



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

2019 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 03/01/2019. 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, 2020, and from time to time during the year.

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

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

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

There may be restrictions to your drug coverage

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

- **Prior Authorization (PA):** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug. Drugs that require Prior Authorization are listed in *2019 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 *2019 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 53. 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 2019

Products Affected

- 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. Always Applies.
-----------------	----------------------------------

ANTIDEPRESSANTS [SNRIS] 2019

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
- KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL
- KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL

Details

Criteria	Trial of one of the following: desvenlafaxine ER, desvenlafaxine succinate ER, duloxetine, venlafaxine, venlafaxine ER. Applies to new starts.
-----------------	--

ANTIDEPRESSANTS [SSRIS] 2019

Products Affected

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

Details

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

BASAGLAR 2019

Products Affected

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

Details

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

BENZODIAZEPINES 2019

Products Affected

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

Details

Criteria	Trial of three of the following generic benzodiazepine (alprazolam, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, temazepam). Applies to new starts.
-----------------	--

BRAND ANGIOTENSIN RECEPTOR BLOCKERS 2019

Products Affected

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

Details

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

BRAND BUPROPION PRODUCTS 2019

Products Affected

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

Details

Criteria	Trial of one generic product (bupropion, bupropion SR, bupropion XL). Applies to new starts.
-----------------	---

BRAND DICLOFENAC PRODUCTS 2019

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.
-----------------	--

BRAND ORAL ANTIPSYCHOTICS 2019

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

Details

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

BRAND TESTOSTERONE PRODUCTS 2019

Products Affected

- ANDRODERM PATCH 24 HOUR 2 MG/24HR TRANSDERMAL
- ANDRODERM PATCH 24 HOUR 4 MG/24HR TRANSDERMAL
- ANDROGEL GEL 25 MG/2.5GM (1%) TRANSDERMAL
- ANDROGEL GEL 50 MG/5GM (1%) TRANSDERMAL
- FORTESTA GEL 10 MG/ACT (2%) TRANSDERMAL
- STRIANT 30 MG BUCCAL
- TESTIM GEL 50 MG/5GM (1%) TRANSDERMAL
- VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL
- VOGELXO PUMP GEL 12.5 MG/ACT (1%) TRANSDERMAL

Details

Criteria	Trial of Androgel 1.62%
----------	-------------------------

CELEBREX 2019

Products Affected

- CELEBREX CAPSULE 100 MG ORAL
- CELEBREX CAPSULE 200 MG ORAL
- CELEBREX CAPSULE 400 MG ORAL
- CELEBREX CAPSULE 50 MG ORAL

Details

Criteria	Trial of three generic NSAIDs (celecoxib, diclofenac, etodolac, etodolac ER, ibuprofen, ketoprofen, ketoprofen er, meloxicam, naproxen, naproxen dr, naproxen sodium, piroxicam, sulindac). Always applies.
-----------------	---

CESAMET/SANCUSO 2019

Products Affected

- SANCUSO PATCH 3.1 MG/24HR
TRANSDERMAL

Details

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

CNS STIMULANTS 2019

Products Affected

- ADDERALL TABLET 20 MG ORAL
- ADDERALL TABLET 5 MG ORAL
- ADDERALL TABLET 7.5 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- ADZENYS ER SUSPENSION EXTENDED RELEASE 1.25 MG/ML ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL
- 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
- METADATE ER TABLET EXTENDED
RELEASE 20 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 25 MG/5ML ORAL
- RITALIN LA CAPSULE EXTENDED
RELEASE 24 HOUR 10 MG ORAL
- RITALIN LA CAPSULE EXTENDED
RELEASE 24 HOUR 20 MG ORAL
- RITALIN LA CAPSULE EXTENDED
RELEASE 24 HOUR 30 MG ORAL
- RITALIN LA CAPSULE EXTENDED
RELEASE 24 HOUR 40 MG ORAL
- RITALIN TABLET 10 MG ORAL
- RITALIN TABLET 20 MG ORAL
- RITALIN TABLET 5 MG ORAL
- ZENZEDI TABLET 10 MG ORAL
- ZENZEDI TABLET 15 MG ORAL
- ZENZEDI TABLET 2.5 MG ORAL
- ZENZEDI TABLET 20 MG ORAL
- ZENZEDI TABLET 30 MG ORAL
- ZENZEDI TABLET 5 MG ORAL
- ZENZEDI TABLET 7.5 MG ORAL

Details

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

CONZIP 2019

Products Affected

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

Details

Criteria	Trial of both tramadol and tramadol ER. Always applies.
-----------------	---

CUPRIMINE 2019

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

Details

Criteria	Trial of penicillamine (Depen). Always applies.
-----------------	---

DPP-4 INHIBITORS 2019

Products Affected

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

Details

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

DUEXIS 2019

Products Affected

- DUEXIS TABLET 800-26.6 MG ORAL

Details

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

DYMISTA 2019

Products Affected

- DYMISTA SUSPENSION 137-50 MCG/ACT
NASAL

Details

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

GLP-1 AGONISTS 2019

Products Affected

- ADLYXIN SOLUTION PEN-INJECTOR 20 MCG/0.2ML SUBCUTANEOUS
- ADLYXIN STARTER PACK PEN-INJECTOR KIT 10 & 20 MCG/0.2ML SUBCUTANEOUS
- BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS
- BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML
- SUBCUTANEOUS
- OZEMPIC SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE SUBCUTANEOUS
- OZEMPIC SOLUTION PEN-INJECTOR 1 MG/DOSE 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 BOTH (1) Trulicity AND (2) Victoza. Always applies.
-----------------	--

GOUT AGENTS 2019

Products Affected

- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL
- ZURAMPIC TABLET 200 MG ORAL

Details

Criteria	Trial of allopurinol. Always applies.
-----------------	---------------------------------------

IMPETIGO AGENTS 2019

Products Affected

- XEPI CREAM 1 % EXTERNAL

Details

Criteria	Trial of mupirocin ointment. Always applies
-----------------	---

INHALED CORTICOSTEROIDS 2019

Products Affected

- ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION
- ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION
- ASMANEX 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION
- ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION
- ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION
- ASMANEX 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION
- ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION
- ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION
- 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.
-----------------	--

LAMA STEP THERAPY 2019

Products Affected

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

Details

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

LONHALA STEP THERAPY 2019

Products Affected

- LONHALA MAGNAIR STARTER KIT
SOLUTION 25 MCG/ML INHALATION

Details

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

METFORMIN STEP THERAPY 2019

Products Affected

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

Details

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

MIGRAINE AGENTS 2019

Products Affected

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

Details

Details	
Criteria	Trial of three generic triptans (almotriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan). Always applies.

MORPHINE EXTENDED RELEASE 2019

Products Affected

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

Details

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

MULTIPLE SCLEROSIS AGENTS 2019

Products Affected

- EXTAVIA KIT 0.3 MG SUBCUTANEOUS

Details

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

NASAL CORTICOSTEROIDS 2019

Products Affected

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

Details

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

NON-PREFERRED INSULIN 2019

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

Details

Criteria	
	Trial of Novolin or Novolog. Always applies.

OPHTHALMIC PROSTAGLANDINS 2019

Products Affected

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

Details

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

OPIOID STEP THERAPY 2019

Products Affected

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

Details

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

ORACEA 2019

Products Affected

- ORACEA CAPSULE DELAYED RELEASE
40 MG ORAL

Details

Criteria	Trial of generic doxycycline
-----------------	------------------------------

ORAL BISPHOSPHONATE AGENTS 2019

Products Affected

- ACTONEL TABLET 150 MG ORAL
- ACTONEL TABLET 35 MG ORAL
- ACTONEL TABLET 5 MG ORAL
- ATELVIA TABLET DELAYED RELEASE 35 MG ORAL
- BINOSTO TABLET EFFERVESCENT 70 MG ORAL
- BONIVA TABLET 150 MG ORAL
- FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL
- FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL
- FOSAMAX TABLET 70 MG ORAL

Details

Criteria	Trial of three generic product (alendronate, ibandronate, risedronate). Always applies.
-----------------	---

OVERACTIVE BLADDER AGENTS (OAB) 2019

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
- ENABLEX TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL
- ENABLEX TABLET EXTENDED RELEASE 24 HOUR 7.5 MG ORAL
- GELNIQUE PUMP GEL 10 % TRANSDERMAL
- OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL

Details

Criteria	Trial of three of the following (oxybutynin, darfenicin, Myrbetriq, tolterodine, trospium, and Vesicare) . Always applies.
-----------------	--

PROTON PUMP INHIBITORS (PPIs) 2019

Products Affected

- ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL
- *esomeprazole strontium capsule delayed release 49.3 mg oral*
- NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL
- NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL
- NEXIUM PACKET 10 MG ORAL
- NEXIUM PACKET 2.5 MG ORAL
- NEXIUM PACKET 20 MG ORAL
- NEXIUM PACKET 40 MG ORAL
- NEXIUM PACKET 5 MG ORAL
- *omeprazole-sodium bicarbonate capsule 20-1100 mg oral*
- *omeprazole-sodium bicarbonate capsule 40-1100 mg oral*
- *omeprazole-sodium bicarbonate packet 20-1680 mg oral*
- *omeprazole-sodium bicarbonate packet 40-1680 mg oral*
- PREVACID CAPSULE DELAYED RELEASE 15 MG ORAL
- PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL
- PREVACID SOLUTAB TABLET DISPERSIBLE 15 MG ORAL
- PREVACID SOLUTAB TABLET 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 all of the following generic agents (lansoprazole, omeprazole and pantoprazole). Always applies.
-----------------	---

PROVIGIL/NUVIGIL 2019

Products Affected

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

Details

Criteria	Trial of generic modafinil and armodafinil
-----------------	--

RAYALDEE 2019

Products Affected

- RAYALDEE CAPSULE EXTENDED
RELEASE 30 MCG ORAL

Details

Criteria	Trial of oral calcitriol. Always applies
-----------------	--

RELISTOR ORAL 2019

Products Affected

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

Details

Criteria	Trial of Amitiza . Always Applies.
-----------------	------------------------------------

RENIN INHIBITORS 2019

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	<p>Trial of one generic ACE inhibitor (benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, perindopril, quinapril, quinapril/HCTZ, ramipril,trandolapril, trandolapril/verapamil) or one generic ARB (candesartan, candesartan/HCTZ, eprosartan, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/amlodipine/HCTZ, olmesartan/amlodipine, olmesartan/HCTZ, telmisartan, telmisartan/hctz, telmisartan/amlodipine, valsartan, valsartan/amlodipine, valsartan/amlodipine/HCTZ, valsartan/HCTZ). Always Applies.</p>
-----------------	--

REQUIP XL 2019

Products Affected

- REQUIP XL TABLET EXTENDED
RELEASE 24 HOUR 4 MG ORAL
- REQUIP XL TABLET EXTENDED
RELEASE 24 HOUR 8 MG ORAL

Details

Criteria	Trial of generic ropinirole. Always applies.
-----------------	--

SAVELLA 2019

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	Trail of generic duloxetine
-----------------	-----------------------------

SGLT2 ANTI-DIABETICS 2019

Products Affected

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

Details

Criteria	Trial of metformin or formulary metformin containing products AND either Invokana or Invokamet AND Jardiance or Synjardy [XR]. Always applies.
-----------------	--

STATINS 2019

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
- *flolipid suspension 20 mg/5ml oral*
- *flolipid suspension 40 mg/5ml oral*
- LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL
- LIPITOR TABLET 10 MG ORAL
- LIPITOR TABLET 20 MG ORAL
- LIPITOR TABLET 40 MG ORAL
- LIPITOR TABLET 80 MG ORAL
- PRAVACHOL TABLET 20 MG ORAL
- PRAVACHOL TABLET 40 MG ORAL
- PRAVACHOL TABLET 80 MG ORAL
- ZOCOR TABLET 10 MG ORAL
- ZOCOR TABLET 20 MG ORAL
- ZOCOR TABLET 40 MG ORAL
- ZOCOR TABLET 80 MG ORAL
- ZYPITAMAG TABLET 1 MG ORAL
- ZYPITAMAG TABLET 2 MG ORAL
- ZYPITAMAG TABLET 4 MG ORAL

Details

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

TETRACYCLINES 2019

Products Affected

- DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL
- DORYX TABLET DELAYED RELEASE 200 MG ORAL
- DORYX TABLET DELAYED RELEASE 50 MG ORAL
- MINOCIN CAPSULE 50 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 product (doxycycline, minocycline, tetracycline). Always applies.
-----------------	--

TRINTELLIX/VIIBRYD 2019

Products Affected

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

Details

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

TRULANCE 2019

Products Affected

- TRULANCE TABLET 3 MG ORAL

Details

Criteria	Trial of lactulose and Linzess. Always applies.
-----------------	---

VIMOVO 2019

Products Affected

- VIMOVO TABLET DELAYED RELEASE 375-20 MG ORAL
- VIMOVO TABLET DELAYED RELEASE 500-20 MG ORAL

Details

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

XIIDRA 2019

Products Affected

- XIIDRA SOLUTION 5 % OPHTHALMIC

Details

Criteria	Trial of Restasis. Always Applies.
-----------------	------------------------------------

Index

ABILIFY TABLET 10 MG ORAL.....	11	ADZENYS XR-ODT TABLET EXTENDED	
ABILIFY TABLET 15 MG ORAL.....	11	RELEASE DISPERSIBLE 9.4 MG ORAL....	15
ABILIFY TABLET 2 MG ORAL.....	11	ALTOPREV TABLET EXTENDED	
ABILIFY TABLET 20 MG ORAL.....	11	RELEASE 24 HOUR 20 MG ORAL.....	47
ABILIFY TABLET 30 MG ORAL.....	11	ALTOPREV TABLET EXTENDED	
ABILIFY TABLET 5 MG ORAL.....	11	RELEASE 24 HOUR 40 MG ORAL.....	47
ACIPHEX TABLET DELAYED RELEASE		ALTOPREV TABLET EXTENDED	
20 MG ORAL.....	39	RELEASE 24 HOUR 60 MG ORAL.....	47
ACTONEL TABLET 150 MG ORAL.....	37	ALVESCO AEROSOL SOLUTION 160	
ACTONEL TABLET 35 MG ORAL.....	37	MCG/ACT INHALATION.....	25
ACTONEL TABLET 5 MG ORAL.....	37	ALVESCO AEROSOL SOLUTION 80	
ADDERALL TABLET 20 MG ORAL.....	15	MCG/ACT INHALATION.....	25
ADDERALL TABLET 5 MG ORAL.....	15	AMERGE TABLET 1 MG ORAL.....	29
ADDERALL TABLET 7.5 MG ORAL.....	15	AMERGE TABLET 2.5 MG ORAL.....	29
ADDERALL XR CAPSULE EXTENDED		ANDRODERM PATCH 24 HOUR 2	
RELEASE 24 HOUR 10 MG ORAL.....	15	MG/24HR TRANSDERMAL.....	12
ADDERALL XR CAPSULE EXTENDED		ANDRODERM PATCH 24 HOUR 4	
RELEASE 24 HOUR 15 MG ORAL.....	15	MG/24HR TRANSDERMAL.....	12
ADDERALL XR CAPSULE EXTENDED		ANDROGEL GEL 25 MG/2.5GM (1%)	
RELEASE 24 HOUR 20 MG ORAL.....	15	TRANSDERMAL.....	12
ADDERALL XR CAPSULE EXTENDED		ANDROGEL GEL 50 MG/5GM (1%)	
RELEASE 24 HOUR 25 MG ORAL.....	15	TRANSDERMAL.....	12
ADDERALL XR CAPSULE EXTENDED		APIDRA SOLOSTAR SOLUTION PEN-	
RELEASE 24 HOUR 30 MG ORAL.....	15	INJECTOR 100 UNIT/ML	
ADDERALL XR CAPSULE EXTENDED		SUBCUTANEOUS.....	33
RELEASE 24 HOUR 5 MG ORAL.....	15	APIDRA SOLUTION 100 UNIT/ML	
ADLYXIN SOLUTION PEN-INJECTOR 20		INJECTION.....	33
MCG/0.2ML SUBCUTANEOUS.....	22	APLENZIN TABLET EXTENDED	
ADLYXIN STARTER PACK PEN-		RELEASE 24 HOUR 174 MG ORAL.....	9
INJECTOR KIT 10 & 20 MCG/0.2ML		APLENZIN TABLET EXTENDED	
SUBCUTANEOUS.....	22	RELEASE 24 HOUR 348 MG ORAL.....	9
ADMELOG SOLOSTAR SOLUTION PEN-		APLENZIN TABLET EXTENDED	
INJECTOR 100 UNIT/ML		RELEASE 24 HOUR 522 MG ORAL.....	9
SUBCUTANEOUS.....	33	APTENSIO XR CAPSULE EXTENDED	
ADMELOG SOLUTION 100 UNIT/ML		RELEASE 24 HOUR 10 MG ORAL.....	15
SUBCUTANEOUS.....	33	APTENSIO XR CAPSULE EXTENDED	
ADZENYS ER SUSPENSION EXTENDED		RELEASE 24 HOUR 15 MG ORAL.....	15
RELEASE 1.25 MG/ML ORAL.....	15	APTENSIO XR CAPSULE EXTENDED	
ADZENYS XR-ODT TABLET EXTENDED		RELEASE 24 HOUR 20 MG ORAL.....	15
RELEASE DISPERSIBLE 12.5 MG ORAL..	15	APTENSIO XR CAPSULE EXTENDED	
ADZENYS XR-ODT TABLET EXTENDED		RELEASE 24 HOUR 30 MG ORAL.....	15
RELEASE DISPERSIBLE 15.7 MG ORAL..	15	APTENSIO XR CAPSULE EXTENDED	
ADZENYS XR-ODT TABLET EXTENDED		RELEASE 24 HOUR 40 MG ORAL.....	15
RELEASE DISPERSIBLE 18.8 MG ORAL..	15	APTENSIO XR CAPSULE EXTENDED	
ADZENYS XR-ODT TABLET EXTENDED		RELEASE 24 HOUR 50 MG ORAL.....	15
RELEASE DISPERSIBLE 3.1 MG ORAL....	15	APTENSIO XR CAPSULE EXTENDED	
ADZENYS XR-ODT TABLET EXTENDED		RELEASE 24 HOUR 60 MG ORAL.....	15
RELEASE DISPERSIBLE 6.3 MG ORAL....	15		

ASMANEX 120 METERED DOSES	
AEROSOL POWDER BREATH	
ACTIVATED 220 MCG/INH INHALATION..	25
ASMANEX 30 METERED DOSES	
AEROSOL POWDER BREATH	
ACTIVATED 110 MCG/INH INHALATION..	25
ASMANEX 30 METERED DOSES	
AEROSOL POWDER BREATH	
ACTIVATED 220 MCG/INH INHALATION..	25
ASMANEX 60 METERED DOSES	
AEROSOL POWDER BREATH	
ACTIVATED 220 MCG/INH INHALATION..	25
ASMANEX HFA AEROSOL 100	
MCG/ACT INHALATION.....	25
ASMANEX HFA AEROSOL 200	
MCG/ACT INHALATION.....	25
ATACAND HCT TABLET 16-12.5 MG	
ORAL.....	8
ATACAND HCT TABLET 32-12.5 MG	
ORAL.....	8
ATACAND HCT TABLET 32-25 MG ORAL...	8
ATACAND TABLET 16 MG ORAL.....	8
ATACAND TABLET 32 MG ORAL.....	8
ATACAND TABLET 4 MG ORAL.....	8
ATACAND TABLET 8 MG ORAL.....	8
ATELVIA TABLET DELAYED RELEASE	
35 MG ORAL.....	37
ATIVAN TABLET 0.5 MG ORAL.....	7
ATIVAN TABLET 1 MG ORAL.....	7
ATIVAN TABLET 2 MG ORAL.....	7
AVALIDE TABLET 150-12.5 MG ORAL.....	8
AVALIDE TABLET 300-12.5 MG ORAL.....	8
AVAPRO TABLET 150 MG ORAL.....	8
AVAPRO TABLET 300 MG ORAL.....	8
AVAPRO TABLET 75 MG ORAL.....	8
AZOR TABLET 10-20 MG ORAL.....	8
AZOR TABLET 10-40 MG ORAL.....	8
AZOR TABLET 5-20 MG ORAL.....	8
AZOR TABLET 5-40 MG ORAL.....	8
BASAGLAR KWIKPEN SOLUTION PEN-	
INJECTOR 100 UNIT/ML	
SUBCUTANEOUS.....	6
BECONASE AQ SUSPENSION 42	
MCG/SPRAY NASAL.....	32
BENICAR HCT TABLET 20-12.5 MG	
ORAL.....	8
BENICAR HCT TABLET 40-12.5 MG	
ORAL.....	8
BENICAR HCT TABLET 40-25 MG ORAL....	8
BENICAR TABLET 20 MG ORAL.....	8
BENICAR TABLET 40 MG ORAL.....	8
BENICAR TABLET 5 MG ORAL.....	8
BINOSTO TABLET EFFERVESCENT 70	
MG ORAL.....	37
BONIVA TABLET 150 MG ORAL.....	37
<i>bupropion hcl er (xl) tablet extended</i>	
<i>release 24 hour 450 mg oral.....</i>	9
BYETTA 10 MCG PEN SOLUTION PEN-	
INJECTOR 10 MCG/0.04ML	
SUBCUTANEOUS.....	22
BYETTA 5 MCG PEN SOLUTION PEN-	
INJECTOR 5 MCG/0.02ML	
SUBCUTANEOUS.....	22
CAMBIA PACKET 50 MG ORAL.....	10
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
CONCERTA TABLET EXTENDED	
RELEASE 18 MG ORAL.....	15
CONCERTA TABLET EXTENDED	
RELEASE 27 MG ORAL.....	15
CONCERTA TABLET EXTENDED	
RELEASE 36 MG ORAL.....	15
CONCERTA TABLET EXTENDED	
RELEASE 54 MG ORAL.....	15
CONZIP CAPSULE EXTENDED	
RELEASE 24 HOUR 100 MG ORAL.....	17
CONZIP CAPSULE EXTENDED	
RELEASE 24 HOUR 200 MG ORAL.....	17
CONZIP CAPSULE EXTENDED	
RELEASE 24 HOUR 300 MG ORAL.....	17
COTEMPLA XR-ODT TABLET	
EXTENDED RELEASE DISPERSIBLE	
17.3 MG ORAL.....	15
COTEMPLA XR-ODT TABLET	
EXTENDED RELEASE DISPERSIBLE	
25.9 MG ORAL.....	15
COTEMPLA XR-ODT TABLET	
EXTENDED RELEASE DISPERSIBLE 8.6	
MG ORAL.....	15
COZAAR TABLET 100 MG ORAL.....	8
COZAAR TABLET 25 MG ORAL.....	8
COZAAR TABLET 50 MG ORAL.....	8
CRESTOR TABLET 10 MG ORAL.....	47

CRESTOR TABLET 20 MG ORAL.....	47	DORYX TABLET DELAYED RELEASE	
CRESTOR TABLET 40 MG ORAL.....	47	200 MG ORAL.....	48
CRESTOR TABLET 5 MG ORAL.....	47	DORYX TABLET DELAYED RELEASE 50	
CUPRIMINE CAPSULE 250 MG ORAL.....	18	MG ORAL.....	48
DAYTRANA PATCH 10 MG/9HR		DUEXIS TABLET 800-26.6 MG ORAL.....	20
TRANSDERMAL.....	15	DYANAVEL XR SUSPENSION	
DAYTRANA PATCH 15 MG/9HR		EXTENDED RELEASE 2.5 MG/ML ORAL..	15
TRANSDERMAL.....	15	DYMISTA SUSPENSION 137-50	
DAYTRANA PATCH 20 MG/9HR		MCG/ACT NASAL.....	21
TRANSDERMAL.....	15	EDARBI TABLET 40 MG ORAL.....	8
DAYTRANA PATCH 30 MG/9HR		EDARBI TABLET 80 MG ORAL.....	8
TRANSDERMAL.....	15	EDARBYCLOR TABLET 40-12.5 MG	
DESOXYN TABLET 5 MG ORAL.....	15	ORAL.....	8
DETROL LA CAPSULE EXTENDED		EDARBYCLOR TABLET 40-25 MG ORAL....	8
RELEASE 24 HOUR 2 MG ORAL.....	38	ENABLEX TABLET EXTENDED	
DETROL LA CAPSULE EXTENDED		RELEASE 24 HOUR 15 MG ORAL.....	38
RELEASE 24 HOUR 4 MG ORAL.....	38	ENABLEX TABLET EXTENDED	
DETROL TABLET 1 MG ORAL.....	38	RELEASE 24 HOUR 7.5 MG ORAL.....	38
DETROL TABLET 2 MG ORAL.....	38	<i>esomeprazole strontium capsule delayed</i>	
DEXEDRINE CAPSULE EXTENDED		<i>release 49.3 mg oral.....</i>	39
RELEASE 24 HOUR 10 MG ORAL.....	15	EXFORGE HCT TABLET 10-160-12.5 MG	
DEXEDRINE CAPSULE EXTENDED		ORAL.....	8
RELEASE 24 HOUR 15 MG ORAL.....	15	EXFORGE HCT TABLET 10-160-25 MG	
DEXEDRINE CAPSULE EXTENDED		ORAL.....	8
RELEASE 24 HOUR 5 MG ORAL.....	15	EXFORGE HCT TABLET 10-320-25 MG	
DEXILANT CAPSULE DELAYED		ORAL.....	8
RELEASE 30 MG ORAL.....	39	EXFORGE HCT TABLET 5-160-12.5 MG	
DEXILANT CAPSULE DELAYED		ORAL.....	8
RELEASE 60 MG ORAL.....	39	EXFORGE HCT TABLET 5-160-25 MG	
DILAUDID LIQUID 1 MG/ML ORAL.....	35	ORAL.....	8
DILAUDID TABLET 2 MG ORAL.....	35	EXFORGE TABLET 10-160 MG ORAL.....	8
DIOVAN HCT TABLET 160-12.5 MG		EXFORGE TABLET 10-320 MG ORAL.....	8
ORAL.....	8	EXFORGE TABLET 5-160 MG ORAL.....	8
DIOVAN HCT TABLET 160-25 MG ORAL....	8	EXFORGE TABLET 5-320 MG ORAL.....	8
DIOVAN HCT TABLET 320-12.5 MG		EXTAVIA KIT 0.3 MG SUBCUTANEOUS... 31	
ORAL.....	8	FANAPT TABLET 1 MG ORAL.....	11
DIOVAN HCT TABLET 320-25 MG ORAL....	8	FANAPT TABLET 10 MG ORAL.....	11
DIOVAN HCT TABLET 80-12.5 MG ORAL... 8		FANAPT TABLET 12 MG ORAL.....	11
DIOVAN TABLET 160 MG ORAL.....	8	FANAPT TABLET 2 MG ORAL.....	11
DIOVAN TABLET 320 MG ORAL.....	8	FANAPT TABLET 4 MG ORAL.....	11
DIOVAN TABLET 40 MG ORAL.....	8	FANAPT TABLET 6 MG ORAL.....	11
DIOVAN TABLET 80 MG ORAL.....	8	FANAPT TABLET 8 MG ORAL.....	11
DITROPAN XL TABLET EXTENDED		FANAPT TITRATION PACK TABLET 1 &	
RELEASE 24 HOUR 10 MG ORAL.....	38	2 & 4 & 6 MG ORAL.....	11
DITROPAN XL TABLET EXTENDED		FARXIGA TABLET 10 MG ORAL.....	46
RELEASE 24 HOUR 5 MG ORAL.....	38	FARXIGA TABLET 5 MG ORAL.....	46
DORYX MPC TABLET DELAYED		FETZIMA CAPSULE EXTENDED	
RELEASE 120 MG ORAL.....	48	RELEASE 24 HOUR 120 MG ORAL.....	4

FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	4	HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	33
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	4	HUMALOG KWIKPEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	33
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	4	HUMALOG KWIKPEN SOLUTION PEN- INJECTOR 200 UNIT/ML SUBCUTANEOUS.....	33
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL.....	4	HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS.....	33
<i>flolipid suspension 20 mg/5ml oral</i>	47	HUMALOG MIX 50/50 SUSPENSION (50- 50) 100 UNIT/ML SUBCUTANEOUS.....	33
<i>flolipid suspension 40 mg/5ml oral</i>	47	HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS.....	33
FOCALIN TABLET 10 MG ORAL.....	15	HUMALOG MIX 75/25 SUSPENSION (75- 25) 100 UNIT/ML SUBCUTANEOUS.....	33
FOCALIN TABLET 2.5 MG ORAL.....	15	HUMALOG SOLUTION 100 UNIT/ML SUBCUTANEOUS.....	33
FOCALIN TABLET 5 MG ORAL.....	15	HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS.....	33
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	15	HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS.....	33
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL.....	15	HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS.....	33
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	15	HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	33
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	15	HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS.....	33
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL.....	15	HUMULIN R SOLUTION 100 UNIT/ML INJECTION.....	33
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL.....	15	HYZAAR TABLET 100-12.5 MG ORAL.....	8
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	15	HYZAAR TABLET 100-25 MG ORAL.....	8
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL.....	15	HYZAAR TABLET 50-12.5 MG ORAL.....	8
FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL.....	9	IMITREX SOLUTION 20 MG/ACT NASAL..	29
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL.....	28	IMITREX SOLUTION 5 MG/ACT NASAL....	29
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL.....	28	IMITREX SOLUTION 6 MG/0.5ML SUBCUTANEOUS.....	29
FORTESTA GEL 10 MG/ACT (2%) TRANSDERMAL.....	12	IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS.....	29
FOSAMAX PLUS D TABLET 70-2800 MG- UNIT ORAL.....	37	IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS.....	29
FOSAMAX PLUS D TABLET 70-5600 MG- UNIT ORAL.....	37	IMITREX TABLET 100 MG ORAL.....	29
FOSAMAX TABLET 70 MG ORAL.....	37		
FROVA TABLET 2.5 MG ORAL.....	29		
GELNIQUE PUMP GEL 10 % TRANSDERMAL.....	38		
GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL.....	28		

IMITREX TABLET 25 MG ORAL.....	29	MAXALT TABLET 10 MG ORAL.....	29
IMITREX TABLET 50 MG ORAL.....	29	MAXALT-MLT TABLET DISPERSIBLE 10	
JENTADUETO TABLET 2.5-1000 MG		MG ORAL.....	29
ORAL.....	19	MAXALT-MLT TABLET DISPERSIBLE 5	
JENTADUETO TABLET 2.5-500 MG		MG ORAL.....	29
ORAL.....	19	METADATE ER TABLET EXTENDED	
JENTADUETO TABLET 2.5-850 MG		RELEASE 20 MG ORAL.....	15
ORAL.....	19	<i>metformin hcl er (mod) tablet extended</i>	
JENTADUETO XR TABLET EXTENDED		<i>release 24 hour 1000 mg oral.....</i>	28
RELEASE 24 HOUR 2.5-1000 MG ORAL... 19		<i>metformin hcl er (mod) tablet extended</i>	
JENTADUETO XR TABLET EXTENDED		<i>release 24 hour 500 mg oral.....</i>	28
RELEASE 24 HOUR 5-1000 MG ORAL..... 19		<i>metformin hcl er (osm) tablet extended</i>	
KADIAN CAPSULE EXTENDED		<i>release 24 hour 1000 mg oral.....</i>	28
RELEASE 24 HOUR 10 MG ORAL.....	30	<i>metformin hcl er (osm) tablet extended</i>	
KADIAN CAPSULE EXTENDED		<i>release 24 hour 500 mg oral.....</i>	28
RELEASE 24 HOUR 20 MG ORAL.....	30	METHYLIN SOLUTION 10 MG/5ML ORAL... 15	
KADIAN CAPSULE EXTENDED		METHYLIN SOLUTION 5 MG/5ML ORAL... 15	
RELEASE 24 HOUR 30 MG ORAL.....	30	MICARDIS HCT TABLET 40-12.5 MG	
KADIAN CAPSULE EXTENDED		ORAL.....	8
RELEASE 24 HOUR 40 MG ORAL.....	30	MICARDIS HCT TABLET 80-12.5 MG	
KADIAN CAPSULE EXTENDED		ORAL.....	8
RELEASE 24 HOUR 50 MG ORAL.....	30	MICARDIS HCT TABLET 80-25 MG ORAL.. 8	
KADIAN CAPSULE EXTENDED		MICARDIS TABLET 20 MG ORAL.....	8
RELEASE 24 HOUR 60 MG ORAL.....	30	MICARDIS TABLET 40 MG ORAL.....	8
KAZANO TABLET 12.5-1000 MG ORAL... 19		MICARDIS TABLET 80 MG ORAL.....	8
KAZANO TABLET 12.5-500 MG ORAL..... 19		MINOCIN CAPSULE 50 MG ORAL.....	48
KHEDEZLA TABLET EXTENDED		MS CONTIN TABLET EXTENDED	
RELEASE 24 HOUR 100 MG ORAL.....	4	RELEASE 15 MG ORAL.....	30
KHEDEZLA TABLET EXTENDED		MS CONTIN TABLET EXTENDED	
RELEASE 24 HOUR 50 MG ORAL.....	4	RELEASE 30 MG ORAL.....	30
KLONOPIN TABLET 0.5 MG ORAL.....	7	MYDAYIS CAPSULE EXTENDED	
KLONOPIN TABLET 1 MG ORAL.....	7	RELEASE 24 HOUR 12.5 MG ORAL.....	15
KLONOPIN TABLET 2 MG ORAL.....	7	MYDAYIS CAPSULE EXTENDED	
LATUDA TABLET 120 MG ORAL.....	11	RELEASE 24 HOUR 25 MG ORAL.....	15
LATUDA TABLET 20 MG ORAL.....	11	MYDAYIS CAPSULE EXTENDED	
LATUDA TABLET 40 MG ORAL.....	11	RELEASE 24 HOUR 37.5 MG ORAL.....	15
LATUDA TABLET 60 MG ORAL.....	11	MYDAYIS CAPSULE EXTENDED	
LATUDA TABLET 80 MG ORAL.....	11	RELEASE 24 HOUR 50 MG ORAL.....	15
LESCOL XL TABLET EXTENDED		NASONEX SUSPENSION 50 MCG/ACT	
RELEASE 24 HOUR 80 MG ORAL.....	47	NASAL.....	32
LEXAPRO TABLET 10 MG ORAL.....	5	NESINA TABLET 12.5 MG ORAL.....	19
LEXAPRO TABLET 20 MG ORAL.....	5	NESINA TABLET 25 MG ORAL.....	19
LEXAPRO TABLET 5 MG ORAL.....	5	NESINA TABLET 6.25 MG ORAL.....	19
LIPITOR TABLET 10 MG ORAL.....	47	NEXIUM CAPSULE DELAYED RELEASE	
LIPITOR TABLET 20 MG ORAL.....	47	20 MG ORAL.....	39
LIPITOR TABLET 40 MG ORAL.....	47	NEXIUM CAPSULE DELAYED RELEASE	
LIPITOR TABLET 80 MG ORAL.....	47	40 MG ORAL.....	39
LONHALA MAGNAIR STARTER KIT		NEXIUM PACKET 10 MG ORAL.....	39
SOLUTION 25 MCG/ML INHALATION.....	27	NEXIUM PACKET 2.5 MG ORAL.....	39

NEXIUM PACKET 20 MG ORAL.....	39	PEXEVA TABLET 10 MG ORAL.....	5
NEXIUM PACKET 40 MG ORAL.....	39	PEXEVA TABLET 20 MG ORAL.....	5
NEXIUM PACKET 5 MG ORAL.....	39	PEXEVA TABLET 30 MG ORAL.....	5
NUCYNTA TABLET 50 MG ORAL.....	35	PEXEVA TABLET 40 MG ORAL.....	5
NUVIGIL TABLET 150 MG ORAL.....	40	PRAVACHOL TABLET 20 MG ORAL.....	47
NUVIGIL TABLET 200 MG ORAL.....	40	PRAVACHOL TABLET 40 MG ORAL.....	47
NUVIGIL TABLET 250 MG ORAL.....	40	PRAVACHOL TABLET 80 MG ORAL.....	47
NUVIGIL TABLET 50 MG ORAL.....	40	PREVACID CAPSULE DELAYED	
<i>omeprazole-sodium bicarbonate capsule</i>		RELEASE 15 MG ORAL.....	39
<i>20-1100 mg oral.....</i>	39	PREVACID CAPSULE DELAYED	
<i>omeprazole-sodium bicarbonate capsule</i>		RELEASE 30 MG ORAL.....	39
<i>40-1100 mg oral.....</i>	39	PREVACID SOLUTAB TABLET	
<i>omeprazole-sodium bicarbonate packet</i>		DISPERSIBLE 15 MG ORAL.....	39
<i>20-1680 mg oral.....</i>	39	PREVACID SOLUTAB TABLET	
<i>omeprazole-sodium bicarbonate packet</i>		DISPERSIBLE 30 MG ORAL.....	39
<i>40-1680 mg oral.....</i>	39	PRILOSEC PACKET 10 MG ORAL.....	39
OMNARIS SUSPENSION 50 MCG/ACT		PRILOSEC PACKET 2.5 MG ORAL.....	39
NASAL.....	32	PRIMLEV TABLET 10-300 MG ORAL.....	35
ONZETRA XSAIL EXHALER POWDER 11		PRIMLEV TABLET 5-300 MG ORAL.....	35
MG/NOSEPC NASAL.....	29	PRIMLEV TABLET 7.5-300 MG ORAL.....	35
OPANA TABLET 5 MG ORAL.....	35	PROTONIX PACKET 40 MG ORAL.....	39
ORACEA CAPSULE DELAYED RELEASE		PROTONIX TABLET DELAYED	
40 MG ORAL.....	36	RELEASE 20 MG ORAL.....	39
OSENI TABLET 12.5-15 MG ORAL.....	19	PROTONIX TABLET DELAYED	
OSENI TABLET 12.5-30 MG ORAL.....	19	RELEASE 40 MG ORAL.....	39
OSENI TABLET 12.5-45 MG ORAL.....	19	PROVENTIL HFA AEROSOL SOLUTION	
OSENI TABLET 25-15 MG ORAL.....	19	108 (90 BASE) MCG/ACT INHALATION.....	3
OSENI TABLET 25-30 MG ORAL.....	19	PROVIGIL TABLET 100 MG ORAL.....	40
OSENI TABLET 25-45 MG ORAL.....	19	PROVIGIL TABLET 200 MG ORAL.....	40
OXYTROL PATCH TWICE WEEKLY 3.9		PROZAC CAPSULE 10 MG ORAL.....	5
MG/24HR TRANSDERMAL.....	38	PROZAC CAPSULE 20 MG ORAL.....	5
OZEMPIC SOLUTION PEN-INJECTOR		PROZAC CAPSULE 40 MG ORAL.....	5
0.25 OR 0.5 MG/DOSE SUBCUTANEOUS	22	PULMICORT FLEXHALER AEROSOL	
OZEMPIC SOLUTION PEN-INJECTOR 1		POWDER BREATH ACTIVATED 180	
MG/DOSE SUBCUTANEOUS.....	22	MCG/ACT INHALATION.....	25
PAXIL CR TABLET EXTENDED		PULMICORT FLEXHALER AEROSOL	
RELEASE 24 HOUR 12.5 MG ORAL.....	5	POWDER BREATH ACTIVATED 90	
PAXIL CR TABLET EXTENDED		MCG/ACT INHALATION.....	25
RELEASE 24 HOUR 25 MG ORAL.....	5	QNASL AEROSOL SOLUTION 80	
PAXIL CR TABLET EXTENDED		MCG/ACT NASAL.....	32
RELEASE 24 HOUR 37.5 MG ORAL.....	5	QNASL CHILDRENS AEROSOL	
PAXIL TABLET 10 MG ORAL.....	5	SOLUTION 40 MCG/ACT NASAL.....	32
PAXIL TABLET 20 MG ORAL.....	5	QTERN TABLET 10-5 MG ORAL.....	46
PAXIL TABLET 30 MG ORAL.....	5	QUILLICHEW ER TABLET CHEWABLE	
PAXIL TABLET 40 MG ORAL.....	5	EXTENDED RELEASE 20 MG ORAL.....	15
PERCOCET TABLET 10-325 MG ORAL....	35	QUILLICHEW ER TABLET CHEWABLE	
PERCOCET TABLET 2.5-325 MG ORAL...	35	EXTENDED RELEASE 30 MG ORAL.....	15
PERCOCET TABLET 5-325 MG ORAL.....	35	QUILLICHEW ER TABLET CHEWABLE	
PERCOCET TABLET 7.5-325 MG ORAL... 35		EXTENDED RELEASE 40 MG ORAL.....	15

QUILLIVANT XR SUSPENSION		SAPHRIS TABLET SUBLINGUAL 5 MG	
RECONSTITUTED 25 MG/5ML ORAL.....	15	SUBLINGUAL.....	11
QVAR REDIHALER AEROSOL BREATH		SAVELLA TABLET 100 MG ORAL.....	45
ACTIVATED 40 MCG/ACT INHALATION...	25	SAVELLA TABLET 12.5 MG ORAL.....	45
QVAR REDIHALER AEROSOL BREATH		SAVELLA TABLET 25 MG ORAL.....	45
ACTIVATED 80 MCG/ACT INHALATION...	25	SAVELLA TABLET 50 MG ORAL.....	45
<i>rabeprazole sodium tablet delayed release</i>		SAVELLA TITRATION PACK 12.5 & 25 &	
<i>20 mg oral.....</i>	39	50 MG ORAL.....	45
RAYALDEE CAPSULE EXTENDED		SEGLUROMET TABLET 2.5-1000 MG	
RELEASE 30 MCG ORAL.....	41	ORAL.....	46
RELISTOR TABLET 150 MG ORAL.....	42	SEGLUROMET TABLET 2.5-500 MG	
RELPAK TABLET 20 MG ORAL.....	29	ORAL.....	46
RELPAK TABLET 40 MG ORAL.....	29	SEGLUROMET TABLET 7.5-1000 MG	
REQUIP XL TABLET EXTENDED		ORAL.....	46
RELEASE 24 HOUR 4 MG ORAL.....	44	SEGLUROMET TABLET 7.5-500 MG	
REQUIP XL TABLET EXTENDED		ORAL.....	46
RELEASE 24 HOUR 8 MG ORAL.....	44	SOLIQUA SOLUTION PEN-INJECTOR	
RESTORIL CAPSULE 15 MG ORAL.....	7	100-33 UNT-MCG/ML SUBCUTANEOUS...	22
RESTORIL CAPSULE 22.5 MG ORAL.....	7	SOLODYN TABLET EXTENDED	
RESTORIL CAPSULE 30 MG ORAL.....	7	RELEASE 24 HOUR 105 MG ORAL.....	48
RESTORIL CAPSULE 7.5 MG ORAL.....	7	SOLODYN TABLET EXTENDED	
REXULTI TABLET 0.25 MG ORAL.....	11	RELEASE 24 HOUR 115 MG ORAL.....	48
REXULTI TABLET 0.5 MG ORAL.....	11	SOLODYN TABLET EXTENDED	
REXULTI TABLET 1 MG ORAL.....	11	RELEASE 24 HOUR 55 MG ORAL.....	48
REXULTI TABLET 2 MG ORAL.....	11	SOLODYN TABLET EXTENDED	
REXULTI TABLET 3 MG ORAL.....	11	RELEASE 24 HOUR 65 MG ORAL.....	48
REXULTI TABLET 4 MG ORAL.....	11	SOLODYN TABLET EXTENDED	
RHOPRESSA SOLUTION 0.02 %		RELEASE 24 HOUR 80 MG ORAL.....	48
OPHTHALMIC.....	34	STEGLATRO TABLET 15 MG ORAL.....	46
RITALIN LA CAPSULE EXTENDED		STEGLATRO TABLET 5 MG ORAL.....	46
RELEASE 24 HOUR 10 MG ORAL.....	15	STEGLUJAN TABLET 15-100 MG ORAL...	46
RITALIN LA CAPSULE EXTENDED		STEGLUJAN TABLET 5-100 MG ORAL....	46
RELEASE 24 HOUR 20 MG ORAL.....	15	STRIANT 30 MG BUCCAL.....	12
RITALIN LA CAPSULE EXTENDED		SYMPROIC TABLET 0.2 MG ORAL.....	42
RELEASE 24 HOUR 30 MG ORAL.....	15	TARGADOX TABLET 50 MG ORAL.....	48
RITALIN LA CAPSULE EXTENDED		TEKTURNA HCT TABLET 150-12.5 MG	
RELEASE 24 HOUR 40 MG ORAL.....	15	ORAL.....	43
RITALIN TABLET 10 MG ORAL.....	15	TEKTURNA HCT TABLET 150-25 MG	
RITALIN TABLET 20 MG ORAL.....	15	ORAL.....	43
RITALIN TABLET 5 MG ORAL.....	15	TEKTURNA HCT TABLET 300-12.5 MG	
ROXICODONE TABLET 15 MG ORAL.....	35	ORAL.....	43
ROXICODONE TABLET 5 MG ORAL.....	35	TEKTURNA HCT TABLET 300-25 MG	
SANCUSO PATCH 3.1 MG/24HR		ORAL.....	43
TRANSDERMAL.....	14	TEKTURNA TABLET 150 MG ORAL.....	43
SAPHRIS TABLET SUBLINGUAL 10 MG		TEKTURNA TABLET 300 MG ORAL.....	43
SUBLINGUAL.....	11	TESTIM GEL 50 MG/5GM (1%)	
SAPHRIS TABLET SUBLINGUAL 2.5 MG		TRANSDERMAL.....	12
SUBLINGUAL.....	11	TRADJENTA TABLET 5 MG ORAL.....	19
		TRANXENE-T TABLET 7.5 MG ORAL.....	7

TRAVATAN Z SOLUTION 0.004 %		XANAX TABLET 1 MG ORAL.....	7
OPHTHALMIC.....	34	XANAX TABLET 2 MG ORAL.....	7
TREXIMET TABLET 85-500 MG ORAL.....	29	XANAX XR TABLET EXTENDED	
TRINTELLIX TABLET 10 MG ORAL.....	49	RELEASE 24 HOUR 0.5 MG ORAL.....	7
TRINTELLIX TABLET 20 MG ORAL.....	49	XANAX XR TABLET EXTENDED	
TRINTELLIX TABLET 5 MG ORAL.....	49	RELEASE 24 HOUR 1 MG ORAL.....	7
TRULANCE TABLET 3 MG ORAL.....	50	XANAX XR TABLET EXTENDED	
TUDORZA PRESSAIR AEROSOL		RELEASE 24 HOUR 2 MG ORAL.....	7
POWDER BREATH ACTIVATED 400		XANAX XR TABLET EXTENDED	
MCG/ACT INHALATION.....	26	RELEASE 24 HOUR 3 MG ORAL.....	7
TWYNSTA TABLET 40-10 MG ORAL.....	8	XEPI CREAM 1 % EXTERNAL.....	24
TWYNSTA TABLET 40-5 MG ORAL.....	8	XHANCE EXHALER SUSPENSION 93	
TWYNSTA TABLET 80-5 MG ORAL.....	8	MCG/ACT NASAL.....	32
ULORIC TABLET 40 MG ORAL.....	23	XIGDUO XR TABLET EXTENDED	
ULORIC TABLET 80 MG ORAL.....	23	RELEASE 24 HOUR 10-1000 MG ORAL....	46
VALIUM TABLET 10 MG ORAL.....	7	XIGDUO XR TABLET EXTENDED	
VALIUM TABLET 2 MG ORAL.....	7	RELEASE 24 HOUR 10-500 MG ORAL.....	46
VALIUM TABLET 5 MG ORAL.....	7	XIGDUO XR TABLET EXTENDED	
VENTOLIN HFA AEROSOL SOLUTION		RELEASE 24 HOUR 2.5-1000 MG ORAL...	46
108 (90 BASE) MCG/ACT INHALATION.....	3	XIGDUO XR TABLET EXTENDED	
VIBRAMYCIN CAPSULE 100 MG ORAL....	48	RELEASE 24 HOUR 5-1000 MG ORAL.....	46
VIBRAMYCIN SUSPENSION		XIGDUO XR TABLET EXTENDED	
RECONSTITUTED 25 MG/5ML ORAL.....	48	RELEASE 24 HOUR 5-500 MG ORAL.....	46
VIBRAMYCIN SYRUP 50 MG/5ML ORAL..	48	XIIDRA SOLUTION 5 % OPHTHALMIC.....	52
VIIBRYD STARTER PACK KIT 10 & 20		XIMINO CAPSULE EXTENDED	
MG ORAL.....	49	RELEASE 24 HOUR 135 MG ORAL.....	48
VIIBRYD TABLET 10 MG ORAL.....	49	XIMINO CAPSULE EXTENDED	
VIIBRYD TABLET 20 MG ORAL.....	49	RELEASE 24 HOUR 45 MG ORAL.....	48
VIIBRYD TABLET 40 MG ORAL.....	49	XIMINO CAPSULE EXTENDED	
VIMOVO TABLET DELAYED RELEASE		RELEASE 24 HOUR 90 MG ORAL.....	48
375-20 MG ORAL.....	51	XULTOPHY SOLUTION PEN-INJECTOR	
VIMOVO TABLET DELAYED RELEASE		100-3.6 UNIT-MG/ML SUBCUTANEOUS...	22
500-20 MG ORAL.....	51	ZEGERID CAPSULE 20-1100 MG ORAL...	39
VOGELXO GEL 50 MG/5GM (1%)		ZEGERID CAPSULE 40-1100 MG ORAL...	39
TRANSDERMAL.....	12	ZEGERID PACKET 20-1680 MG ORAL.....	39
VOGELXO PUMP GEL 12.5 MG/ACT		ZEGERID PACKET 40-1680 MG ORAL.....	39
(1%) TRANSDERMAL.....	12	ZEMBRACE SYMTOUCH SOLUTION	
VRAYLAR CAPSULE 1.5 MG ORAL.....	11	AUTO-INJECTOR 3 MG/0.5ML	
VRAYLAR CAPSULE 3 MG ORAL.....	11	SUBCUTANEOUS.....	29
VRAYLAR CAPSULE 4.5 MG ORAL.....	11	ZENZEDI TABLET 10 MG ORAL.....	15
VRAYLAR CAPSULE 6 MG ORAL.....	11	ZENZEDI TABLET 15 MG ORAL.....	15
VRAYLAR CAPSULE THERAPY PACK		ZENZEDI TABLET 2.5 MG ORAL.....	15
1.5 & 3 MG ORAL.....	11	ZENZEDI TABLET 20 MG ORAL.....	15
VYZULTA SOLUTION 0.024 %		ZENZEDI TABLET 30 MG ORAL.....	15
OPHTHALMIC.....	34	ZENZEDI TABLET 5 MG ORAL.....	15
XALATAN SOLUTION 0.005 %		ZENZEDI TABLET 7.5 MG ORAL.....	15
OPHTHALMIC.....	34	ZETONNA AEROSOL SOLUTION 37	
XANAX TABLET 0.25 MG ORAL.....	7	MCG/ACT NASAL.....	32
XANAX TABLET 0.5 MG ORAL.....	7		

ZIOPTAN SOLUTION 0.0015 %	
OPHTHALMIC.....	34
ZIPSOR CAPSULE 25 MG ORAL.....	10
ZOCOR TABLET 10 MG ORAL.....	47
ZOCOR TABLET 20 MG ORAL.....	47
ZOCOR TABLET 40 MG ORAL.....	47
ZOCOR TABLET 80 MG ORAL.....	47
ZOLOFT TABLET 100 MG ORAL.....	5
ZOLOFT TABLET 25 MG ORAL.....	5
ZOLOFT TABLET 50 MG ORAL.....	5
ZOMIG SOLUTION 2.5 MG NASAL.....	29
ZOMIG SOLUTION 5 MG NASAL.....	29
ZOMIG TABLET 2.5 MG ORAL.....	29
ZOMIG TABLET 5 MG ORAL.....	29
ZOMIG ZMT TABLET DISPERSIBLE 2.5	
MG ORAL.....	29
ZOMIG ZMT TABLET DISPERSIBLE 5	
MG ORAL.....	29
ZORVOLEX CAPSULE 18 MG ORAL.....	10
ZORVOLEX CAPSULE 35 MG ORAL.....	10
ZURAMPIC TABLET 200 MG ORAL.....	23
ZYPITAMAG TABLET 1 MG ORAL.....	47
ZYPITAMAG TABLET 2 MG ORAL.....	47
ZYPITAMAG TABLET 4 MG ORAL.....	47