDNISOLONE	PRED FORTE OS 1%	1
PREDNISON	DELTASONE	1
PREMARIN	CONJUGATED ESTROGEN	2
PREMARIN VAGINAL CREAM	CONJUGATED ESTROGEN	2
PREMPHASE	ESTROGENS CONJUGATED MEDROXYPROGESTERONE	2
PREMPRO	ESTROGENS CONJUGATED MEDROXYPROGESTERONE	2
PREVACID	LANSOPRAZOLE	2
PREVALITE	QUESTRAN	1
PRIMIDONE	MYSOLINE	1
PROAMATINE	MIDODRINE	2
PROBENECID	BENEMID	1
PROBENECID COL	COLBENEMID	1
PROCAINAMIDE SR	PROCAN SR 500MG	1
PROCANBID SR	PROCAINAMIDE	2
PROCHLORPERAZINE	COMPAZINE	1
PROCRIT	EPOETIN ALFA	3
PROCTOCORT CR	HYDROCORTISONE	2
PROCTOFOAM	HYDROCORTISONE	2
PROCTOSOL HC	ANUSOL HC	1
PROGRAF	TACROLIMUS	3
PROMETH VC COD	PHENERGAN VC C COD	1
PROMETHAZINE	PHENERGAN	2
PROMETHAZINE SYRUP	PHENERGAN SUPP	1
PROMETHAZINE DM	PHENERGAN DEXT	1
PROMETHAZINE VC	PROMETHAZINE/PHENY	1
PROMETRIUM	PROGESTERONE MICRONIZED	2
PROPADE	ORNADE SPANSULE	1
PROPAFENONE	RYTHMOL	1
PROPOX CPD	DARVON COMPOUND	1
PROPOX N APAP	DARVOCET N 100	1
PROPOXYPHENE	DARVON	1
PROPRANOL HCTZ	INDERIDE	1
PROPRANOLOL	INDERAL	1
PROPYLTHIOURAC	POLPYLTHIOURACIL	1
PROSCAR	FINASTERIDE	2
PROSED DS	METHENAMINE PHENYL SAL METHYLENE BLUE BENZOIC ATR+	2
PROTONIX	PANTOPRAZOLE	2
PROTOPIC	TACROLIMUS	2
PROVIGIL	MODAFINIL	2

PROZAC WEEKLY	FLUOXETINE	2	A
PSEUDOCHLOR SR	NOVAFED A,DECONAMI	1	
PSEUDOEPHEDRINE GUAIFENESIN	ENTEX PSE,ZEPHREX	1	
PULMICORT INH	BUDESONIDE	2	
PULMICORT RESP	BUDESONIDE	2	
PULMOZYME	DORNASE ALPHA	2	
PURINETHOL	MERCAPTOPURINE	2	
PYRIDOSTIGMINE	MESTINON	2	
QUINIDINE	QUINIDINE	1	
QUINIDINE ER	QUINIDEX	1	
QUINIDINE GLUC	QUINAGLUTE	1	
QUININE	QUININE SULFATE	1	
QUININE	QUINAMM	1	
QUIXIN	LEVOFLOXACIN	2	
QVAR	BECLOMETHASONE	2	
RANITIDINE	ZANTAC	1	
RAPAMUNE	SIROLIMUS	3	
REBETOL	RIBAVIRIN	3	
REBETRON	INTERFERON ALFA 2B	3	
REBIF	INTERFERON BETA 1A	3	
REGRANEX GEL	BECAPLERMIN	3	P
RELPAK	ELITRIPTAN	2	
REMICADE	INFLIXIMAB	3	
REMINYL	GALANTAMINE	2	
RENAGEL	SEVELAMER	3	
RENOVA	TRETINOIN	2	
REQUIP	ROPINIROLE	2	
RESCRIPTOR	DELAVIRDINE	3	
RESCULA	UNOPROSTONE	2	
RESERPINE	RESERPINE	1	
RESTASIS	CYCLOSPORINE	2	
RETIN A	TRETINOIN	2	
RETROVIR	ZIDOVUDINE	3	
REVA	NALTREXONE HCL	2	
RHINOCORT AQ	BUDESONIDE	2	
RHINOLAR EX-12	ORNADE OR-PHEN ADE	2	
RIDAURA	AURANOFIN	2	
RIFAMPIN	RIFADIN/RIMACTANE	1	
RISPERDAL	RISPERIDONE	2	A
ROBAXISAL	METHYLCARBAMOL/ASA	2	
ROBINUL	GLYCOPYRROLATE	2	
ROFERON A	INTERFERON ALFA 2A	2	
ROWASA	FIVE ASA SUPP	2	
ROXANOL	MORPHINE	3	B
ROXICET	OXYCODONE APAP	1	B
ROXICODONE	OXYCODONE	1	B
ROXILOX	OXYCODONE APAP	1	B

ROXIPRIN	OXYCODONE ASA	1	B
RYNATAN	AZATIDINE PSEUDOEPHEDRINE	2	
SALAGEN	PILOCARPINE HCL	2	
SALSALATE	DISALCID	1	
SANDIMMUNE CAP	CYCLOSPORINE	3	
SANDOSTATIN	OCTREOTIDE	2	
SANSERT	METHYSERGIDE MALEATE	2	
SANTYL	COLLAGENASE	2	
SELEGILINE	ELDEPRYL	1	
SELENIUM SULFIDE	SELSUN	1	
SENSIPAR	CINACALCET	3	
SEREVENT DISK	SALMETEROL	2	
SEREZONE	NEFAZODONE	2	A
SILVER SULFADIAZINE	SILVADENE CR	1	
SINEMET	CARBIDOPA-LEVO CR	2	
SINGULAIR	MONTELUKAST	2	
SKELAXIN	METAXALONE	2	
SKELID	TILUDRONATE	3	
SODIUM POLYSTYRENE	KAYEXELATE	1	
SODIUM SULFACETAMIDE	SULFACET	1	
SOLAQUIN FORTE	HYDROQUINONE	2	
SOLU MEDROL	METHYLPREDNISOLONE	2	
SONATA	ZALEPLON	2	
SORBITOL	SORBITOL	2	
SORIATANE	ACITRETIN	3	
SOTALOL	BETAPACE	1	
SPIRONOLACTONE	ALDACTONE	1	
SPIRONOLACTONE HCTZ	ALDACTAZIDE	1	
SPORANOX	ITRACONAZOLE	2	
SSD	SILVADENE CR	1	
SSKI	POTASSIUM IODIDE	1	
STIMATE SPRAY	DESMOPRESSIN	3	
SUCRALFATE	CARAFATE	1	
SULAMYD	SULFACETAMIDE	2	
SULAR	NISOLDIPINE	2	
SULFACET R LOT	NA SULFACETAMIDE/S	2	
SULFACETAMIDE	SULAMYD	1	
SULFACETAMIDE PREDNISOLONE	VASOCIDIN OS	1	
SULFASALAZINE	AZULFIDINE	1	
SULFINPYRAZONE	ANTURANE	1	
SULFISOXAZOLE	GANTRISIN	1	
SULINDAC	CLINORIL	1	
SUSTIVA	EFAVIRENZ	3	
SYNTHROID	LEVOTHYROXINE	2	
SYNVISC	HYLAN GF 20	3	
TAMOXIFEN	NOLVADEX	1	
TANAFED SUSP	PSEUDOEPHECRINE CHLORPHENIRAMINE	2	
TAPAZOLE	METHIMAZOLE	2	

TARCEVA	ERLOTINIB	3	
TARKA	TRANDOLAPRIL VERAPAMIL	2	
TASMAR	TOLCAPONE	2	
TAZORAC	TAZAROTENE	2	
TEMAZEPAM	RESTORIL	1	
TEMODAR	TEMOZOLOMIDE	3	
TEMOVATE	CLOBETASOL E	2	
TERAZOL	TERCONAZOLE	2	
TERAZOSIN	HYTRIN	1	
TERAZOSIN	HYTRIN	1	
TERBUTALINE	BRETHINE	1	
TEST STRIPS	TEST STRIPS	2	D
TESTODERM	TESTOSTERONE	2	
TESTOSTER CYP	TESTOSTERONE CYPRIONATE	1	
TESTRED	METHYLTESTOSTERONE	2	
TETRACYCLINE	SUMYCIN	1	
THALOMID	THALIDOMIDE	3	
THEOLAIR SR	THEOPHYLLINE	2	
THEOPHYLLIN	SLO BID	1	
THEOPHYLLINE	THEOPHYLLINE	1	
THIOLA	TIOPRONIN	2	
THIORIDAZINE	MELLARIL	1	
THIOTHIXENE	NAVANE	1	
THYROID	THYROID	1	
TIAZAC	DILTIAZEM	2	
TICLOPIDINE	TICLID	1	
TIGAN	TRIMETHOBENZAMIDE	2	
TIKOSYN	DOLFETILIDE	3	
TILADE INH	NEDOCROMIL	2	
TIMOLIDE	TIMOLOL HCTZ	2	
TIMOLOL	BLOCADREN	1	
TIMOLOL	TIMOPTIC XE	1	
TIZANIDINE	ZANAFLEX	1	
TOBRADEX	TOBRAMYCIN D-METASONE	2	
TOBRAMYCIN	TOBEX	1	
TOFRANIL	IMIPRAMINE	2	
TONOCARD	TOCAINIDE	2	
TOPAMAX	TOPIRAMATE	2	
TOPROL XL	METOPROLOL	2	
TORSEMIDE	DEMADEX	1	
TRAMADOL	ULTRAM	1	
TRANSDERM SCOP	SCOPOLAMINE	2	
TRANXENE SD	CLORAZEPATE	2	
TRAVATAN	TRAVOPROST	2	
TRAZODONE	DESYREL	1	
TRETINOIN	VESANOID	1	
TRI LEVLEN 28	ETHINYL ESTRADIOL LEVONORGESTREL	2	P
TRIAMCINOLONE	TRIAMCINOLONE	1	

TRIAMCINOLONE	ARISTOCORT/KENALOG	1	
TRIAMCINOLONE	KENALOG IN ORABASE	1	
TRIAMTERENE HCTZ	MAXZIDE	1	
TRIAMTERENE HCTZ	DYAZIDE	1	
TRICOR	FENOFIBRATE	2	
TRI-CYCLEN	EHTINYL ESTRADIOL NORGESTIMATE	2	P
TRIFLUOPERAZINE	STELAZINE	1	
TRIFLURIDINE	VIROPTIC	1	
TRIHEXYPHENIDYL	ARTANE	1	
TRILEPTAL	OXCARBAZEPINE	2	
TRIMETH SULFA	BACTRIM / SEPTRA	1	
TRIMETH SULFA DS	BACTRIM DS / SEPTRA DS	1	
TRIMETHOPRIM	PROLOPRIM	1	
TRIMETHOPRIN POLYMYXIN B	POLYTRIM	1	
TRINALIN	AZATADINE PSEUDOPH	2	
TRINSICON	CONTRIN/FEROTRINSIC	2	
TRIPHASIL-28	ETHINYL ESTRADIOL LEVONORGESTRAL	2	P
TRISALICYLATE	TRILISATE	1	
TRIZIVIR	ABACAVIR IAMIVUDINE ZIDOVUDINE	3	
TROPICAMIDE	MYDRIACYL	1	
TROVAN	TROVAFLOXACIN	2	
TRUSOPT OS	DORZOLAMIDE HCL	2	
TUSSI-12	CARBETAPENTANE CHLORPHENIRAMINE	2	
TUSSIONEX SUSP	CHLORPHENIR/HYDROCODONE	2	
TYLENOL COD EL	ACETAMINOPHEN/CODEINE	2	
ULTRACET	TRAMADOL APAP	2	
ULTRAVATE	HALOBETASOL	2	
UNIPHYL	THEOPHYLLINE	2	
UNIRETIC	MOEXIPRIL HCTZ	2	
URECHOLINE	BETHANECHOL	2	
URISED	COMBO	2	
URISPAS	FLAVOXATE	2	
UROCIT K	POTASSIUM CITRATE	2	
UROXATRAL	ALFUZOSIN	2	
URSO	URSODIOL	2	
URSODIOL	ACTIGALL	1	
USEPT	URISED	1	
VALCYTE	VALGANCICLOVIR	3	
VALPROIC ACID	DEPAKENE	1	
VALTREX	VALACYCLOVIR HCL	2	
VANCOCIN	VANCOMYCIN	2	
VANTIN	CEFPODOXIME	2	
VAQTA	HEPATITIS A VACCINE	2	
VASOCIDIN	SULFACETAMIDE/PRED	2	
VENTOLIN ROTAC	ALBUTEROL	2	
VEPESID	ETOPOSIDE	3	
VERAPAMIL	CALAN	1	
VERAPAMIL SR	CALAN SR	1	

VESANOID	TRETINOIN	3	
VEXOL	RIMEXOLONE	2	
VIAGRA	SILDENAFIL	2	
VIDEX	DIDANOSINE	3	
VIDEX EC	DIDANOSINE	3	
VIGAMOS	MOXIFLOXACIN	2	
VINCRISTINE	VINCRISTINE	2	
VIOXX	ROFECOXIB	2	
VIRACEPT	NELFINAVIR MESYLAT	3	
VIRAMUNE	NEVIRAPINE	3	
VIREAD	TENOFOVIR	3	
VIROPTIC	TRIFLURIDINE	2	
VISICOL	COMBO	2	
VITAMIN D	VITAMIN D	1	
VIVELLE	ESTRADIOL	2	
VIVELLE DOT	ESTRADIOL PATCH	2	
VOLMAX	ALBUTEROL	2	
VOLTAREN	DICLOFENAC SODIUM	2	
VYTONE	HYDROCORTISONE IODOQUINOL	1	
VYTORIN	DULOXETINE	2	
WARFARIN	COUMADIN	1	
WELCHOL	COLESEVELAM	2	
WELLBUTRIN SR	BUPROPION HCL	2	A
XALATAN	LATANOPROST	2	
XELODA	CAPECITABINE	3	
XIFAXAN	RIFAXIMIN	2	
XYLOCAINE	LIDOCAINE VISCOUS	1	
YASMIN	DROSPIRENONE/ETHINYL ESTRADIOL	2	
YOHIMBINE	YOCON	1	
ZADITOR	KETOTIFEN	2	
ZERIT	STAVUDINE	3	
ZETIA	EZETIMIBE	2	
ZIAGEN	ABACAVIR	3	
ZITHROMAX	AZITHROMYCIN	2	
ZOCOR	SIMVASTATIN	2	
ZOFRAN	ONDANSETRON	3	
ZOLADEX	GOSERELIN ACETATE	3	
ZOLOFT	SERTRALINE	2	
ZOMIG	ZOLMITRIPTAN	2	
ZOMIG ZMT	ZOLMITRIPTAN	2	
ZONALON CR	DOXEPIN	2	
ZONEGRAN	ZONISAMIDE	2	
ZOTO HC	PRAMOXINE HC	2	
ZOVIRAX	ACYCLOVIR	2	
ZYBAN	BUPROPION	2	
ZYDONE	HYDROCODONE/APAP	2	
ZYMAR	GATIFLOXIN	2	
ZYPREXA	OLANZAPINE	2	

ZYPREXA ZYDIS	OLANZAPINE	2
ZYRTEC	CETIRIZINE	2
ZYRTEC-D	CETIRIZINE/PSEUDO	2
ZYVOX	LINEZOLID	2