



2019 Advantage Formulary

The PDMI Advantage Formulary defines the tier status of the most commonly prescribed products. The following document includes products that may or may not be covered by your prescription drug benefit. For specific benefit coverage, please review your benefit plan documents, or call the phone number printed on your member ID card. In addition to using this list, please ask your doctor to prescribe generic drugs whenever appropriate. **PLEASE NOTE: Brand-name drugs may move to nonpreferred status if a generic becomes available during the year. BRAND products not listed on this document will be nonpreferred.**

KEY: CAPITAL letters - Preferred BRAND products **lower case** - Generic products **[INJ]** - Injectable products

A

ABILIFY MAINTENA [INJ]
ABSORICA
ACANYA
acetaminophen/codeine
ACTEMRA [INJ]
acyclovir
ADEMPAS
ADVAIR DISKUS
ADVAIR HFA
AFSTYLA [INJ]
AIMOVIG [INJ]
AKYNZEO
albuterol nebulization solution
alendronate
allopurinol
ALPHAGAN P 0.1%
alprazolam
ALREX
amiodarone
AMITIZA
amitriptyline
amlodipine
amlodipine/benazepril
amlodipine/valsartan
amoxicillin
amoxicillin/potassium clavulanate
AMPYRA
anastrozole
ANDRODERM
ANDROGEL 1.62%
ANORO ELLIPTA
apri
ARCAPTA NEOHALER
aripiprazole
ARISTADA [INJ]
ARMONAIR RESPICLICK
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
atenolol
atenolol/chlorthalidone
atomoxetine
atorvastatin
AVONEX [INJ]
AZASITE
azelastine nasal spray
azithromycin

B

baclofen
BELBUCA
benazepril
benzonatate
BEPREVE
BETASERON [INJ]
BETHKIS

BEVESPI AEROSPHERE
BIKTARVY
bisoprolol/hctz
BREO ELLIPTA
BRILINTA
budesonide nebulization
bupropion
bupropion ER
buspirone
butalbital/acetaminophen/caffeine
BYDUREON [INJ]
BYETTA [INJ]
BYSTOLIC
BYVALSON

C

CANASA
CARAC
carbidopa/levodopa
carvedilol
cefdinir
cefuroxime axetil
celecoxib
cephalexin
CETROTIDE [INJ]
CHANTIX
chlorhexidine gluconate
chlorthalidone
CIALIS
CIMDUO
CIPRODEX
ciprofloxacin
citalopram
CLENPIQ
clarithromycin
clindamycin hcl
clindamycin phosphate
clindamycin phosphate/benzoyl peroxide
clobetasol propionate
clomiphene citrate
clonazepam
clonidine
clopidogrel
clotrimazole/betamethasone dipropionate
COLCRYS
COMBIGAN
COMBIPATCH
COMBIVENT RESPIMAT
COPAXONE 40 MG [INJ]
CORLANOR
COSENTYX [INJ]
CREON
CRINONE
CRYSVITA [INJ]
cyanocobalamin [INJ]
cyclobenzaprine

D

DALIRESP
DAYTRANA
desloratadine
desonide
dexamethasone
dexmethylphenidate ER
dextroamphetamine-amphetamine
dextroamphetamine-amphetamine ER
diazepam
diclofenac sodium
dicyclomine
digoxin
diltiazem ER
diphenoxylate/atropine
divalproex DR
divalproex ER
DIVIGEL
donepezil
doxazosin
DUAVEE
DULERA
duloxetine DR
DUPIXET [INJ]
DYMISTA

E

EDARBI
EDARBYCLOR
ELIDEL
ELIQUIS
EMVERM
enalapril
ENBREL [INJ]
enoxaparin [INJ]
ENSTILAR
ENTRESTO
EPIDUO FORTE
EPINEPHRINE
AUTOINJECTOR (by Mylan) [INJ]
EPIPEN, EPIPEN JR [INJ]
ergocalciferol
ERLEADA
erythromycin eye oint
escitalopram
esomeprazole DR
estradiol
estradiol patch
estradiol/norethindrone
ESTRING
eszopiclone
etodolac
EUFLEXXA
EVEKEO
ezetimibe

ezetimibe / simvastatin

F

famotidine
FARXIGA
FASENRA [INJ]
fenofibrate
fenofibrate micronized
fenofibric acid DR
fentanyl patches
FETZIMA
FINACEA
finasteride
FLECTOR
FLOVENT DISKUS
FLOVENT HFA
fluconazole
fluocinonide
fluoxetine
fluticasone nasal spray
folic acid
FORTEO [INJ]
FRAGMIN [INJ]
furosemide
FYCOMPA

G

gabapentin
GELNIQUE
gemfibrozil
GENOTROPIN [INJ]
gildess fe
GILENYA
GILOTRIF
glimepiride
glipizide
glipizide ER
GLUCAGEN [INJ]
GLUCAGON [INJ]
glyburide
GLYXAMBI
GONAL-F, GONAL-F RFF,
GONAL-F RFF REDI-JECT[INJ]
GRALISE
GRANIX [INJ]
GRASTEK
guanfacine ER

H

HELIXATE FS [INJ]
HEMLIBRA [INJ]
HUMALOG [INJ]
HUMIRA [INJ]
HUMULIN [INJ]
hydralazine
hydrochlorothiazide
hydrocodone/acetaminophen
hydrocodone/chlorpheniramine
polistirex ER

hydrocortisone topical
hydromorphone
hydroxychloroquine
hydroxyzine hcl
hydroxyzine pamoate
HYOPHEN
HYSINGLA ER

I

ibandronate
ibuprofen
ILEVRO
INCRUSE ELLIPTA
indomethacin
INLYTA
INVOKAMET, INVOKAMET XR
INVOKANA
irbesartan
IRESSA
isosorbide mononitrate ER

J

JANUMET, JANUMET XR
JANUVIA
JARDIANCE
JENTADUETO, JENTADUETO XR
junel fe

K

KEDRAB [INJ]
ketoconazole topical
ketorolac
KITABIS PAK
KOGENATE FS [INJ]
KOVALTRY
KYLEENA

L

labetalol
lamotrigine
lansoprazole DR
LANTUS [INJ]
latanoprost eye solution
LATUDA
LETAIRIS
LEVEMIR [INJ]
levetiracetam
levocetirizine
levofloxacin
levothyroxine sodium
lidocaine patches
LINZESS
liothyronine
LIPOFEN
lisinopril
lisinopril/hctz
LIVALO
LO LOESTRIN FE
losartan
losartan/hctz

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PDMI

L (cont)

LOTEMAX
lovastatin
LUMIGAN
LUXTURNA [INJ]
LYRICA

M

meclizine
medroxyprogesterone
meloxicam
MEPSEVII [INJ]
MESTINON SYRUP
metaxalone
metformin
metformin ER
methimazole
methocarbamol
methotrexate
methylphenidate
methylphenidate ER
methylprednisolone
metoclopramide hcl
metoprolol succinate ER
metoprolol tartrate
metronidazole
metronidazole topical
metronidazole vaginal gel
microgestin fe
MINIVELLE
minocycline
MIRENA
mirtazapine
MIRVASO
MITIGARE
moderiba
mometasone
mononessa
MONOVISC [INJ]
montelukast
morphine sulfate ER
MOVANTIK
MOXEZA
multivitamins/fluoride
mupirocin
MUSE
MYRBETRIQ

N

nabumetone
NAMZARIC
naproxen
naproxen sodium
NARCAN NASAL SPRAY
NASCOBAL
neomycin/polymyxin/
hydrocortisone ear
drops
NEXIUM PACKETS
niacin ER
nifedipine ER
nitrofurantoin macrocrystal

NORDITROPIN [INJ]
nortriptyline
NOVOEIGHT [INJ]
NUCYNTA, NUCYNTA ER
NUDEXTA
NUVARING
NUWIQ [INJ]
nystatin oral suspension
nystatin topical

O

ODACTRA
ofloxacin
olanzapine
olmesartan
olmesartan/hctz
olopatadine
omega-3 acid ethyl esters
omeprazole DR
ondansetron
ondansetron ODT
ONETOUCH KITS/METERS:
ULTRA 2, ULTRAMINI,
VERIO, VERIO FLEX,
VERIO IQ, VERIO SYNC
ONETOUCH TEST STRIPS:
ULTRA, VERIO
ONEXTON
OPSUMIT
ORACEA
ORTHOVISC [INJ]
oseltamivir
OTEZLA
OTOVEL
OTREXUP [INJ]
OVIDREL [INJ]
oxcarbazepine
oxybutynin ER
oxycodone
oxycodone/acetaminophen
OXYCONTIN
OZEMPIC [INJ]

P

pantoprazole DR
paroxetine
PAZEO
penicillin v potassium
PENTASA
PERFOROMIST
PHOSLYRA
PICATO
pioglitazone
PLEGRIDY [INJ]
polymyxin/trimethoprim
solution
potassium chloride ER
PRALUENT [INJ]
pramipexole
pravastatin
prednisolone acetate
eye suspension

prednisolone sodium
phosphate
prednisone
PREMARIN CREAM
PREMARIN TABS
PREMPHASE
PREMPRO
PREPOPIK
PREVYMIS [INJ]
PROAIR HFA
PROAIR RESPICLICK
PROCRIPT [INJ]
progesterone micronized
PROLENSA
promethazine
promethazine/
dextromethorphan
propranolol
propranolol ER
PULMICORT FLEXHALER
PYLERA

Q

QNASL
QUDEXY
quetiapine
QUILLICHEW ER
QUILLIVANT XR
quinapril
QVAR

R

rabeprazole DR
RAGWITEK
raloxifene
ramipril
RANEXA
ranitidine
RAPAFLO
RASUVO [INJ]
REBIF [INJ]
RECTIV
RELISTOR [INJ]
REMICADE [INJ]
REPATHA [INJ]
RESTASIS
RHOPRESSA
risperidone
rizatriptan
ropinirole
rosuvastatin
RUCONEST [INJ]

S

SANCUSO
SAVELLA
SEGLUROMET
SEREVENT DISKUS
sertraline
sildenafil
SIMPONI 100 MG [INJ]
simvastatin
SKYLA

2019 Advantage Formulary

SOLIQUA [INJ]
SOLODYN
SOMATULINE DEPOT
[INJ]
SOOLANTRA
SPIRIVA HANDIHALER
SPIRIVA RESPIMAT
spironolactone
sprintec
SPRYCEL
STEGLATRO
STELARA [INJ]
STIOLTO RESPIMAT
STRENSIQ [INJ]
STRIVERDI RESPIMAT
SUBLOCADE [INJ]
SUBOXONE SL FILM
sulfamethoxazole/tri-
methoprim
sumatriptan
SUPREP
SYMBICORT
SYMLINPEN [INJ]
SYMFI, SYMFI LO
SYMPROIC
SYNJARDY, SYNJARDY XR

T

TACLONEX SUSP
tamoxifen
tamsulosin ER
TARCEVA
TAYTULLA
TAZORAC GEL
TAZORAC 0.05% CREAM
TECFIDERA
TEKTURNA, TEKTURNA HCT
temazepam
terazosin
terconazole vaginal
timolol maleate eye solution
tizanidine
TOBI PODHALER
TOBRADEX OINTMENT
TOBRADEX ST
tobramycin eye solution
tobramycin/dexameth-
asone eye suspension
topiramate
TOUJEO SOLOSTAR [INJ]
TOVIAZ
TRACLEER
TRADJENTA
tramadol
TRAVATAN Z
trazodone
TRELEGY ELLIPTA [INJ]
TREMIFYA [INJ]
TRESIBA [INJ]
triamcinolone topical
triamterene/hctz
trinessa

TRIPTODUR [INJ]
tri-sprintec
TRULICITY
TUDORZA PRESSAIR
TYMLOS [INJ]

U

UCERIS TABLETS
ULORIC
UPTRAVI

V

valacyclovir
valsartan
valsartan/hctz
VARUBI
VASCEPA
VELPHORO
VELTASSA
venlafaxine
venlafaxine ER
VENTOLIN HFA
verapamil ER
VERZENIO
VESICARE
VIBERZI
VIIBRYD
VIMPAT
VIOKACE
VYVANSE

W

warfarin

X

XARELTO
XELJANZ, XELJANZ XR
XIFAXAN
XIGDUO XR
XIIDRA
XTANDI
XULTOPHY [INJ]

Z

ZARXIO [INJ]
ZENPEP
zolpidem
zolpidem ER
ZOMIG NASAL
ZONTIVITY
ZOVIRAX CREAM
ZUBSOLV
ZYLET
ZYTIGA



2019 Advantage Formulary

Excluded Medications with Covered Preferred Alternatives

The following is a list of excluded brand name medications with covered preferred alternatives that are on the formulary.

Drug Class	Excluded Medications	Preferred Medications
Analgesics – Opioid	BUTRANS	BELBUCA
Analgesics – Opioid	ABSTRAL, FENTORA, LAZANDA	fantanyl citrate lozenges
Analgesics – Opioid	EMBEDA, oxycodone ER	hydromorphone ER, morphine sulfate ER, oxymorphone ER, HYSINGLA ER, NUCYNTA ER, OXYCONTIN
Anaphylaxis Therapy Agents	AUVI-Q, EPINEPHRINE AUTO-INJECTOR (BY A-S MEDICATION, IMPAX & LINEAGE)	EPINEPHRINE AUTO-INJECTOR (BY MYLAN), EPIPEN, EPIPEN JR
Androgens	FORTESTA, NATESTO, TESTOSTERONE GEL	ANDROGEL 1.62%
Anorectal Agents	CORTIFOAM	hydrocortisone enema, UCERIS (FOAM)
Anticoagulants	PRADAXA, SAVAYSA	ELIQUIS, XARELTO
Antidiabetics – DPP-4 Inhibitors	ALOGLIPTIN, NESINA, ONGLYZA	JANUVIA, TRAJENTA
Antidiabetics – DPP-4 Inhibitors Combinations	ALOGLIPTIN/METFORMIN, KAZANO, KOMBIGLYZE XR	JANUMET, JANUMET XR, JENTADUETO, JENTADUETO XR
Antidiabetics – GLP-1 Receptor Agonists	ADLYXIN, TANZEUM, VICTOZA	BYDUREON, BYETTA, OZEMPIC, TRULICITY
Antidiabetics – Insulin	NOVOLIN	HUMULIN
Antidiabetics – Insulin	ADMELOG, APIDRA, FIASP, NOVOLOG	HUMALOG
Antidote - Opioid Antagonists	EVZIO	naloxone syringes, NARCAN NASAL SPRAY
Antihemophilic Agents	ELOCTATE, RECOMBINATE, XYNTHA, XYNTHA SOLOFUSE	ADVATE, ADYNOVATE, AFSTYLA, HELIXATE FS, KOGENATE FS, KOVALTRY, NOVOEIGHT, NUWIQ
Antihyperlipidemics	ALTOPREV, ZYPITAMAG	atorvastatin, lovastatin, rosuvastatin, simvastatin, LIVALO
Antiobesity Agents	CONTRAVE ER, QSYMIA	benzphetamine, diethylpropion, phentermine
Antiparkinson Agents	GOCOVRI ER, OSMOLEX ER	amantadine capsules, amantadine tablets, amantadine oral solution
Antiparkinson Agents	NEUPRO	pramipexole tab, pramipexole ER tab, ropinirole tab
Antiparkinson Agents	XADAGO	rasagiline, selegiline
Antiretrovirals	ATRIPLA	BIKTARVY, GENVOYA, ODEFSEY, STRIBILD, SYMFI, SYMFI LO, TRIUMEQ
Beta Interferons (MS)	EXTAVIA	AVONEX, BETASERON, PLEGRIDY, REBIF
Blood Glucose Meters & Test Strips	ABBOTT (FREESTYLE, PRECISION), BAYER (BREEZE, CONTOUR), NATIONAL MEDICAL (ADVOCATE), OMNIS HEALTH (EMBRACE, VICTORY), ROCHE (ACCU-CHEK), TRIVIDIA (TRUETEST, TRUETRACK), UNISTRIP ALL OTHER METERS & STRIPS THAT ARE NOT LIFESCAN BRAND	LIFESCAN (ONETOUCH)
Bronchodilators	BROVANA	PERFORMIST
Bronchodilators	LEVALBUTEROL HFA, PROVENTIL HFA, XOPENEX HFA	PROAIR HFA/RESPICLICK, VENTOLIN HFA
Corticosteroids	EMFLAZA	prednisone solution, prednisone tablets
Dermatologicals – Acne Products	AKTIPAK, VELTIN	clindamycin/benzoyl peroxide, clindamycin/tretinoin, erythromycin/benzoyl peroxide, ACANYA, ONEXTON
Dermatologicals – Antineoplastics	FLUOROURACIL 0.5% CREAM, ZYCLARA	diclofenac 3% gel, fluorouracil 2% solution, fluorouracil 5% cream, imiquimod 5% cream, CARAC
Dermatologicals - Antivirals	XERESE CREAM	acyclovir (tablet/capsule), famciclovir tablet, valacyclovir tablet, ZOVIRAX CREAM
Dermatologicals - Corticosteroids	TOPICORT SPRAY, VERDESFOAM	desonide 0.05% (cream/lotion/ointment), desoximetasone 0.25% (cream/ointment)
Dermatologicals – Misc.	ALCORTIN A	hydrocortisone, mupirocin
Dietary Products	MEBOLIC, OMNIVEX, XYZBAC, ZYVIT	OTC multivitamin combination plus folic acid
Digestive Enzymes	PANCREAZE, PERTZYE	CREON, ZENPEP
Endocrine Agents – Misc.	NACTIVA	desmopressin tablets
Endocrine Agents – Somatostatin Agents	SANDOSTATIN LAR DEPOT, SIGNIFOR LAR	SOMATULINE DEPOT
Estrogens	ESTROGEL	DIVIGEL
Estrogen Combinations	CLIMARA PRO	COMBIPATCH
Fertility Regulators	BRAVELLE, FOLLISTIM AQ	GONAL-F, GONAL-F RFF, GONAL-F RFF REDI-JECT
Fertility Regulators	CHORIONIC GONADOTROPIN, PREGNLY	NOVAREL, OVIDREL
Gastrointestinal Agents – Inflammatory Bowel Agents	ASACOL HD, DELZICOL, DIPENTUM	balsalazide disodium, mesalamine 1.2 gm delayed release, sulfasalazine, APRISO, PENTASA
GnRH Agonist	LUPRON DEPOT-PED	TRIPTODUR
GnRH/LHRH Antagonist	GANIRELIX ACETATE	CETROTIDE
Gout Agents	COLCHICINE	COLCRYS, MITIGARE
Gout Agents	DUZALLO, ZURAMPIC	allopurinol, probenecid
Growth Hormones	HUMATROPE, NUTROPIN AQ NUSPIN, OMNITROPE, SAIZEN, SAIZENPREP, ZOMACTON	GENOTROPIN, NORDITROPIN
Hematological Agents – Misc.	BERINERT	RUCONEST
Hematopoietic Agents – Misc.	ENDARI	OTC glutamine powder or tablets
Hematopoietic Agents – Misc.	SIKLOS	DROXIA
Hematopoietic Growth Factors	ARANESP, EPOGEN, MIRCERA	PROCRIT
Hematopoietic Growth Factors	NEUPOGEN	GRANIX, ZARXIO
Impotence Agents	LEVITRA, STAXYN	sildenafil, CIALIS
Musculoskeletal Therapy – Viscosupplements	DUROLANE, GEL-ONE, GELSYN-3, GENVISC 850, HYALGAN, HYMOVIS, SUPARTZ FX, SYNVISIC, SYNVISIC-ONE, VISCO-3	EUFLEXXA, MONOVISC, ORTHOVISC
Nasal Agents	BECONASE AQ, OMNARIS, ZETONNA	budesonide, flunisolide, fluticasone, mometasone, QNASL
Neuromuscular Agents	EXONDYS 51	No alternatives recommended
Nonsteroidal Anti-inflammatory Agents (NSAIDs)	FENOPROFEN (CAPSULE), FENORTHO, NALFON	fenoprofen calcium (tablet/generic), diclofenac, indomethacin, ibuprofen, meloxicam, nabumetone, naproxen
Ophthalmics – Beta-blockers	TIMOPTIC OCUDOSE	betaxolol drops, levobunolol drops, timolol drops, ALPHAGAN P 0.1%, COMBIGAN
Ophthalmics - Misc.	ALOCRIL, ALOMIDE, EMADINE	azelastine drops, cromolyn drops, olopatadine drops, ALREX, BEPREVE, PAZEO
Ophthalmics – Misc.	ACUVAIL, NEVANAC	bromfenac drops, diclofenac drops, ketorolac drops, ILEVRO, PROLENSA
Ophthalmics – Prostaglandins	ZIOPTAN	bimatoprost drops, latanoprost drops, LUMIGAN, TRAVATAN Z
Ophthalmic Steroids	FLAREX, FML FORTE, FML S.O.P., MAXIDEX, PRED MILD	dexamethasone drops, fluorometholone drops, prednisolone drops, LOTEMAX

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Excluded Medications with Covered Preferred Alternatives (continued)

The following is a list of excluded brand name medications with covered preferred alternatives that are on the formulary.

Otic Agents	CETRAXAL	ciprofloxacin ear solution, ofloxacin ear solution, CIPRODEX, OTOVEL
Phosphate Binders	FOSRENOL POWDER PACKETS, RENAGEL	lanthanum, sevelamer carbonate, PHOSLYRA, VELPHORO
Postherpetic Neuralgia / Neuropathic Pain Agents	LYRICA CR	gabapentin, GRALISE, LYRICA
Proton Pump Inhibitors	ACIPHEX SPRINKLE, PRILOSEC SUSP, PROTONIX SUSP	esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole, NEXIUM PACKETS
Rosacea Agents	DOXYCYCLINE 40mg CAPSULES	ORACEA
Steroid Inhalants	ALVESCO	ARMONAIR RESPICLICK, ARNUITY ELLIPTA, ASMANEX HFA/TWISTHALER, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR
Vaginal Estrogens	FEMRING	estradiol patches, estradiol tablets, yuvafem, ESTRING, PREMARIN CREAM, PREMARIN TABLETS
Vaginal Progestins	ENDOMETRIN	CRINONE 8% GEL

Multisource Brand Exclusions

The following is a list of excluded multisource brand medications. The generic equivalent of these medications are covered under your plan.

ABILIFY	IMITREX	SEROQUEL
ACIPHEX	INDERAL LA	SEROQUEL XR
ADCIRCA	INTUNIV	SINGULAIR
ADDERALL	ISTALOL	STRATTERA
ANDROGEL 1%	KEPPRA, KEPPRA XR	TESTIM
ANUSOL-HC	LAMICTAL, LAMICTAL XR	TIKOSYN
ARIMIDEX	LAMICTAL ODT	TOBI SOLUTION
ATACAND	LEXAPRO	TOPAMAX
ATACAND HCT	LIBRAX	TRIBENZOR
AVALIDE	LIDODERM	TRICOR
AVAPRO	LIPITOR	TRILEPTAL
AVODART	LOESTRIN / LOESTRIN FE	UROXATRAL
AZOR	LOTREL	VAGIFEM
BENICAR	LOVENOX	VALIUM
BENICAR HCT	LUNESTA	VALTREX
BRISDELLE	MAXALT, MAXALT MLT	VIAGRA
BUPAP	MICARDIS, MICARDIS HCT	VIVELLE-DOT
CELEBREX	MINASTRIN 24FE	VOGELXO
CELEXA	NAMENDA XR	VYTORIN
COREG	NASONEX	WELLBUTRIN SR
COSOPT	NEURONTIN	XALATAN
COZAAR	NORCO	XANAX
CRESTOR	NORVASC	XANAX XR
CYMBALTA	NUVIGIL	XENAZINE
CYTOMEL	ORTHO TRI-CYCLEN	YASMIN
DETROL, DETROL LA	ORTHO TRI-CYCLEN LO	ZEGERID
DIOVAN, DIOVAN HCT	PLAQUENIL	ZETIA
EFFEXOR XR	PLAVIX	ZOCOR
EXFORGE, EXFORGE HCT	PREVACID	ZOLOFT
FOSRENOL CHEWABLE	PRISTIQ	ZOMIG, ZOMIG ZMT
GLEEVEC	PROTONIX	ZONEGRAN
GLUCOPHAGE, GLUCOPHAGE XR	PROVIGIL	ZYFLO CR
GLUMETZA	PROZAC	
HYZAAR	PULMICORT RESPULES	