



Keystone 65 Rx HMO
Personal Choice 65SM Rx PPO
Select Option[®] Rx PDP

2020 Utilization Management Criteria: Step Therapy

**PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION
ABOUT SOME OF THE DRUGS WE COVER IN THIS PLAN**

This document was updated on 12/01/2020. For more recent information or other questions, please contact our Member Help Team: Keystone 65 at 1-844-352-1699, Personal Choice 65 at 1-888-879-4293, Select Option at 1-888-678-7009 or, for TTY/TDD users, 711, seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from April 1 through September 30, your call may be sent to voicemail. Or, visit www.ibxmedicare.com to use our *Formulary (List of Covered Drugs)* search tool or view a downloadable document.

When this document refers to “we,” “us,” or “our,” it means Independence Blue Cross. When it refers to “plan” or “our plan,” it means Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx.

You must generally use network pharmacies to use your prescription drug benefit. Benefits, formulary, pharmacy network, and/or copayments/coinsurance may change on January 1, 2021, and from time to time during the year.

Independence Blue Cross offers Medicare Advantage plans with a Medicare contract. Enrollment in Independence Medicare Advantage plans depends on contract renewal.

Keystone 65: Benefits underwritten by Keystone Health Plan East, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

Personal Choice 65 & Select Option: Benefits underwritten by QCC Insurance Company, a subsidiary of Independence Blue Cross — independent licensees of the Blue Cross and Blue Shield Association.

There may be restrictions to your drug coverage

Some covered drugs may have additional requirements or limits on coverage. We call this “utilization management.” These requirements and limits may include:

- **Prior Authorization (PA):** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug. Drugs that require Prior Authorization are listed in Section I of this document.
- **Step Therapy (ST):** In some cases, our plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. Drugs that require Step Therapy are listed in Section II of this document.
- **Quantity Limits (QL):** For certain drugs, our plan limits the amount of the drug that our plan will cover. Drugs that have Quantity Limits are listed in the *Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx Formulary (List of Covered Drugs)*.

You can find out if your drug has any additional requirements or limits by looking in your plan *Formulary (List of Covered Drugs)*. You can also get more information about the restrictions applied to specific covered drugs by visiting www.ibxmedicare.com.

You can ask our plan to make an exception to these restrictions or limits, or for a list of other similar drugs that may treat your health condition. Your *Formulary (List of Covered Drugs)* and *Evidence of Coverage* will have more information about the exception request process.

How to use this document

This document is intended to be used alongside your *Formulary (List of Covered Drugs)*. If your prescription drug has a note (PA, QL, or ST) in the “Requirements/Limits” column of the *Keystone 65 Rx, Personal Choice 65 Rx, and Select Option Rx Formulary (List of Covered Drugs)*, you can find more information on the restriction(s) in this document.

Locate your drug in the index on page 61. The restriction information includes step therapy criteria.

Be sure to read all the information listed for your affected drug. If you have any questions, or need assistance with the information contained in this document, please call our Member Help Team: Keystone 65 at 1-844-352-1699, Personal Choice 65 at 1-888-879-4293, Select Option at 1-888-678-7009.

ALBUTEROL 2020

Products Affected

- PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT INHALATION
- PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION
- VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION

Details

Criteria	Trial of Proair HFA or Proair Respiclick. Always Applies.
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ANTIDEPRESSANTS [SNRIS] 2020

Products Affected

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

Details

Criteria	Trial of one of the following: desvenlafaxine ER, desvenlafaxine succinate ER, duloxetine, venlafaxine, venlafaxine ER. Applies to new starts.
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ANTIDEPRESSANTS [SSRIS] 2020

Products Affected

- CELEXA TABLET 10 MG ORAL
- CELEXA TABLET 20 MG ORAL
- CELEXA TABLET 40 MG ORAL
- LEXAPRO TABLET 10 MG ORAL
- LEXAPRO TABLET 20 MG ORAL
- LEXAPRO TABLET 5 MG ORAL
- PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL
- PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL
- PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL
- PAXIL TABLET 10 MG ORAL
- PAXIL TABLET 20 MG ORAL
- PAXIL TABLET 30 MG ORAL
- PAXIL TABLET 40 MG ORAL
- PEXEVA TABLET 10 MG ORAL
- PEXEVA TABLET 20 MG ORAL
- PEXEVA TABLET 30 MG ORAL
- PEXEVA TABLET 40 MG ORAL
- PROZAC CAPSULE 10 MG ORAL
- PROZAC CAPSULE 20 MG ORAL
- PROZAC CAPSULE 40 MG ORAL
- ZOLOFT TABLET 100 MG ORAL
- ZOLOFT TABLET 25 MG ORAL
- ZOLOFT TABLET 50 MG ORAL

Details

Criteria	Trial of three of the following: citalopram, escitalopram, fluvoxamine, fluoxetine, paroxetine, sertraline. Applies to new starts.
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ANTI-HISTAMINE EYE DROPS 2020

Products Affected

- ZERVIATE SOLUTION 0.24 % OPHTHALMIC

Details

Criteria	Trial of three generic formulary antihistamine eye drops. Always applies.
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BASAGLAR 2020

Products Affected

- BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR
100 UNIT/ML SUBCUTANEOUS

Details

Criteria	
	Trial of TWO of the following Lantus, Levemir, Toujeo, Tresiba. Always applies.

BENZODIAZEPINES 2020

Products Affected

- ATIVAN TABLET 0.5 MG ORAL
- ATIVAN TABLET 1 MG ORAL
- ATIVAN TABLET 2 MG ORAL
- KLONOPIN TABLET 0.5 MG ORAL
- KLONOPIN TABLET 1 MG ORAL
- KLONOPIN TABLET 2 MG ORAL
- RESTORIL CAPSULE 15 MG ORAL
- RESTORIL CAPSULE 22.5 MG ORAL
- RESTORIL CAPSULE 30 MG ORAL
- RESTORIL CAPSULE 7.5 MG ORAL
- TRANXENE-T TABLET 7.5 MG ORAL
- VALIUM TABLET 10 MG ORAL
- VALIUM TABLET 2 MG ORAL
- VALIUM TABLET 5 MG ORAL
- XANAX TABLET 0.25 MG ORAL
- XANAX TABLET 0.5 MG ORAL
- XANAX TABLET 1 MG ORAL
- XANAX TABLET 2 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL

Details

Criteria	Trial of three of the following generic benzodiazepine (alprazolam, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, temazepam). Applies to new starts.
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BRAND ANGIOTENSIN RECEPTOR BLOCKERS 2020

Products Affected

- ATACAND HCT TABLET 16-12.5 MG ORAL
- ATACAND HCT TABLET 32-12.5 MG ORAL
- ATACAND HCT TABLET 32-25 MG ORAL
- ATACAND TABLET 16 MG ORAL
- ATACAND TABLET 32 MG ORAL
- ATACAND TABLET 4 MG ORAL
- ATACAND TABLET 8 MG ORAL
- AVALIDE TABLET 150-12.5 MG ORAL
- AVALIDE TABLET 300-12.5 MG ORAL
- AVAPRO TABLET 150 MG ORAL
- AVAPRO TABLET 300 MG ORAL
- AVAPRO TABLET 75 MG ORAL
- AZOR TABLET 10-20 MG ORAL
- AZOR TABLET 10-40 MG ORAL
- AZOR TABLET 5-20 MG ORAL
- AZOR TABLET 5-40 MG ORAL
- BENICAR HCT TABLET 20-12.5 MG ORAL
- BENICAR HCT TABLET 40-12.5 MG ORAL
- BENICAR HCT TABLET 40-25 MG ORAL
- BENICAR TABLET 20 MG ORAL
- BENICAR TABLET 40 MG ORAL
- BENICAR TABLET 5 MG ORAL
- COZAAR TABLET 100 MG ORAL
- COZAAR TABLET 25 MG ORAL
- COZAAR TABLET 50 MG ORAL
- DIOVAN HCT TABLET 160-12.5 MG ORAL
- DIOVAN HCT TABLET 160-25 MG ORAL
- DIOVAN HCT TABLET 320-12.5 MG ORAL
- DIOVAN HCT TABLET 320-25 MG ORAL
- DIOVAN HCT TABLET 80-12.5 MG ORAL
- DIOVAN TABLET 160 MG ORAL
- DIOVAN TABLET 320 MG ORAL
- DIOVAN TABLET 40 MG ORAL
- DIOVAN TABLET 80 MG ORAL
- EDARBI TABLET 40 MG ORAL
- EDARBI TABLET 80 MG ORAL
- EDARBYCLOR TABLET 40-12.5 MG ORAL
- EDARBYCLOR TABLET 40-25 MG ORAL
- EXFORGE HCT TABLET 10-160-12.5 MG ORAL
- EXFORGE HCT TABLET 10-160-25 MG ORAL
- EXFORGE HCT TABLET 10-320-25 MG ORAL
- EXFORGE HCT TABLET 5-160-12.5 MG ORAL
- EXFORGE HCT TABLET 5-160-25 MG ORAL
- EXFORGE TABLET 10-160 MG ORAL
- EXFORGE TABLET 10-320 MG ORAL
- EXFORGE TABLET 5-160 MG ORAL
- EXFORGE TABLET 5-320 MG ORAL
- HYZAAR TABLET 100-12.5 MG ORAL
- HYZAAR TABLET 100-25 MG ORAL
- HYZAAR TABLET 50-12.5 MG ORAL
- MICARDIS HCT TABLET 40-12.5 MG ORAL
- MICARDIS HCT TABLET 80-12.5 MG ORAL
- MICARDIS HCT TABLET 80-25 MG ORAL
- MICARDIS TABLET 20 MG ORAL
- MICARDIS TABLET 40 MG ORAL
- MICARDIS TABLET 80 MG ORAL
- TWYNSTA TABLET 40-10 MG ORAL
- TWYNSTA TABLET 40-5 MG ORAL
- TWYNSTA TABLET 80-10 MG ORAL
- TWYNSTA TABLET 80-5 MG ORAL

Details

Details	
Criteria	Trial of three of the following ARBs (amlodipine/olmesartan, amlodipine/valsartan, amlodipine/valsartan/HCTZ, candesartan, candesartan/HCTZ, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/HCTZ, telmisartan, telmisartan/amlodipine, telmisartan/HCTZ, valsartan, valsartan/HCTZ). Always applies.

BRAND BUPROPION PRODUCTS 2020

Products Affected

- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL
- *bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral*
- FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL

Details

Criteria	Trial of one generic product (bupropion, bupropion SR, bupropion XL). Applies to new starts.
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BRAND DICLOFENAC PRODUCTS 2020

Products Affected

- CAMBIA PACKET 50 MG ORAL
- ZIPSOR CAPSULE 25 MG ORAL
- ZORVOLEX CAPSULE 18 MG ORAL
- ZORVOLEX CAPSULE 35 MG ORAL

Details

Criteria	Trial of three of the following generic products (oral diclofenac sodium, oral diclofenac potassium, ibuprofen oral suspension). Always applies.
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BRAND ORAL ANTIPSYCHOTICS 2020

Products Affected

- ABILIFY TABLET 10 MG ORAL
- ABILIFY TABLET 15 MG ORAL
- ABILIFY TABLET 2 MG ORAL
- ABILIFY TABLET 20 MG ORAL
- ABILIFY TABLET 30 MG ORAL
- ABILIFY TABLET 5 MG ORAL
- CAPLYTA CAPSULE 42 MG ORAL
- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- LATUDA TABLET 120 MG ORAL
- LATUDA TABLET 20 MG ORAL
- LATUDA TABLET 40 MG ORAL
- LATUDA TABLET 60 MG ORAL
- LATUDA TABLET 80 MG ORAL
- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

Details

Criteria	Trial of one generic product (aripiprazole, olanzapine, paliperidone, quetiapine [IR], quetiapine [ER], risperidone, ziprasidone). Applies to new starts.
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BRAND ORAL NSAIDS 2020

Products Affected

- CELEBREX CAPSULE 100 MG ORAL
- CELEBREX CAPSULE 200 MG ORAL
- CELEBREX CAPSULE 400 MG ORAL
- CELEBREX CAPSULE 50 MG ORAL
- MOBIC TABLET 15 MG ORAL
- MOBIC TABLET 7.5 MG ORAL
- RELAFEN DS TABLET 1000 MG ORAL

Details

Criteria	Trial of two generic NSAIDs (celecoxib, diclofenac, etodolac, etodolac ER, ibuprofen, ketoprofen, ketoprofen er, meloxicam, naproxen, naproxen dr, naproxen sodium, piroxicam, sulindac). Always applies.
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BRAND TESTOSTERONE PRODUCTS 2020

Products Affected

- ANDRODERM PATCH 24 HOUR 2 MG/24HR
TRANSDERMAL
- ANDRODERM PATCH 24 HOUR 4 MG/24HR
TRANSDERMAL
- ANDROGEL GEL 25 MG/2.5GM (1%)
TRANSDERMAL
- ANDROGEL GEL 50 MG/5GM (1%)
TRANSDERMAL
- FORTESTA GEL 10 MG/ACT (2%)
TRANSDERMAL
- NATESTO GEL 5.5 MG/ACT NASAL
- TESTIM GEL 50 MG/5GM (1%) TRANSDERMAL
- VOGELXO GEL 50 MG/5GM (1%)
TRANSDERMAL
- VOGELXO PUMP GEL 12.5 MG/ACT (1%)
TRANSDERMAL

Details

Criteria	Trial of Androgel 1.62%
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CEQUA 2020

Products Affected

- CEQUA SOLUTION 0.09 % OPHTHALMIC

Details

Criteria	Trial of Restasis. Always applies.
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CNS STIMULANTS 2020

Products Affected

- ADDERALL TABLET 20 MG ORAL
- ADDERALL TABLET 5 MG ORAL
- ADDERALL TABLET 7.5 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- ADZENYS ER SUSPENSION EXTENDED RELEASE 1.25 MG/ML ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL
- *amphetamine er suspension extended release 1.25 mg/ml oral*
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL
- COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL
- COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL
- COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL
- DAYTRANA PATCH 10 MG/9HR TRANSDERMAL
- DAYTRANA PATCH 15 MG/9HR TRANSDERMAL
- DAYTRANA PATCH 20 MG/9HR TRANSDERMAL
- DAYTRANA PATCH 30 MG/9HR TRANSDERMAL
- DESOXYN TABLET 5 MG ORAL
- DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL
- FOCALIN TABLET 10 MG ORAL
- FOCALIN TABLET 2.5 MG ORAL
- FOCALIN TABLET 5 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24

- HOUR 35 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL
- JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- METHYLIN SOLUTION 10 MG/5ML ORAL
- METHYLIN SOLUTION 5 MG/5ML ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL
- QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- RITALIN TABLET 10 MG ORAL
- RITALIN TABLET 20 MG ORAL
- RITALIN TABLET 5 MG ORAL
- ZENZEDI TABLET 10 MG ORAL
- ZENZEDI TABLET 15 MG ORAL
- ZENZEDI TABLET 2.5 MG ORAL
- ZENZEDI TABLET 20 MG ORAL
- ZENZEDI TABLET 30 MG ORAL
- ZENZEDI TABLET 5 MG ORAL
- ZENZEDI TABLET 7.5 MG ORAL

Details

Criteria	Trial of three generic products (e.g. methylphenidate, dexamethylphenidate, amphetamine/ dextroamphetamine, dextroamphetamine, Methamphetamine HCl, Procentra). Always applies.
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CONZIP 2020

Products Affected

- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL
- CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL

Details

Criteria	Trial of both tramadol and tramadol ER. Always applies.
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CUPRIMINE 2020

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

Details

Criteria	Trial of penicillamine (Depen). Always applies.
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DPP-4 INHIBITORS 2020

Products Affected

- JENTADUETO TABLET 2.5-1000 MG ORAL
- JENTADUETO TABLET 2.5-500 MG ORAL
- JENTADUETO TABLET 2.5-850 MG ORAL
- JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- KAZANO TABLET 12.5-1000 MG ORAL
- KAZANO TABLET 12.5-500 MG ORAL
- NESINA TABLET 12.5 MG ORAL
- NESINA TABLET 25 MG ORAL
- NESINA TABLET 6.25 MG ORAL
- OSENI TABLET 12.5-15 MG ORAL
- OSENI TABLET 12.5-30 MG ORAL
- OSENI TABLET 12.5-45 MG ORAL
- OSENI TABLET 25-15 MG ORAL
- OSENI TABLET 25-30 MG ORAL
- OSENI TABLET 25-45 MG ORAL
- TRADJENTA TABLET 5 MG ORAL

Details

Details	
Criteria	Trial of (1) one of the following alogliptin, alogliptin/metformin, or alogliptin/pioglitazone and (2) BOTH Onglyza (or Kombiglyze) AND Januvia (or Janumet or Janumet XR or Juvisync). Always applies.

DRIZALMA 2020

Products Affected

- DRIZALMA SPRINKLE CAPSULE DELAYED
RELEASE SPRINKLE 20 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED
RELEASE SPRINKLE 30 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED
RELEASE SPRINKLE 40 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED
RELEASE SPRINKLE 60 MG ORAL

Details

Criteria	Trial of duloxetine. Applies to new starts.
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DUEXIS 2020

Products Affected

- DUEXIS TABLET 800-26.6 MG ORAL

Details

Criteria	Trial of three of the following: celecoxib, diclofenac, etodolac, ibuprofen, meloxicam, Naprelan, naproxen and three of the following: famotidine, ranitidine, cimetidine, nizatidine. Always applies.
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DYMISTA 2020

Products Affected

- *azelastine-fluticasone suspension 137-50 mcg/act nasal*
- DYMISTA SUSPENSION 137-50 MCG/ACT NASAL

Details

Criteria	Trial of BOTH generic fluticasone nasal spray AND azelastine nasal spray. Always applies.
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GLOPERBA 2020

Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML ORAL

Details

Criteria	Trial of generic colchicine
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GLP-1 AGONISTS 2020

Products Affected

- ADLYXIN SOLUTION PEN-INJECTOR 20 MCG/0.2ML SUBCUTANEOUS
- ADLYXIN STARTER PACK PEN-INJECTOR KIT 10 & 20 MCG/0.2ML SUBCUTANEOUS
- SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS
- XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS

Details

Criteria	Trial of TWO of the following: (1) Trulicity, (2) Victoza, (3) Ozempic, (4) Rybelsus. Always applies.
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GOUT AGENTS 2020

Products Affected

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*
- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL
- ZYLOPRIM TABLET 100 MG ORAL
- ZYLOPRIM TABLET 300 MG ORAL

Details

Criteria	Trial of allopurinol. Always applies.
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IMPETIGO AGENTS 2020

Products Affected

- ALTABAX OINTMENT 1 % EXTERNAL
- XEPI CREAM 1 % EXTERNAL

Details

Criteria	Trial of mupirocin ointment. Always applies
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INHALED CORTICOSTEROIDS 2020

Products Affected

- ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION
- ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION
- ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION
- ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION
- ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION
- ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION
- ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION
- ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION
- ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION
- PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION
- PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION
- QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION
- QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION

Details

Details	
Criteria	Trial of BOTH Flovent AND Arnuity Ellipta. Always applies.

LAMA STEP THERAPY 2020

Products Affected

- TUDORZA PRESSAIR AEROSOL POWDER
BREATH ACTIVATED 400 MCG/ACT
INHALATION

Details

Criteria	Trial of Spiriva or Spiriva Respimat and Incruse Ellipta. Always applies.
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LONHALA STEP THERAPY 2020

Products Affected

- LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION

Details

Criteria	Trial of Spiriva or Spiriva Respimat or Incruse Ellipta. Always applies.
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METFORMIN STEP THERAPY 2020

Products Affected

- FORTAMET TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL
- FORTAMET TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL
- GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL
- GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL
- *metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral*
- *metformin hcl er (mod) tablet extended release 24 hour 500 mg oral*
- *metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral*
- *metformin hcl er (osm) tablet extended release 24 hour 500 mg oral*

Details

Criteria	Trial of three of the following: metformin (generic of Glucophage), metformin XR (generic of Glucophage XR), Glucophage or Glucophage XR. Always applies.
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MIGRAINE AGENTS 2020

Products Affected

- AMERGE TABLET 1 MG ORAL
- AMERGE TABLET 2.5 MG ORAL
- FROVA TABLET 2.5 MG ORAL
- IMITREX SOLUTION 20 MG/ACT NASAL
- IMITREX SOLUTION 5 MG/ACT NASAL
- IMITREX SOLUTION 6 MG/0.5ML SUBCUTANEOUS
- IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS
- IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS
- IMITREX TABLET 100 MG ORAL
- IMITREX TABLET 25 MG ORAL
- IMITREX TABLET 50 MG ORAL
- MAXALT TABLET 10 MG ORAL
- MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL
- NURTEC TABLET DISPERSIBLE 75 MG ORAL
- ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL
- RELPAX TABLET 20 MG ORAL
- RELPAX TABLET 40 MG ORAL
- REYVOW TABLET 100 MG ORAL
- REYVOW TABLET 50 MG ORAL
- TOSYMRA SOLUTION 10 MG/ACT NASAL
- TREXIMET TABLET 85-500 MG ORAL
- UBRELVY TABLET 100 MG ORAL
- UBRELVY TABLET 50 MG ORAL
- ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- ZOMIG SOLUTION 2.5 MG NASAL
- ZOMIG SOLUTION 5 MG NASAL
- ZOMIG TABLET 2.5 MG ORAL
- ZOMIG TABLET 5 MG ORAL
- ZOMIG ZMT TABLET DISPERSIBLE 2.5 MG ORAL
- ZOMIG ZMT TABLET DISPERSIBLE 5 MG ORAL

Details

Criteria	Trial of two generic triptans (almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan). Always applies.
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MORPHINE EXTENDED RELEASE 2020

Products Affected

- KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL
- KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL
- MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL
- MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL

Details

Criteria	
	Trial of generic morphine extended release. Always applies.

MOTEGRITY

Products Affected

- MOTEGRITY TABLET 1 MG ORAL
- MOTEGRITY TABLET 2 MG ORAL

Details

Criteria	Trial of lactulose and Linzess or Amitiza. Always applies.
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MULTIPLE SCLEROSIS AGENTS 2020

Products Affected

- EXTAVIA KIT 0.3 MG SUBCUTANEOUS 10 MG ORAL
- MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAYZENT TABLET 0.25 MG ORAL
- MAYZENT TABLET 2 MG ORAL
- VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL

Details

Criteria	Trial with at least two of the following medications: (1) Avonex (interferon beta-1a), (2) Plegridy (peginterferon beta-1a), (3) Betaseron (interferon beta-1b), (4) Glatopa (glatiramer acetate), (5) Tecfidera (Dimethyl Fumarate), (6) Gilenya (fingolimod), (7) Aubagio (teriflunomide), or (8) Rebif (interferon beta 1a). Applies to new starts.
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NASAL CORTICOSTEROIDS 2020

Products Affected

- BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL
- NASONEX SUSPENSION 50 MCG/ACT NASAL
- OMNARIS SUSPENSION 50 MCG/ACT NASAL
- QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL
- QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL
- XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL
- ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL

Details

Criteria	Trial of three generic nasal corticosteroids (budesonide, fluticasone, flunisolide, mometasone spr, triamcinolone acetonide). Always applies.
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NON-PREFERRED INSULIN 2020

Products Affected

- ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- ADMELOG SOLUTION 100 UNIT/ML SUBCUTANEOUS
- APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- APIDRA SOLUTION 100 UNIT/ML INJECTION
- HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG SOLUTION 100 UNIT/ML SUBCUTANEOUS
- HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS
- HUMULIN R SOLUTION 100 UNIT/ML INJECTION
- *insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous*
- *insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous*
- *insulin aspart penfill solution cartridge 100 unit/ml subcutaneous*
- *insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous*
- *insulin aspart solution 100 unit/ml subcutaneous*
- *insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous*
- *insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous*
- *insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous*
- *insulin lispro solution 100 unit/ml subcutaneous*
- LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS
- LYUMJEV SOLUTION 100 UNIT/ML INJECTION

Details

Criteria	Trial of Novolin or Novolog. Always applies.
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OIC 2020

Products Affected

- RELISTOR TABLET 150 MG ORAL
- SYMPROIC TABLET 0.2 MG ORAL

Details

Criteria	Trial of Amitiza. Always Applies.
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OPHTHALMIC PROSTAGLANDINS 2020

Products Affected

- RHOPRESSA SOLUTION 0.02 % OPHTHALMIC
- ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC
- TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC
- VYZULTA SOLUTION 0.024 % OPHTHALMIC
- XALATAN SOLUTION 0.005 % OPHTHALMIC
- XELPROS EMULSION 0.005 % OPHTHALMIC
- ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC

Details

Criteria	Trial of three generic prostaglandin product (e.g. bimatoprost, latanoprost, travoprost) OR brand Lumigan 0.01%. Always applies.
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OPIOID STEP THERAPY 2020

Products Affected

- DILAUDID LIQUID 1 MG/ML ORAL
- DILAUDID TABLET 2 MG ORAL
- NUCYNTA TABLET 50 MG ORAL
- PERCOCET TABLET 10-325 MG ORAL
- PERCOCET TABLET 2.5-325 MG ORAL
- PERCOCET TABLET 5-325 MG ORAL
- PERCOCET TABLET 7.5-325 MG ORAL
- PRIMLEV TABLET 10-300 MG ORAL
- PRIMLEV TABLET 5-300 MG ORAL
- PRIMLEV TABLET 7.5-300 MG ORAL
- PROLATE TABLET 10-300 MG ORAL
- PROLATE TABLET 5-300 MG ORAL
- PROLATE TABLET 7.5-300 MG ORAL
- ROXICODONE TABLET 15 MG ORAL
- ROXICODONE TABLET 5 MG ORAL

Details

Criteria	Trial of three IR generic opioids (Endocet, hydromorphone, morphine sulfate, oxycodone, oxycodone/apap, oxycodone/asa, oxycodone/ibuprofen, oxymorphone, hydrocodone/apap). Always applies.
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ORACEA 2020

Products Affected

- ORACEA CAPSULE DELAYED RELEASE 40 MG
ORAL

Details

Criteria	Trial of generic doxycycline
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ORAL BISPHOSPHONATE AGENTS 2020

Products Affected

- ACTONEL TABLET 150 MG ORAL
- ACTONEL TABLET 35 MG ORAL
- ATELVIA TABLET DELAYED RELEASE 35 MG ORAL
- BINOSTO TABLET EFFERVESCENT 70 MG ORAL
- BONIVA TABLET 150 MG ORAL
- FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL
- FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL
- FOSAMAX TABLET 70 MG ORAL

Details

Criteria	Trial of three generic product (alendronate, ibandronate, risedronate). Always applies.
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OVERACTIVE BLADDER AGENTS (OAB) 2020

Products Affected

- DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL
- DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL
- DETROL TABLET 1 MG ORAL
- DETROL TABLET 2 MG ORAL
- DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL
- DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL
- GELNIQUE GEL 10 % TRANSDERMAL
- OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL

Details

Criteria	Trial of three of the following (oxybutynin, darfenicin, Myrbetriq, tolterodine, trospium, and Vesicare) . Always applies.
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PROTON PUMP INHIBITORS (PPIs) 2020

Products Affected

- ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL
- NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL
- NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL
- NEXIUM PACKET 10 MG ORAL
- NEXIUM PACKET 2.5 MG ORAL
- NEXIUM PACKET 20 MG ORAL
- NEXIUM PACKET 40 MG ORAL
- NEXIUM PACKET 5 MG ORAL
- *omeprazole-sodium bicarbonate capsule 20-1100 mg oral*
- *omeprazole-sodium bicarbonate capsule 40-1100 mg oral*
- *omeprazole-sodium bicarbonate packet 20-1680 mg oral*
- *omeprazole-sodium bicarbonate packet 40-1680 mg oral*
- PREVACID CAPSULE DELAYED RELEASE 15 MG ORAL
- PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL
- PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL
- PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL
- PRILOSEC PACKET 10 MG ORAL
- PRILOSEC PACKET 2.5 MG ORAL
- PROTONIX PACKET 40 MG ORAL
- PROTONIX TABLET DELAYED RELEASE 20 MG ORAL
- PROTONIX TABLET DELAYED RELEASE 40 MG ORAL
- *rabeprazole sodium tablet delayed release 20 mg oral*
- ZEGERID CAPSULE 20-1100 MG ORAL
- ZEGERID CAPSULE 40-1100 MG ORAL
- ZEGERID PACKET 20-1680 MG ORAL
- ZEGERID PACKET 40-1680 MG ORAL

Details

Criteria	Trial of 2 of the following generic agents (lansoprazole, esomeprazole, omeprazole and pantoprazole). Always applies.
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PROVIGIL/NUVIGIL 2020

Products Affected

- NUVIGIL TABLET 150 MG ORAL
- NUVIGIL TABLET 200 MG ORAL
- NUVIGIL TABLET 250 MG ORAL
- NUVIGIL TABLET 50 MG ORAL
- PROVIGIL TABLET 100 MG ORAL
- PROVIGIL TABLET 200 MG ORAL

Details

Criteria	Trial of generic modafinil and armodafinil
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RENIN INHIBITORS 2020

Products Affected

- TEKTURNA HCT TABLET 150-12.5 MG ORAL
- TEKTURNA HCT TABLET 150-25 MG ORAL
- TEKTURNA HCT TABLET 300-12.5 MG ORAL
- TEKTURNA HCT TABLET 300-25 MG ORAL
- TEKTURNA TABLET 150 MG ORAL
- TEKTURNA TABLET 300 MG ORAL

Details

Criteria	Trial of Aliskiren or one generic ACE inhibitor (benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, perindopril, quinapril, quinapril/HCTZ, ramipril, trandolapril, trandolapril/verapamil) or one generic ARB (candesartan, candesartan/HCTZ, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/amlodipine/HCTZ, olmesartan/amlodipine, olmesartan/HCTZ, telmisartan, telmisartan/hctz, telmisartan/amlodipine, valsartan, valsartan/amlodipine, valsartan/amlodipine/HCTZ, valsartan/HCTZ). Always Applies.
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SANCUSO 2020

Products Affected

- SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL

Details

Criteria	Trial of (a) ondansetron or granisetron and (b) aprepitant
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SAVELLA 2020

Products Affected

- SAVELLA TABLET 100 MG ORAL
- SAVELLA TABLET 12.5 MG ORAL
- SAVELLA TABLET 25 MG ORAL
- SAVELLA TABLET 50 MG ORAL
- SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL

Details

Criteria	Trial of generic duloxetine
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SECUADO 2020

Products Affected

- SECUADO PATCH 24 HOUR 3.8 MG/24HR
TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR
TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR
TRANSDERMAL

Details

Criteria	Trial of one generic product (aripiprazole, olanzapine, paliperidone, quetiapine [IR], quetiapine [ER], risperidone, ziprasidone). Applies to new starts.
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SEMGLEE 2020

Products Affected

- SEMGLEE SOLUTION 100 UNIT/ML SUBCUTANEOUS
- SEMGLEE SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS

Details

Criteria	Trial of TWO of the following: Lantus, Levemir, Toujeo, Tresiba. Always applies.
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SGLT2 ANTI-DIABETICS 2020

Products Affected

- FARXIGA TABLET 10 MG ORAL
- FARXIGA TABLET 5 MG ORAL
- QTERN TABLET 10-5 MG ORAL
- QTERN TABLET 5-5 MG ORAL
- SEGLUROMET TABLET 2.5-1000 MG ORAL
- SEGLUROMET TABLET 2.5-500 MG ORAL
- SEGLUROMET TABLET 7.5-1000 MG ORAL
- SEGLUROMET TABLET 7.5-500 MG ORAL
- STEGLATRO TABLET 15 MG ORAL
- STEGLATRO TABLET 5 MG ORAL
- STEGLUJAN TABLET 15-100 MG ORAL
- STEGLUJAN TABLET 5-100 MG ORAL
- XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL
- XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL
- XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL

Details

Criteria	Trial of metformin or formulary metformin containing products AND either Invokana or Invokamet AND Jardiance, Synjardy [XR], Glyxambi or Trijardy XR. Always applies.
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STATINS 2020

Products Affected

- ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20 MG ORAL
- ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 40 MG ORAL
- ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL
- CRESTOR TABLET 10 MG ORAL
- CRESTOR TABLET 20 MG ORAL
- CRESTOR TABLET 40 MG ORAL
- CRESTOR TABLET 5 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 10 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 20 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 40 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG ORAL
- ORAL
- *flolipid suspension 20 mg/5ml oral*
- *flolipid suspension 40 mg/5ml oral*
- LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL
- LIPITOR TABLET 10 MG ORAL
- LIPITOR TABLET 20 MG ORAL
- LIPITOR TABLET 40 MG ORAL
- LIPITOR TABLET 80 MG ORAL
- PRAVACHOL TABLET 20 MG ORAL
- PRAVACHOL TABLET 40 MG ORAL
- ZOCOR TABLET 10 MG ORAL
- ZOCOR TABLET 20 MG ORAL
- ZOCOR TABLET 40 MG ORAL
- ZOCOR TABLET 80 MG ORAL
- ZYPITAMAG TABLET 2 MG ORAL
- ZYPITAMAG TABLET 4 MG ORAL

Details

Criteria	Trial of three generic statins (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin). Always applies.
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TETRACYCLINES 2020

Products Affected

- ACTICLATE TABLET 150 MG ORAL
- ACTICLATE TABLET 75 MG ORAL
- DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL
- DORYX TABLET DELAYED RELEASE 200 MG ORAL
- DORYX TABLET DELAYED RELEASE 50 MG ORAL
- MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL
- MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL
- SEYSARA TABLET 100 MG ORAL
- SEYSARA TABLET 150 MG ORAL
- SEYSARA TABLET 60 MG ORAL
- SOLODYN TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL
- SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115 MG ORAL
- SOLODYN TABLET EXTENDED RELEASE 24 HOUR 55 MG ORAL
- SOLODYN TABLET EXTENDED RELEASE 24 HOUR 65 MG ORAL
- SOLODYN TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL
- TARGADOX TABLET 50 MG ORAL
- VIBRAMYCIN CAPSULE 100 MG ORAL
- VIBRAMYCIN SUSPENSION RECONSTITUTED 25 MG/5ML ORAL
- VIBRAMYCIN SYRUP 50 MG/5ML ORAL

Details

Criteria	Trial of three generic product (doxycycline, minocycline, tetracycline). Always applies.
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TRINTELLIX/VIIBRYD 2020

Products Affected

- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL
- VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL
- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

Details

Criteria	Trial of (1) one generic SSRI (e.g. citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline) OR (2) one generic SNRI (e.g. desvenlafaxine ER, duloxetine, venlafaxine, venlafaxine ER). Applies to new starts.
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TRULANCE 2020

Products Affected

- TRULANCE TABLET 3 MG ORAL

Details

Criteria	Trial of lactulose AND Linzess OR Amitiza. Always applies.
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VIMOVO 2020

Products Affected

- *naproxen-esomeprazole tablet delayed release 375-20 mg oral*
- *naproxen-esomeprazole tablet delayed release 500-20 mg oral*
- VIMOVO TABLET DELAYED RELEASE 375-20 MG ORAL
- VIMOVO TABLET DELAYED RELEASE 500-20 MG ORAL

Details

Criteria	Trial of three of the following: celecoxib, diclofenac, etodolac, ibuprofen, meloxicam, Naprelan, naproxen and three of the following: esomeprazole, pantoprazole, omeprazole, rabeprazole. Always applies.
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XCOPRI 2020

Products Affected

- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 50 & 200 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL

Details

Details	
Criteria	Trial of two generic formulary anticonvulsants. Applies to new starts.

XIIDRA 2020

Products Affected

- XIIDRA SOLUTION 5 % OPHTHALMIC

Details

Criteria	Trial of Restasis. Always Applies.
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ZELNORM 2020

Products Affected

- ZELNORM TABLET 6 MG ORAL

Details

Criteria	Trial of lactulose and Linzess or Amitiza. Always applies.
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ADMELOG SOLUTION 100 UNIT/ML SUBCUTANEOUS.....	37	APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL.....	16
ADZENYS ER SUSPENSION EXTENDED RELEASE 1.25 MG/ML ORAL.....	16	APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	16
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL.....	16		
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL.....	16		
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL.....	16		
ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL.....	16		

APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL	16	BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL	36
APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL	16	BENICAR HCT TABLET 20-12.5 MG ORAL	9
ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	28	BENICAR HCT TABLET 40-12.5 MG ORAL	9
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION	28	BENICAR HCT TABLET 40-25 MG ORAL	9
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	28	BENICAR TABLET 20 MG ORAL	9
ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	28	BENICAR TABLET 40 MG ORAL	9
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION	28	BENICAR TABLET 5 MG ORAL	9
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION	28	BINOSTO TABLET EFFERVESCENT 70 MG ORAL	42
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION	28	BONIVA TABLET 150 MG ORAL	42
ATACAND HCT TABLET 16-12.5 MG ORAL	9	<i>bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral</i>	10
ATACAND HCT TABLET 32-12.5 MG ORAL	9	CAMBIA PACKET 50 MG ORAL	11
ATACAND HCT TABLET 32-25 MG ORAL	9	CAPLYTA CAPSULE 42 MG ORAL	12
ATACAND TABLET 16 MG ORAL	9	CELEBREX CAPSULE 100 MG ORAL	13
ATACAND TABLET 32 MG ORAL	9	CELEBREX CAPSULE 200 MG ORAL	13
ATACAND TABLET 4 MG ORAL	9	CELEBREX CAPSULE 400 MG ORAL	13
ATACAND TABLET 8 MG ORAL	9	CELEBREX CAPSULE 50 MG ORAL	13
ATELVIA TABLET DELAYED RELEASE 35 MG ORAL	42	CELEXA TABLET 10 MG ORAL	5
ATIVAN TABLET 0.5 MG ORAL	8	CELEXA TABLET 20 MG ORAL	5
ATIVAN TABLET 1 MG ORAL	8	CELEXA TABLET 40 MG ORAL	5
ATIVAN TABLET 2 MG ORAL	8	CEQUA SOLUTION 0.09 % OPHTHALMIC	15
AVALIDE TABLET 150-12.5 MG ORAL	9	CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL	16
AVALIDE TABLET 300-12.5 MG ORAL	9	CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL	16
AVAPRO TABLET 150 MG ORAL	9	CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL	16
AVAPRO TABLET 300 MG ORAL	9	CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL	16
AVAPRO TABLET 75 MG ORAL	9	CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	18
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	23	CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL	18
AZOR TABLET 10-20 MG ORAL	9	CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL	18
AZOR TABLET 10-40 MG ORAL	9	COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL	16
AZOR TABLET 5-20 MG ORAL	9	COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL	16
AZOR TABLET 5-40 MG ORAL	9	COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL	16
BASAGLAR KWIKPEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS	7	COZAAR TABLET 100 MG ORAL	9
		COZAAR TABLET 25 MG ORAL	9
		COZAAR TABLET 50 MG ORAL	9
		CRESTOR TABLET 10 MG ORAL	52

CRESTOR TABLET 20 MG ORAL.....	52	DORYX TABLET DELAYED RELEASE 200 MG	
CRESTOR TABLET 40 MG ORAL.....	52	ORAL.....	53
CRESTOR TABLET 5 MG ORAL.....	52	DORYX TABLET DELAYED RELEASE 50 MG	
CUPRIMINE CAPSULE 250 MG ORAL.....	19	ORAL.....	53
DAYTRANA PATCH 10 MG/9HR		DRIZALMA SPRINKLE CAPSULE DELAYED	
TRANSDERMAL.....	16	RELEASE SPRINKLE 20 MG ORAL.....	21
DAYTRANA PATCH 15 MG/9HR		DRIZALMA SPRINKLE CAPSULE DELAYED	
TRANSDERMAL.....	16	RELEASE SPRINKLE 30 MG ORAL.....	21
DAYTRANA PATCH 20 MG/9HR		DRIZALMA SPRINKLE CAPSULE DELAYED	
TRANSDERMAL.....	16	RELEASE SPRINKLE 40 MG ORAL.....	21
DAYTRANA PATCH 30 MG/9HR		DRIZALMA SPRINKLE CAPSULE DELAYED	
TRANSDERMAL.....	16	RELEASE SPRINKLE 60 MG ORAL.....	21
DESOXYN TABLET 5 MG ORAL.....	16	DUEXIS TABLET 800-26.6 MG ORAL.....	22
DETROL LA CAPSULE EXTENDED RELEASE 24		DYANAVEL XR SUSPENSION EXTENDED	
HOUR 2 MG ORAL.....	43	RELEASE 2.5 MG/ML ORAL.....	16
DETROL LA CAPSULE EXTENDED RELEASE 24		DYMISTA SUSPENSION 137-50 MCG/ACT	
HOUR 4 MG ORAL.....	43	NASAL.....	23
DETROL TABLET 1 MG ORAL.....	43	EDARBI TABLET 40 MG ORAL.....	9
DETROL TABLET 2 MG ORAL.....	43	EDARBI TABLET 80 MG ORAL.....	9
DEXEDRINE CAPSULE EXTENDED RELEASE 24		EDARBYCLOR TABLET 40-12.5 MG ORAL.....	9
HOUR 10 MG ORAL.....	16	EDARBYCLOR TABLET 40-25 MG ORAL.....	9
DEXEDRINE CAPSULE EXTENDED RELEASE 24		EXFORGE HCT TABLET 10-160-12.5 MG	
HOUR 15 MG ORAL.....	16	ORAL.....	9
DEXEDRINE CAPSULE EXTENDED RELEASE 24		EXFORGE HCT TABLET 10-160-25 MG ORAL.....	9
HOUR 5 MG ORAL.....	16	EXFORGE HCT TABLET 10-320-25 MG ORAL.....	9
DEXILANT CAPSULE DELAYED RELEASE 30		EXFORGE HCT TABLET 5-160-12.5 MG ORAL....	9
MG ORAL.....	44	EXFORGE HCT TABLET 5-160-25 MG ORAL.....	9
DEXILANT CAPSULE DELAYED RELEASE 60		EXFORGE TABLET 10-160 MG ORAL.....	9
MG ORAL.....	44	EXFORGE TABLET 10-320 MG ORAL.....	9
DILAUDID LIQUID 1 MG/ML ORAL.....	40	EXFORGE TABLET 5-160 MG ORAL.....	9
DILAUDID TABLET 2 MG ORAL.....	40	EXFORGE TABLET 5-320 MG ORAL.....	9
DIOVAN HCT TABLET 160-12.5 MG ORAL.....	9	EXTAVIA KIT 0.3 MG SUBCUTANEOUS.....	35
DIOVAN HCT TABLET 160-25 MG ORAL.....	9	EZALLOR SPRINKLE CAPSULE SPRINKLE 10	
DIOVAN HCT TABLET 320-12.5 MG ORAL.....	9	MG ORAL.....	52
DIOVAN HCT TABLET 320-25 MG ORAL.....	9	EZALLOR SPRINKLE CAPSULE SPRINKLE 20	
DIOVAN HCT TABLET 80-12.5 MG ORAL.....	9	MG ORAL.....	52
DIOVAN TABLET 160 MG ORAL.....	9	EZALLOR SPRINKLE CAPSULE SPRINKLE 40	
DIOVAN TABLET 320 MG ORAL.....	9	MG ORAL.....	52
DIOVAN TABLET 40 MG ORAL.....	9	EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG	
DIOVAN TABLET 80 MG ORAL.....	9	ORAL.....	52
DITROPAN XL TABLET EXTENDED RELEASE		FANAPT TABLET 1 MG ORAL.....	12
24 HOUR 10 MG ORAL.....	43	FANAPT TABLET 10 MG ORAL.....	12
DITROPAN XL TABLET EXTENDED RELEASE		FANAPT TABLET 12 MG ORAL.....	12
24 HOUR 5 MG ORAL.....	43	FANAPT TABLET 2 MG ORAL.....	12
DORYX MPC TABLET DELAYED RELEASE 120		FANAPT TABLET 4 MG ORAL.....	12
MG ORAL.....	53	FANAPT TABLET 6 MG ORAL.....	12
		FANAPT TABLET 8 MG ORAL.....	12

FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL.....	12	FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL.....	42
FARXIGA TABLET 10 MG ORAL.....	51	FOSAMAX TABLET 70 MG ORAL.....	42
FARXIGA TABLET 5 MG ORAL.....	51	FROVA TABLET 2.5 MG ORAL.....	32
<i>febuxostat tablet 40 mg oral</i>	26	GELNIQUE GEL 10 % TRANSDERMAL.....	43
<i>febuxostat tablet 80 mg oral</i>	26	GLOPERBA SOLUTION 0.6 MG/5ML ORAL.....	24
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL.....	4	GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL.....	31
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	4	GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL.....	31
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	4	HUMALOG JUNIOR KWIKPEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	37
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	4	HUMALOG KWIKPEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	37
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL.....	4	HUMALOG KWIKPEN SOLUTION PEN- INJECTOR 200 UNIT/ML SUBCUTANEOUS.....	37
<i>flolipid suspension 20 mg/5ml oral</i>	52	HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS.....	37
<i>flolipid suspension 40 mg/5ml oral</i>	52	HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS.....	37
FOCALIN TABLET 10 MG ORAL.....	16	HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS.....	37
FOCALIN TABLET 2.5 MG ORAL.....	16	HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS.....	37
FOCALIN TABLET 5 MG ORAL.....	16	HUMALOG SOLUTION 100 UNIT/ML SUBCUTANEOUS.....	37
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	16	HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS.....	37
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL.....	16	HUMULIN 70/30 KWIKPEN SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS.....	37
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	16	HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS.....	37
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	16	HUMULIN N KWIKPEN SUSPENSION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	37
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL.....	16	HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS.....	37
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL.....	16	HUMULIN R SOLUTION 100 UNIT/ML INJECTION.....	37
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	16	HYZAAR TABLET 100-12.5 MG ORAL.....	9
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL.....	16	HYZAAR TABLET 100-25 MG ORAL.....	9
FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL.....	10	HYZAAR TABLET 50-12.5 MG ORAL.....	9
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL.....	31	IMITREX SOLUTION 20 MG/ACT NASAL.....	32
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL.....	31	IMITREX SOLUTION 5 MG/ACT NASAL.....	32
FORTESTA GEL 10 MG/ACT (2%) TRANSDERMAL.....	14		
FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL.....	42		

IMITREX SOLUTION 6 MG/0.5ML SUBCUTANEOUS.....	32	KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	33
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS.....	32	KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL.....	33
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS.....	32	KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	33
IMITREX TABLET 100 MG ORAL.....	32	KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	33
IMITREX TABLET 25 MG ORAL.....	32	KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL.....	33
IMITREX TABLET 50 MG ORAL.....	32	KAZANO TABLET 12.5-1000 MG ORAL.....	20
<i>insulin asp prot & asp flexpen suspension pen- injector (70-30) 100 unit/ml subcutaneous.....</i>	<i>37</i>	KAZANO TABLET 12.5-500 MG ORAL.....	20
<i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous.....</i>	<i>37</i>	KLONOPIN TABLET 0.5 MG ORAL.....	8
<i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous.....</i>	<i>37</i>	KLONOPIN TABLET 1 MG ORAL.....	8
<i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous.....</i>	<i>37</i>	KLONOPIN TABLET 2 MG ORAL.....	8
<i>insulin aspart solution 100 unit/ml subcutaneous.....</i>	<i>37</i>	LATUDA TABLET 120 MG ORAL.....	12
<i>insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous.....</i>	<i>37</i>	LATUDA TABLET 20 MG ORAL.....	12
<i>insulin lispro junior kwikpen solution pen- injector 100 unit/ml subcutaneous.....</i>	<i>37</i>	LATUDA TABLET 40 MG ORAL.....	12
<i>insulin lispro prot & lispro suspension pen- injector (75-25) 100 unit/ml subcutaneous.....</i>	<i>37</i>	LATUDA TABLET 60 MG ORAL.....	12
<i>insulin lispro solution 100 unit/ml subcutaneous.....</i>	<i>37</i>	LATUDA TABLET 80 MG ORAL.....	12
JENTADUETO TABLET 2.5-1000 MG ORAL.....	20	LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	52
JENTADUETO TABLET 2.5-500 MG ORAL.....	20	LEXAPRO TABLET 10 MG ORAL.....	5
JENTADUETO TABLET 2.5-850 MG ORAL.....	20	LEXAPRO TABLET 20 MG ORAL.....	5
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL.....	20	LEXAPRO TABLET 5 MG ORAL.....	5
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	20	LIPITOR TABLET 10 MG ORAL.....	52
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	16	LIPITOR TABLET 20 MG ORAL.....	52
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	16	LIPITOR TABLET 40 MG ORAL.....	52
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	16	LIPITOR TABLET 80 MG ORAL.....	52
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL.....	16	LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION.....	30
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	16	LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	37
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	33	LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS.....	37
		LYUMJEV SOLUTION 100 UNIT/ML INJECTION..	37
		MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL.....	35
		MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL.....	35
		MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL.....	35
		MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL.....	35
		MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL.....	35

MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL.....	35	<i>naproxen-esomeprazole tablet delayed release</i> 500-20 mg oral.....	56
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL.....	35	NASONEX SUSPENSION 50 MCG/ACT NASAL...	36
MAXALT TABLET 10 MG ORAL.....	32	NATESTO GEL 5.5 MG/ACT NASAL.....	14
MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL.....	32	NESINA TABLET 12.5 MG ORAL.....	20
MAYZENT TABLET 0.25 MG ORAL.....	35	NESINA TABLET 25 MG ORAL.....	20
MAYZENT TABLET 2 MG ORAL.....	35	NESINA TABLET 6.25 MG ORAL.....	20
<i>metformin hcl er (mod) tablet extended release</i> 24 hour 1000 mg oral.....	31	NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL.....	44
<i>metformin hcl er (mod) tablet extended release</i> 24 hour 500 mg oral.....	31	NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL.....	44
<i>metformin hcl er (osm) tablet extended release</i> 24 hour 1000 mg oral.....	31	NEXIUM PACKET 10 MG ORAL.....	44
<i>metformin hcl er (osm) tablet extended release</i> 24 hour 500 mg oral.....	31	NEXIUM PACKET 2.5 MG ORAL.....	44
METHYLIN SOLUTION 10 MG/5ML ORAL.....	16	NEXIUM PACKET 20 MG ORAL.....	44
METHYLIN SOLUTION 5 MG/5ML ORAL.....	16	NEXIUM PACKET 40 MG ORAL.....	44
MICARDIS HCT TABLET 40-12.5 MG ORAL.....	9	NEXIUM PACKET 5 MG ORAL.....	44
MICARDIS HCT TABLET 80-12.5 MG ORAL.....	9	NUCYNTA TABLET 50 MG ORAL.....	40
MICARDIS HCT TABLET 80-25 MG ORAL.....	9	NURTEC TABLET DISPERSIBLE 75 MG ORAL.....	32
MICARDIS TABLET 20 MG ORAL.....	9	NUVIGIL TABLET 150 MG ORAL.....	45
MICARDIS TABLET 40 MG ORAL.....	9	NUVIGIL TABLET 200 MG ORAL.....	45
MICARDIS TABLET 80 MG ORAL.....	9	NUVIGIL TABLET 250 MG ORAL.....	45
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL.....	53	NUVIGIL TABLET 50 MG ORAL.....	45
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL.....	53	<i>omeprazole-sodium bicarbonate capsule 20-</i> <i>1100 mg oral.....</i>	44
MOBIC TABLET 15 MG ORAL.....	13	<i>omeprazole-sodium bicarbonate capsule 40-</i> <i>1100 mg oral.....</i>	44
MOBIC TABLET 7.5 MG ORAL.....	13	<i>omeprazole-sodium bicarbonate packet 20-</i> <i>1680 mg oral.....</i>	44
MOTEGRITY TABLET 1 MG ORAL.....	34	<i>omeprazole-sodium bicarbonate packet 40-</i> <i>1680 mg oral.....</i>	44
MOTEGRITY TABLET 2 MG ORAL.....	34	OMNARIS SUSPENSION 50 MCG/ACT NASAL...	36
MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL.....	33	ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL.....	32
MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL.....	33	ORACEA CAPSULE DELAYED RELEASE 40 MG ORAL.....	41
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL.....	16	OSENI TABLET 12.5-15 MG ORAL.....	20
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	16	OSENI TABLET 12.5-30 MG ORAL.....	20
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	16	OSENI TABLET 12.5-45 MG ORAL.....	20
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	16	OSENI TABLET 25-15 MG ORAL.....	20
<i>naproxen-esomeprazole tablet delayed release</i> 375-20 mg oral.....	56	OSENI TABLET 25-30 MG ORAL.....	20
		OSENI TABLET 25-45 MG ORAL.....	20
		OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL.....	43
		PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL.....	5
		PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	5

PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	5	PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION.....	28
PAXIL TABLET 10 MG ORAL.....	5	PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION.....	28
PAXIL TABLET 20 MG ORAL.....	5	QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL.....	36
PAXIL TABLET 30 MG ORAL.....	5	QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL.....	36
PAXIL TABLET 40 MG ORAL.....	5	QTERN TABLET 10-5 MG ORAL.....	51
PERCOCET TABLET 10-325 MG ORAL.....	40	QTERN TABLET 5-5 MG ORAL.....	51
PERCOCET TABLET 2.5-325 MG ORAL.....	40	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL.....	16
PERCOCET TABLET 5-325 MG ORAL.....	40	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL.....	16
PERCOCET TABLET 7.5-325 MG ORAL.....	40	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL.....	16
PEXEVA TABLET 10 MG ORAL.....	5	QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL.....	16
PEXEVA TABLET 20 MG ORAL.....	5	QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION.....	28
PEXEVA TABLET 30 MG ORAL.....	5	QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION.....	28
PEXEVA TABLET 40 MG ORAL.....	5	<i>rabeprazole sodium tablet delayed release 20 mg oral.....</i>	44
PRAVACHOL TABLET 20 MG ORAL.....	52	RELAFEN DS TABLET 1000 MG ORAL.....	13
PRAVACHOL TABLET 40 MG ORAL.....	52	RELISTOR TABLET 150 MG ORAL.....	38
PREVACID CAPSULE DELAYED RELEASE 15 MG ORAL.....	44	RELPAK TABLET 20 MG ORAL.....	32
PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL.....	44	RELPAK TABLET 40 MG ORAL.....	32
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL.....	44	RESTORIL CAPSULE 15 MG ORAL.....	8
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL.....	44	RESTORIL CAPSULE 22.5 MG ORAL.....	8
PRILOSEC PACKET 10 MG ORAL.....	44	RESTORIL CAPSULE 30 MG ORAL.....	8
PRILOSEC PACKET 2.5 MG ORAL.....	44	RESTORIL CAPSULE 7.5 MG ORAL.....	8
PRIMLEV TABLET 10-300 MG ORAL.....	40	REXULTI TABLET 0.25 MG ORAL.....	12
PRIMLEV TABLET 5-300 MG ORAL.....	40	REXULTI TABLET 0.5 MG ORAL.....	12
PRIMLEV TABLET 7.5-300 MG ORAL.....	40	REXULTI TABLET 1 MG ORAL.....	12
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 MCG/ACT INHALATION.....	3	REXULTI TABLET 2 MG ORAL.....	12
PROLATE TABLET 10-300 MG ORAL.....	40	REXULTI TABLET 3 MG ORAL.....	12
PROLATE TABLET 5-300 MG ORAL.....	40	REXULTI TABLET 4 MG ORAL.....	12
PROLATE TABLET 7.5-300 MG ORAL.....	40	REYVOW TABLET 100 MG ORAL.....	32
PROTONIX PACKET 40 MG ORAL.....	44	REYVOW TABLET 50 MG ORAL.....	32
PROTONIX TABLET DELAYED RELEASE 20 MG ORAL.....	44	RHOPRESSA SOLUTION 0.02 % OPHTHALMIC.....	39
PROTONIX TABLET DELAYED RELEASE 40 MG ORAL.....	44	RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	16
PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION.....	3	RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	16
PROVIGIL TABLET 100 MG ORAL.....	45		
PROVIGIL TABLET 200 MG ORAL.....	45		
PROZAC CAPSULE 10 MG ORAL.....	5		
PROZAC CAPSULE 20 MG ORAL.....	5		
PROZAC CAPSULE 40 MG ORAL.....	5		

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