



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

2022 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 12/5/2022. 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, 2023, 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 *2022 Utilization Management Criteria: Prior Authorization*.
- **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 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, along with *2022 Utilization Management Criteria: Prior Authorization*, is intended to be used with your *Formulary (List of Covered Drugs)*. If your prescription drug has the note “ST” in the “Requirements” 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 73. 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.

ADLARITY 2022

Products Affected

- ADLARITY PATCH WEEKLY 10 MG/DAY
TRANSDERMAL
- ADLARITY PATCH WEEKLY 5 MG/DAY
TRANSDERMAL

Details

Criteria	Trial of generic donepezil tablets. Always applies
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ALBUTEROL 2022

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 Respiclick. Always Applies.
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ANTIDEPRESSANTS [SNRIS] 2022

Products Affected

- CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL
- CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL
- CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL
- EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL
- EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL
- EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL
- 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
- PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL
- PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL
- PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL

Details

Criteria	Trial of two generic formulary serotonin-norepinephrine reuptake Inhibitor (SNRI). Applies to new starts.
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ANTIDEPRESSANTS [SSRIS] 2022

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 SUSPENSION 10 MG/5ML 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
- PROZAC CAPSULE 10 MG ORAL
- PROZAC CAPSULE 20 MG ORAL
- PROZAC CAPSULE 40 MG ORAL
- ZOLOFT CONCENTRATE 20 MG/ML 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 2022

Products Affected

- *bepotastine besilate solution 1.5 % ophthalmic*
- ZERVATE SOLUTION 0.24 % OPHTHALMIC
- BEPREVE SOLUTION 1.5 % OPHTHALMIC

Details

Criteria	Trial of three generic formulary antihistamine eye drops. Always applies.
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BACLOFEN SOLUTION/SUSPENSION 2022

Products Affected

- FLEQSUVY SUSPENSION 25 MG/5ML ORAL
- LYVISPAH PACKET 10 MG ORAL
- LYVISPAH PACKET 20 MG ORAL
- LYVISPAH PACKET 5 MG ORAL

Details

Criteria	
	Trial of generic formulary baclofen tablets. Always applies

BENZODIAZEPINES 2022

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
- LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1 MG ORAL
- LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5 MG ORAL
- LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 2 MG ORAL
- LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3 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

Details	
Criteria	Trial of two generic formulary benzodiazepines. Always Applies.

BRAND ANGIOTENSIN RECEPTOR BLOCKERS 2022

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
- *valsartan solution 4 mg/ml oral*

Details

Criteria	Trial of three generic formulary angiotensin II receptor blockers (ARBs). Always applies.
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BRAND ANTIPSYCHOTICS 2022

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 10.5 MG ORAL
- CAPLYTA CAPSULE 21 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
- GEODON CAPSULE 20 MG ORAL
- GEODON CAPSULE 40 MG ORAL
- GEODON CAPSULE 60 MG ORAL
- GEODON CAPSULE 80 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 1.5 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL
- INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL
- LYBALVI TABLET 10-10 MG ORAL
- LYBALVI TABLET 15-10 MG ORAL
- LYBALVI TABLET 20-10 MG ORAL
- LYBALVI TABLET 5-10 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
- RISPERDAL SOLUTION 1 MG/ML ORAL
- RISPERDAL TABLET 0.5 MG ORAL
- RISPERDAL TABLET 1 MG ORAL
- RISPERDAL TABLET 2 MG ORAL
- RISPERDAL TABLET 3 MG ORAL
- RISPERDAL 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
- SEROQUEL TABLET 100 MG ORAL
- SEROQUEL TABLET 200 MG ORAL
- SEROQUEL TABLET 25 MG ORAL
- SEROQUEL TABLET 300 MG ORAL
- SEROQUEL TABLET 400 MG ORAL
- SEROQUEL TABLET 50 MG ORAL
- SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL
- SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL
- SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL
- SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL
- SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL
- 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
- ZYPREXA TABLET 10 MG ORAL
- ZYPREXA TABLET 15 MG ORAL
- ZYPREXA TABLET 2.5 MG ORAL
- ZYPREXA TABLET 20 MG ORAL
- ZYPREXA TABLET 5 MG ORAL
- ZYPREXA TABLET 7.5 MG ORAL

- ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL
- ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL
- ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL
- ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG ORAL

Details

Criteria	Trial of two generic antipsychotic products. Applies to new starts.
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BRAND BUPROPION PRODUCTS 2022

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 SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL
- WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL
- WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL
- WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL
- WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL

Details

Details	
Criteria	Trial of one generic formulary bupropion product. Applies to new starts.

BRAND CALCIUM CHANNEL BLOCKERS 2022

Products Affected

- NORLIQVA SOLUTION 1 MG/ML ORAL

Details

Criteria	Trial of generic amlodipine tablets. Always applies.
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BRAND DICLOFENAC PRODUCTS 2022

Products Affected

- CAMBIA PACKET 50 MG ORAL
- ZIPSOR CAPSULE 25 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 2022

Products Affected

- CELEBREX CAPSULE 100 MG ORAL
- CELEBREX CAPSULE 200 MG ORAL
- CELEBREX CAPSULE 400 MG ORAL
- CELEBREX CAPSULE 50 MG ORAL
- DAYPRO TABLET 600 MG ORAL
- ELYXYB SOLUTION 120 MG/4.8ML ORAL
- FELDENE CAPSULE 10 MG ORAL
- FELDENE CAPSULE 20 MG ORAL
- LODINE TABLET 400 MG ORAL
- LOFENA TABLET 25 MG ORAL
- NALFON CAPSULE 400 MG ORAL
- NALFON TABLET 600 MG ORAL
- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL
- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL
- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 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 2022

Products Affected

- ANDRODERM PATCH 24 HOUR 2 MG/24HR
TRANSDERMAL
- ANDRODERM PATCH 24 HOUR 4 MG/24HR
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. Always applies.

BREZTRI 2022

Products Affected

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

Details

Criteria	Trial of Trelegy Ellipta. Always applies.
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BUDESONIDE CAPSULES 2022

Products Affected

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

Details

Criteria	Trial of generic budesonide capsule DR 3mg (generic Entocort EC). Always applies.
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CITALOPRAM CAPSULE 2022

Products Affected

- *citalopram hydrobromide capsule 30 mg oral*

Details

Criteria	Trial of both generic formulary citalopram oral solution and tablet. Applies to new starts.
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CNS STIMULANTS 2022

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
- 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
- AZSTARYS CAPSULE 26.1-5.2 MG ORAL
- AZSTARYS CAPSULE 39.2-7.8 MG ORAL
- AZSTARYS CAPSULE 52.3-10.4 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
- DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL
- DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 10 MG ORAL
- DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 15 MG ORAL
- DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL
- DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 5 MG 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
- QUILICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL
- QUILICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL
- QUILICHEW 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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CONJUPRI 2022

Products Affected

- CONJUPRI TABLET 2.5 MG ORAL
- CONJUPRI TABLET 5 MG ORAL
- *levamlodipine maleate tablet 2.5 mg oral*
- *levamlodipine maleate tablet 5 mg oral*

Details

Criteria	Trial of three generic formulary calcium channel blockers. Always applies.
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CONZIP 2022

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 generic formulary tramadol and generic formulary tramadol ER. Always applies.
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CUPRIMINE 2022

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

Details

Criteria	Trial of penicillamine or brand Depen. Always applies.
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DPP-4 INHIBITORS 2022

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

Criteria	Trial of both of the following: (1) One of the following: generic alogliptin, generic alogliptin/metformin, or generic alogliptin/pioglitazone, and (2) One of the following: Januvia or Janumet or Janumet XR. Always applies.
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DRIZALMA 2022

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

Details	
Criteria	Trial of generic formulary duloxetine. Applies to new starts.

DRY EYE AGENTS 2022

Products Affected

- CEQUA SOLUTION 0.09 % OPHTHALMIC
- XIIDRA SOLUTION 5 % OPHTHALMIC

Details

Criteria	
	Trial of Restasis. Always Applies.

DYMISTA 2022

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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EPRONTIA 2022

Products Affected

- EPRONTIA SOLUTION 25 MG/ML ORAL

Details

Criteria	Trial of generic topiramate. Applies to new starts.
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GIMOTI 2022

Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

Details

Criteria	Trial of generic oral metoclopramide. Always applies.
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GLP-1 AGONISTS 2022

Products Affected

- ADLYXIN SOLUTION PEN-INJECTOR 20 MCG/0.2ML SUBCUTANEOUS
- ADLYXIN STARTER PACK PEN-INJECTOR KIT 10 & 20 MCG/0.2ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 10 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 15 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION PEN-INJECTOR 7.5 MG/0.5ML 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 2022

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 generic allopurinol. Always applies.

IBSRELA 2022

Products Affected

- IBSRELA TABLET 50 MG ORAL

Details

Criteria	Trial of both of the following: (1) lactulose and (2) Linzess. Always applies.
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IMPETIGO AGENTS 2022

Products Affected

- ALTABAX OINTMENT 1 % EXTERNAL
- CENTANY OINTMENT 2 % EXTERNAL

Details

Criteria	Trial of generic formulary mupirocin ointment. Always applies
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INHALED CORTICOSTEROIDS 2022

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/ACT INHALATION
- ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION
- ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION
- ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT 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

Criteria	
	Trial of both Flovent and Arnuity Ellipta. Always applies.

INSULIN GLARGINE 2022

Products Affected

- BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS *unit/ml subcutaneous*
- *insulin glargine-yfgn solution 100 unit/ml subcutaneous*
- *insulin glargine-yfgn solution pen-injector 100*
- SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS
- SEMGLEE (YFGN) 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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LAMA STEP THERAPY 2022

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.
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LONHALA STEP THERAPY 2022

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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LOOP DIURETICS 2022

Products Affected

- SOAANZ TABLET 20 MG ORAL
- SOAANZ TABLET 40 MG ORAL
- SOAANZ TABLET 60 MG ORAL

Details

Criteria	Trial of generic bumetanide tablet, furosemide tablet/oral solution, and torsemide tablet. Always applies.
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METFORMIN STEP THERAPY 2022

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 2022

Products Affected

- 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
- ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- *zolmitriptan solution 5 mg nasal*
- ZOMIG SOLUTION 2.5 MG NASAL
- ZOMIG SOLUTION 5 MG NASAL
- ZOMIG TABLET 2.5 MG ORAL
- ZOMIG TABLET 5 MG ORAL

Details

Details	
Criteria	Trial of one generic formulary triptans, or any two of the following prophylactic medications (a) topiramate (b) divalproex sodium/ valproic acid (c) beta-blocker: metoprolol, propranolol, timolol, atenolol, nadolol (d) tricyclic antidepressants: amitriptyline (e)SNRI antidepressants: venlafaxine (ER). Or any combination of the above. Always applies.

MORPHINE EXTENDED RELEASE 2022

Products Affected

- MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL
- MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL

Details

Criteria	
	Trial of generic formulary morphine extended release. Always applies.

MOTEGRITY 2022

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 (lubiprostone). Always applies.
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MULTIPLE SCLEROSIS AGENTS 2022

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 0.25 MG ORAL
- MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL
- MAYZENT TABLET 0.25 MG ORAL
- MAYZENT TABLET 1 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(adalimumab), and (2) Xeljanz/Xeljanz XR (Tofacitinib). Applies to new starts.

NASAL CORTICOSTEROIDS 2022

Products Affected

- BECONASE AQ SUSPENSION 42 MCG/SPRAY 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.
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NON-PREFERRED INSULIN 2022

Products Affected

- ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- ADMELOG SOLUTION 100 UNIT/ML INJECTION
- 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 INJECTION
- 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 injection*
- *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 injection*
- 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

Details	
Criteria	Trial of Novolin or Novolog. Always applies.

OIC AGENTS 2022

Products Affected

- RELISTOR SOLUTION 12 MG/0.6ML
SUBCUTANEOUS
- RELISTOR SOLUTION 8 MG/0.4ML
- SUBCUTANEOUS
- RELISTOR TABLET 150 MG ORAL
- SYMPROIC TABLET 0.2 MG ORAL

Details

Criteria	Trial of Amitiza (lubiprostone) or lactulose. Always Applies.
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OPHTHALMIC PROSTAGLANDINS 2022

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 two from the following: generic formulary ophthalmic prostaglandin products, brand Lumigan 0.01%. Always applies.
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OPIOID STEP THERAPY 2022

Products Affected

- DILAUDID LIQUID 1 MG/ML ORAL
- DILAUDID TABLET 2 MG ORAL
- NUCYNTA TABLET 50 MG ORAL
- *oxycodone-acetaminophen solution 5-325 mg/5ml 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

Details

Criteria	Trial of three immediate release generic formulary opioids. Always applies.
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ORACEA 2022

Products Affected

- ORACEA CAPSULE DELAYED RELEASE 40 MG
ORAL

Details

Criteria	Trial of generic formulary doxycycline. Always applies.
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ORAL BISPHOSPHONATE AGENTS 2022

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
- 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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OVERACTIVE BLADDER AGENTS (OAB) 2022

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
- VESICARE LS SUSPENSION 5 MG/5ML ORAL
- VESICARE TABLET 10 MG ORAL
- VESICARE TABLET 5 MG ORAL

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) 2022

Products Affected

- ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL
- *dexlansoprazole capsule delayed release 30 mg oral*
- *dexlansoprazole 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 2022

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 2022

Products Affected

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

Details

Criteria	
	Trial of generic formulary ursodiol capsules. Always applies.

RENIN INHIBITORS 2022

Products Affected

- 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 2022

Products Affected

- SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL

Details

Criteria	Trial of (a) ondansetron or granisetron and (b) aprepitant. Always applies.
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SAVELLA 2022

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 formulary duloxetine. Applies to new starts.
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SEGLENTIS 2022

Products Affected

- SEGLENTIS TABLET 56-44 MG ORAL

Details

Criteria	Trial of both generic celecoxib and generic tramadol IR tablet. Always applies.
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SERTRALINE CAPSULE 2022

Products Affected

- *sertraline hcl capsule 150 mg oral*
- *sertraline hcl capsule 200 mg oral*

Details

Criteria	Trial of TWO of the following medications: (1) citalopram (oral solution/tablet) (2) escitalopram (3) fluoxetine (4) fluvoxamine (5) paroxetine, OR (6) sertraline (concentrate/tablet). Applies to new starts.
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SGLT2 ANTI-DIABETICS 2022

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) generic metformin or generic formulary metformin containing product AND (2) Invokana or Invokamet AND (3) Jardiance, Synjardy [XR], Glyxambi or Trijardy XR. Always applies.
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STATINS 2022

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
- *ezetimibe-rosuvastatin tablet 10-10 mg oral*
- *ezetimibe-rosuvastatin tablet 10-20 mg oral*
- *ezetimibe-rosuvastatin tablet 10-40 mg oral*
- *ezetimibe-rosuvastatin tablet 10-5 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
- ZYPITAMAG TABLET 2 MG ORAL
- ZYPITAMAG TABLET 4 MG ORAL

Details

Criteria	
	Trial of three generic formulary statins. Always applies.

SUTAB 2022

Products Affected

- SUTAB TABLET 1479-225-188 MG ORAL

Details

Criteria	Trial of Suprep. Always applies.
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TETRACYCLINES 2022

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
- XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 135 MG ORAL
- XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL
- XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL

Details

Criteria	Trial of three generic formulary oral tetracycline products. Always applies.
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TRULANCE 2022

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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UBRELVY 2022

Products Affected

- UBRELVY TABLET 100 MG ORAL
- UBRELVY TABLET 50 MG ORAL

Details

Criteria	Trial of one generic formulary triptans. Always applies.
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UCERIS 2022

Products Affected

- UCERIS TABLET EXTENDED RELEASE 24 HOUR
9 MG ORAL

Details

Criteria	
	Trial of generic budesonide tablet ER 9mg (generic Uceris). Always applies.

VENLAFAXINE BESYLATE TAB ER 2022

Products Affected

- *venlafaxine besylate er tablet extended release 24 hour 112.5 mg oral*

Details

Criteria	Trial of both generic formulary venlafaxine hydrochloride extended-release tablet and capsule before receiving Venlafaxine Besylate extended-release tablet. Applies to new starts only.
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VIIBRYD 2022

Products Affected

- 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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XCOPRI 2022

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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ZEGALOGUE 2022

Products Affected

- ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS
- ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS

Details

Criteria	Trial of two of the following: Glucagon, Baqsimi, Gvoke. Always applies.
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KLONOPIN TABLET 1 MG ORAL.....	9	MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL.....	45
KLONOPIN TABLET 2 MG ORAL.....	9	MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL.....	45
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL.....	26	MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL.....	45
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	26	MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL.....	45
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL.....	26	MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL.....	45
LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	63	MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL.....	45
<i>levamlodipine maleate tablet 2.5 mg oral.....</i>	23	MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL.....	45
<i>levamlodipine maleate tablet 5 mg oral.....</i>	23	MAXALT TABLET 10 MG ORAL.....	42
LEXAPRO TABLET 10 MG ORAL.....	6	MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL.....	42
LEXAPRO TABLET 20 MG ORAL.....	6	MAYZENT STARTER PACK TABLET THERAPY PACK 0.25 MG ORAL.....	45
LEXAPRO TABLET 5 MG ORAL.....	6	MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL.....	45
LIPITOR TABLET 10 MG ORAL.....	63	MAYZENT TABLET 0.25 MG ORAL.....	45
LIPITOR TABLET 20 MG ORAL.....	63	MAYZENT TABLET 1 MG ORAL.....	45
LIPITOR TABLET 40 MG ORAL.....	63	MAYZENT TABLET 2 MG ORAL.....	45
LIPITOR TABLET 80 MG ORAL.....	63	<i>metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral.....</i>	41
LODINE TABLET 400 MG ORAL.....	16	<i>metformin hcl er (osm) tablet extended release 24 hour 500 mg oral.....</i>	41
LOFENA TABLET 25 MG ORAL.....	16	METHYLIN SOLUTION 10 MG/5ML ORAL.....	21
LONHALA MAGNAIR REFILL KIT SOLUTION 25 MCG/ML INHALATION.....	39	METHYLIN SOLUTION 5 MG/5ML ORAL.....	21
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1 MG ORAL.....	9	MICARDIS HCT TABLET 40-12.5 MG ORAL.....	10
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5 MG ORAL.....	9	MICARDIS HCT TABLET 80-12.5 MG ORAL.....	10
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 2 MG ORAL.....	9	MICARDIS HCT TABLET 80-25 MG ORAL.....	10
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3 MG ORAL.....	9	MICARDIS TABLET 20 MG ORAL.....	10
LYBALVI TABLET 10-10 MG ORAL.....	11	MICARDIS TABLET 40 MG ORAL.....	10
		MICARDIS TABLET 80 MG ORAL.....	10

MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL.....	65	NEXIUM PACKET 2.5 MG ORAL.....	54
MINOLIRA TABLET EXTENDED RELEASE 24 HOUR 135 MG ORAL.....	65	NEXIUM PACKET 20 MG ORAL.....	54
MOTEGRITY TABLET 1 MG ORAL.....	44	NEXIUM PACKET 40 MG ORAL.....	54
MOTEGRITY TABLET 2 MG ORAL.....	44	NEXIUM PACKET 5 MG ORAL.....	54
MOUNJARO SOLUTION PEN-INJECTOR 10 MG/0.5ML SUBCUTANEOUS.....	32	NORLIQVA SOLUTION 1 MG/ML ORAL.....	14
MOUNJARO SOLUTION PEN-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS.....	32	NUCYNTA TABLET 50 MG ORAL.....	50
MOUNJARO SOLUTION PEN-INJECTOR 15 MG/0.5ML SUBCUTANEOUS.....	32	NURTEC TABLET DISPERSIBLE 75 MG ORAL.....	42
MOUNJARO SOLUTION PEN-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS.....	32	<i>omeprazole-sodium bicarbonate capsule 20- 1100 mg oral.....</i>	54
MOUNJARO SOLUTION PEN-INJECTOR 5 MG/0.5ML SUBCUTANEOUS.....	32	<i>omeprazole-sodium bicarbonate capsule 40- 1100 mg oral.....</i>	54
MOUNJARO SOLUTION PEN-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS.....	32	<i>omeprazole-sodium bicarbonate packet 20- 1680 mg oral.....</i>	54
MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL.....	43	<i>omeprazole-sodium bicarbonate packet 40- 1680 mg oral.....</i>	54
MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL.....	43	OMNARIS SUSPENSION 50 MCG/ACT NASAL...	46
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL.....	21	ONGLYZA TABLET 2.5 MG ORAL.....	26
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	21	ONGLYZA TABLET 5 MG ORAL.....	26
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	21	ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL.....	42
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	21	ORACEA CAPSULE DELAYED RELEASE 40 MG ORAL.....	51
NALFON CAPSULE 400 MG ORAL.....	16	ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 6 MG ORAL.....	19
NALFON TABLET 600 MG ORAL.....	16	ORTIKOS CAPSULE EXTENDED RELEASE 24 HOUR 9 MG ORAL.....	19
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL.....	16	OSENI TABLET 12.5-15 MG ORAL.....	26
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL.....	16	OSENI TABLET 12.5-30 MG ORAL.....	26
NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 750 MG ORAL.....	16	OSENI TABLET 12.5-45 MG ORAL.....	26
NATESTO GEL 5.5 MG/ACT NASAL.....	17	OSENI TABLET 25-15 MG ORAL.....	26
NESINA TABLET 12.5 MG ORAL.....	26	OSENI TABLET 25-30 MG ORAL.....	26
NESINA TABLET 25 MG ORAL.....	26	OSENI TABLET 25-45 MG ORAL.....	26
NESINA TABLET 6.25 MG ORAL.....	26	<i>oxycodone-acetaminophen solution 5-325 mg/5ml oral.....</i>	50
NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL.....	54	<i>oxycodone-acetaminophen tablet 10-300 mg oral.....</i>	50
NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL.....	54	<i>oxycodone-acetaminophen tablet 5-300 mg oral.....</i>	50
NEXIUM PACKET 10 MG ORAL.....	54	OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL.....	53
		PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL.....	6
		PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	6
		PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	6
		PAXIL SUSPENSION 10 MG/5ML ORAL.....	6

PAXIL TABLET 10 MG ORAL.....	6	PULMICORT FLEXHALER AEROSOL POWDER	
PAXIL TABLET 20 MG ORAL.....	6	BREATH ACTIVATED 90 MCG/ACT	
PAXIL TABLET 30 MG ORAL.....	6	INHALATION.....	36
PAXIL TABLET 40 MG ORAL.....	6	QELBREE CAPSULE EXTENDED RELEASE 24	
PERCOCET TABLET 10-325 MG ORAL.....	50	HOUR 100 MG ORAL.....	55
PERCOCET TABLET 2.5-325 MG ORAL.....	50	QELBREE CAPSULE EXTENDED RELEASE 24	
PERCOCET TABLET 5-325 MG ORAL.....	50	HOUR 150 MG ORAL.....	55
PERCOCET TABLET 7.5-325 MG ORAL.....	50	QELBREE CAPSULE EXTENDED RELEASE 24	
PEXEVA TABLET 10 MG ORAL.....	6	HOUR 200 MG ORAL.....	55
PEXEVA TABLET 20 MG ORAL.....	6	QNASL AEROSOL SOLUTION 80 MCG/ACT	
PEXEVA TABLET 30 MG ORAL.....	6	NASAL.....	46
PONVORY STARTER PACK TABLET THERAPY		QNASL CHILDRENS AEROSOL SOLUTION 40	
PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL.....	45	MCG/ACT NASAL.....	46
PONVORY TABLET 20 MG ORAL.....	45	QTERN TABLET 10-5 MG ORAL.....	62
PREVACID CAPSULE DELAYED RELEASE 30		QTERN TABLET 5-5 MG ORAL.....	62
MG ORAL.....	54	QUILLICHEW ER TABLET CHEWABLE	
PREVACID SOLUTAB TABLET DELAYED		EXTENDED RELEASE 20 MG ORAL.....	21
RELEASE DISPERSIBLE 15 MG ORAL.....	54	QUILLICHEW ER TABLET CHEWABLE	
PREVACID SOLUTAB TABLET DELAYED		EXTENDED RELEASE 30 MG ORAL.....	21
RELEASE DISPERSIBLE 30 MG ORAL.....	54	QUILLICHEW ER TABLET CHEWABLE	
PRILOSEC PACKET 10 MG ORAL.....	54	EXTENDED RELEASE 40 MG ORAL.....	21
PRILOSEC PACKET 2.5 MG ORAL.....	54	QUILLIVANT XR SUSPENSION	
PRISTIQ TABLET EXTENDED RELEASE 24		RECONSTITUTED ER 25 MG/5ML ORAL.....	21
HOUR 100 MG ORAL.....	5	QVAR REDHALER AEROSOL BREATH	
PRISTIQ TABLET EXTENDED RELEASE 24		ACTIVATED 40 MCG/ACT INHALATION.....	36
HOUR 25 MG ORAL.....	5	QVAR REDHALER AEROSOL BREATH	
PRISTIQ TABLET EXTENDED RELEASE 24		ACTIVATED 80 MCG/ACT INHALATION.....	36
HOUR 50 MG ORAL.....	5	<i>rabeprazole sodium tablet delayed release 20</i>	
PROAIR DIGIHALER AEROSOL POWDER		<i>mg oral.....</i>	54
BREATH ACTIVATED 108 (90 BASE) MCG/ACT		RELAFEN DS TABLET 1000 MG ORAL.....	16
INHALATION.....	4	RELISTOR SOLUTION 12 MG/0.6ML	
PROLATE TABLET 10-300 MG ORAL.....	50	SUBCUTANEOUS.....	48
PROLATE TABLET 5-300 MG ORAL.....	50	RELISTOR SOLUTION 8 MG/0.4ML	
PROLATE TABLET 7.5-300 MG ORAL.....	50	SUBCUTANEOUS.....	48
PROTONIX PACKET 40 MG ORAL.....	54	RELISTOR TABLET 150 MG ORAL.....	48
PROTONIX TABLET DELAYED RELEASE 20 MG		RELPAK TABLET 20 MG ORAL.....	42
ORAL.....	54	RELPAK TABLET 40 MG ORAL.....	42
PROTONIX TABLET DELAYED RELEASE 40 MG		RELTONE CAPSULE 200 MG ORAL.....	56
ORAL.....	54	RELTONE CAPSULE 400 MG ORAL.....	56
PROVENTIL HFA AEROSOL SOLUTION 108		RESTORIL CAPSULE 15 MG ORAL.....	9
(90 BASE) MCG/ACT INHALATION.....	4	RESTORIL CAPSULE 22.5 MG ORAL.....	9
PROZAC CAPSULE 10 MG ORAL.....	6	RESTORIL CAPSULE 30 MG ORAL.....	9
PROZAC CAPSULE 20 MG ORAL.....	6	RESTORIL CAPSULE 7.5 MG ORAL.....	9
PROZAC CAPSULE 40 MG ORAL.....	6	REXULTI TABLET 0.25 MG ORAL.....	11
PULMICORT FLEXHALER AEROSOL POWDER		REXULTI TABLET 0.5 MG ORAL.....	11
BREATH ACTIVATED 180 MCG/ACT		REXULTI TABLET 1 MG ORAL.....	11
INHALATION.....	36	REXULTI TABLET 2 MG ORAL.....	11

REXULTI TABLET 3 MG ORAL.....	11	SECUADO PATCH 24 HOUR 7.6 MG/24HR	
REXULTI TABLET 4 MG ORAL.....	11	TRANSDERMAL.....	11
REYVOW TABLET 100 MG ORAL.....	42	SEGLUOMET TABLET 56-44 MG ORAL.....	60
REYVOW TABLET 50 MG ORAL.....	42	SEGLUOMET TABLET 2.5-1000 MG ORAL.....	62
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC.	49	SEGLUOMET TABLET 2.5-500 MG ORAL.....	62
RISPERDAL SOLUTION 1 MG/ML ORAL.....	11	SEGLUOMET TABLET 7.5-1000 MG ORAL.....	62
RISPERDAL TABLET 0.5 MG ORAL.....	11	SEGLUOMET TABLET 7.5-500 MG ORAL.....	62
RISPERDAL TABLET 1 MG ORAL.....	11	SEMGLEE (YFGN) SOLUTION 100 UNIT/ML	
RISPERDAL TABLET 2 MG ORAL.....	11	SUBCUTANEOUS.....	37
RISPERDAL TABLET 3 MG ORAL.....	11	SEMGLEE (YFGN) SOLUTION PEN-INJECTOR	
RISPERDAL TABLET 4 MG ORAL.....	11	100 UNIT/ML SUBCUTANEOUS.....	37
RITALIN LA CAPSULE EXTENDED RELEASE 24		SEROQUEL TABLET 100 MG ORAL.....	11
HOUR 10 MG ORAL.....	21	SEROQUEL TABLET 200 MG ORAL.....	11
RITALIN LA CAPSULE EXTENDED RELEASE 24		SEROQUEL TABLET 25 MG ORAL.....	11
HOUR 20 MG ORAL.....	21	SEROQUEL TABLET 300 MG ORAL.....	11
RITALIN LA CAPSULE EXTENDED RELEASE 24		SEROQUEL TABLET 400 MG ORAL.....	11
HOUR 30 MG ORAL.....	21	SEROQUEL TABLET 50 MG ORAL.....	11
RITALIN LA CAPSULE EXTENDED RELEASE 24		SEROQUEL XR TABLET EXTENDED RELEASE	
HOUR 40 MG ORAL.....	21	24 HOUR 150 MG ORAL.....	11
RITALIN TABLET 10 MG ORAL.....	21	SEROQUEL XR TABLET EXTENDED RELEASE	
RITALIN TABLET 20 MG ORAL.....	21	24 HOUR 200 MG ORAL.....	11
RITALIN TABLET 5 MG ORAL.....	21	SEROQUEL XR TABLET EXTENDED RELEASE	
ROCKLATAN SOLUTION 0.02-0.005 %		24 HOUR 300 MG ORAL.....	11
OPHTHALMIC.....	49	SEROQUEL XR TABLET EXTENDED RELEASE	
ROSZET TABLET 10-10 MG ORAL.....	63	24 HOUR 400 MG ORAL.....	11
ROSZET TABLET 10-20 MG ORAL.....	63	SEROQUEL XR TABLET EXTENDED RELEASE	
ROSZET TABLET 10-40 MG ORAL.....	63	24 HOUR 50 MG ORAL.....	11
ROSZET TABLET 10-5 MG ORAL.....	63	<i>sertraline hcl capsule 150 mg oral.....</i>	61
ROXICODONE TABLET 15 MG ORAL.....	50	<i>sertraline hcl capsule 200 mg oral.....</i>	61
SANCUSO PATCH 3.1 MG/24HR		SEYSARA TABLET 100 MG ORAL.....	65
TRANSDERMAL.....	58	SEYSARA TABLET 150 MG ORAL.....	65
SAPHRIS TABLET SUBLINGUAL 10 MG		SEYSARA TABLET 60 MG ORAL.....	65
SUBLINGUAL.....	11	SOAAZ TABLET 20 MG ORAL.....	40
SAPHRIS TABLET SUBLINGUAL 2.5 MG		SOAAZ TABLET 40 MG ORAL.....	40
SUBLINGUAL.....	11	SOAAZ TABLET 60 MG ORAL.....	40
SAPHRIS TABLET SUBLINGUAL 5 MG		SOLIQUA SOLUTION PEN-INJECTOR 100-33	
SUBLINGUAL.....	11	UNT-MCG/ML SUBCUTANEOUS.....	32
SAVELLA TABLET 100 MG ORAL.....	59	SOLODYN TABLET EXTENDED RELEASE 24	
SAVELLA TABLET 12.5 MG ORAL.....	59	HOUR 105 MG ORAL.....	65
SAVELLA TABLET 25 MG ORAL.....	59	SOLODYN TABLET EXTENDED RELEASE 24	
SAVELLA TABLET 50 MG ORAL.....	59	HOUR 115 MG ORAL.....	65
SAVELLA TITRATION PACK 12.5 & 25 & 50		SOLODYN TABLET EXTENDED RELEASE 24	
MG ORAL.....	59	HOUR 55 MG ORAL.....	65
SECUADO PATCH 24 HOUR 3.8 MG/24HR		SOLODYN TABLET EXTENDED RELEASE 24	
TRANSDERMAL.....	11	HOUR 65 MG ORAL.....	65
SECUADO PATCH 24 HOUR 5.7 MG/24HR		SOLODYN TABLET EXTENDED RELEASE 24	
TRANSDERMAL.....	11	HOUR 80 MG ORAL.....	65

STEGLATRO TABLET 15 MG ORAL.....	62	VIIBRYD STARTER PACK KIT 10 & 20 MG	
STEGLATRO TABLET 5 MG ORAL.....	62	ORAL.....	70
STEGLUJAN TABLET 15-100 MG ORAL.....	62	VIIBRYD TABLET 10 MG ORAL.....	70
STEGLUJAN TABLET 5-100 MG ORAL.....	62	VIIBRYD TABLET 20 MG ORAL.....	70
SUTAB TABLET 1479-225-188 MG ORAL.....	64	VIIBRYD TABLET 40 MG ORAL.....	70
SYMPROIC TABLET 0.2 MG ORAL.....	48	VOGELXO GEL 50 MG/5GM (1%)	
TARGADOX TABLET 50 MG ORAL.....	65	TRANSDERMAL.....	17
TEKTURNA TABLET 150 MG ORAL.....	57	VOGELXO PUMP GEL 12.5 MG/ACT (1%)	
TEKTURNA TABLET 300 MG ORAL.....	57	TRANSDERMAL.....	17
TESTIM GEL 50 MG/5GM (1%)		VRAYLAR CAPSULE 1.5 MG ORAL.....	11
TRANSDERMAL.....	17	VRAYLAR CAPSULE 3 MG ORAL.....	11
TOSYMRA SOLUTION 10 MG/ACT NASAL.....	42	VRAYLAR CAPSULE 4.5 MG ORAL.....	11
TRADJENTA TABLET 5 MG ORAL.....	26	VRAYLAR CAPSULE 6 MG ORAL.....	11
TRANXENE-T TABLET 7.5 MG ORAL.....	9	VRAYLAR CAPSULE THERAPY PACK 1.5 & 3	
TRAVATAN Z SOLUTION 0.004 %		MG ORAL.....	11
OPHTHALMIC.....	49	VUMERITY CAPSULE DELAYED RELEASE 231	
TREXIMET TABLET 85-500 MG ORAL.....	42	MG ORAL.....	45
TRIBENZOR TABLET 20-5-12.5 MG ORAL.....	10	VYZULTA SOLUTION 0.024 % OPHTHALMIC....	49
TRIBENZOR TABLET 40-10-12.5 MG ORAL.....	10	WELLBUTRIN SR TABLET EXTENDED RELEASE	
TRIBENZOR TABLET 40-10-25 MG ORAL.....	10	12 HOUR 100 MG ORAL.....	13
TRIBENZOR TABLET 40-5-12.5 MG ORAL.....	10	WELLBUTRIN SR TABLET EXTENDED RELEASE	
TRIBENZOR TABLET 40-5-25 MG ORAL.....	10	12 HOUR 150 MG ORAL.....	13
TRULANCE TABLET 3 MG ORAL.....	66	WELLBUTRIN SR TABLET EXTENDED RELEASE	
TUDORZA PRESSAIR AEROSOL POWDER		12 HOUR 200 MG ORAL.....	13
BREATH ACTIVATED 400 MCG/ACT		WELLBUTRIN XL TABLET EXTENDED RELEASE	
INHALATION.....	38	24 HOUR 150 MG ORAL.....	13
UBRELVY TABLET 100 MG ORAL.....	67	WELLBUTRIN XL TABLET EXTENDED RELEASE	
UBRELVY TABLET 50 MG ORAL.....	67	24 HOUR 300 MG ORAL.....	13
UCERIS TABLET EXTENDED RELEASE 24		XALATAN SOLUTION 0.005 % OPHTHALMIC...	49
HOUR 9 MG ORAL.....	68	XANAX TABLET 0.25 MG ORAL.....	9
ULORIC TABLET 40 MG ORAL.....	33	XANAX TABLET 0.5 MG ORAL.....	9
ULORIC TABLET 80 MG ORAL.....	33	XANAX TABLET 1 MG ORAL.....	9
VALIUM TABLET 10 MG ORAL.....	9	XANAX TABLET 2 MG ORAL.....	9
VALIUM TABLET 2 MG ORAL.....	9	XANAX XR TABLET EXTENDED RELEASE 24	
VALIUM TABLET 5 MG ORAL.....	9	HOUR 0.5 MG ORAL.....	9
<i>valsartan solution 4 mg/ml oral.....</i>	10	XANAX XR TABLET EXTENDED RELEASE 24	
<i>venlafaxine besylate er tablet extended release</i>		HOUR 1 MG ORAL.....	9
<i>24 hour 112.5 mg oral.....</i>	69	XANAX XR TABLET EXTENDED RELEASE 24	
VENTOLIN HFA AEROSOL SOLUTION 108 (90		HOUR 2 MG ORAL.....	9
BASE) MCG/ACT INHALATION.....	4	XANAX XR TABLET EXTENDED RELEASE 24	
VESICARE LS SUSPENSION 5 MG/5ML ORAL....	53	HOUR 3 MG ORAL.....	9
VESICARE TABLET 10 MG ORAL.....	53	XCOPRI (250 MG DAILY DOSE) TABLET	
VESICARE TABLET 5 MG ORAL.....	53	THERAPY PACK 100 & 150 MG ORAL.....	71
VIBRAMYCIN CAPSULE 100 MG ORAL.....	65	XCOPRI (350 MG DAILY DOSE) TABLET	
VIBRAMYCIN SUSPENSION RECONSTITUTED		THERAPY PACK 150 & 200 MG ORAL.....	71
25 MG/5ML ORAL.....	65	XCOPRI TABLET 100 MG ORAL.....	71
VIBRAMYCIN SYRUP 50 MG/5ML ORAL.....	65	XCOPRI TABLET 150 MG ORAL.....	71

XCOPRI TABLET 200 MG ORAL.....	71	ZEPOSIA 7-DAY STARTER PACK CAPSULE	
XCOPRI TABLET 50 MG ORAL.....	71	THERAPY PACK 4 X 0.23MG & 3 X 0.46MG	
XCOPRI TABLET THERAPY PACK 14 X 12.5		ORAL.....	45
MG & 14 X 25 MG ORAL.....	71	ZEPOSIA CAPSULE 0.92 MG ORAL.....	45
XCOPRI TABLET THERAPY PACK 14 X 150 MG		ZEPOSIA STARTER KIT CAPSULE THERAPY	
& 14 X200 MG ORAL.....	71	PACK 0.23MG & 0.46MG & 0.92MG ORAL.....	45
XCOPRI TABLET THERAPY PACK 14 X 50 MG		ZERVIAE SOLUTION 0.24 % OPHTHALMIC.....	7
& 14 X100 MG ORAL.....	71	ZETONNA AEROSOL SOLUTION 37 MCG/ACT	
XELPROS EMULSION 0.005 % OPHTHALMIC....	49	NASAL.....	46
XHANCE EXHALER SUSPENSION 93 MCG/ACT		ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC..	49
NASAL.....	46	ZIPSOR CAPSULE 25 MG ORAL.....	15
XIGDUO XR TABLET EXTENDED RELEASE 24		ZOCOR TABLET 10 MG ORAL.....	63
HOUR 10-1000 MG ORAL.....	62	ZOCOR TABLET 20 MG ORAL.....	63
XIGDUO XR TABLET EXTENDED RELEASE 24		ZOCOR TABLET 40 MG ORAL.....	63
HOUR 10-500 MG ORAL.....	62	<i>zolmitriptan solution 5 mg nasal</i>	42
XIGDUO XR TABLET EXTENDED RELEASE 24		ZOLOFT CONCENTRATE 20 MG/ML ORAL.....	6
HOUR 2.5-1000 MG ORAL.....	62	ZOLOFT TABLET 100 MG ORAL.....	6
XIGDUO XR TABLET EXTENDED RELEASE 24		ZOLOFT TABLET 25 MG ORAL.....	6
HOUR 5-1000 MG ORAL.....	62	ZOLOFT TABLET 50 MG ORAL.....	6
XIGDUO XR TABLET EXTENDED RELEASE 24		ZOMIG SOLUTION 2.5 MG NASAL.....	42
HOUR 5-500 MG ORAL.....	62	ZOMIG SOLUTION 5 MG NASAL.....	42
XIIDRA SOLUTION 5 % OPHTHALMIC.....	28	ZOMIG TABLET 2.5 MG ORAL.....	42
XIMINO CAPSULE EXTENDED RELEASE 24		ZOMIG TABLET 5 MG ORAL.....	42
HOUR 135 MG ORAL.....	65	ZYLOPRIM TABLET 100 MG ORAL.....	33
XIMINO CAPSULE EXTENDED RELEASE 24		ZYLOPRIM TABLET 300 MG ORAL.....	33
HOUR 45 MG ORAL.....	65	ZYPITAMAG TABLET 2 MG ORAL.....	63
XIMINO CAPSULE EXTENDED RELEASE 24		ZYPITAMAG TABLET 4 MG ORAL.....	63
HOUR 90 MG ORAL.....	65	ZYPREXA TABLET 10 MG ORAL.....	11
XULTOPHY SOLUTION PEN-INJECTOR 100-		ZYPREXA TABLET 15 MG ORAL.....	11
3.6 UNIT-MG/ML SUBCUTANEOUS.....	32	ZYPREXA TABLET 2.5 MG ORAL.....	11
ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6		ZYPREXA TABLET 20 MG ORAL.....	11
MG/0.6ML SUBCUTANEOUS.....	72	ZYPREXA TABLET 5 MG ORAL.....	11
ZEGALOGUE SOLUTION PREFILLED SYRINGE		ZYPREXA TABLET 7.5 MG ORAL.....	11
0.6 MG/0.6ML SUBCUTANEOUS.....	72	ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG	
ZEGERID CAPSULE 20-1100 MG ORAL.....	54	ORAL.....	11
ZEGERID CAPSULE 40-1100 MG ORAL.....	54	ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG	
ZEGERID PACKET 20-1680 MG ORAL.....	54	ORAL.....	11
ZEGERID PACKET 40-1680 MG ORAL.....	54	ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG	
ZEMBRACE SYMTOUCH SOLUTION AUTO-		ORAL.....	11
INJECTOR 3 MG/0.5ML SUBCUTANEOUS.....	42	ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG	
ZENZEDI TABLET 10 MG ORAL.....	21	ORAL.....	11
ZENZEDI TABLET 15 MG ORAL.....	21		
ZENZEDI TABLET 2.5 MG ORAL.....	21		
ZENZEDI TABLET 20 MG ORAL.....	21		
ZENZEDI TABLET 30 MG ORAL.....	21		
ZENZEDI TABLET 5 MG ORAL.....	21		
ZENZEDI TABLET 7.5 MG ORAL.....	21		