



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

2021 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 12/1/2021. 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, 2022, 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 and 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 2021

Products Affected

- PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) 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] 2021

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 two generic formulary serotonin-norepinephrine reuptake Inhibitor (SNRI). Applies to new starts.
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ANTIDEPRESSANTS [SSRIS] 2021

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 generic formulary selective serotonin reuptake inhibitors (SSRI). Applies to new starts.
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ANTI-HISTAMINE EYE DROPS 2021

Products Affected

- ZERVIATE SOLUTION 0.24 % OPHTHALMIC

Details

Criteria	Trial of three generic formulary antihistamine eye drops. Always applies.
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BASAGLAR 2021

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.
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BENZODIAZEPINES 2021

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 two generic formulary benzodiazepines. Always Applies.
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BRAND ANGIOTENSIN RECEPTOR BLOCKERS 2021

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
- TRIBENZOR TABLET 20-5-12.5 MG ORAL
- TRIBENZOR TABLET 40-10-12.5 MG ORAL
- TRIBENZOR TABLET 40-10-25 MG ORAL
- TRIBENZOR TABLET 40-5-12.5 MG ORAL
- TRIBENZOR TABLET 40-5-25 MG ORAL

Details

Criteria	Trial of three generic formulary angiotensin II receptor blockers (ARBs). Always applies.
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BRAND ANTIPSYCHOTICS 2021

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
- 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
- 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 two generic antipsychotic agents (aripiprazole, asenapine, olanzapine, paliperidone, quetiapine [IR], quetiapine [ER], risperidone, ziprasidone). Applies to new starts.
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BRAND BUPROPION PRODUCTS 2021

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
- FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL
- WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL
- WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL

Details

Criteria	Trial of one generic formulary bupropion products. Applies to new starts.
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BRAND DICLOFENAC PRODUCTS 2021

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 NSAIDS 2021

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 formulary non-steroidal anti-inflammatory drugs (NSAIDs). Always applies.
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BRAND TESTOSTERONE PRODUCTS 2021

Products Affected

- ANDRODERM PATCH 24 HOUR 2 MG/24HR
TRANSDERMAL
- ANDRODERM PATCH 24 HOUR 4 MG/24HR
TRANSDERMAL
- ANDROGEL GEL 20.25 MG/1.25GM (1.62%)
TRANSDERMAL
- ANDROGEL GEL 25 MG/2.5GM (1%)
TRANSDERMAL
- ANDROGEL GEL 40.5 MG/2.5GM (1.62%)
TRANSDERMAL
- ANDROGEL GEL 50 MG/5GM (1%)
TRANSDERMAL
- ANDROGEL PUMP GEL 20.25 MG/ACT (1.62%)
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 generic formulary transdermal testosterone

BREZTRI 2021

Products Affected

- BREZTRI AEROSPHERE AEROSOL 160-9-4.8
MCG/ACT INHALATION

Details

Criteria	Trial of Trelegy Ellipta. Always applies.
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CEQUA 2021

Products Affected

- CEQUA SOLUTION 0.09 % OPHTHALMIC

Details

Criteria	Trial of Restasis. Always applies.
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CNS STIMULANTS 2021

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 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 formulary central nervous system (CNS) stimulant products. Always applies.
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CONZIP 2021

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 2021

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

Details

Criteria	Trial of penicillamine or brand Depen. Always applies.
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DPP-4 INHIBITORS 2021

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
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL
- NESINA TABLET 12.5 MG ORAL
- NESINA TABLET 25 MG ORAL
- NESINA TABLET 6.25 MG ORAL
- ONGLYZA TABLET 2.5 MG ORAL
- ONGLYZA TABLET 5 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 both of the following: (1) One of the following: alogliptin, alogliptin/metformin, or alogliptin/pioglitazone, and (2) One of the following: Januvia or Janumet or Janumet XR. Always applies.

DRIZALMA 2021

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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DYMISTA 2021

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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GIMOTI 2021

Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

Details

Criteria	Trial of generic oral metoclopramide. Always applies.
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GLOPERBA 2021

Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML ORAL

Details

Criteria	Trial of generic colchicine.
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GLP-1 AGONISTS 2021

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 2021

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 2021

Products Affected

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

Details

Criteria	Trial of mupirocin ointment. Always applies
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INHALED CORTICOSTEROIDS 2021

Products Affected

- ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION
- ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION
- ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT INHALATION
- ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT INHALATION
- ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55 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 2021

Products Affected

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

Details

Criteria	Trial of both of the following: (1) Spiriva or Spiriva Respimat and (2) Incruse Ellipta. Always applies.
-----------------	--

LONHALA STEP THERAPY 2021

Products Affected

- LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION

Details

Criteria	Trial of Spiriva or Spiriva Respimat or Incruse Ellipta. Always applies.
-----------------	--

METFORMIN STEP THERAPY 2021

Products Affected

- *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 both of the following: metformin (generic of Glucophage), and metformin XR (generic of Glucophage XR). Always applies.
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MIGRAINE AGENTS 2021

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 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

Details

Criteria	
	Trial of two generic formulary triptans. Always applies.

MORPHINE EXTENDED RELEASE 2021

Products Affected

- 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 2021

Products Affected

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

Details

Criteria	Trial of both of the following: (1) lactulose and (2) Linzess or Amitiza. Always applies.
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MULTIPLE SCLEROSIS AGENTS 2021

Products Affected

- BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL
- COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS
- COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS
- EXTAVIA KIT 0.3 MG SUBCUTANEOUS
- KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS
- 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 STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL
- MAYZENT TABLET 0.25 MG ORAL
- MAYZENT TABLET 2 MG ORAL
- PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL
- PONVORY TABLET 20 MG ORAL
- VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL
- ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL
- ZEPOSIA CAPSULE 0.92 MG ORAL
- ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ORAL

Details

Criteria	Trial of 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) or trial of two of the following medications: (1) Humira, and (2) Xeljanz/Xeljanz XR. Applies to new starts.
-----------------	--

NASAL CORTICOSTEROIDS 2021

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 formulary nasal corticosteroids. Always applies.
-----------------	---

NON-PREFERRED INSULIN 2021

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.

OIC AGENTS 2021

Products Affected

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

Details

Criteria	Trial of Amitiza (lubiprostone). Always Applies.
-----------------	--

OPHTHALMIC PROSTAGLANDINS 2021

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 from the following: generic formulary ophthalmic prostaglandin products, brand Lumigan 0.01%. Always applies.
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OPIOID STEP THERAPY 2021

Products Affected

- DILAUDID LIQUID 1 MG/ML ORAL
- DILAUDID TABLET 2 MG ORAL
- NUCYNTA TABLET 50 MG ORAL
- *oxycodone-acetaminophen tablet 10-300 mg oral*
- *oxycodone-acetaminophen tablet 5-300 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
- 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

Details	
Criteria	Trial of three immediate release generic formulary opioids. Always applies.

ORACEA 2021

Products Affected

- ORACEA CAPSULE DELAYED RELEASE 40 MG
ORAL

Details

Criteria	Trial of generic doxycycline
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ORAL BISPHOSPHONATE AGENTS 2021

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 formulary bisphosphonate products. Always applies.
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ORTIKOS 2021

Products Affected

- ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 6 MG ORAL
- ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 9 MG ORAL

Details

Criteria	
	Trial of budesonide cap 3mg DR (generic Entocort EC)

OVERACTIVE BLADDER AGENTS (OAB) 2021

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
- GEMTESA TABLET 75 MG ORAL
- OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL

Details

Criteria	Trial of three of the following (oxybutynin, darfenicin, Myrbetriq, tolterodine, trospium, and solifenacin) . Always applies.
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PROTON PUMP INHIBITORS (PPIs) 2021

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 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 two generic formulary proton pump inhibitors. Always applies.

QELBREE 2021

Products Affected

- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL
- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL

Details

Criteria	Trial of ONE of the following generics: atomoxetine, guanfacine ER, clonidine ER. Always applies.
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RELTONE 2021

Products Affected

- RELTONE CAPSULE 200 MG ORAL
- RELTONE CAPSULE 400 MG ORAL

Details

Criteria	Trial of generic formulary ursodiol capsules. Always applies.
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RENIN INHIBITORS 2021

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 two from the following: generic formulary Angiotensin-converting-enzyme (ACE) inhibitors OR generic formulary angiotensin II receptor blockers (ARB). Always Applies.
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SANCUSO 2021

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 2021

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. Applies to new starts.
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SEMGLEE 2021

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 2021

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 ALL of the following: (1) metformin or formulary metformin containing products AND (2) Invokana or Invokamet AND (3) Jardiance, Synjardy [XR], Glyxambi or Trijardy XR. Always applies.
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STATINS 2021

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
- *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
- ROSZET TABLET 10-10 MG ORAL
- ROSZET TABLET 10-20 MG ORAL
- ROSZET TABLET 10-40 MG ORAL
- ROSZET TABLET 10-5 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 formulary statins. Always applies.

SUTAB 2021

Products Affected

- SUTAB TABLET 1479-225-188 MG ORAL

Details

Criteria	Trial of Suprep. Always applies.
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TETRACYCLINES 2021

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
- *doxycycline hyclate tablet delayed release 80 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 formulary oral tetracycline products. Always applies.
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TRINTELLIX/VIIBRYD 2021

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 two generic formulary selective serotonin reuptake inhibitors or serotonin norepinephrine reuptake inhibitors. Applies to new starts.
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TRULANCE 2021

Products Affected

- TRULANCE TABLET 3 MG ORAL

Details

Criteria	Trial of both of the following: (1) lactulose and (2) Linzess or Amitiza (lubiprostone). Always applies.
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XCOPRI 2021

Products Affected

- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 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

Criteria	Trial of two generic formulary anticonvulsants. Applies to new starts.
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XIIDRA 2021

Products Affected

- XIIDRA SOLUTION 5 % OPHTHALMIC

Details

Criteria	Trial of Restasis. Always Applies.
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ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT INHALATION	29	AVAPRO TABLET 75 MG ORAL	9
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT INHALATION	29	<i>azelastine-fluticasone suspension 137-50</i> <i>mcg/act nasal</i>	23
ARMONAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT INHALATION	29	AZOR TABLET 10-20 MG ORAL	9
ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	29	AZOR TABLET 10-40 MG ORAL	9
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION	29	AZOR TABLET 5-20 MG ORAL	9
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	29	AZOR TABLET 5-40 MG ORAL	9
ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION	29	BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL	36
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION	29	BASAGLAR KWIKPEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS	7
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION	29	BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL	37
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION	29	BENICAR HCT TABLET 20-12.5 MG ORAL	9
ATACAND HCT TABLET 16-12.5 MG ORAL	9	BENICAR HCT TABLET 40-12.5 MG ORAL	9
ATACAND HCT TABLET 32-12.5 MG ORAL	9	BENICAR HCT TABLET 40-25 MG ORAL	9
ATACAND HCT TABLET 32-25 MG ORAL	9	BENICAR TABLET 20 MG ORAL	9
ATACAND TABLET 16 MG ORAL	9	BENICAR TABLET 40 MG ORAL	9
ATACAND TABLET 32 MG ORAL	9	BENICAR TABLET 5 MG ORAL	9
ATACAND TABLET 4 MG ORAL	9	BINOSTO TABLET EFFERVESCENT 70 MG ORAL	43
ATACAND TABLET 8 MG ORAL	9	BONIVA TABLET 150 MG ORAL	43
ATELVIA TABLET DELAYED RELEASE 35 MG ORAL	43	BREZTRI AEROSPHERE AEROSOL 160-9-4.8 MCG/ACT INHALATION	15
ATIVAN TABLET 0.5 MG ORAL	8	CAMBIA PACKET 50 MG ORAL	12
ATIVAN TABLET 1 MG ORAL	8	CAPLYTA CAPSULE 42 MG ORAL	10
ATIVAN TABLET 2 MG ORAL	8	CELEBREX CAPSULE 100 MG ORAL	13
		CELEBREX CAPSULE 200 MG ORAL	13
		CELEBREX CAPSULE 400 MG ORAL	13
		CELEBREX CAPSULE 50 MG ORAL	13
		CELEXA TABLET 10 MG ORAL	5
		CELEXA TABLET 20 MG ORAL	5
		CELEXA TABLET 40 MG ORAL	5
		CEQUA SOLUTION 0.09 % OPHTHALMIC	16
		CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL	17
		CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL	17
		CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL	17
		CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL	17

CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	19	DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL.....	46
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL.....	19	DILAUDID LIQUID 1 MG/ML ORAL.....	41
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL.....	19	DILAUDID TABLET 2 MG ORAL.....	41
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS.....	36	DIOVAN HCT TABLET 160-12.5 MG ORAL.....	9
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS.....	36	DIOVAN HCT TABLET 160-25 MG ORAL.....	9
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL.....	17	DIOVAN HCT TABLET 320-12.5 MG ORAL.....	9
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL.....	17	DIOVAN HCT TABLET 320-25 MG ORAL.....	9
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL.....	17	DIOVAN HCT TABLET 80-12.5 MG ORAL.....	9
COZAAR TABLET 100 MG ORAL.....	9	DIOVAN TABLET 160 MG ORAL.....	9
COZAAR TABLET 25 MG ORAL.....	9	DIOVAN TABLET 320 MG ORAL.....	9
COZAAR TABLET 50 MG ORAL.....	9	DIOVAN TABLET 40 MG ORAL.....	9
CRESTOR TABLET 10 MG ORAL.....	54	DIOVAN TABLET 80 MG ORAL.....	9
CRESTOR TABLET 20 MG ORAL.....	54	DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	45
CRESTOR TABLET 40 MG ORAL.....	54	DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL.....	45
CRESTOR TABLET 5 MG ORAL.....	54	DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL.....	56
CUPRIMINE CAPSULE 250 MG ORAL.....	20	DORYX TABLET DELAYED RELEASE 200 MG ORAL.....	56
DAYTRANA PATCH 10 MG/9HR TRANSDERMAL.....	17	DORYX TABLET DELAYED RELEASE 50 MG ORAL.....	56
DAYTRANA PATCH 15 MG/9HR TRANSDERMAL.....	17	<i>doxycycline hyclate tablet delayed release 80 mg oral.....</i>	56
DAYTRANA PATCH 20 MG/9HR TRANSDERMAL.....	17	DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL.....	22
DAYTRANA PATCH 30 MG/9HR TRANSDERMAL.....	17	DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL.....	22
DESOXYN TABLET 5 MG ORAL.....	17	DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL.....	22
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL.....	45	DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL.....	22
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL.....	45	DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL.....	17
DETROL TABLET 1 MG ORAL.....	45	DYMISTA SUSPENSION 137-50 MCG/ACT NASAL.....	23
DETROL TABLET 2 MG ORAL.....	45	EDARBI TABLET 40 MG ORAL.....	9
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	17	EDARBI TABLET 80 MG ORAL.....	9
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL.....	17	EDARBYCLOR TABLET 40-12.5 MG ORAL.....	9
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL.....	17	EDARBYCLOR TABLET 40-25 MG ORAL.....	9
DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL.....	46	EXFORGE HCT TABLET 10-160-12.5 MG ORAL.....	9
		EXFORGE HCT TABLET 10-160-25 MG ORAL.....	9
		EXFORGE HCT TABLET 10-320-25 MG ORAL.....	9
		EXFORGE HCT TABLET 5-160-12.5 MG ORAL.....	9
		EXFORGE HCT TABLET 5-160-25 MG ORAL.....	9

EXFORGE TABLET 10-160 MG ORAL.....	9	FOCALIN XR CAPSULE EXTENDED RELEASE	
EXFORGE TABLET 10-320 MG ORAL.....	9	24 HOUR 25 MG ORAL.....	17
EXFORGE TABLET 5-160 MG ORAL.....	9	FOCALIN XR CAPSULE EXTENDED RELEASE	
EXFORGE TABLET 5-320 MG ORAL.....	9	24 HOUR 30 MG ORAL.....	17
EXTAVIA KIT 0.3 MG SUBCUTANEOUS.....	36	FOCALIN XR CAPSULE EXTENDED RELEASE	
EZALLOR SPRINKLE CAPSULE SPRINKLE 10		24 HOUR 35 MG ORAL.....	17
MG ORAL.....	54	FOCALIN XR CAPSULE EXTENDED RELEASE	
EZALLOR SPRINKLE CAPSULE SPRINKLE 20		24 HOUR 40 MG ORAL.....	17
MG ORAL.....	54	FOCALIN XR CAPSULE EXTENDED RELEASE	
EZALLOR SPRINKLE CAPSULE SPRINKLE 40		24 HOUR 5 MG ORAL.....	17
MG ORAL.....	54	FORFIVO XL TABLET EXTENDED RELEASE 24	
EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG		HOUR 450 MG ORAL.....	11
ORAL.....	54	FORTESTA GEL 10 MG/ACT (2%)	
FANAPT TABLET 1 MG ORAL.....	10	TRANSDERMAL.....	14
FANAPT TABLET 10 MG ORAL.....	10	FOSAMAX PLUS D TABLET 70-2800 MG-UNIT	
FANAPT TABLET 12 MG ORAL.....	10	ORAL.....	43
FANAPT TABLET 2 MG ORAL.....	10	FOSAMAX PLUS D TABLET 70-5600 MG-UNIT	
FANAPT TABLET 4 MG ORAL.....	10	ORAL.....	43
FANAPT TABLET 6 MG ORAL.....	10	FOSAMAX TABLET 70 MG ORAL.....	43
FANAPT TABLET 8 MG ORAL.....	10	FROVA TABLET 2.5 MG ORAL.....	33
FANAPT TITRATION PACK TABLET 1 & 2 & 4		GELNIQUE GEL 10 % TRANSDERMAL.....	45
& 6 MG ORAL.....	10	GEMTESA TABLET 75 MG ORAL.....	45
FARXIGA TABLET 10 MG ORAL.....	53	GIMOTI SOLUTION 15 MG/ACT NASAL.....	24
FARXIGA TABLET 5 MG ORAL.....	53	GLOPERBA SOLUTION 0.6 MG/5ML ORAL.....	25
<i>febuxostat tablet 40 mg oral.....</i>	27	HUMALOG JUNIOR KWIKPEN SOLUTION PEN-	
<i>febuxostat tablet 80 mg oral.....</i>	27	INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	38
FETZIMA CAPSULE EXTENDED RELEASE 24		HUMALOG KWIKPEN SOLUTION PEN-	
HOUR 120 MG ORAL.....	4	INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	38
FETZIMA CAPSULE EXTENDED RELEASE 24		HUMALOG KWIKPEN SOLUTION PEN-	
HOUR 20 MG ORAL.....	4	INJECTOR 200 UNIT/ML SUBCUTANEOUS.....	38
FETZIMA CAPSULE EXTENDED RELEASE 24		HUMALOG MIX 50/50 KWIKPEN SUSPENSION	
HOUR 40 MG ORAL.....	4	PEN-INJECTOR (50-50) 100 UNIT/ML	
FETZIMA CAPSULE EXTENDED RELEASE 24		SUBCUTANEOUS.....	38
HOUR 80 MG ORAL.....	4	HUMALOG MIX 50/50 SUSPENSION (50-50)	
FETZIMA TITRATION CAPSULE ER 24 HOUR		100 UNIT/ML SUBCUTANEOUS.....	38
THERAPY PACK 20 & 40 MG ORAL.....	4	HUMALOG MIX 75/25 KWIKPEN SUSPENSION	
<i>flolipid suspension 20 mg/5ml oral.....</i>	54	PEN-INJECTOR (75-25) 100 UNIT/ML	
<i>flolipid suspension 40 mg/5ml oral.....</i>	54	SUBCUTANEOUS.....	38
FOCALIN TABLET 10 MG ORAL.....	17	HUMALOG MIX 75/25 SUSPENSION (75-25)	
FOCALIN TABLET 2.5 MG ORAL.....	17	100 UNIT/ML SUBCUTANEOUS.....	38
FOCALIN TABLET 5 MG ORAL.....	17	HUMALOG SOLUTION 100 UNIT/ML	
FOCALIN XR CAPSULE EXTENDED RELEASE		SUBCUTANEOUS.....	38
24 HOUR 10 MG ORAL.....	17	HUMALOG SOLUTION CARTRIDGE 100	
FOCALIN XR CAPSULE EXTENDED RELEASE		UNIT/ML SUBCUTANEOUS.....	38
24 HOUR 15 MG ORAL.....	17	HUMULIN 70/30 KWIKPEN SUSPENSION PEN-	
FOCALIN XR CAPSULE EXTENDED RELEASE		INJECTOR (70-30) 100 UNIT/ML	
24 HOUR 20 MG ORAL.....	17	SUBCUTANEOUS.....	38

HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS.....	38	JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	17
HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	38	JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	17
HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS.....	38	JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	17
HUMULIN R SOLUTION 100 UNIT/ML INJECTION.....	38	JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL.....	17
HYZAAR TABLET 100-12.5 MG ORAL.....	9	JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	17
HYZAAR TABLET 100-25 MG ORAL.....	9	KAZANO TABLET 12.5-1000 MG ORAL.....	21
HYZAAR TABLET 50-12.5 MG ORAL.....	9	KAZANO TABLET 12.5-500 MG ORAL.....	21
IMITREX SOLUTION 20 MG/ACT NASAL.....	33	KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS.....	36
IMITREX SOLUTION 5 MG/ACT NASAL.....	33	KLONOPIN TABLET 0.5 MG ORAL.....	8
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS.....	33	KLONOPIN TABLET 1 MG ORAL.....	8
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS.....	33	KLONOPIN TABLET 2 MG ORAL.....	8
IMITREX TABLET 100 MG ORAL.....	33	KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL.....	21
IMITREX TABLET 25 MG ORAL.....	33	KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	21
IMITREX TABLET 50 MG ORAL.....	33	KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL.....	21
<i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous.....</i>	38	LATUDA TABLET 120 MG ORAL.....	10
<i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous.....</i>	38	LATUDA TABLET 20 MG ORAL.....	10
<i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous.....</i>	38	LATUDA TABLET 40 MG ORAL.....	10
<i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous.....</i>	38	LATUDA TABLET 60 MG ORAL.....	10
<i>insulin aspart solution 100 unit/ml subcutaneous.....</i>	38	LATUDA TABLET 80 MG ORAL.....	10
<i>insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous.....</i>	38	LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	54
<i>insulin lispro junior kwikpen solution pen-injector 100 unit/ml subcutaneous.....</i>	38	LEXAPRO TABLET 10 MG ORAL.....	5
<i>insulin lispro prot & lispro suspension pen-injector (75-25) 100 unit/ml subcutaneous.....</i>	38	LEXAPRO TABLET 20 MG ORAL.....	5
<i>insulin lispro solution 100 unit/ml subcutaneous.....</i>	38	LEXAPRO TABLET 5 MG ORAL.....	5
JENTADUETO TABLET 2.5-1000 MG ORAL.....	21	LIPITOR TABLET 10 MG ORAL.....	54
JENTADUETO TABLET 2.5-500 MG ORAL.....	21	LIPITOR TABLET 20 MG ORAL.....	54
JENTADUETO TABLET 2.5-850 MG ORAL.....	21	LIPITOR TABLET 40 MG ORAL.....	54
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL.....	21	LIPITOR TABLET 80 MG ORAL.....	54
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	21	LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION.....	31
		LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	38
		LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS.....	38
		LYUMJEV SOLUTION 100 UNIT/ML INJECTION..	38
		MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL.....	36

MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL.....	36	MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	17
MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL.....	36	MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	17
MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL.....	36	NASONEX SUSPENSION 50 MCG/ACT NASAL...37	
MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL.....	36	NATESTO GEL 5.5 MG/ACT NASAL.....	14
MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL.....	36	NESINA TABLET 12.5 MG ORAL.....	21
MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL.....	36	NESINA TABLET 25 MG ORAL.....	21
MAXALT TABLET 10 MG ORAL.....	33	NESINA TABLET 6.25 MG ORAL.....	21
MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL.....	33	NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL.....	46
MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL.....	36	NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL.....	46
MAYZENT TABLET 0.25 MG ORAL.....	36	NEXIUM PACKET 10 MG ORAL.....	46
MAYZENT TABLET 2 MG ORAL.....	36	NEXIUM PACKET 2.5 MG ORAL.....	46
<i>metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral.....</i>	32	NEXIUM PACKET 20 MG ORAL.....	46
<i>metformin hcl er (osm) tablet extended release 24 hour 500 mg oral.....</i>	32	NEXIUM PACKET 40 MG ORAL.....	46
METHYLIN SOLUTION 10 MG/5ML ORAL.....	17	NEXIUM PACKET 5 MG ORAL.....	46
METHYLIN SOLUTION 5 MG/5ML ORAL.....	17	NUCYNTA TABLET 50 MG ORAL.....	41
MICARDIS HCT TABLET 40-12.5 MG ORAL.....	9	NURTEC TABLET DISPERSIBLE 75 MG ORAL.....	33
MICARDIS HCT TABLET 80-12.5 MG ORAL.....	9	<i>omeprazole-sodium bicarbonate capsule 20- 1100 mg oral.....</i>	46
MICARDIS HCT TABLET 80-25 MG ORAL.....	9	<i>omeprazole-sodium bicarbonate capsule 40- 1100 mg oral.....</i>	46
MICARDIS TABLET 20 MG ORAL.....	9	<i>omeprazole-sodium bicarbonate packet 20- 1680 mg oral.....</i>	46
MICARDIS TABLET 40 MG ORAL.....	9	<i>omeprazole-sodium bicarbonate packet 40- 1680 mg oral.....</i>	46
MICARDIS TABLET 80 MG ORAL.....	9	OMNARIS SUSPENSION 50 MCG/ACT NASAL...37	
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL.....	56	ONGLYZA TABLET 2.5 MG ORAL.....	21
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL.....	56	ONGLYZA TABLET 5 MG ORAL.....	21
MOBIC TABLET 15 MG ORAL.....	13	ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL.....	33
MOBIC TABLET 7.5 MG ORAL.....	13	ORACEA CAPSULE DELAYED RELEASE 40 MG ORAL.....	42
MOTEGRITY TABLET 1 MG ORAL.....	35	ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 6 MG ORAL.....	44
MOTEGRITY TABLET 2 MG ORAL.....	35	ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 9 MG ORAL.....	44
MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL.....	34	OSENI TABLET 12.5-15 MG ORAL.....	21
MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL.....	34	OSENI TABLET 12.5-30 MG ORAL.....	21
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL.....	17	OSENI TABLET 12.5-45 MG ORAL.....	21
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	17	OSENI TABLET 25-15 MG ORAL.....	21
		OSENI TABLET 25-30 MG ORAL.....	21
		OSENI TABLET 25-45 MG ORAL.....	21
		<i>oxycodone-acetaminophen tablet 10-300 mg oral.....</i>	41

<i>oxycodone-acetaminophen tablet 5-300 mg oral</i>	41	PROZAC CAPSULE 20 MG ORAL.....	5
OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL.....	45	PROZAC CAPSULE 40 MG ORAL.....	5
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL.....	5	PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION.....	29
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	5	PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION.....	29
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	5	QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	47
PAXIL TABLET 10 MG ORAL.....	5	QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL.....	47
PAXIL TABLET 20 MG ORAL.....	5	QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL.....	47
PAXIL TABLET 30 MG ORAL.....	5	QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL.....	37
PAXIL TABLET 40 MG ORAL.....	5	QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL.....	37
PERCOCET TABLET 10-325 MG ORAL.....	41	QTERN TABLET 10-5 MG ORAL.....	53
PERCOCET TABLET 2.5-325 MG ORAL.....	41	QTERN TABLET 5-5 MG ORAL.....	53
PERCOCET TABLET 5-325 MG ORAL.....	41	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL.....	17
PERCOCET TABLET 7.5-325 MG ORAL.....	41	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL.....	17
PEXEVA TABLET 10 MG ORAL.....	5	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL.....	17
PEXEVA TABLET 20 MG ORAL.....	5	QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL.....	17
PEXEVA TABLET 30 MG ORAL.....	5	QVAR REDHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION.....	29
PEXEVA TABLET 40 MG ORAL.....	5	QVAR REDHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION.....	29
PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL.....	36	<i>rabeprazole sodium tablet delayed release 20 mg oral</i>	46
PONVORY TABLET 20 MG ORAL.....	36	RELAFEN DS TABLET 1000 MG ORAL.....	13
PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL.....	46	RELISTOR TABLET 150 MG ORAL.....	39
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL.....	46	RELPAK TABLET 20 MG ORAL.....	33
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL.....	46	RELPAK TABLET 40 MG ORAL.....	33
PRILOSEC PACKET 10 MG ORAL.....	46	RELTONE CAPSULE 200 MG ORAL.....	48
PRILOSEC PACKET 2.5 MG ORAL.....	46	RELTONE CAPSULE 400 MG ORAL.....	48
PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION.....	3	RESTORIL CAPSULE 15 MG ORAL.....	8
PROLATE TABLET 10-300 MG ORAL.....	41	RESTORIL CAPSULE 22.5 MG ORAL.....	8
PROLATE TABLET 5-300 MG ORAL.....	41	RESTORIL CAPSULE 30 MG ORAL.....	8
PROLATE TABLET 7.5-300 MG ORAL.....	41	RESTORIL CAPSULE 7.5 MG ORAL.....	8
PROTONIX PACKET 40 MG ORAL.....	46	REXULTI TABLET 0.25 MG ORAL.....	10
PROTONIX TABLET DELAYED RELEASE 20 MG ORAL.....	46	REXULTI TABLET 0.5 MG ORAL.....	10
PROTONIX TABLET DELAYED RELEASE 40 MG ORAL.....	46	REXULTI TABLET 1 MG ORAL.....	10
PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION.....	3		
PROZAC CAPSULE 10 MG ORAL.....	5		

REXULTI TABLET 2 MG ORAL.....	10	SEGLUROMET TABLET 7.5-1000 MG ORAL.....	53
REXULTI TABLET 3 MG ORAL.....	10	SEGLUROMET TABLET 7.5-500 MG ORAL.....	53
REXULTI TABLET 4 MG ORAL.....	10	SEMGLEE SOLUTION 100 UNIT/ML	
REYVOW TABLET 100 MG ORAL.....	33	SUBCUTANEOUS.....	52
REYVOW TABLET 50 MG ORAL.....	33	SEMGLEE SOLUTION PEN-INJECTOR 100	
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC.	40	UNIT/ML SUBCUTANEOUS.....	52
RITALIN LA CAPSULE EXTENDED RELEASE 24		SEYSARA TABLET 100 MG ORAL.....	56
HOUR 10 MG ORAL.....	17	SEYSARA TABLET 150 MG ORAL.....	56
RITALIN LA CAPSULE EXTENDED RELEASE 24		SEYSARA TABLET 60 MG ORAL.....	56
HOUR 20 MG ORAL.....	17	SOLIQUA SOLUTION PEN-INJECTOR 100-33	
RITALIN LA CAPSULE EXTENDED RELEASE 24		UNT-MCG/ML SUBCUTANEOUS.....	26
HOUR 30 MG ORAL.....	17	SOLODYN TABLET EXTENDED RELEASE 24	
RITALIN LA CAPSULE EXTENDED RELEASE 24		HOUR 105 MG ORAL.....	56
HOUR 40 MG ORAL.....	17	SOLODYN TABLET EXTENDED RELEASE 24	
RITALIN TABLET 10 MG ORAL.....	17	HOUR 115 MG ORAL.....	56
RITALIN TABLET 20 MG ORAL.....	17	SOLODYN TABLET EXTENDED RELEASE 24	
RITALIN TABLET 5 MG ORAL.....	17	HOUR 55 MG ORAL.....	56
ROCKLATAN SOLUTION 0.02-0.005 %		SOLODYN TABLET EXTENDED RELEASE 24	
OPHTHALMIC.....	40	HOUR 65 MG ORAL.....	56
ROSZET TABLET 10-10 MG ORAL.....	54	SOLODYN TABLET EXTENDED RELEASE 24	
ROSZET TABLET 10-20 MG ORAL.....	54	HOUR 80 MG ORAL.....	56
ROSZET TABLET 10-40 MG ORAL.....	54	STEGLATRO TABLET 15 MG ORAL.....	53
ROSZET TABLET 10-5 MG ORAL.....	54	STEGLATRO TABLET 5 MG ORAL.....	53
ROXICODONE TABLET 15 MG ORAL.....	41	STEGLUJAN TABLET 15-100 MG ORAL.....	53
ROXICODONE TABLET 5 MG ORAL.....	41	STEGLUJAN TABLET 5-100 MG ORAL.....	53
SANCUSO PATCH 3.1 MG/24HR		SUTAB TABLET 1479-225-188 MG ORAL.....	55
TRANSDERMAL.....	50	SYMPROIC TABLET 0.2 MG ORAL.....	39
SAPHRIS TABLET SUBLINGUAL 10 MG		TARGADOX TABLET 50 MG ORAL.....	56
SUBLINGUAL.....	10	TEKTURNA HCT TABLET 150-12.5 MG ORAL...	49
SAPHRIS TABLET SUBLINGUAL 2.5 MG		TEKTURNA HCT TABLET 150-25 MG ORAL.....	49
SUBLINGUAL.....	10	TEKTURNA HCT TABLET 300-12.5 MG ORAL...	49
SAPHRIS TABLET SUBLINGUAL 5 MG		TEKTURNA HCT TABLET 300-25 MG ORAL.....	49
SUBLINGUAL.....	10	TEKTURNA TABLET 150 MG ORAL.....	49
SAVELLA TABLET 100 MG ORAL.....	51	TEKTURNA TABLET 300 MG ORAL.....	49
SAVELLA TABLET 12.5 MG ORAL.....	51	TESTIM GEL 50 MG/5GM (1%)	
SAVELLA TABLET 25 MG ORAL.....	51	TRANSDERMAL.....	14
SAVELLA TABLET 50 MG ORAL.....	51	TOSYMRA SOLUTION 10 MG/ACT NASAL.....	33
SAVELLA TITRATION PACK 12.5 & 25 & 50		TRADJENTA TABLET 5 MG ORAL.....	21
MG ORAL.....	51	TRANXENE-T TABLET 7.5 MG ORAL.....	8
SECUADO PATCH 24 HOUR 3.8 MG/24HR		TRAVATAN Z SOLUTION 0.004 %	
TRANSDERMAL.....	10	OPHTHALMIC.....	40
SECUADO PATCH 24 HOUR 5.7 MG/24HR		TREXIMET TABLET 85-500 MG ORAL.....	33
TRANSDERMAL.....	10	TRIBENZOR TABLET 20-5-12.5 MG ORAL.....	9
SECUADO PATCH 24 HOUR 7.6 MG/24HR		TRIBENZOR TABLET 40-10-12.5 MG ORAL.....	9
TRANSDERMAL.....	10	TRIBENZOR TABLET 40-10-25 MG ORAL.....	9
SEGLUROMET TABLET 2.5-1000 MG ORAL.....	53	TRIBENZOR TABLET 40-5-12.5 MG ORAL.....	9
SEGLUROMET TABLET 2.5-500 MG ORAL.....	53	TRIBENZOR TABLET 40-5-25 MG ORAL.....	9

TRINTELLIX TABLET 10 MG ORAL.....	57	XANAX XR TABLET EXTENDED RELEASE 24	
TRINTELLIX TABLET 20 MG ORAL.....	57	HOUR 0.5 MG ORAL.....	8
TRINTELLIX TABLET 5 MG ORAL.....	57	XANAX XR TABLET EXTENDED RELEASE 24	
TRULANCE TABLET 3 MG ORAL.....	58	HOUR 1 MG ORAL.....	8
TUDORZA PRESSAIR AEROSOL POWDER		XANAX XR TABLET EXTENDED RELEASE 24	
BREATH ACTIVATED 400 MCG/ACT		HOUR 2 MG ORAL.....	8
INHALATION.....	30	XANAX XR TABLET EXTENDED RELEASE 24	
UBRELVY TABLET 100 MG ORAL.....	33	HOUR 3 MG ORAL.....	8
UBRELVY TABLET 50 MG ORAL.....	33	XCOPRI (250 MG DAILY DOSE) TABLET	
ULORIC TABLET 40 MG ORAL.....	27	THERAPY PACK 100 & 150 MG ORAL.....	59
ULORIC TABLET 80 MG ORAL.....	27	XCOPRI (350 MG DAILY DOSE) TABLET	
VALIUM TABLET 10 MG ORAL.....	8	THERAPY PACK 150 & 200 MG ORAL.....	59
VALIUM TABLET 2 MG ORAL.....	8	XCOPRI TABLET 100 MG ORAL.....	59
VALIUM TABLET 5 MG ORAL.....	8	XCOPRI TABLET 150 MG ORAL.....	59
VENTOLIN HFA AEROSOL SOLUTION 108 (90		XCOPRI TABLET 200 MG ORAL.....	59
BASE) MCG/ACT INHALATION.....	3	XCOPRI TABLET 50 MG ORAL.....	59
VIBRAMYCIN CAPSULE 100 MG ORAL.....	56	XCOPRI TABLET THERAPY PACK 14 X 12.5	
VIBRAMYCIN SUSPENSION RECONSTITUTED		MG & 14 X 25 MG ORAL.....	59
25 MG/5ML ORAL.....	56	XCOPRI TABLET THERAPY PACK 14 X 150 MG	
VIBRAMYCIN SYRUP 50 MG/5ML ORAL.....	56	& 14 X200 MG ORAL.....	59
VIIBRYD STARTER PACK KIT 10 & 20 MG		XCOPRI TABLET THERAPY PACK 14 X 50 MG	
ORAL.....	57	& 14 X100 MG ORAL.....	59
VIIBRYD TABLET 10 MG ORAL.....	57	XELPROS EMULSION 0.005 % OPHTHALMIC....	40
VIIBRYD TABLET 20 MG ORAL.....	57	XEPI CREAM 1 % EXTERNAL.....	28
VIIBRYD TABLET 40 MG ORAL.....	57	XHANCE EXHALER SUSPENSION 93 MCG/ACT	
VOGELXO GEL 50 MG/5GM (1%)		NASAL.....	37
TRANSDERMAL.....	14	XIGDUO XR TABLET EXTENDED RELEASE 24	
VOGELXO PUMP GEL 12.5 MG/ACT (1%)		HOUR 10-1000 MG ORAL.....	53
TRANSDERMAL.....	14	XIGDUO XR TABLET EXTENDED RELEASE 24	
VRAYLAR CAPSULE 1.5 MG ORAL.....	10	HOUR 10-500 MG ORAL.....	53
VRAYLAR CAPSULE 3 MG ORAL.....	10	XIGDUO XR TABLET EXTENDED RELEASE 24	
VRAYLAR CAPSULE 4.5 MG ORAL.....	10	HOUR 2.5-1000 MG ORAL.....	53
VRAYLAR CAPSULE 6 MG ORAL.....	10	XIGDUO XR TABLET EXTENDED RELEASE 24	
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3		HOUR 5-1000 MG ORAL.....	53
MG ORAL.....	10	XIGDUO XR TABLET EXTENDED RELEASE 24	
VUMERITY CAPSULE DELAYED RELEASE 231		HOUR 5-500 MG ORAL.....	53
MG ORAL.....	36	XIIDRA SOLUTION 5 % OPHTHALMIC.....	60
VYZULTA SOLUTION 0.024 % OPHTHALMIC....	40	XULTOPHY SOLUTION PEN-INJECTOR 100-	
WELLBUTRIN XL TABLET EXTENDED RELEASE		3.6 UNIT-MG/ML SUBCUTANEOUS.....	26
24 HOUR 150 MG ORAL.....	11	ZEGERID CAPSULE 20-1100 MG ORAL.....	46
WELLBUTRIN XL TABLET EXTENDED RELEASE		ZEGERID CAPSULE 40-1100 MG ORAL.....	46
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XALATAN SOLUTION 0.005 % OPHTHALMIC... 40		ZEGERID PACKET 40-1680 MG ORAL.....	46
XANAX TABLET 0.25 MG ORAL.....	8	ZEMBRACE SYMTOUCH SOLUTION AUTO-	
XANAX TABLET 0.5 MG ORAL.....	8	INJECTOR 3 MG/0.5ML SUBCUTANEOUS.....	33
XANAX TABLET 1 MG ORAL.....	8	ZENZEDI TABLET 10 MG ORAL.....	17
XANAX TABLET 2 MG ORAL.....	8	ZENZEDI TABLET 15 MG ORAL.....	17

ZENZEDI TABLET 2.5 MG ORAL	17
ZENZEDI TABLET 20 MG ORAL	17
ZENZEDI TABLET 30 MG ORAL	17
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ZEPOSIA 7-DAY STARTER PACK CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ORAL	36
ZEPOSIA CAPSULE 0.92 MG ORAL	36
ZEPOSIA STARTER KIT CAPSULE THERAPY PACK 0.23MG & 0.46MG & 0.92MG ORAL	36
ZERVIAE SOLUTION 0.24 % OPHTHALMIC	6
ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL	37
ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC..	40
ZIPSOR CAPSULE 25 MG ORAL	12
ZOCOR TABLET 10 MG ORAL	54
ZOCOR TABLET 20 MG ORAL	54
ZOCOR TABLET 40 MG ORAL	54
ZOCOR TABLET 80 MG ORAL	54
ZOLOFT TABLET 100 MG ORAL	5
ZOLOFT TABLET 25 MG ORAL	5
ZOLOFT TABLET 50 MG ORAL	5
ZOMIG SOLUTION 2.5 MG NASAL	33
ZOMIG SOLUTION 5 MG NASAL	33
ZOMIG TABLET 2.5 MG ORAL	33
ZOMIG TABLET 5 MG ORAL	33
ZORVOLEX CAPSULE 18 MG ORAL	12
ZORVOLEX CAPSULE 35 MG ORAL	12
ZYLOPRIM TABLET 100 MG ORAL	27
ZYLOPRIM TABLET 300 MG ORAL	27
ZYPITAMAG TABLET 2 MG ORAL	54
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