



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

2023 Utilization Management Criteria: Step Therapy

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

This document was updated on 12/1/2023. For more recent information or other questions, please contact our Member Help Team: Keystone 65 Rx at 1-844-352-1699, Personal Choice 65 Rx at 1-888-879-4293, Select Option Rx 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, 2024, 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.

Personal Choice 65 PPO is underwritten by QCC Insurance Company. Keystone 65 HMO is underwritten or administered by Keystone Health Plan East. QCC Insurance Company and Keystone Health Plan East are subsidiaries of Independence Blue Cross— independent licensees of the Blue Cross and Blue Shield Association.

Select Option PDP 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 *2023 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 *2023 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 79. 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 Rx at 1-844-352-1699, Personal Choice 65 Rx at 1-888-879-4293, and Select Option Rx at 1-888-678-7009.

ADLARITY 2023

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 2023

Products Affected

- PROAIR DIGIHALER AEROSOL POWDER BASE) MCG/ACT INHALATION
- 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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ALLOPURINOL 200MG TAB 2023

Products Affected

- *allopurinol tablet 200 mg oral*

Details

Criteria	Trial of generic formulary allopurinol 100mg tablets. Always applies.
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ANTIDEPRESSANTS [SNRIS] 2023

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] 2023

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
- 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 2023

Products Affected

- *bepotastine besilate solution 1.5 % ophthalmic*
- ZERVIAE 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 2023

Products Affected

- *baclofen suspension 25 mg/5ml oral*
- 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
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BENZODIAZEPINES 2023

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
- VALIUM TABLET 10 MG ORAL
- VALIUM TABLET 2 MG ORAL
- VALIUM TABLET 5 MG ORAL
- XANAX TABLET 0.25 MG ORAL
- XANAX TABLET 0.5 MG ORAL
- XANAX TABLET 1 MG ORAL
- XANAX TABLET 2 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL
- XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL

Details

Criteria	Trial of two generic formulary benzodiazepines. Applies to new starts.
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BRAND ANGIOTENSIN RECEPTOR BLOCKERS 2023

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 2023

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
- 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 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

ORAL

- ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG

Details

Criteria	Trial of two generic antipsychotic products. Applies to new starts.
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BRAND BUPROPION PRODUCTS 2023

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

Criteria	Trial of one generic formulary bupropion product. Applies to new starts.
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BRAND CALCIUM CHANNEL BLOCKERS 2023

Products Affected

- NORLIQVA SOLUTION 1 MG/ML ORAL

Details

Criteria	Trial of generic amlodipine tablets. Always applies.
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BRAND ORAL NSAIDS 2023

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
- 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
- *naproxen sodium er 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 2023

Products Affected

- 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.
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CITALOPRAM CAPSULE 2023

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 2023

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
- DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 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
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL
- QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- RITALIN TABLET 10 MG ORAL
- RITALIN TABLET 20 MG ORAL
- RITALIN TABLET 5 MG ORAL
- XELSTRYM PATCH 13.5 MG/9HR TRANSDERMAL
- XELSTRYM PATCH 18 MG/9HR TRANSDERMAL
- XELSTRYM PATCH 4.5 MG/9HR TRANSDERMAL
- XELSTRYM PATCH 9 MG/9HR TRANSDERMAL
- 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 2023

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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CUPRIMINE 2023

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

Details

Criteria	Trial of penicillamine or brand Depen. Always applies.
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DICLOFENAC PRODUCTS 2023

Products Affected

- CAMBIA PACKET 50 MG ORAL
- *diclofenac potassium capsule 25 mg oral*
- *diclofenac potassium tablet 25 mg oral*
- *diclofenac potassium(migraine) packet 50 mg oral*
- ZIPSOR CAPSULE 25 MG ORAL

Details

Criteria	Trial of two of the following generic products (oral diclofenac sodium, oral diclofenac potassium 50mg, ibuprofen oral suspension). Always applies.
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DOAC 2023

Products Affected

- PRADAXA CAPSULE 110 MG ORAL
- PRADAXA CAPSULE 150 MG ORAL
- PRADAXA CAPSULE 75 MG ORAL
- PRADAXA PACKET 110 MG ORAL
- PRADAXA PACKET 150 MG ORAL
- PRADAXA PACKET 20 MG ORAL
- PRADAXA PACKET 30 MG ORAL
- PRADAXA PACKET 40 MG ORAL
- PRADAXA PACKET 50 MG ORAL
- SAVAYSA TABLET 15 MG ORAL
- SAVAYSA TABLET 30 MG ORAL
- SAVAYSA TABLET 60 MG ORAL

Details

Criteria	Trial of Xarelto AND Eliquis. Always Applies.
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DPP-4 INHIBITORS 2023

Products Affected

- JENTADUETO TABLET 2.5-1000 MG ORAL
- JENTADUETO TABLET 2.5-500 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 12.5-30 MG ORAL
- OSENI TABLET 25-15 MG ORAL
- OSENI TABLET 25-30 MG ORAL
- OSENI TABLET 25-45 MG ORAL
- *saxagliptin hcl tablet 2.5 mg oral*
- *saxagliptin hcl tablet 5 mg oral*
- *saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral*
- *saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral*
- *saxagliptin-metformin er tablet extended release 24 hour 5-500 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, Janumet or Janumet XR. Always applies.
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DRY EYE AGENTS 2023

Products Affected

- CEQUA SOLUTION 0.09 % OPHTHALMIC
- MIEBO SOLUTION 1.338 GM/ML OPHTHALMIC
- XIIDRA SOLUTION 5 % OPHTHALMIC

Details

Criteria	Trial of Restasis. Always Applies.
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DYMISTA 2023

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 2023

Products Affected

- EPRONTIA SOLUTION 25 MG/ML ORAL

Details

Criteria	Trial of generic topiramate. Applies to new starts.
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GIMOTI 2023

Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

Details

Criteria	Trial of generic oral metoclopramide. Always applies.
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GLP-1 AGONISTS 2023

Products Affected

- 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, (5) Mounjaro. Always applies.
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GOUT AGENTS 2023

Products Affected

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

Details

Criteria	Trial of generic allopurinol. Always applies.
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IBSRELA 2023

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 2023

Products Affected

- ALTABAX OINTMENT 1 % EXTERNAL

Details

Criteria	Trial of generic formulary mupirocin ointment. Always applies
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INHALED CORTICOSTEROIDS 2023

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.
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INSULIN DEGLUDEC 2023

Products Affected

- *insulin degludec flextouch solution pen-injector* 200 unit/ml subcutaneous
- *insulin degludec flextouch solution pen-injector* 100 unit/ml subcutaneous
- *insulin degludec solution* 100 unit/ml subcutaneous

Details

Criteria	Trial of two of the following: Lantus, Levemir, Toujeo, Tresiba. Always applies.
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INSULIN GLARGINE 2023

Products Affected

- BASAGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- BASAGLAR TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- *insulin glargine-yfgn solution 100 unit/ml subcutaneous*
- *insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous*
- REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- 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 2023

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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LOOP DIURETICS 2023

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 2023

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 2023

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
- 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

Criteria	Trial of two generic formulary triptans. Always applies.
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MORPHINE EXTENDED RELEASE 2023

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.
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MOTTEGRITY 2023

Products Affected

- MOTTEGRITY TABLET 1 MG ORAL
- MOTTEGRITY TABLET 2 MG ORAL

Details

Criteria	Trial of both of the following: (1) lactulose and (2) Linzess or lubiprostone. Always applies.
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MULTIPLE SCLEROSIS AGENTS 2023

Products Affected

- BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL
- COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS
- COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS
- EXTAVIA KIT 0.3 MG SUBCUTANEOUS
- KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS
- MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL
- MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL
- MAYZENT STARTER PACK TABLET THERAPY PACK 7 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
- TASCENSO ODT TABLET DISPERSIBLE 0.25 MG ORAL
- TASCENSO ODT TABLET DISPERSIBLE 0.5 MG ORAL
- VUMERITY CAPSULE DELAYED RELEASE 231 MG 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). Applies to new starts.
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NASAL CORTICOSTEROIDS 2023

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
- RYALTRIS SUSPENSION 665-25 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 2023

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
- HUMALOG TEMPO PEN SOLUTION PEN-INJECTOR 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
- LYUMJEV TEMPO PEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS

Details

Criteria	Trial of Novolin or Novolog. Always applies.
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OIC AGENTS 2023

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 lubiprostone or lactulose. Always Applies.
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OPHTHALMIC PROSTAGLANDINS 2023

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 2023

Products Affected

- DILAUDID LIQUID 1 MG/ML ORAL
- DILAUDID TABLET 2 MG ORAL
- *nalocet tablet 2.5-300 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 SOLUTION 10-300 MG/5ML 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 two immediate release generic formulary opioids. Always applies.
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ORACEA 2023

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 2023

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) 2023

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
- GELNIQUE GEL 10 % TRANSDERMAL
- 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, darifenacin, Myrbetriq, tolterodine, trospium, and solifenacin) . Always applies.
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PEG-FILGRASTIM 2023

Products Affected

- FYLNETRA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- UDENYCA SOLUTION AUTO-INJECTOR 6 MG/0.6ML SUBCUTANEOUS

Details

Criteria	Trial of Neulasta. Always applies
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PREFERRED GLP-1 AGONISTS 2023

Products Affected

- BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML 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
- 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
- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS
- OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS
- RYBELSUS TABLET 14 MG ORAL
- RYBELSUS TABLET 3 MG ORAL
- RYBELSUS TABLET 7 MG ORAL
- TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

Details

Criteria	Trial of one of the following generic formulary metformin or metformin combinations: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin. Step requirements do not apply to members with type 2 diabetes and multiple cardiovascular risk factors or established cardiovascular disease. New starts only
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PROTON PUMP INHIBITORS (PPIs) 2023

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*
- KONVOMEK SUSPENSION RECONSTITUTED 2-84 MG/ML 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.
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QELBREE 2023

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 THREE of the following generics: atomoxetine, guanfacine ER, clonidine ER. Always applies.
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RELTONE 2023

Products Affected

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

Details

Criteria	Trial of generic formulary ursodiol capsules. Always applies.
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RENIN INHIBITORS 2023

Products Affected

- TEKTRNA TABLET 150 MG ORAL
- TEKTRNA 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 2023

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 2023

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 2023

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 2023

Products Affected

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

Details

Criteria	Trial of both generic formulary sertraline oral concentrate and tablet. Applies to new starts.
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SGLT2 ANTI-DIABETICS 2023

Products Affected

- INVOKAMET TABLET 150-1000 MG ORAL
- INVOKAMET TABLET 150-500 MG ORAL
- INVOKAMET TABLET 50-1000 MG ORAL
- INVOKAMET TABLET 50-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
- INVOKANA TABLET 100 MG ORAL
- INVOKANA TABLET 300 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

Details

Criteria	Trial of ALL of the following: (1) generic metformin or generic formulary metformin containing product AND (2) Farxiga or Xigduo XR AND (3) Jardiance, Synjardy [XR], Glyxambi or Trijardy XR. Always applies.
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SGLT2 CARDIOVASCULAR 2023

Products Affected

- INPEFA TABLET 200 MG ORAL

Details

Criteria	Trial of BOTH of the following: (1) Farxiga or Xigduo XR AND (2) Jardiance, Glyxambi or Trijardy XR. Always applies.
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SODIUM PHENYLBUTYRATE 2023

Products Affected

- OLPRUVA (2 GM DOSE) THERAPY PACK 2 GM ORAL
- OLPRUVA (3 GM DOSE) THERAPY PACK 3 GM ORAL
- OLPRUVA (4 GM DOSE) THERAPY PACK 2 & 2 GM ORAL
- OLPRUVA (5 GM DOSE) THERAPY PACK 2 & 3 GM ORAL
- OLPRUVA (6 GM DOSE) THERAPY PACK 3 & 3 GM ORAL
- OLPRUVA (6.67 GM DOSE) THERAPY PACK 3 & 3.67 GM ORAL

Details

Criteria	Trial of generic sodium phenylbutyrate tablets. Always applies.
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STATINS 2023

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
- ATORVALIQ SUSPENSION 20 MG/5ML ORAL
- CRESTOR TABLET 10 MG ORAL
- CRESTOR TABLET 20 MG ORAL
- CRESTOR TABLET 40 MG ORAL
- CRESTOR TABLET 5 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 10 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 20 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 40 MG ORAL
- EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG ORAL
- *flolipid suspension 20 mg/5ml oral*
- *flolipid suspension 40 mg/5ml oral*
- LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL
- LIPITOR TABLET 10 MG ORAL
- LIPITOR TABLET 20 MG ORAL
- LIPITOR TABLET 40 MG ORAL
- LIPITOR TABLET 80 MG ORAL
- 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.
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SUTAB 2023

Products Affected

- SUTAB TABLET 1479-225-188 MG ORAL

Details

Criteria	Trial of Suprep. Always applies.
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TETRACYCLINES 2023

Products Affected

- DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL
- DORYX MPC TABLET DELAYED RELEASE 60 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
- 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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TRAMADOL 2023

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 tablets and generic formulary tramadol ER tablets/capsules. Always applies
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TRAMADOL SOLUTION 2023

Products Affected

- *tramadol hcl solution 5 mg/ml oral*

Details

Criteria	Trial of both generic formulary tramadol tablets and generic formulary tramadol ER tablets/capsules. Always applies.
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TRULANCE 2023

Products Affected

- TRULANCE TABLET 3 MG ORAL

Details

Criteria	Trial of both of the following: (1) lactulose and (2) Linzess or lubiprostone. Always applies.
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UCERIS 2023

Products Affected

- UCERIS TABLET EXTENDED RELEASE 24 HOUR
9 MG ORAL

Details

Criteria	Trial of generic budesonide tablet ER 9mg (generic Uceris). Always applies.
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UZEDY 2023

Products Affected

- UZEDY SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML SUBCUTANEOUS
- UZEDY SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML SUBCUTANEOUS

Details

Criteria	Trial of one of the following: Perseris or Risperdal Consta. Applies to new starts.
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VENLAFAXINE BESYLATE TAB ER 2023

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 2023

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 2023

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 2023

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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ZONISADE 2023

Products Affected

- ZONISADE SUSPENSION 100 MG/5ML ORAL

Details

Criteria	Trial of generic zonisamide capsule. Applies to new starts.
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Index

ABILIFY TABLET 10 MG ORAL.....	12	ALTABAX OINTMENT 1 % EXTERNAL.....	33
ABILIFY TABLET 15 MG ORAL.....	12	ALTOPREV TABLET EXTENDED RELEASE 24	
ABILIFY TABLET 2 MG ORAL.....	12	HOUR 20 MG ORAL.....	65
ABILIFY TABLET 20 MG ORAL.....	12	ALTOPREV TABLET EXTENDED RELEASE 24	
ABILIFY TABLET 30 MG ORAL.....	12	HOUR 40 MG ORAL.....	65
ABILIFY TABLET 5 MG ORAL.....	12	ALTOPREV TABLET EXTENDED RELEASE 24	
ACIPHEX TABLET DELAYED RELEASE 20 MG		HOUR 60 MG ORAL.....	65
ORAL.....	54	ALVESCO AEROSOL SOLUTION 160	
ACTONEL TABLET 150 MG ORAL.....	50	MCG/ACT INHALATION.....	34
ACTONEL TABLET 35 MG ORAL.....	50	ALVESCO AEROSOL SOLUTION 80 MCG/ACT	
ADDERALL TABLET 20 MG ORAL.....	19	INHALATION.....	34
ADDERALL TABLET 5 MG ORAL.....	19	ANDROGEL PUMP GEL 20.25 MG/ACT	
ADDERALL TABLET 7.5 MG ORAL.....	19	(1.62%) TRANSDERMAL.....	17
ADDERALL XR CAPSULE EXTENDED RELEASE		APIDRA SOLOSTAR SOLUTION PEN-INJECTOR	
24 HOUR 10 MG ORAL.....	19	100 UNIT/ML SUBCUTANEOUS.....	45
ADDERALL XR CAPSULE EXTENDED RELEASE		APIDRA SOLUTION 100 UNIT/ML INJECTION....	45
24 HOUR 15 MG ORAL.....	19	APLENZIN TABLET EXTENDED RELEASE 24	
ADDERALL XR CAPSULE EXTENDED RELEASE		HOUR 174 MG ORAL.....	14
24 HOUR 20 MG ORAL.....	19	APLENZIN TABLET EXTENDED RELEASE 24	
ADDERALL XR CAPSULE EXTENDED RELEASE		HOUR 348 MG ORAL.....	14
24 HOUR 25 MG ORAL.....	19	APLENZIN TABLET EXTENDED RELEASE 24	
ADDERALL XR CAPSULE EXTENDED RELEASE		HOUR 522 MG ORAL.....	14
24 HOUR 30 MG ORAL.....	19	APTENSIO XR CAPSULE EXTENDED RELEASE	
ADDERALL XR CAPSULE EXTENDED RELEASE		24 HOUR 10 MG ORAL.....	19
24 HOUR 5 MG ORAL.....	19	APTENSIO XR CAPSULE EXTENDED RELEASE	
ADLARITY PATCH WEEKLY 10 MG/DAY		24 HOUR 15 MG ORAL.....	19
TRANSDERMAL.....	3	APTENSIO XR CAPSULE EXTENDED RELEASE	
ADLARITY PATCH WEEKLY 5 MG/DAY		24 HOUR 20 MG ORAL.....	19
TRANSDERMAL.....	3	APTENSIO XR CAPSULE EXTENDED RELEASE	
ADMELOG SOLOSTAR SOLUTION PEN-		24 HOUR 30 MG ORAL.....	19
INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	45	APTENSIO XR CAPSULE EXTENDED RELEASE	
ADMELOG SOLUTION 100 UNIT/ML		24 HOUR 40 MG ORAL.....	19
INJECTION.....	45	APTENSIO XR CAPSULE EXTENDED RELEASE	
ADZENYS XR-ODT TABLET EXTENDED		24 HOUR 50 MG ORAL.....	19
RELEASE DISPERSIBLE 12.5 MG ORAL.....	19	APTENSIO XR CAPSULE EXTENDED RELEASE	
ADZENYS XR-ODT TABLET EXTENDED		24 HOUR 60 MG ORAL.....	19
RELEASE DISPERSIBLE 15.7 MG ORAL.....	19	ARMONAIR DIGIHALER AEROSOL POWDER	
ADZENYS XR-ODT TABLET EXTENDED		BREATH ACTIVATED 113 MCG/ACT	
RELEASE DISPERSIBLE 18.8 MG ORAL.....	19	INHALATION.....	34
ADZENYS XR-ODT TABLET EXTENDED		ARMONAIR DIGIHALER AEROSOL POWDER	
RELEASE DISPERSIBLE 3.1 MG ORAL.....	19	BREATH ACTIVATED 232 MCG/ACT	
ADZENYS XR-ODT TABLET EXTENDED		INHALATION.....	34
RELEASE DISPERSIBLE 6.3 MG ORAL.....	19	ARMONAIR DIGIHALER AEROSOL POWDER	
ADZENYS XR-ODT TABLET EXTENDED		BREATH ACTIVATED 55 MCG/ACT	
RELEASE DISPERSIBLE 9.4 MG ORAL.....	19	INHALATION.....	34
<i>allopurinol tablet 200 mg oral.....</i>	<i>5</i>		

ASMANEX (120 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	34	BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL	43
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT INHALATION	34	BASAGLAR KWIKPEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS	36
ASMANEX (30 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	34	BASAGLAR TEMPO PEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS	36
ASMANEX (60 METERED DOSES) AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT INHALATION	34	BECONASE AQ SUSPENSION 42 MCG/SPRAY NASAL	44
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION	34	BENICAR HCT TABLET 20-12.5 MG ORAL	11
ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION	34	BENICAR HCT TABLET 40-12.5 MG ORAL	11
ASMANEX HFA AEROSOL 50 MCG/ACT INHALATION	34	BENICAR HCT TABLET 40-25 MG ORAL	11
ATACAND HCT TABLET 16-12.5 MG ORAL	11	BENICAR TABLET 20 MG ORAL	11
ATACAND HCT TABLET 32-12.5 MG ORAL	11	BENICAR TABLET 40 MG ORAL	11
ATACAND HCT TABLET 32-25 MG ORAL	11	BENICAR TABLET 5 MG ORAL	11
ATACAND TABLET 16 MG ORAL	11	<i>bepotastine besilate solution 1.5 % ophthalmic</i>	8
ATACAND TABLET 32 MG ORAL	11	BEPREVE SOLUTION 1.5 % OPHTHALMIC	8
ATACAND TABLET 4 MG ORAL	11	BINOSTO TABLET EFFERVESCENT 70 MG ORAL	50
ATACAND TABLET 8 MG ORAL	11	BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS	53
ATELVIA TABLET DELAYED RELEASE 35 MG ORAL	50	BYETTA 10 MCG PEN SOLUTION PEN- INJECTOR 10 MCG/0.04ML SUBCUTANEOUS	53
ATIVAN TABLET 0.5 MG ORAL	10	BYETTA 5 MCG PEN SOLUTION PEN- INJECTOR 5 MCG/0.02ML SUBCUTANEOUS	53
ATIVAN TABLET 1 MG ORAL	10	CAMBIA PACKET 50 MG ORAL	23
ATIVAN TABLET 2 MG ORAL	10	CELEBREX CAPSULE 100 MG ORAL	16
ATORVALIQ SUSPENSION 20 MG/5ML ORAL	65	CELEBREX CAPSULE 200 MG ORAL	16
AVALIDE TABLET 150-12.5 MG ORAL	11	CELEBREX CAPSULE 400 MG ORAL	16
AVALIDE TABLET 300-12.5 MG ORAL	11	CELEBREX CAPSULE 50 MG ORAL	16
AVAPRO TABLET 150 MG ORAL	11	CELEXA TABLET 10 MG ORAL	7
AVAPRO TABLET 300 MG ORAL	11	CELEXA TABLET 20 MG ORAL	7
AVAPRO TABLET 75 MG ORAL	11	CELEXA TABLET 40 MG ORAL	7
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	27	CEQUA SOLUTION 0.09 % OPHTHALMIC	26
AZOR TABLET 10-20 MG ORAL	11	<i>citalopram hydrobromide capsule 30 mg oral</i>	18
AZOR TABLET 10-40 MG ORAL	11	CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL	19
AZOR TABLET 5-20 MG ORAL	11	CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL	19
AZOR TABLET 5-40 MG ORAL	11	CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL	19
AZSTARYS CAPSULE 26.1-5.2 MG ORAL	19	CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL	19
AZSTARYS CAPSULE 39.2-7.8 MG ORAL	19	CONJUPRI TABLET 2.5 MG ORAL	21
AZSTARYS CAPSULE 52.3-10.4 MG ORAL	19	CONJUPRI TABLET 5 MG ORAL	21
<i>baclofen suspension 25 mg/5ml oral</i>	9	CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL	68

CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL.....	68	DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL.....	54
CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL.....	68	<i>dexlansoprazole capsule delayed release 30 mg oral.....</i>	54
COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS.....	43	<i>diclofenac potassium capsule 25 mg oral.....</i>	23
COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS.....	43	<i>diclofenac potassium tablet 25 mg oral.....</i>	23
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL.....	19	<i>diclofenac potassium(migraine) packet 50 mg oral.....</i>	23
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL.....	19	DILAUDID LIQUID 1 MG/ML ORAL.....	48
COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL.....	19	DILAUDID TABLET 2 MG ORAL.....	48
COZAAR TABLET 100 MG ORAL.....	11	DIOVAN HCT TABLET 160-12.5 MG ORAL.....	11
COZAAR TABLET 25 MG ORAL.....	11	DIOVAN HCT TABLET 160-25 MG ORAL.....	11
COZAAR TABLET 50 MG ORAL.....	11	DIOVAN HCT TABLET 320-12.5 MG ORAL.....	11
CRESTOR TABLET 10 MG ORAL.....	65	DIOVAN HCT TABLET 320-25 MG ORAL.....	11
CRESTOR TABLET 20 MG ORAL.....	65	DIOVAN HCT TABLET 80-12.5 MG ORAL.....	11
CRESTOR TABLET 40 MG ORAL.....	65	DIOVAN TABLET 160 MG ORAL.....	11
CRESTOR TABLET 5 MG ORAL.....	65	DIOVAN TABLET 320 MG ORAL.....	11
CUPRIMINE CAPSULE 250 MG ORAL.....	22	DIOVAN TABLET 40 MG ORAL.....	11
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 20 MG ORAL.....	6	DIOVAN TABLET 80 MG ORAL.....	11
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 30 MG ORAL.....	6	DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL.....	67
CYMBALTA CAPSULE DELAYED RELEASE PARTICLES 60 MG ORAL.....	6	DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL.....	67
DAYPRO TABLET 600 MG ORAL.....	16	DORYX TABLET DELAYED RELEASE 50 MG ORAL.....	67
DAYTRANA PATCH 10 MG/9HR TRANSDERMAL.....	19	<i>doxycycline hyclate tablet delayed release 80 mg oral.....</i>	67
DAYTRANA PATCH 15 MG/9HR TRANSDERMAL.....	19	DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL.....	19
DAYTRANA PATCH 20 MG/9HR TRANSDERMAL.....	19	DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 10 MG ORAL.....	19
DAYTRANA PATCH 30 MG/9HR TRANSDERMAL.....	19	DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 15 MG ORAL.....	19
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL.....	51	DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL.....	19
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL.....	51	DYANAVEL XR TABLET CHEWABLE EXTENDED RELEASE 5 MG ORAL.....	19
DETROL TABLET 1 MG ORAL.....	51	DYMISTA SUSPENSION 137-50 MCG/ACT NASAL.....	27
DETROL TABLET 2 MG ORAL.....	51	EDARBI TABLET 40 MG ORAL.....	11
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	19	EDARBI TABLET 80 MG ORAL.....	11
DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL.....	54	EDARBYCLOR TABLET 40-12.5 MG ORAL.....	11
		EDARBYCLOR TABLET 40-25 MG ORAL.....	11
		EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL.....	6
		EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	6

EFFEXOR XR CAPSULE EXTENDED RELEASE	<i>flolipid suspension 40 mg/5ml oral</i>	65
24 HOUR 75 MG ORAL	FOCALIN TABLET 10 MG ORAL	19
EPRONTIA SOLUTION 25 MG/ML ORAL	FOCALIN TABLET 2.5 MG ORAL	19
EXFORGE HCT TABLET 10-160-12.5 MG	FOCALIN TABLET 5 MG ORAL	19
ORAL	FOCALIN XR CAPSULE EXTENDED RELEASE	
EXFORGE HCT TABLET 10-160-25 MG ORAL ...	24 HOUR 10 MG ORAL	19
EXFORGE HCT TABLET 10-320-25 MG ORAL ...	FOCALIN XR CAPSULE EXTENDED RELEASE	
EXFORGE HCT TABLET 5-160-12.5 MG ORAL ..	24 HOUR 15 MG ORAL	19
EXFORGE HCT TABLET 5-160-25 MG ORAL	FOCALIN XR CAPSULE EXTENDED RELEASE	
EXFORGE TABLET 10-160 MG ORAL	24 HOUR 20 MG ORAL	19
EXFORGE TABLET 10-320 MG ORAL	FOCALIN XR CAPSULE EXTENDED RELEASE	
EXFORGE TABLET 5-160 MG ORAL	24 HOUR 25 MG ORAL	19
EXFORGE TABLET 5-320 MG ORAL	FOCALIN XR CAPSULE EXTENDED RELEASE	
EXTAVIA KIT 0.3 MG SUBCUTANEOUS	24 HOUR 30 MG ORAL	19
EZALLOR SPRINKLE CAPSULE SPRINKLE 10	FOCALIN XR CAPSULE EXTENDED RELEASE	
MG ORAL	24 HOUR 35 MG ORAL	19
EZALLOR SPRINKLE CAPSULE SPRINKLE 20	FOCALIN XR CAPSULE EXTENDED RELEASE	
MG ORAL	24 HOUR 40 MG ORAL	19
EZALLOR SPRINKLE CAPSULE SPRINKLE 40	FOCALIN XR CAPSULE EXTENDED RELEASE	
MG ORAL	24 HOUR 5 MG ORAL	19
EZALLOR SPRINKLE CAPSULE SPRINKLE 5 MG	FORFIVO XL TABLET EXTENDED RELEASE 24	
ORAL	HOUR 450 MG ORAL	14
FANAPT TABLET 1 MG ORAL	FORTESTA GEL 10 MG/ACT (2%)	
FANAPT TABLET 10 MG ORAL	TRANSDERMAL	17
FANAPT TABLET 12 MG ORAL	FOSAMAX PLUS D TABLET 70-2800 MG-UNIT	
FANAPT TABLET 2 MG ORAL	ORAL	50
FANAPT TABLET 4 MG ORAL	FOSAMAX PLUS D TABLET 70-5600 MG-UNIT	
FANAPT TABLET 6 MG ORAL	ORAL	50
FANAPT TABLET 8 MG ORAL	FOSAMAX TABLET 70 MG ORAL	50
FANAPT TITRATION PACK TABLET 1 & 2 & 4	FROVA TABLET 2.5 MG ORAL	40
& 6 MG ORAL	FYLNETRA SOLUTION PREFILLED SYRINGE 6	
<i>febuxostat tablet 40 mg oral</i>	MG/0.6ML SUBCUTANEOUS	52
<i>febuxostat tablet 80 mg oral</i>	GELNIQUE GEL 10 % TRANSDERMAL	51
FELDENE CAPSULE 10 MG ORAL	GEODON CAPSULE 20 MG ORAL	12
FELDENE CAPSULE 20 MG ORAL	GEODON CAPSULE 40 MG ORAL	12
FETZIMA CAPSULE EXTENDED RELEASE 24	GEODON CAPSULE 60 MG ORAL	12
HOUR 120 MG ORAL	GEODON CAPSULE 80 MG ORAL	12
FETZIMA CAPSULE EXTENDED RELEASE 24	GIMOTI SOLUTION 15 MG/ACT NASAL	29
HOUR 20 MG ORAL	HUMALOG JUNIOR KWIKPEN SOLUTION PEN-	
FETZIMA CAPSULE EXTENDED RELEASE 24	INJECTOR 100 UNIT/ML SUBCUTANEOUS	45
HOUR 40 MG ORAL	HUMALOG KWIKPEN SOLUTION PEN-	
FETZIMA CAPSULE EXTENDED RELEASE 24	INJECTOR 100 UNIT/ML SUBCUTANEOUS	45
HOUR 80 MG ORAL	HUMALOG KWIKPEN SOLUTION PEN-	
FETZIMA TITRATION CAPSULE ER 24 HOUR	INJECTOR 200 UNIT/ML SUBCUTANEOUS	45
THERAPY PACK 20 & 40 MG ORAL	HUMALOG MIX 50/50 KWIKPEN SUSPENSION	
FLEQSUVY SUSPENSION 25 MG/5ML ORAL	PEN-INJECTOR (50-50) 100 UNIT/ML	
<i>flolipid suspension 20 mg/5ml oral</i>	SUBCUTANEOUS	45

HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS.....	45	<i>insulin aspart solution 100 unit/ml injection</i>	45
HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS.....	45	<i>insulin degludec flextouch solution pen-injector 100 unit/ml subcutaneous</i>	35
HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS.....	45	<i>insulin degludec flextouch solution pen-injector 200 unit/ml subcutaneous</i>	35
HUMALOG SOLUTION 100 UNIT/ML INJECTION.....	45	<i>insulin degludec solution 100 unit/ml subcutaneous</i>	35
HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS.....	45	<i>insulin glargine-yfgn solution 100 unit/ml subcutaneous</i>	36
HUMALOG TEMPO PEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	45	<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>	36
HUMULIN 70/30 KWIKPEN SUSPENSION PEN- INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS.....	45	<i>insulin lispro (1 unit dial) solution pen-injector 100 unit/ml subcutaneous</i>	45
HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS.....	45	<i>insulin lispro junior kwikpen solution pen- injector 100 unit/ml subcutaneous</i>	45
HUMULIN N KWIKPEN SUSPENSION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	45	<i>insulin lispro prot & lispro suspension pen- injector (75-25) 100 unit/ml subcutaneous</i>	45
HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS.....	45	<i>insulin lispro solution 100 unit/ml injection</i>	45
HUMULIN R SOLUTION 100 UNIT/ML INJECTION.....	45	INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL.....	12
HYZAAR TABLET 100-12.5 MG ORAL.....	11	INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL.....	12
HYZAAR TABLET 100-25 MG ORAL.....	11	INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL.....	12
HYZAAR TABLET 50-12.5 MG ORAL.....	11	INVOKAMET TABLET 150-1000 MG ORAL.....	62
IBSRELA TABLET 50 MG ORAL.....	32	INVOKAMET TABLET 150-500 MG ORAL.....	62
IMITREX SOLUTION 20 MG/ACT NASAL.....	40	INVOKAMET TABLET 50-1000 MG ORAL.....	62
IMITREX SOLUTION 5 MG/ACT NASAL.....	40	INVOKAMET TABLET 50-500 MG ORAL.....	62
IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS.....	40	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL.....	62
IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS.....	40	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL.....	62
IMITREX TABLET 100 MG ORAL.....	40	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL.....	62
IMITREX TABLET 25 MG ORAL.....	40	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL.....	62
IMITREX TABLET 50 MG ORAL.....	40	INVOKANA TABLET 100 MG ORAL.....	62
INPEFA TABLET 200 MG ORAL.....	63	INVOKANA TABLET 300 MG ORAL.....	62
<i>insulin asp prot & asp flexpen suspension pen- injector (70-30) 100 unit/ml subcutaneous</i>	45	JENTADUETO TABLET 2.5-1000 MG ORAL.....	25
<i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous</i>	45	JENTADUETO TABLET 2.5-500 MG ORAL.....	25
<i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous</i>	45	JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL.....	25
<i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous</i>	45	JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	25
		JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	19

JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	19	LYBALVI TABLET 5-10 MG ORAL.....	12
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	19	LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	45
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL.....	19	LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS.....	45
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	19	LYUMJEV SOLUTION 100 UNIT/ML INJECTION..	45
KAZANO TABLET 12.5-1000 MG ORAL.....	25	LYUMJEV TEMPO PEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	45
KAZANO TABLET 12.5-500 MG ORAL.....	25	LYVISPAH PACKET 10 MG ORAL.....	9
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS.....	43	LYVISPAH PACKET 20 MG ORAL.....	9
KLONOPIN TABLET 0.5 MG ORAL.....	10	LYVISPAH PACKET 5 MG ORAL.....	9
KLONOPIN TABLET 1 MG ORAL.....	10	MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL.....	43
KLONOPIN TABLET 2 MG ORAL.....	10	MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL.....	43
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL.....	25	MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL.....	43
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	25	MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL.....	43
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL.....	25	MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL.....	43
KONVOMEK SUSPENSION RECONSTITUTED 2-84 MG/ML ORAL.....	54	MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL.....	43
LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	65	MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL.....	43
<i>levamlodipine maleate tablet 2.5 mg oral</i>	21	MAXALT TABLET 10 MG ORAL.....	40
<i>levamlodipine maleate tablet 5 mg oral</i>	21	MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL.....	40
LEXAPRO TABLET 10 MG ORAL.....	7	MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL.....	43
LEXAPRO TABLET 20 MG ORAL.....	7	MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL.....	43
LEXAPRO TABLET 5 MG ORAL.....	7	MAYZENT TABLET 0.25 MG ORAL.....	43
LIPITOR TABLET 10 MG ORAL.....	65	MAYZENT TABLET 1 MG ORAL.....	43
LIPITOR TABLET 20 MG ORAL.....	65	MAYZENT TABLET 2 MG ORAL.....	43
LIPITOR TABLET 40 MG ORAL.....	65	<i>metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral</i>	39
LIPITOR TABLET 80 MG ORAL.....	65	<i>metformin hcl er (osm) tablet extended release 24 hour 500 mg oral</i>	39
LODINE TABLET 400 MG ORAL.....	16	METHYLIN SOLUTION 10 MG/5ML ORAL.....	19
LOFENA TABLET 25 MG ORAL.....	16	METHYLIN SOLUTION 5 MG/5ML ORAL.....	19
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1 MG ORAL.....	10	MICARDIS HCT TABLET 40-12.5 MG ORAL.....	11
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5 MG ORAL.....	10	MICARDIS HCT TABLET 80-12.5 MG ORAL.....	11
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 2 MG ORAL.....	10	MICARDIS HCT TABLET 80-25 MG ORAL.....	11
LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3 MG ORAL.....	10	MICARDIS TABLET 20 MG ORAL.....	11
LYBALVI TABLET 10-10 MG ORAL.....	12	MICARDIS TABLET 40 MG ORAL.....	11
LYBALVI TABLET 15-10 MG ORAL.....	12	MICARDIS TABLET 80 MG ORAL.....	11
LYBALVI TABLET 20-10 MG ORAL.....	12		

MIEBO SOLUTION 1.338 GM/ML		NEXIUM CAPSULE DELAYED RELEASE 20 MG	
OPHTHALMIC.....	26	ORAL.....	54
MINOLIRA TABLET EXTENDED RELEASE 24		NEXIUM CAPSULE DELAYED RELEASE 40 MG	
HOUR 105 MG ORAL.....	67	ORAL.....	54
MINOLIRA TABLET EXTENDED RELEASE 24		NEXIUM PACKET 10 MG ORAL.....	54
HOUR 135 MG ORAL.....	67	NEXIUM PACKET 2.5 MG ORAL.....	54
MOTEGRITY TABLET 1 MG ORAL.....	42	NEXIUM PACKET 20 MG ORAL.....	54
MOTEGRITY TABLET 2 MG ORAL.....	42	NEXIUM PACKET 40 MG ORAL.....	54
MOUNJARO SOLUTION PEN-INJECTOR 10		NEXIUM PACKET 5 MG ORAL.....	54
MG/0.5ML SUBCUTANEOUS.....	53	NORLIQVA SOLUTION 1 MG/ML ORAL.....	15
MOUNJARO SOLUTION PEN-INJECTOR 12.5		NUCYNTA TABLET 50 MG ORAL.....	48
MG/0.5ML SUBCUTANEOUS.....	53	OLPRUVA (2 GM DOSE) THERAPY PACK 2 GM	
MOUNJARO SOLUTION PEN-INJECTOR 15		ORAL.....	64
MG/0.5ML SUBCUTANEOUS.....	53	OLPRUVA (3 GM DOSE) THERAPY PACK 3 GM	
MOUNJARO SOLUTION PEN-INJECTOR 2.5		ORAL.....	64
MG/0.5ML SUBCUTANEOUS.....	53	OLPRUVA (4 GM DOSE) THERAPY PACK 2 & 2	
MOUNJARO SOLUTION PEN-INJECTOR 5		GM ORAL.....	64
MG/0.5ML SUBCUTANEOUS.....	53	OLPRUVA (5 GM DOSE) THERAPY PACK 2 & 3	
MOUNJARO SOLUTION PEN-INJECTOR 7.5		GM ORAL.....	64
MG/0.5ML SUBCUTANEOUS.....	53	OLPRUVA (6 GM DOSE) THERAPY PACK 3 & 3	
MS CONTIN TABLET EXTENDED RELEASE 15		GM ORAL.....	64
MG ORAL.....	41	OLPRUVA (6.67 GM DOSE) THERAPY PACK 3	
MS CONTIN TABLET EXTENDED RELEASE 30		& 3.67 GM ORAL.....	64
MG ORAL.....	41	<i>omeprazole-sodium bicarbonate capsule 20-</i>	
MYDAYIS CAPSULE EXTENDED RELEASE 24		<i>1100 mg oral.....</i>	54
HOUR 12.5 MG ORAL.....	19	<i>omeprazole-sodium bicarbonate capsule 40-</i>	
MYDAYIS CAPSULE EXTENDED RELEASE 24		<i>1100 mg oral.....</i>	54
HOUR 25 MG ORAL.....	19	<i>omeprazole-sodium bicarbonate packet 20-</i>	
MYDAYIS CAPSULE EXTENDED RELEASE 24		<i>1680 mg oral.....</i>	54
HOUR 37.5 MG ORAL.....	19	<i>omeprazole-sodium bicarbonate packet 40-</i>	
MYDAYIS CAPSULE EXTENDED RELEASE 24		<i>1680 mg oral.....</i>	54
HOUR 50 MG ORAL.....	19	OMNARIS SUSPENSION 50 MCG/ACT NASAL ...	44
NALFON CAPSULE 400 MG ORAL.....	16	ONGLYZA TABLET 2.5 MG ORAL.....	25
NALFON TABLET 600 MG ORAL.....	16	ONGLYZA TABLET 5 MG ORAL.....	25
<i>nalocet tablet 2.5-300 mg oral.....</i>	48	ONZETRA XSAIL EXHALER POWDER 11	
NAPRELAN TABLET EXTENDED RELEASE 24		MG/NOSEPC NASAL.....	40
HOUR 375 MG ORAL.....	16	ORACEA CAPSULE DELAYED RELEASE 40 MG	
NAPRELAN TABLET EXTENDED RELEASE 24		ORAL.....	49
HOUR 500 MG ORAL.....	16	OSENI TABLET 12.5-30 MG ORAL.....	25
NAPRELAN TABLET EXTENDED RELEASE 24		OSENI TABLET 25-15 MG ORAL.....	25
HOUR 750 MG ORAL.....	16	OSENI TABLET 25-30 MG ORAL.....	25
<i>naproxen sodium er tablet extended release 24</i>		OSENI TABLET 25-45 MG ORAL.....	25
<i>hour 750 mg oral.....</i>	16	<i>oxycodone-acetaminophen solution 5-325</i>	
NATESTO GEL 5.5 MG/ACT NASAL.....	17	<i>mg/5ml oral.....</i>	48
NESINA TABLET 12.5 MG ORAL.....	25	<i>oxycodone-acetaminophen tablet 10-300 mg</i>	
NESINA TABLET 25 MG ORAL.....	25	<i>oral.....</i>	48
NESINA TABLET 6.25 MG ORAL.....	25		

oxycodone-acetaminophen tablet 5-300 mg oral.....	48	PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	6
OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL.....	51	PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	6
OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS.....	53	PROAIR DIGIHALER AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT INHALATION.....	4
OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS.....	53	PROLATE SOLUTION 10-300 MG/5ML ORAL....	48
OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS.....	53	PROLATE TABLET 10-300 MG ORAL.....	48
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL.....	7	PROLATE TABLET 5-300 MG ORAL.....	48
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	7	PROLATE TABLET 7.5-300 MG ORAL.....	48
PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	7	PROTONIX PACKET 40 MG ORAL.....	54
PAXIL SUSPENSION 10 MG/5ML ORAL.....	7	PROTONIX TABLET DELAYED RELEASE 20 MG ORAL.....	54
PAXIL TABLET 10 MG ORAL.....	7	PROTONIX TABLET DELAYED RELEASE 40 MG ORAL.....	54
PAXIL TABLET 20 MG ORAL.....	7	PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION.....	4
PAXIL TABLET 30 MG ORAL.....	7	PROZAC CAPSULE 10 MG ORAL.....	7
PAXIL TABLET 40 MG ORAL.....	7	PROZAC CAPSULE 20 MG ORAL.....	7
PERCOCET TABLET 10-325 MG ORAL.....	48	PROZAC CAPSULE 40 MG ORAL.....	7
PERCOCET TABLET 2.5-325 MG ORAL.....	48	PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION.....	34
PERCOCET TABLET 5-325 MG ORAL.....	48	PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION.....	34
PERCOCET TABLET 7.5-325 MG ORAL.....	48	QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	55
PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL.....	43	QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL.....	55
PONVORY TABLET 20 MG ORAL.....	43	QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL.....	55
PRADAXA CAPSULE 110 MG ORAL.....	24	QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL.....	44
PRADAXA CAPSULE 150 MG ORAL.....	24	QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL.....	44
PRADAXA CAPSULE 75 MG ORAL.....	24	QTERN TABLET 10-5 MG ORAL.....	62
PRADAXA PACKET 110 MG ORAL.....	24	QTERN TABLET 5-5 MG ORAL.....	62
PRADAXA PACKET 150 MG ORAL.....	24	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL.....	19
PRADAXA PACKET 20 MG ORAL.....	24	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL.....	19
PRADAXA PACKET 30 MG ORAL.....	24	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL.....	19
PRADAXA PACKET 40 MG ORAL.....	24	QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL.....	19
PRADAXA PACKET 50 MG ORAL.....	24		
PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL.....	54		
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL.....	54		
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL.....	54		
PRILOSEC PACKET 10 MG ORAL.....	54		
PRILOSEC PACKET 2.5 MG ORAL.....	54		
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	6		

QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION.....	34	RITALIN TABLET 5 MG ORAL.....	19
QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION.....	34	ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC.....	47
<i>rabeprazole sodium tablet delayed release 20 mg oral.....</i>	54	ROXICODONE TABLET 15 MG ORAL.....	48
RELAFEN DS TABLET 1000 MG ORAL.....	16	RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL.....	44
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS.....	46	RYBELSUS TABLET 14 MG ORAL.....	53
RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS.....	46	RYBELSUS TABLET 3 MG ORAL.....	53
RELISTOR TABLET 150 MG ORAL.....	46	RYBELSUS TABLET 7 MG ORAL.....	53
RELPAK TABLET 20 MG ORAL.....	40	SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL.....	58
RELPAK TABLET 40 MG ORAL.....	40	SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL.....	12
RELTONE CAPSULE 200 MG ORAL.....	56	SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL.....	12
RELTONE CAPSULE 400 MG ORAL.....	56	SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL.....	12
RESTORIL CAPSULE 15 MG ORAL.....	10	SAVAYSA TABLET 15 MG ORAL.....	24
RESTORIL CAPSULE 22.5 MG ORAL.....	10	SAVAYSA TABLET 30 MG ORAL.....	24
RESTORIL CAPSULE 30 MG ORAL.....	10	SAVAYSA TABLET 60 MG ORAL.....	24
RESTORIL CAPSULE 7.5 MG ORAL.....	10	SAVELLA TABLET 100 MG ORAL.....	59
REXULTI TABLET 0.25 MG ORAL.....	12	SAVELLA TABLET 12.5 MG ORAL.....	59
REXULTI TABLET 0.5 MG ORAL.....	12	SAVELLA TABLET 25 MG ORAL.....	59
REXULTI TABLET 1 MG ORAL.....	12	SAVELLA TABLET 50 MG ORAL.....	59
REXULTI TABLET 2 MG ORAL.....	12	SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL.....	59
REXULTI TABLET 3 MG ORAL.....	12	<i>saxagliptin hcl tablet 2.5 mg oral.....</i>	25
REXULTI TABLET 4 MG ORAL.....	12	<i>saxagliptin hcl tablet 5 mg oral.....</i>	25
REYVOW TABLET 100 MG ORAL.....	40	<i>saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral.....</i>	25
REYVOW TABLET 50 MG ORAL.....	40	<i>saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral.....</i>	25
REZVOGLAR KWIKPEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	36	<i>saxagliptin-metformin er tablet extended release 24 hour 5-500 mg oral.....</i>	25
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC.....	47	SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL.....	12
RISPERDAL SOLUTION 1 MG/ML ORAL.....	12	SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL.....	12
RISPERDAL TABLET 0.5 MG ORAL.....	12	SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL.....	12
RISPERDAL TABLET 1 MG ORAL.....	12	SEGLENTIS TABLET 56-44 MG ORAL.....	60
RISPERDAL TABLET 2 MG ORAL.....	12	SEGLUROMET TABLET 2.5-1000 MG ORAL.....	62
RISPERDAL TABLET 3 MG ORAL.....	12	SEGLUROMET TABLET 2.5-500 MG ORAL.....	62
RISPERDAL TABLET 4 MG ORAL.....	12	SEGLUROMET TABLET 7.5-1000 MG ORAL.....	62
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	19	SEGLUROMET TABLET 7.5-500 MG ORAL.....	62
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	19	SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS.....	36
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL.....	19		
RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	19		
RITALIN TABLET 10 MG ORAL.....	19		
RITALIN TABLET 20 MG ORAL.....	19		

SEMGLEE (YFGN) SOLUTION PEN-INJECTOR		TASCENSO ODT TABLET DISPERSIBLE 0.5 MG	
100 UNIT/ML SUBCUTANEOUS.....	36	ORAL.....	43
SEROQUEL TABLET 100 MG ORAL.....	12	TEKTURN TABLET 150 MG ORAL.....	57
SEROQUEL TABLET 200 MG ORAL.....	12	TEKTURN TABLET 300 MG ORAL.....	57
SEROQUEL TABLET 25 MG ORAL.....	12	TESTIM GEL 50 MG/5GM (1%)	
SEROQUEL TABLET 300 MG ORAL.....	12	TRANSDERMAL.....	17
SEROQUEL TABLET 400 MG ORAL.....	12	TOSYMRA SOLUTION 10 MG/ACT NASAL.....	40
SEROQUEL TABLET 50 MG ORAL.....	12	TRADJENTA TABLET 5 MG ORAL.....	25
SEROQUEL XR TABLET EXTENDED RELEASE		<i>tramadol hcl solution 5 mg/ml oral</i>	69
24 HOUR 150 MG ORAL.....	12	TRAVATAN Z SOLUTION 0.004 %	
SEROQUEL XR TABLET EXTENDED RELEASE		OPHTHALMIC.....	47
24 HOUR 200 MG ORAL.....	12	TREXIMET TABLET 85-500 MG ORAL.....	40
SEROQUEL XR TABLET EXTENDED RELEASE		TRIBENZOR TABLET 20-5-12.5 MG ORAL.....	11
24 HOUR 300 MG ORAL.....	12	TRIBENZOR TABLET 40-10-12.5 MG ORAL.....	11
SEROQUEL XR TABLET EXTENDED RELEASE		TRIBENZOR TABLET 40-10-25 MG ORAL.....	11
24 HOUR 400 MG ORAL.....	12	TRIBENZOR TABLET 40-5-12.5 MG ORAL.....	11
SEROQUEL XR TABLET EXTENDED RELEASE		TRIBENZOR TABLET 40-5-25 MG ORAL.....	11
24 HOUR 50 MG ORAL.....	12	TRULANCE TABLET 3 MG ORAL.....	70
<i>sertraline hcl capsule 150 mg oral</i>	61	TRULICITY SOLUTION PEN-INJECTOR 0.75	
<i>sertraline hcl capsule 200 mg oral</i>	61	MG/0.5ML SUBCUTANEOUS.....	53
SEYSARA TABLET 100 MG ORAL.....	67	TRULICITY SOLUTION PEN-INJECTOR 1.5	
SEYSARA TABLET 150 MG ORAL.....	67	MG/0.5ML SUBCUTANEOUS.....	53
SEYSARA TABLET 60 MG ORAL.....	67	TRULICITY SOLUTION PEN-INJECTOR 3	
SOAANZ TABLET 20 MG ORAL.....	38	MG/0.5ML SUBCUTANEOUS.....	53
SOAANZ TABLET 40 MG ORAL.....	38	TRULICITY SOLUTION PEN-INJECTOR 4.5	
SOAANZ TABLET 60 MG ORAL.....	38	MG/0.5ML SUBCUTANEOUS.....	53
SOLQUA SOLUTION PEN-INJECTOR 100-33		TUDORZA PRESSAIR AEROSOL POWDER	
UNT-MCG/ML SUBCUTANEOUS.....	30	BREATH ACTIVATED 400 MCG/ACT	
SOLODYN TABLET EXTENDED RELEASE 24		INHALATION.....	37
HOUR 105 MG ORAL.....	67	UCERIS TABLET EXTENDED RELEASE 24	
SOLODYN TABLET EXTENDED RELEASE 24		HOUR 9 MG ORAL.....	71
HOUR 115 MG ORAL.....	67	UDENYCA SOLUTION AUTO-INJECTOR 6	
SOLODYN TABLET EXTENDED RELEASE 24		MG/0.6ML SUBCUTANEOUS.....	52
HOUR 55 MG ORAL.....	67	ULORIC TABLET 40 MG ORAL.....	31
SOLODYN TABLET EXTENDED RELEASE 24		ULORIC TABLET 80 MG ORAL.....	31
HOUR 65 MG ORAL.....	67	UZEDY SUSPENSION PREFILLED SYRINGE 100	
SOLODYN TABLET EXTENDED RELEASE 24		MG/0.28ML SUBCUTANEOUS.....	72
HOUR 80 MG ORAL.....	67	UZEDY SUSPENSION PREFILLED SYRINGE 125	
STEGLATRO TABLET 15 MG ORAL.....	62	MG/0.35ML SUBCUTANEOUS.....	72
STEGLATRO TABLET 5 MG ORAL.....	62	UZEDY SUSPENSION PREFILLED SYRINGE 150	
STEGLUJAN TABLET 15-100 MG ORAL.....	62	MG/0.42ML SUBCUTANEOUS.....	72
STEGLUJAN TABLET 5-100 MG ORAL.....	62	UZEDY SUSPENSION PREFILLED SYRINGE 200	
SUTAB TABLET 1479-225-188 MG ORAL.....	66	MG/0.56ML SUBCUTANEOUS.....	72
SYMPROIC TABLET 0.2 MG ORAL.....	46	UZEDY SUSPENSION PREFILLED SYRINGE 250	
TARGADOX TABLET 50 MG ORAL.....	67	MG/0.7ML SUBCUTANEOUS.....	72
TASCENSO ODT TABLET DISPERSIBLE 0.25		UZEDY SUSPENSION PREFILLED SYRINGE 50	
MG ORAL.....	43	MG/0.14ML SUBCUTANEOUS.....	72

UZEDY SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML SUBCUTANEOUS.....	72	XANAX TABLET 0.25 MG ORAL.....	10
VALIUM TABLET 10 MG ORAL.....	10	XANAX TABLET 0.5 MG ORAL.....	10
VALIUM TABLET 2 MG ORAL.....	10	XANAX TABLET 1 MG ORAL.....	10
VALIUM TABLET 5 MG ORAL.....	10	XANAX TABLET 2 MG ORAL.....	10
<i>valsartan solution 4 mg/ml oral</i>	11	XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL.....	10
<i>venlafaxine besylate er tablet extended release 24 hour 112.5 mg oral</i>	73	XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL.....	10
VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION.....	4	XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL.....	10
VESICARE LS SUSPENSION 5 MG/5ML ORAL.....	51	XANAX XR TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL.....	10
VESICARE TABLET 10 MG ORAL.....	51	XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL.....	75
VESICARE TABLET 5 MG ORAL.....	51	XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL.....	75
VIBRAMYCIN CAPSULE 100 MG ORAL.....	67	XCOPRI TABLET 100 MG ORAL.....	75
VIBRAMYCIN SUSPENSION RECONSTITUTED 25 MG/5ML ORAL.....	67	XCOPRI TABLET 150 MG ORAL.....	75
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	53	XCOPRI TABLET 200 MG ORAL.....	75
VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL.....	74	XCOPRI TABLET 50 MG ORAL.....	75
VIIBRYD TABLET 10 MG ORAL.....	74	XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL.....	75
VIIBRYD TABLET 20 MG ORAL.....	74	XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL.....	75
VIIBRYD TABLET 40 MG ORAL.....	74	XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL.....	75
VOGELXO GEL 50 MG/5GM (1%) TRANSDERMAL.....	17	XELPROS EMULSION 0.005 % OPHTHALMIC....	47
VOGELXO PUMP GEL 12.5 MG/ACT (1%) TRANSDERMAL.....	17	XELSTRYM PATCH 13.5 MG/9HR TRANSDERMAL.....	19
VRAYLAR CAPSULE 1.5 MG ORAL.....	12	XELSTRYM PATCH 18 MG/9HR TRANSDERMAL.....	19
VRAYLAR CAPSULE 3 MG ORAL.....	12	XELSTRYM PATCH 4.5 MG/9HR TRANSDERMAL.....	19
VRAYLAR CAPSULE 4.5 MG ORAL.....	12	XELSTRYM PATCH 9 MG/9HR TRANSDERMAL..	19
VRAYLAR CAPSULE 6 MG ORAL.....	12	XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL.....	44
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL.....	12	XIIDRA SOLUTION 5 % OPHTHALMIC.....	26
VUMERITY CAPSULE DELAYED RELEASE 231 MG ORAL.....	43	XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 135 MG ORAL.....	67
VYZULTA SOLUTION 0.024 % OPHTHALMIC....	47	XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL.....	67
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL.....	14	XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL.....	67
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL.....	14	XULTOPHY SOLUTION PEN-INJECTOR 100- 3.6 UNIT-MG/ML SUBCUTANEOUS.....	30
WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL.....	14	ZEGALOGUE SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML SUBCUTANEOUS.....	76
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL.....	14		
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL.....	14		
XALATAN SOLUTION 0.005 % OPHTHALMIC... 47			

ZEGALOGUE SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML SUBCUTANEOUS	76	ZYPREXA ZYDIS TABLET DISPERSIBLE 5 MG ORAL	12
ZEGERID CAPSULE 20-1100 MG ORAL	54		
ZEGERID CAPSULE 40-1100 MG ORAL	54		
ZEGERID PACKET 20-1680 MG ORAL	54		
ZEGERID PACKET 40-1680 MG ORAL	54		
ZEMBRACE SYMTOUCH SOLUTION AUTO- INJECTOR 3 MG/0.5ML SUBCUTANEOUS	40		
ZENZEDI TABLET 10 MG ORAL	19		
ZENZEDI TABLET 15 MG ORAL	19		
ZENZEDI TABLET 2.5 MG ORAL	19		
ZENZEDI TABLET 20 MG ORAL	19		
ZENZEDI TABLET 30 MG ORAL	19		
ZENZEDI TABLET 5 MG ORAL	19		
ZENZEDI TABLET 7.5 MG ORAL	19		
ZERVIAE SOLUTION 0.24 % OPHTHALMIC	8		
ZETONNA AEROSOL SOLUTION 37 MCG/ACT NASAL	44		
ZIOPTAN SOLUTION 0.0015 % OPHTHALMIC ..	47		
ZIPSOR CAPSULE 25 MG ORAL	23		
ZOCOR TABLET 10 MG ORAL	65		
ZOCOR TABLET 20 MG ORAL	65		
ZOCOR TABLET 40 MG ORAL	65		
<i>zolmitriptan solution 5 mg nasal</i>	40		
ZOLOFT CONCENTRATE 20 MG/ML ORAL	7		
ZOLOFT TABLET 100 MG ORAL	7		
ZOLOFT TABLET 25 MG ORAL	7		
ZOLOFT TABLET 50 MG ORAL	7		
ZOMIG SOLUTION 2.5 MG NASAL	40		
ZOMIG SOLUTION 5 MG NASAL	40		
ZOMIG TABLET 2.5 MG ORAL	40		
ZOMIG TABLET 5 MG ORAL	40		
ZONISADE SUSPENSION 100 MG/5ML ORAL	77		
ZYPITAMAG TABLET 2 MG ORAL	65		
ZYPITAMAG TABLET 4 MG ORAL	65		
ZYPREXA TABLET 10 MG ORAL	12		
ZYPREXA TABLET 15 MG ORAL	12		
ZYPREXA TABLET 2.5 MG ORAL	12		
ZYPREXA TABLET 20 MG ORAL	12		
ZYPREXA TABLET 5 MG ORAL	12		
ZYPREXA TABLET 7.5 MG ORAL	12		
ZYPREXA ZYDIS TABLET DISPERSIBLE 10 MG ORAL	12		
ZYPREXA ZYDIS TABLET DISPERSIBLE 15 MG ORAL	12		
ZYPREXA ZYDIS TABLET DISPERSIBLE 20 MG ORAL	12		