



**Keystone 65 Rx HMO
Personal Choice 65SM Rx PPO
Select Option[®] Rx PDP
2026 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 **3/24/2026**. 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, 2027, and from time to time during the year.

Independence Blue Cross offers PPO, HMO-POS, and HMO Medicare Advantage plans with a Medicare contract. Enrollment in Independence Blue Cross PPO, HMO-POS, and HMO Medicare Advantage plans depends on contract renewal.

Independence Blue Cross offers products through its subsidiaries Independence Assurance Company, Independence Hospital Indemnity Plan, Keystone Health Plan East, and QCC Insurance Company — 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 *2026 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 *2026 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 77. 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**, or Select Option Rx at **1-888-678-7009** or, for TTY/TDD users, **711**.

ALBUTEROL 2026

Products Affected

- 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 2026

Products Affected

- *allopurinol tablet 200 mg oral*

Details

Criteria	Trial of generic formulary allopurinol 100mg tablets. Always applies.
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ANTIDEPRESSANTS [SNRIS] 2026

Products Affected

- 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

Details	
Criteria	Trial of two of the following generic formulary serotonin-norepinephrine reuptake Inhibitor (SNRI): desvenlafaxine tablet, duloxetine capsules, venlafaxine hydrochloride ER tablets, venlafaxine hydrochloride immediate release tablets, and venlafaxine hydrochloride ER capsules. Applies to new starts.

ANTIDEPRESSANTS [SSRIS] 2026

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
- 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 of the following generic formulary selective serotonin reuptake inhibitors (SSRI): citalopram tablets, escitalopram tablets, fluoxetine tablets, fluvoxamine immediate release tablets, paroxetine, and sertraline tablets. Applies to new starts.
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ANTI-HISTAMINE EYE DROPS 2026

Products Affected

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

Details

Criteria	Trial of three generic formulary antihistamine eye drops. Always applies.
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BACLOFEN SOLUTION/SUSPENSION 2026

Products Affected

- *baclofen solution 10 mg/5ml oral*
- *baclofen solution 5 mg/5ml oral*
- *baclofen suspension 25 mg/5ml oral*
- FLEQSUVY SUSPENSION 25 MG/5ML ORAL
- OZOBAX DS SOLUTION 10 MG/5ML ORAL

Details

Criteria	Trial of generic formulary baclofen tablets. Always applies
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BENZODIAZEPINES 2026

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 2 MG ORAL

Details

Criteria	Trial of two generic formulary benzodiazepines. Applies to new starts.
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BRAND ANGIOTENSIN RECEPTOR BLOCKERS 2026

Products Affected

- ARBLI SUSPENSION 10 MG/ML ORAL
- 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
- 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
- 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 2026

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 A 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
- 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

Details

Criteria	Trial of two generic formulary antipsychotic products. Applies to new starts.
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BRAND BUPROPION PRODUCTS 2026

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
- 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 2026

Products Affected

- KATERZIA SUSPENSION 1 MG/ML ORAL
- NORLIQVA SOLUTION 1 MG/ML ORAL
- NORVASC TABLET 10 MG ORAL
- NORVASC TABLET 2.5 MG ORAL
- NORVASC TABLET 5 MG ORAL

Details

Criteria	Trial of generic formulary amlodipine tablets. Always applies.
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BRAND NEURONTIN 2026

Products Affected

- NEURONTIN CAPSULE 100 MG ORAL
- NEURONTIN CAPSULE 300 MG ORAL
- NEURONTIN CAPSULE 400 MG ORAL
- NEURONTIN SOLUTION 250 MG/5ML ORAL
- NEURONTIN TABLET 600 MG ORAL
- NEURONTIN TABLET 800 MG ORAL

Details

Criteria	Trial of a generic gabapentin capsule, tablet, or oral solution. Applies to new starts.
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BRAND TESTOSTERONE PRODUCTS 2026

Products Affected

- 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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BUCAPSOL 2026

Products Affected

- BUCAPSOL CAPSULE 10 MG ORAL
- BUCAPSOL CAPSULE 15 MG ORAL

Details

Criteria	Trial of generic formulary buspirone tablet. Always applies.
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CITALOPRAM CAPSULE 2026

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 2026

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 EXTENDED RELEASE 10 MG ORAL
- DYANAVEL XR TABLET EXTENDED RELEASE 15 MG ORAL
- DYANAVEL XR TABLET EXTENDED RELEASE 20 MG ORAL
- DYANAVEL XR TABLET 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 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
- METADATE CD CAPSULE EXTENDED RELEASE 10 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 20 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 30 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 40 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 50 MG ORAL
- METADATE CD CAPSULE EXTENDED RELEASE 60 MG ORAL
- METHYLIN SOLUTION 10 MG/5ML ORAL
- METHYLIN SOLUTION 5 MG/5ML ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL
- QUILICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL
- QUILICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL
- QUILICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL
- QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL
- RELEXXII TABLET EXTENDED RELEASE 18 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 27 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 54 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL
- RELEXXII TABLET EXTENDED RELEASE 72 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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CONZIP 2026

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. Always applies
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CUPRIMINE 2026

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

Details

Criteria	Trial of penicillamine or brand Depen. Always applies.
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DICLOFENAC PRODUCTS 2026

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 formulary products (oral diclofenac sodium, oral diclofenac potassium 50mg, ibuprofen oral suspension). Always applies.
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DOAC 2026

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 two of the following: dabigatran, Xarelto, Eliquis. Always Applies.
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DPP-4 INHIBITORS 2026

Products Affected

- BRYNOVIN SOLUTION 25 MG/ML ORAL
- 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
- *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*
- *sitaglipt base-metform hcl er tablet extended release 24 hour 100- 1000 mg oral*
- *sitaglipt base-metform hcl er tablet extended release 24 hour 50-1000 mg oral*
- *sitaglipt base-metform hcl er tablet extended release 24 hour 50-500 mg oral*
- *sitagliptin base-metformin hcl tablet 50-1000 mg oral*
- *sitagliptin base-metformin hcl tablet 50-500 mg oral*
- *sitagliptin tablet 100 mg oral*
- *sitagliptin tablet 25 mg oral*
- *sitagliptin tablet 50 mg oral*
- TRADJENTA TABLET 5 MG ORAL
- ZITUVIMET TABLET 50-1000 MG ORAL
- ZITUVIMET TABLET 50-500 MG ORAL
- ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL
- ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
- ZITUVIO TABLET 100 MG ORAL
- ZITUVIO TABLET 25 MG ORAL
- ZITUVIO TABLET 50 MG ORAL

Details

Criteria	Trial of both of the following: (1) One of the following: Januvia, Janumet or Janumet XR and (2) a preferred generic metformin containing product. Always applies.
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DRIZALMA 2026

Products Affected

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

Details

Criteria	Trial of generic formulary duloxetine. Applies to new starts.
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DRY EYE AGENTS 2026

Products Affected

- CEQUA SOLUTION 0.09 % OPHTHALMIC
- TRYPTYR SOLUTION 0.003 % OPHTHALMIC
- VEVYE SOLUTION 0.1 % OPHTHALMIC

Details

Criteria	Trial of one of the following: Restasis, Xiidra, Tyrvaya, Miebo. Always Applies.
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DYMISTA 2026

Products Affected

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

Details

Criteria	Trial of both generic formulary fluticasone nasal spray and azelastine nasal spray. Always applies.
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EPRONTIA 2026

Products Affected

- EPRONTIA SOLUTION 25 MG/ML ORAL

Details

Criteria	Trial of generic formulary immediate release pregabalin or topiramate capsules or solution. Applies to new starts.
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ERZOFRI 2026

Products Affected

- ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR
- ERZOFRI SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR
- ERZOFRI SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR
- ERZOFRI SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML INTRAMUSCULAR
- ERZOFRI SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR
- ERZOFRI SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR

Details

Criteria	Trial of ONE of the following: Invega Sustenna or Invega Trinza. Applies to new starts.
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ESCITALOPRAM CAPSULE 2026

Products Affected

- *escitalopram oxalate capsule 15 mg oral*

Details

Criteria	Trial of escitalopram tablets and one of the following generic formulary selective serotonin reuptake inhibitors (SSRI): citalopram tablets, fluoxetine, fluvoxamine immediate release tablets, paroxetine, and sertraline tablets. Applies to new starts.
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EXXUA 2026

Products Affected

- EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 54.5 MG ORAL
- EXXUA TABLET EXTENDED RELEASE 24 HOUR 72.6 MG ORAL
- EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL

Details

Criteria	Trial of two of the following: bupropion, citalopram tablets, desvenlafaxine extended-release (ER), duloxetine capsules, escitalopram tablets, fluoxetine, mirtazapine tablet, paroxetine IR/ER, sertraline tablets, venlafaxine IR/ER. Applies to new starts.
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GABARONE 2026

Products Affected

- GABARONE TABLET 100 MG ORAL
- GABARONE TABLET 400 MG ORAL

Details

Criteria	Trial of a generic gabapentin capsule, tablet, or oral solution. Applies to new starts.
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GIMOTI 2026

Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

Details

Criteria	Trial of generic formulary oral metoclopramide. Always applies.
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GLOPERBA 2026

Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML ORAL

Details

Criteria	Trial of generic formulary colchicine. Always applies.
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GOUT AGENTS 2026

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 formulary allopurinol 100mg or 300mg. Always applies.
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GRISEOFULVIN ULTRAMICROSIZED 165MG 2026

Products Affected

- *griseofulvin ultramicrosize tablet 165 mg oral*

Details

Criteria	Trial of one of the following: Generic 125mg, 250mg, or 500mg tablet. Always applies.
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IBSRELA 2026

Products Affected

- IBSRELA TABLET 50 MG ORAL

Details

Criteria	Trial of both of the following: (1) Linzess and (2) Motegrity. Always applies.
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INHALED CORTICOSTEROIDS 2026

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/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
- *fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation*
- *fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation*
- *fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation*
- *fluticasone propionate hfa aerosol 110 mcg/act inhalation*
- *fluticasone propionate hfa aerosol 220 mcg/act inhalation*
- *fluticasone propionate hfa aerosol 44 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 Arnuity Ellipta. Always applies.
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INSULIN GLARGINE 2026

Products Affected

- BASAGLAR KWIKPEN 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, Toujeo, Tresiba. Always applies.
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LAMA STEP THERAPY 2026

Products Affected

- *tiotropium bromide capsule 18 mcg inhalation* BREATH ACTIVATED 400 MCG/ACT
- TUDORZA PRESSAIR AEROSOL POWDER 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 2026

Products Affected

- SOAANZ TABLET 40 MG ORAL

Details

Criteria	Trial of all of the following generic formulary products: (1) bumetanide tablets, (2) furosemide tablets/oral solution, (3) torsemide tablets. Always applies.
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METFORMIN STEP THERAPY 2026

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 formulary products: metformin (generic of Glucophage), and metformin XR (generic of Glucophage XR). Always applies.
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MIGRAINE AGENTS 2026

Products Affected

- 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
- REXPAX TABLET 20 MG ORAL
- REXPAX TABLET 40 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 2.5 mg nasal*
- *zolmitriptan solution 5 mg nasal*
- ZOMIG SOLUTION 2.5 MG NASAL
- ZOMIG SOLUTION 5 MG NASAL
- ZOMIG TABLET 2.5 MG ORAL
- ZOMIG TABLET 5 MG ORAL

Details

Details	
Criteria	Trial of three generic formulary triptans. Always applies.

MORPHINE EXTENDED RELEASE 2026

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 products. Always applies.
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MOTEGRITY 2026

Products Affected

- MOTEGRITY TABLET 1 MG ORAL
- MOTEGRITY TABLET 2 MG ORAL
- *prucalopride succinate tablet 1 mg oral*
- *prucalopride succinate tablet 2 mg oral*

Details

Criteria	Trial of both of the following: (1) lactulose and (2) lubiprostone. Always applies.
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MOTPOLY XR 2026

Products Affected

- MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL
- MOTPOLY XR CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL

Details

Criteria	Trial of two generic formulary anticonvulsants. Applies to new starts.
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MULTIPLE SCLEROSIS AGENTS 2026

Products Affected

- AUBAGIO TABLET 14 MG ORAL
- AUBAGIO TABLET 7 MG ORAL
- BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL
- *cladribine (8 tabs) tablet therapy pack 10 mg oral*
- COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS
- COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML 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
- PLEGRIDY SOLUTION AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS
- PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS
- PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL
- PONVORY TABLET 20 MG ORAL
- REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS
- REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS
- REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS
- REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS
- REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS
- REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS
- 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 formulary products: (1) Avonex (interferon beta-1a), (2) Betaseron (interferon beta-1b), (3) Glatopa (glatiramer acetate), (4) Tecfidera (Dimethyl Fumarate), (5) Gilenya (fingolimod), (6) Teriflunomide. Applies to new starts.

NASAL CORTICOSTEROIDS 2026

Products Affected

- 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

Details

Criteria	
	Trial of three generic formulary nasal corticosteroids. Always applies.

NEXICLON XR 2026

Products Affected

- *clonidine er tablet extended release 24 hour 0.17 mg oral*
- NEXICLON XR TABLET EXTENDED RELEASE 24 HOUR 0.17 MG ORAL

Details

Criteria	Trial of both formulary generics: clonidine tablets and clonidine patches. Always applies.
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NON-PREFERRED INSULIN 2026

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
- LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS
- LYUMJEV SOLUTION 100 UNIT/ML INJECTION
- MERILOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- MERILOG SOLUTION 100 UNIT/ML SUBCUTANEOUS

Details

Criteria	Trial of one of the following: Novolin, Novolog, Humalog, Humulin, Insulin Lispro. Always applies.
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OIC AGENTS 2026

Products Affected

- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS
- RELISTOR SOLUTION PREFILLED SYRINGE 12 MG/0.6ML SUBCUTANEOUS
- RELISTOR SOLUTION PREFILLED SYRINGE 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 2026

Products Affected

- IYUZEH SOLUTION 0.005 % OPHTHALMIC
- XALATAN SOLUTION 0.005 % OPHTHALMIC
- TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC

Details

Criteria	Trial of BOTH of the following: (1) generic formulary ophthalmic prostaglandin product AND (2) One of the following: brand Lumigan 0.01%, Vyzulta or Zioptan. Always applies.
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OPIOID STEP THERAPY 2026

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 tablet 10-300 mg oral*
- *oxycodone-acetaminophen tablet 5-300 mg oral*
- PERCOCET TABLET 10-325 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

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

ORACEA 2026

Products Affected

- ORACEA CAPSULE DELAYED RELEASE 40 MG
ORAL

Details

Criteria	
	Trial of generic formulary doxycycline. Always applies.

ORAL BISPHOSPHONATE AGENTS 2026

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 oral bisphosphonate products. Always applies.
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ORAL NSAIDS 2026

Products Affected

- CELEBREX CAPSULE 100 MG ORAL
- CELEBREX CAPSULE 200 MG ORAL
- CELEBREX CAPSULE 400 MG ORAL
- CELEBREX CAPSULE 50 MG ORAL
- DOLOBID TABLET 250 MG ORAL
- DOLOBID TABLET 375 MG ORAL
- ELYXYB SOLUTION 120 MG/4.8ML ORAL
- FENOPRON CAPSULE 300 MG ORAL
- *ibuprofen tablet 300 mg oral*
- LODINE TABLET 400 MG ORAL
- LOFENA TABLET 25 MG ORAL
- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 375 MG ORAL
- NAPRELAN TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL
- RELAFEN DS TABLET 1000 MG ORAL

Details

Criteria	Trial of two of the following generic formulary non-steroidal anti-inflammatory drugs (NSAIDs): ibuprofen, meloxicam tablet, piroxicam, sulindac tablet, diclofenac sodium tablet, etodolac, nabumetone. Always applies.
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PEG-FILGRASTIM 2026

Products Affected

- FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- FYLNETRA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- NYVEPRIA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- STIMUFEND SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS
- ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS

Details

Criteria	Trial of one of the following: Neulasta or Udenyca. Always applies
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PROTON PUMP INHIBITORS (PPIs) 2026

Products Affected

- ACIPHEX TABLET DELAYED RELEASE 20 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL
- *esomeprazole magnesium packet 2.5 mg oral*
- *esomeprazole magnesium packet 5 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*

Details

Criteria	Trial of two generic formulary proton pump inhibitors capsules or tablets. Always applies.
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QELBREE 2026

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 formulary generics: atomoxetine, guanfacine ER, clonidine ER. Always applies.
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RELTONE 2026

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 2026

Products Affected

- TEKTURNA TABLET 150 MG ORAL
- TEKTURNA TABLET 300 MG ORAL

Details

Criteria	Trial of aliskiren or two from the following: generic formulary Angiotensin-converting-enzyme (ACE) inhibitors OR generic formulary angiotensin II receptor blockers (ARB). Always Applies.
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SANCUSO 2026

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 2026

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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SERTRALINE CAPSULE 2026

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 2026

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
- 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 2026

Products Affected

- INPEFA TABLET 200 MG ORAL
- INPEFA TABLET 400 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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STATINS 2026

Products Affected

- 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
- *folipid suspension 20 mg/5ml oral*
- *folipid 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

Details	
Criteria	Trial of three generic formulary statins. Always applies.

TETRACYCLINES 2026

Products Affected

- DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL
- EMROSI CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- SEYSARA TABLET 100 MG ORAL
- SEYSARA TABLET 150 MG ORAL
- SEYSARA TABLET 60 MG ORAL
- TARGADOX TABLET 50 MG ORAL

Details

Criteria	Trial of three of the following generic formulary products: doxycycline monohydrate immediate release tablets/capsules, doxycycline hyclate immediate release tablets/capsules, minocycline immediate release tablets/capsules, and tetracycline immediate release capsules. Always applies.
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TRULANCE 2026

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 2026

Products Affected

- UCERIS TABLET EXTENDED RELEASE 24 HOUR
9 MG ORAL

Details

Criteria	Trial of generic formulary budesonide tablet ER 9mg (generic Uceris). Always applies.
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UZEDY 2026

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, formulary generic risperidone ER IM injection or Risperdal Consta. Applies to new starts
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VENLAFAXINE BESYLATE TAB ER 2026

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 2026

Products Affected

- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

Details

Criteria	Trial of generic vilazodone and two of the following generic formulary: Citalopram tablets, escitalopram tablets, fluoxetine tablets, fluvoxamine immediate release tablets, paroxetine, sertraline tablets, desvenlafaxine tablet, duloxetine capsules, venlafaxine hydrochloride immediate release tablets, and venlafaxine hydrochloride capsules. Applies to new starts.
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XCOPRI 2026

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 25 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL

Details

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

ZONISADE 2026

Products Affected

- ZONISADE SUSPENSION 100 MG/5ML ORAL

Details

Criteria	Trial of generic zonisamide capsule. Applies to new starts.
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ZUNVEYL 2026

Products Affected

- ZUNVEYL TABLET DELAYED RELEASE 10 MG ORAL
- ZUNVEYL TABLET DELAYED RELEASE 15 MG ORAL
- ZUNVEYL TABLET DELAYED RELEASE 5 MG ORAL

Details

Criteria	Trial of two of the following: Donepezil, rivastigmine or galantamine. Always applies.
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Index

ABILIFY TABLET 10 MG ORAL.....	11	APIDRA SOLOSTAR SOLUTION PEN-INJECTOR	
ABILIFY TABLET 15 MG ORAL.....	11	100 UNIT/ML SUBCUTANEOUS.....	50
ABILIFY TABLET 2 MG ORAL.....	11	APIDRA SOLUTION 100 UNIT/ML INJECTION....	50
ABILIFY TABLET 20 MG ORAL.....	11	ALENZIN TABLET EXTENDED RELEASE 24	
ABILIFY TABLET 30 MG ORAL.....	11	HOUR 174 MG ORAL.....	12
ABILIFY TABLET 5 MG ORAL.....	11	ALENZIN TABLET EXTENDED RELEASE 24	
ACIPHEX TABLET DELAYED RELEASE 20 MG		HOUR 348 MG ORAL.....	12
ORAL.....	58	ALENZIN TABLET EXTENDED RELEASE 24	
ACTONEL TABLET 150 MG ORAL.....	55	HOUR 522 MG ORAL.....	12
ACTONEL TABLET 35 MG ORAL.....	55	APTENSIO XR CAPSULE EXTENDED RELEASE	
ADDERALL TABLET 20 MG ORAL.....	18	24 HOUR 10 MG ORAL.....	18
ADDERALL TABLET 5 MG ORAL.....	18	APTENSIO XR CAPSULE EXTENDED RELEASE	
ADDERALL TABLET 7.5 MG ORAL.....	18	24 HOUR 15 MG ORAL.....	18
ADDERALL XR CAPSULE EXTENDED RELEASE		APTENSIO XR CAPSULE EXTENDED RELEASE	
24 HOUR 10 MG ORAL.....	18	24 HOUR 20 MG ORAL.....	18
ADDERALL XR CAPSULE EXTENDED RELEASE		APTENSIO XR CAPSULE EXTENDED RELEASE	
24 HOUR 15 MG ORAL.....	18	24 HOUR 30 MG ORAL.....	18
ADDERALL XR CAPSULE EXTENDED RELEASE		APTENSIO XR CAPSULE EXTENDED RELEASE	
24 HOUR 20 MG ORAL.....	18	24 HOUR 40 MG ORAL.....	18
ADDERALL XR CAPSULE EXTENDED RELEASE		APTENSIO XR CAPSULE EXTENDED RELEASE	
24 HOUR 25 MG ORAL.....	18	24 HOUR 50 MG ORAL.....	18
ADDERALL XR CAPSULE EXTENDED RELEASE		APTENSIO XR CAPSULE EXTENDED RELEASE	
24 HOUR 30 MG ORAL.....	18	24 HOUR 60 MG ORAL.....	18
ADDERALL XR CAPSULE EXTENDED RELEASE		ARBLI SUSPENSION 10 MG/ML ORAL.....	10
24 HOUR 5 MG ORAL.....	18	ASMANEX (120 METERED DOSES) AEROSOL	
ADMELOG SOLOSTAR SOLUTION PEN-		POWDER BREATH ACTIVATED 220 MCG/ACT	
INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	50	INHALATION.....	38
ADMELOG SOLUTION 100 UNIT/ML		ASMANEX (30 METERED DOSES) AEROSOL	
INJECTION.....	50	POWDER BREATH ACTIVATED 110 MCG/ACT	
ADZENYS XR-ODT TABLET EXTENDED		INHALATION.....	38
RELEASE DISPERSIBLE 12.5 MG ORAL.....	18	ASMANEX (30 METERED DOSES) AEROSOL	
ADZENYS XR-ODT TABLET EXTENDED		POWDER BREATH ACTIVATED 220 MCG/ACT	
RELEASE DISPERSIBLE 15.7 MG ORAL.....	18	INHALATION.....	38
ADZENYS XR-ODT TABLET EXTENDED		ASMANEX (60 METERED DOSES) AEROSOL	
RELEASE DISPERSIBLE 18.8 MG ORAL.....	18	POWDER BREATH ACTIVATED 220 MCG/ACT	
ADZENYS XR-ODT TABLET EXTENDED		INHALATION.....	38
RELEASE DISPERSIBLE 3.1 MG ORAL.....	18	ASMANEX HFA AEROSOL 100 MCG/ACT	
ADZENYS XR-ODT TABLET EXTENDED		INHALATION.....	38
RELEASE DISPERSIBLE 6.3 MG ORAL.....	18	ASMANEX HFA AEROSOL 200 MCG/ACT	
ADZENYS XR-ODT TABLET EXTENDED		INHALATION.....	38
RELEASE DISPERSIBLE 9.4 MG ORAL.....	18	ASMANEX HFA AEROSOL 50 MCG/ACT	
<i>allopurinol tablet 200 mg oral.....</i>	<i>4</i>	INHALATION.....	<i>38</i>
ALVESCO AEROSOL SOLUTION 160		ATACAND HCT TABLET 16-12.5 MG ORAL.....	10
MCG/ACT INHALATION.....	38	ATACAND HCT TABLET 32-12.5 MG ORAL.....	10
ALVESCO AEROSOL SOLUTION 80 MCG/ACT		ATACAND HCT TABLET 32-25 MG ORAL.....	10
INHALATION.....	38	ATACAND TABLET 16 MG ORAL.....	10

ATACAND TABLET 32 MG ORAL.....	10	CELEBREX CAPSULE 400 MG ORAL.....	56
ATACAND TABLET 4 MG ORAL.....	10	CELEBREX CAPSULE 50 MG ORAL.....	56
ATACAND TABLET 8 MG ORAL.....	10	CELEXA TABLET 10 MG ORAL.....	6
ATELVIA TABLET DELAYED RELEASE 35 MG ORAL.....	55	CELEXA TABLET 20 MG ORAL.....	6
ATIVAN TABLET 0.5 MG ORAL.....	9	CELEXA TABLET 40 MG ORAL.....	6
ATIVAN TABLET 1 MG ORAL.....	9	CEQUA SOLUTION 0.09 % OPHTHALMIC.....	26
ATIVAN TABLET 2 MG ORAL.....	9	<i>citalopram hydrobromide capsule 30 mg oral</i>	17
ATORVALIQ SUSPENSION 20 MG/5ML ORAL....	67	<i>cladribine (8 tabs) tablet therapy pack 10 mg oral</i>	47
AUBAGIO TABLET 14 MG ORAL.....	47	<i>clonidine er tablet extended release 24 hour 0.17 mg oral</i>	49
AUBAGIO TABLET 7 MG ORAL.....	47	CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL.....	18
AVALIDE TABLET 150-12.5 MG ORAL.....	10	CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL.....	18
AVALIDE TABLET 300-12.5 MG ORAL.....	10	CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL.....	18
AVAPRO TABLET 150 MG ORAL.....	10	CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL.....	18
AVAPRO TABLET 300 MG ORAL.....	10	CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	20
<i>azelastine-fluticasone suspension 137-50 mcg/act nasal</i>	27	CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL.....	20
AZOR TABLET 10-20 MG ORAL.....	10	CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL.....	20
AZOR TABLET 10-40 MG ORAL.....	10	COPAXONE SOLUTION PREFILLED SYRINGE 20 MG/ML SUBCUTANEOUS.....	47
AZOR TABLET 5-20 MG ORAL.....	10	COPAXONE SOLUTION PREFILLED SYRINGE 40 MG/ML SUBCUTANEOUS.....	47
AZOR TABLET 5-40 MG ORAL.....	10	COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG ORAL.....	18
AZSTARYS CAPSULE 26.1-5.2 MG ORAL.....	18	COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 25.9 MG ORAL.....	18
AZSTARYS CAPSULE 39.2-7.8 MG ORAL.....	18	COTEMPLA XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 8.6 MG ORAL.....	18
AZSTARYS CAPSULE 52.3-10.4 MG ORAL.....	18	COZAAR TABLET 100 MG ORAL.....	10
<i>baclofen solution 10 mg/5ml oral</i>	8	COZAAR TABLET 25 MG ORAL.....	10
<i>baclofen solution 5 mg/5ml oral</i>	8	COZAAR TABLET 50 MG ORAL.....	10
<i>baclofen suspension 25 mg/5ml oral</i>	8	CRESTOR TABLET 10 MG ORAL.....	67
BAFIERTAM CAPSULE DELAYED RELEASE 95 MG ORAL.....	47	CRESTOR TABLET 20 MG ORAL.....	67
BASAGLAR KWIKPEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	39	CRESTOR TABLET 40 MG ORAL.....	67
BENICAR HCT TABLET 20-12.5 MG ORAL.....	10	CRESTOR TABLET 5 MG ORAL.....	67
BENICAR HCT TABLET 40-12.5 MG ORAL.....	10	CUPRIMINE CAPSULE 250 MG ORAL.....	21
BENICAR HCT TABLET 40-25 MG ORAL.....	10	DAYTRANA PATCH 10 MG/9HR TRANSDERMAL.....	18
BENICAR TABLET 20 MG ORAL.....	10	DAYTRANA PATCH 15 MG/9HR TRANSDERMAL.....	18
BENICAR TABLET 40 MG ORAL.....	10		
BENICAR TABLET 5 MG ORAL.....	10		
<i>bepotastine besilate solution 1.5 % ophthalmic</i>	7		
BEPREVE SOLUTION 1.5 % OPHTHALMIC.....	7		
BINOSTO TABLET EFFERVESCENT 70 MG ORAL.....	55		
BRYNOVIN SOLUTION 25 MG/ML ORAL.....	24		
BUCAPSOL CAPSULE 10 MG ORAL.....	16		
BUCAPSOL CAPSULE 15 MG ORAL.....	16		
CAMBIA PACKET 50 MG ORAL.....	22		
CELEBREX CAPSULE 100 MG ORAL.....	56		
CELEBREX CAPSULE 200 MG ORAL.....	56		

DAYTRANA PATCH 20 MG/9HR TRANSDERMAL.....	18	DYMISTA SUSPENSION 137-50 MCG/ACT NASAL.....	27
DAYTRANA PATCH 30 MG/9HR TRANSDERMAL.....	18	EDARBI TABLET 40 MG ORAL.....	10
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	18	EDARBI TABLET 80 MG ORAL.....	10
DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL.....	58	EDARBYCLOR TABLET 40-12.5 MG ORAL.....	10
DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL.....	58	EDARBYCLOR TABLET 40-25 MG ORAL.....	10
<i>diclofenac potassium capsule 25 mg oral.....</i>	22	EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL.....	5
<i>diclofenac potassium tablet 25 mg oral.....</i>	22	EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	5
<i>diclofenac potassium(migraine) packet 50 mg oral.....</i>	22	EFFEXOR XR CAPSULE EXTENDED RELEASE 24 HOUR 75 MG ORAL.....	5
DILAUDID LIQUID 1 MG/ML ORAL.....	53	ELYXYB SOLUTION 120 MG/4.8ML ORAL.....	56
DILAUDID TABLET 2 MG ORAL.....	53	EMROSI CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	68
DIOVAN HCT TABLET 160-12.5 MG ORAL.....	10	EPRONTIA SOLUTION 25 MG/ML ORAL.....	28
DIOVAN HCT TABLET 160-25 MG ORAL.....	10	ERZOFRI SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR.....	29
DIOVAN HCT TABLET 320-12.5 MG ORAL.....	10	ERZOFRI SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR.....	29
DIOVAN HCT TABLET 320-25 MG ORAL.....	10	ERZOFRI SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR.....	29
DIOVAN HCT TABLET 80-12.5 MG ORAL.....	10	ERZOFRI SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML INTRAMUSCULAR.....	29
DIOVAN TABLET 160 MG ORAL.....	10	ERZOFRI SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR.....	29
DIOVAN TABLET 320 MG ORAL.....	10	ERZOFRI SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML INTRAMUSCULAR.....	29
DIOVAN TABLET 40 MG ORAL.....	10	<i>escitalopram oxalate capsule 15 mg oral.....</i>	30
DIOVAN TABLET 80 MG ORAL.....	10	<i>esomeprazole magnesium packet 2.5 mg oral.....</i>	58
DOLOBID TABLET 250 MG ORAL.....	56	<i>esomeprazole magnesium packet 5 mg oral.....</i>	58
DOLOBID TABLET 375 MG ORAL.....	56	EXFORGE HCT TABLET 10-160-12.5 MG ORAL.....	10
DORYX MPC TABLET DELAYED RELEASE 60 MG ORAL.....	68	EXFORGE HCT TABLET 10-160-25 MG ORAL... ..	10
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL.....	25	EXFORGE HCT TABLET 10-320-25 MG ORAL... ..	10
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL.....	25	EXFORGE HCT TABLET 5-160-12.5 MG ORAL.. ..	10
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL.....	25	EXFORGE HCT TABLET 5-160-25 MG ORAL.....	10
DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL.....	25	EXFORGE TABLET 10-160 MG ORAL.....	10
DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL.....	18	EXFORGE TABLET 10-320 MG ORAL.....	10
DYANAVEL XR TABLET EXTENDED RELEASE 10 MG ORAL.....	18	EXFORGE TABLET 5-160 MG ORAL.....	10
DYANAVEL XR TABLET EXTENDED RELEASE 15 MG ORAL.....	18	EXFORGE TABLET 5-320 MG ORAL.....	10
DYANAVEL XR TABLET EXTENDED RELEASE 20 MG ORAL.....	18	EXXUA TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL.....	31
DYANAVEL XR TABLET EXTENDED RELEASE 5 MG ORAL.....	18	EXXUA TABLET EXTENDED RELEASE 24 HOUR 36.3 MG ORAL.....	31
		EXXUA TABLET EXTENDED RELEASE 24 HOUR 54.5 MG ORAL.....	31

EXXUA TABLET EXTENDED RELEASE 24 HOUR 72.6 MG ORAL.....	31	FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL.....	18
EXXUA TITRATION PACK TABLET EXTENDED RELEASE 24 HOUR 18.2 MG ORAL.....	31	FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	18
FANAPT TABLET 1 MG ORAL.....	11	FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	18
FANAPT TABLET 10 MG ORAL.....	11	FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL.....	18
FANAPT TABLET 12 MG ORAL.....	11	FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL.....	18
FANAPT TABLET 2 MG ORAL.....	11	FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	18
FANAPT TABLET 4 MG ORAL.....	11	FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL.....	18
FANAPT TABLET 6 MG ORAL.....	11	FOSAMAX PLUS D TABLET 70-2800 MG-UNIT ORAL.....	55
FANAPT TABLET 8 MG ORAL.....	11	FOSAMAX PLUS D TABLET 70-5600 MG-UNIT ORAL.....	55
FANAPT TITRATION PACK A TABLET 1 & 2 & 4 & 6 MG ORAL.....	11	FOSAMAX TABLET 70 MG ORAL.....	55
<i>febuxostat tablet 40 mg oral.....</i>	35	FULPHILA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS.....	57
<i>febuxostat tablet 80 mg oral.....</i>	35	FYLNETRA SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS.....	57
FENOPRON CAPSULE 300 MG ORAL.....	56	GABARONE TABLET 100 MG ORAL.....	32
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL.....	5	GABARONE TABLET 400 MG ORAL.....	32
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	5	GEODON CAPSULE 20 MG ORAL.....	11
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	5	GEODON CAPSULE 40 MG ORAL.....	11
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	5	GEODON CAPSULE 60 MG ORAL.....	11
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL.....	5	GEODON CAPSULE 80 MG ORAL.....	11
FLEQSUVY SUSPENSION 25 MG/5ML ORAL.....	8	GIMOTI SOLUTION 15 MG/ACT NASAL.....	33
<i>flolipid suspension 20 mg/5ml oral.....</i>	67	GLOPERBA SOLUTION 0.6 MG/5ML ORAL.....	34
<i>flolipid suspension 40 mg/5ml oral.....</i>	67	<i>griseofulvin ultramicrosize tablet 165 mg oral....</i>	36
<i>fluticasone propionate diskus aerosol powder breath activated 100 mcg/act inhalation.....</i>	38	HYZAAR TABLET 100-12.5 MG ORAL.....	10
<i>fluticasone propionate diskus aerosol powder breath activated 250 mcg/act inhalation.....</i>	38	HYZAAR TABLET 100-25 MG ORAL.....	10
<i>fluticasone propionate diskus aerosol powder breath activated 50 mcg/act inhalation.....</i>	38	HYZAAR TABLET 50-12.5 MG ORAL.....	10
<i>fluticasone propionate hfa aerosol 110 mcg/act inhalation.....</i>	38	IBSRELA TABLET 50 MG ORAL.....	37
<i>fluticasone propionate hfa aerosol 220 mcg/act inhalation.....</i>	38	<i>ibuprofen tablet 300 mg oral.....</i>	56
<i>fluticasone propionate hfa aerosol 44 mcg/act inhalation.....</i>	38	IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS.....	43
FOCALIN TABLET 10 MG ORAL.....	18	IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS.....	43
FOCALIN TABLET 2.5 MG ORAL.....	18	IMITREX TABLET 100 MG ORAL.....	43
FOCALIN TABLET 5 MG ORAL.....	18	IMITREX TABLET 25 MG ORAL.....	43
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	18	IMITREX TABLET 50 MG ORAL.....	43
		INPEFA TABLET 200 MG ORAL.....	66
		INPEFA TABLET 400 MG ORAL.....	66

<i>insulin glargine-yfgn solution 100 unit/ml subcutaneous</i>	39	KONVOMEK SUSPENSION RECONSTITUTED 2-84 MG/ML ORAL.....	58
<i>insulin glargine-yfgn solution pen-injector 100 unit/ml subcutaneous</i>	39	LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	67
INVEGA TABLET EXTENDED RELEASE 24 HOUR 3 MG ORAL.....	11	LEXAPRO TABLET 10 MG ORAL.....	6
INVEGA TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL.....	11	LEXAPRO TABLET 20 MG ORAL.....	6
INVEGA TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL.....	11	LEXAPRO TABLET 5 MG ORAL.....	6
INVOKAMET TABLET 150-1000 MG ORAL.....	65	LIPITOR TABLET 10 MG ORAL.....	67
INVOKAMET TABLET 150-500 MG ORAL.....	65	LIPITOR TABLET 20 MG ORAL.....	67
INVOKAMET TABLET 50-1000 MG ORAL.....	65	LIPITOR TABLET 40 MG ORAL.....	67
INVOKAMET TABLET 50-500 MG ORAL.....	65	LIPITOR TABLET 80 MG ORAL.....	67
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL.....	65	LODINE TABLET 400 MG ORAL.....	56
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL.....	65	LOFENA TABLET 25 MG ORAL.....	56
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL.....	65	LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1 MG ORAL.....	9
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL.....	65	LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 1.5 MG ORAL.....	9
INVOKANA TABLET 100 MG ORAL.....	65	LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 2 MG ORAL.....	9
INVOKANA TABLET 300 MG ORAL.....	65	LOREEV XR CAPSULE ER 24 HOUR SPRINKLE 3 MG ORAL.....	9
IYUZEH SOLUTION 0.005 % OPHTHALMIC.....	52	LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	50
JENTADUETO TABLET 2.5-1000 MG ORAL.....	24	LYUMJEV KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS.....	50
JENTADUETO TABLET 2.5-500 MG ORAL.....	24	LYUMJEV SOLUTION 100 UNIT/ML INJECTION..	50
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL.....	24	MAVENCLAD (10 TABS) TABLET THERAPY PACK 10 MG ORAL.....	47
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	24	MAVENCLAD (4 TABS) TABLET THERAPY PACK 10 MG ORAL.....	47
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	18	MAVENCLAD (5 TABS) TABLET THERAPY PACK 10 MG ORAL.....	47
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	18	MAVENCLAD (6 TABS) TABLET THERAPY PACK 10 MG ORAL.....	47
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	18	MAVENCLAD (7 TABS) TABLET THERAPY PACK 10 MG ORAL.....	47
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL.....	18	MAVENCLAD (8 TABS) TABLET THERAPY PACK 10 MG ORAL.....	47
JORNAY PM CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	18	MAVENCLAD (9 TABS) TABLET THERAPY PACK 10 MG ORAL.....	47
KATERZIA SUSPENSION 1 MG/ML ORAL.....	13	MAXALT TABLET 10 MG ORAL.....	43
KESIMPTA SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS.....	47	MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL.....	43
KLONOPIN TABLET 0.5 MG ORAL.....	9	MAYZENT STARTER PACK TABLET THERAPY PACK 12 X 0.25 MG ORAL.....	47
KLONOPIN TABLET 1 MG ORAL.....	9	MAYZENT STARTER PACK TABLET THERAPY PACK 7 X 0.25 MG ORAL.....	47
KLONOPIN TABLET 2 MG ORAL.....	9		

MAYZENT TABLET 0.25 MG ORAL.....	47	MYDAYIS CAPSULE EXTENDED RELEASE 24	
MAYZENT TABLET 1 MG ORAL.....	47	HOUR 50 MG ORAL.....	18
MAYZENT TABLET 2 MG ORAL.....	47	<i>nalocet tablet 2.5-300 mg oral</i>	53
MERILOG SOLOSTAR SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	50	NAPRELAN TABLET EXTENDED RELEASE 24	
MERILOG SOLUTION 100 UNIT/ML SUBCUTANEOUS.....	50	HOUR 375 MG ORAL.....	56
METADATE CD CAPSULE EXTENDED RELEASE		NAPRELAN TABLET EXTENDED RELEASE 24	
10 MG ORAL.....	18	HOUR 500 MG ORAL.....	56
METADATE CD CAPSULE EXTENDED RELEASE		NEURONTIN CAPSULE 100 MG ORAL.....	14
20 MG ORAL.....	18	NEURONTIN CAPSULE 300 MG ORAL.....	14
METADATE CD CAPSULE EXTENDED RELEASE		NEURONTIN CAPSULE 400 MG ORAL.....	14
30 MG ORAL.....	18	NEURONTIN SOLUTION 250 MG/5ML ORAL....	14
METADATE CD CAPSULE EXTENDED RELEASE		NEURONTIN TABLET 600 MG ORAL.....	14
40 MG ORAL.....	18	NEURONTIN TABLET 800 MG ORAL.....	14
METADATE CD CAPSULE EXTENDED RELEASE		NEXICLON XR TABLET EXTENDED RELEASE	
50 MG ORAL.....	18	24 HOUR 0.17 MG ORAL.....	49
METADATE CD CAPSULE EXTENDED RELEASE		NEXIUM CAPSULE DELAYED RELEASE 20 MG	
60 MG ORAL.....	18	ORAL.....	58
<i>metformin hcl er (osm) tablet extended release</i>		NEXIUM CAPSULE DELAYED RELEASE 40 MG	
<i>24 hour 1000 mg oral</i>	42	ORAL.....	58
<i>metformin hcl er (osm) tablet extended release</i>		NEXIUM PACKET 10 MG ORAL.....	58
<i>24 hour 500 mg oral</i>	42	NEXIUM PACKET 2.5 MG ORAL.....	58
METHYLIN SOLUTION 10 MG/5ML ORAL.....	18	NEXIUM PACKET 20 MG ORAL.....	58
METHYLIN SOLUTION 5 MG/5ML ORAL.....	18	NEXIUM PACKET 40 MG ORAL.....	58
MICARDIS HCT TABLET 40-12.5 MG ORAL.....	10	NEXIUM PACKET 5 MG ORAL.....	58
MICARDIS HCT TABLET 80-12.5 MG ORAL.....	10	NORLIQVA SOLUTION 1 MG/ML ORAL.....	13
MICARDIS HCT TABLET 80-25 MG ORAL.....	10	NORVASC TABLET 10 MG ORAL.....	13
MOTEGRITY TABLET 1 MG ORAL.....	45	NORVASC TABLET 2.5 MG ORAL.....	13
MOTEGRITY TABLET 2 MG ORAL.....	45	NORVASC TABLET 5 MG ORAL.....	13
MOTPOLY XR CAPSULE EXTENDED RELEASE		NUCYNTA TABLET 50 MG ORAL.....	53
24 HOUR 100 MG ORAL.....	46	NYVEPRIA SOLUTION PREFILLED SYRINGE 6	
MOTPOLY XR CAPSULE EXTENDED RELEASE		MG/0.6ML SUBCUTANEOUS.....	57
24 HOUR 150 MG ORAL.....	46	<i>omeprazole-sodium bicarbonate capsule 20-</i>	
MOTPOLY XR CAPSULE EXTENDED RELEASE		<i>1100 mg oral</i>	58
24 HOUR 200 MG ORAL.....	46	<i>omeprazole-sodium bicarbonate capsule 40-</i>	
MS CONTIN TABLET EXTENDED RELEASE 15		<i>1100 mg oral</i>	58
MG ORAL.....	44	<i>omeprazole-sodium bicarbonate packet 20-</i>	
MS CONTIN TABLET EXTENDED RELEASE 30		<i>1680 mg oral</i>	58
MG ORAL.....	44	<i>omeprazole-sodium bicarbonate packet 40-</i>	
MYDAYIS CAPSULE EXTENDED RELEASE 24		<i>1680 mg oral</i>	58
HOUR 12.5 MG ORAL.....	18	OMNARIS SUSPENSION 50 MCG/ACT NASAL... 48	
MYDAYIS CAPSULE EXTENDED RELEASE 24		ONZETRA XSAIL EXHALER POWDER 11	
HOUR 25 MG ORAL.....	18	MG/NOSEPC NASAL.....	43
MYDAYIS CAPSULE EXTENDED RELEASE 24		ORACEA CAPSULE DELAYED RELEASE 40 MG	
HOUR 37.5 MG ORAL.....	18	ORAL.....	54
		<i>oxycodone-acetaminophen tablet 10-300 mg</i>	
		<i>oral</i>	53

<i>oxycodone-acetaminophen tablet 5-300 mg oral</i>	53	PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION.....	38
OZOBAX DS SOLUTION 10 MG/5ML ORAL.....	8	PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION.....	38
PERCOCET TABLET 10-325 MG ORAL.....	53	QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	59
PERCOCET TABLET 5-325 MG ORAL.....	53	QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL.....	59
PERCOCET TABLET 7.5-325 MG ORAL.....	53	QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL.....	59
PLEGRIDY SOLUTION AUTO-INJECTOR 125 MCG/0.5ML SUBCUTANEOUS.....	47	QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL.....	48
PLEGRIDY SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML SUBCUTANEOUS.....	47	QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL.....	48
PONVORY STARTER PACK TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG ORAL.....	47	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL.....	18
PONVORY TABLET 20 MG ORAL.....	47	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL.....	18
PRADAXA CAPSULE 110 MG ORAL.....	23	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL.....	18
PRADAXA CAPSULE 150 MG ORAL.....	23	QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL.....	18
PRADAXA CAPSULE 75 MG ORAL.....	23	QVAR REDHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION.....	38
PRADAXA PACKET 110 MG ORAL.....	23	QVAR REDHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION.....	38
PRADAXA PACKET 150 MG ORAL.....	23	<i>rabeprazole sodium tablet delayed release 20 mg oral</i>	58
PRADAXA PACKET 20 MG ORAL.....	23	REBIF REBIDOSE SOLUTION AUTO-INJECTOR 22 MCG/0.5ML SUBCUTANEOUS.....	47
PRADAXA PACKET 30 MG ORAL.....	23	REBIF REBIDOSE SOLUTION AUTO-INJECTOR 44 MCG/0.5ML SUBCUTANEOUS.....	47
PRADAXA PACKET 40 MG ORAL.....	23	REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS.....	47
PRADAXA PACKET 50 MG ORAL.....	23	REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS.....	47
PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL.....	58	REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS.....	47
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 15 MG ORAL.....	58	REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS.....	47
PREVACID SOLUTAB TABLET DELAYED RELEASE DISPERSIBLE 30 MG ORAL.....	58	RELAFEN DS TABLET 1000 MG ORAL.....	56
PRILOSEC PACKET 10 MG ORAL.....	58	RELEXII TABLET EXTENDED RELEASE 18 MG ORAL.....	18
PRILOSEC PACKET 2.5 MG ORAL.....	58		
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	5		
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	5		
PRISTIQ TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	5		
PROLATE SOLUTION 10-300 MG/5ML ORAL.....	53		
PROLATE TABLET 10-300 MG ORAL.....	53		
PROLATE TABLET 5-300 MG ORAL.....	53		
PROLATE TABLET 7.5-300 MG ORAL.....	53		
PROTONIX PACKET 40 MG ORAL.....	58		
PROTONIX TABLET DELAYED RELEASE 20 MG ORAL.....	58		
PROTONIX TABLET DELAYED RELEASE 40 MG ORAL.....	58		
<i>prucalopride succinate tablet 1 mg oral</i>	45		
<i>prucalopride succinate tablet 2 mg oral</i>	45		

RELEXXII TABLET EXTENDED RELEASE 27 MG ORAL.....	18	SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL.....	11
RELEXXII TABLET EXTENDED RELEASE 36 MG ORAL.....	18	SAVAYSA TABLET 15 MG ORAL.....	23
RELEXXII TABLET EXTENDED RELEASE 45 MG ORAL.....	18	SAVAYSA TABLET 30 MG ORAL.....	23
RELEXXII TABLET EXTENDED RELEASE 54 MG ORAL.....	18	SAVAYSA TABLET 60 MG ORAL.....	23
RELEXXII TABLET EXTENDED RELEASE 63 MG ORAL.....	18	SAVELLA TABLET 100 MG ORAL.....	63
RELEXXII TABLET EXTENDED RELEASE 72 MG ORAL.....	18	SAVELLA TABLET 12.5 MG ORAL.....	63
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS.....	51	SAVELLA TABLET 25 MG ORAL.....	63
RELISTOR SOLUTION PREFILLED SYRINGE 12 MG/0.6ML SUBCUTANEOUS.....	51	SAVELLA TABLET 50 MG ORAL.....	63
RELISTOR SOLUTION PREFILLED SYRINGE 8 MG/0.4ML SUBCUTANEOUS.....	51	SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL.....	63
RELISTOR TABLET 150 MG ORAL.....	51	<i>saxagliptin hcl tablet 2.5 mg oral</i>	24
RELPAK TABLET 20 MG ORAL.....	43	<i>saxagliptin hcl tablet 5 mg oral</i>	24
RELPAK TABLET 40 MG ORAL.....	43	<i>saxagliptin-metformin er tablet extended release 24 hour 2.5-1000 mg oral</i>	24
RELTONE CAPSULE 200 MG ORAL.....	60	<i>saxagliptin-metformin er tablet extended release 24 hour 5-1000 mg oral</i>	24
RELTONE CAPSULE 400 MG ORAL.....	60	<i>saxagliptin-metformin er tablet extended release 24 hour 5-500 mg oral</i>	24
RESTORIL CAPSULE 15 MG ORAL.....	9	SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL.....	11
RESTORIL CAPSULE 22.5 MG ORAL.....	9	SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL.....	11
RESTORIL CAPSULE 30 MG ORAL.....	9	SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL.....	11
RESTORIL CAPSULE 7.5 MG ORAL.....	9	SEGLUOMET TABLET 2.5-1000 MG ORAL.....	65
REZVOGLAR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	39	SEGLUOMET TABLET 2.5-500 MG ORAL.....	65
RISPERDAL SOLUTION 1 MG/ML ORAL.....	11	SEGLUOMET TABLET 7.5-1000 MG ORAL.....	65
RISPERDAL TABLET 0.5 MG ORAL.....	11	SEGLUOMET TABLET 7.5-500 MG ORAL.....	65
RISPERDAL TABLET 1 MG ORAL.....	11	SEMGLEE (YFGN) SOLUTION 100 UNIT/ML SUBCUTANEOUS.....	39
RISPERDAL TABLET 2 MG ORAL.....	11	SEMGLEE (YFGN) SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	39
RISPERDAL TABLET 3 MG ORAL.....	11	SEROQUEL TABLET 100 MG ORAL.....	11
RISPERDAL TABLET 4 MG ORAL.....	11	SEROQUEL TABLET 200 MG ORAL.....	11
RITALIN TABLET 10 MG ORAL.....	18	SEROQUEL TABLET 25 MG ORAL.....	11
RITALIN TABLET 20 MG ORAL.....	18	SEROQUEL TABLET 300 MG ORAL.....	11
RITALIN TABLET 5 MG ORAL.....	18	SEROQUEL TABLET 400 MG ORAL.....	11
ROXICODONE TABLET 15 MG ORAL.....	53	SEROQUEL TABLET 50 MG ORAL.....	11
RYALTRIS SUSPENSION 665-25 MCG/ACT NASAL.....	48	SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL.....	11
SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL.....	62	SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 200 MG ORAL.....	11
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL.....	11	SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL.....	11
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL.....	11	SEROQUEL XR TABLET EXTENDED RELEASE 24 HOUR 400 MG ORAL.....	11

SEROQUEL XR TABLET EXTENDED RELEASE	TRIBENZOR TABLET 40-5-25 MG ORAL.....	10
24 HOUR 50 MG ORAL.....	TRULANCE TABLET 3 MG ORAL.....	69
<i>sertraline hcl capsule 150 mg oral</i>	TRYPTYR SOLUTION 0.003 % OPHTHALMIC.....	26
<i>sertraline hcl capsule 200 mg oral</i>	TUDORZA PRESSAIR AEROSOL POWDER	
SEYSARA TABLET 100 MG ORAL.....	BREATH ACTIVATED 400 MCG/ACT	
SEYSARA TABLET 150 MG ORAL.....	INHALATION.....	40
SEYSARA TABLET 60 MG ORAL.....	UCERIS TABLET EXTENDED RELEASE 24	
<i>sitaglipt base-metform hcl er tablet extended</i>	HOUR 9 MG ORAL.....	70
<i>release 24 hour 100-1000 mg oral</i>	ULORIC TABLET 40 MG ORAL.....	35
<i>sitaglipt base-metform hcl er tablet extended</i>	ULORIC TABLET 80 MG ORAL.....	35
<i>release 24 hour 50-1000 mg oral</i>	UZEDY SUSPENSION PREFILLED SYRINGE 100	
<i>sitaglipt base-metform hcl er tablet extended</i>	MG/0.28ML SUBCUTANEOUS.....	71
<i>release 24 hour 50-500 mg oral</i>	UZEDY SUSPENSION PREFILLED SYRINGE 125	
<i>sitagliptin base-metformin hcl tablet 50-1000</i>	MG/0.35ML SUBCUTANEOUS.....	71
<i>mg oral</i>	UZEDY SUSPENSION PREFILLED SYRINGE 150	
<i>sitagliptin base-metformin hcl tablet 50-500</i>	MG/0.42ML SUBCUTANEOUS.....	71
<i>mg oral</i>	UZEDY SUSPENSION PREFILLED SYRINGE 200	
<i>sitagliptin tablet 100 mg oral</i>	MG/0.56ML SUBCUTANEOUS.....	71
<i>sitagliptin tablet 25 mg oral</i>	UZEDY SUSPENSION PREFILLED SYRINGE 250	
<i>sitagliptin tablet 50 mg oral</i>	MG/0.7ML SUBCUTANEOUS.....	71
SOAANZ TABLET 40 MG ORAL.....	UZEDY SUSPENSION PREFILLED SYRINGE 50	
STEGLATRO TABLET 15 MG ORAL.....	MG/0.14ML SUBCUTANEOUS.....	71
STEGLATRO TABLET 5 MG ORAL.....	UZEDY SUSPENSION PREFILLED SYRINGE 75	
STEGLUJAN TABLET 15-100 MG ORAL.....	MG/0.21ML SUBCUTANEOUS.....	71
STEGLUJAN TABLET 5-100 MG ORAL.....	VALIUM TABLET 10 MG ORAL.....	9
STIMUFEND SOLUTION PREFILLED SYRINGE 6	VALIUM TABLET 2 MG ORAL.....	9
MG/0.6ML SUBCUTANEOUS.....	VALIUM TABLET 5 MG ORAL.....	9
SYMPROIC TABLET 0.2 MG ORAL.....	<i>valsartan solution 4 mg/ml oral</i>	10
TARGADOX TABLET 50 MG ORAL.....	<i>venlafaxine besylate er tablet extended release</i>	
TASCENSO ODT TABLET DISPERSIBLE 0.25	<i>24 hour 112.5 mg oral</i>	72
MG ORAL.....	VENTOLIN HFA AEROSOL SOLUTION 108 (90	
TASCENSO ODT TABLET DISPERSIBLE 0.5 MG	BASE) MCG/ACT INHALATION.....	3
ORAL.....	VEVYE SOLUTION 0.1 % OPHTHALMIC.....	26
TEKURNA TABLET 150 MG ORAL.....	VIIBRYD TABLET 10 MG ORAL.....	73
TEKURNA TABLET 300 MG ORAL.....	VIIBRYD TABLET 20 MG ORAL.....	73
TESTIM GEL 50 MG/5GM (1%)	VIIBRYD TABLET 40 MG ORAL.....	73
TRANSDERMAL.....	VOGELXO GEL 50 MG/5GM (1%)	
<i>tiotropium bromide capsule 18 mcg inhalation</i>	TRANSDERMAL.....	15
TOSYMRA SOLUTION 10 MG/ACT NASAL.....	VOGELXO PUMP GEL 12.5 MG/ACT (1%)	
TRADJENTA TABLET 5 MG ORAL.....	TRANSDERMAL.....	15
TRAVATAN Z SOLUTION 0.004 %	VUMERITY CAPSULE DELAYED RELEASE 231	
OPHTHALMIC.....	MG ORAL.....	47
TREXIMET TABLET 85-500 MG ORAL.....	WELLBUTRIN SR TABLET EXTENDED RELEASE	
TRIBENZOR TABLET 20-5-12.5 MG ORAL.....	12 HOUR 100 MG ORAL.....	12
TRIBENZOR TABLET 40-10-12.5 MG ORAL.....	WELLBUTRIN SR TABLET EXTENDED RELEASE	
TRIBENZOR TABLET 40-10-25 MG ORAL.....	12 HOUR 150 MG ORAL.....	12
TRIBENZOR TABLET 40-5-12.5 MG ORAL.....		

WELLBUTRIN SR TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL.....	12	ZIEXTENZO SOLUTION PREFILLED SYRINGE 6 MG/0.6ML SUBCUTANEOUS.....	57
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL.....	12	ZIPSOR CAPSULE 25 MG ORAL.....	22
WELLBUTRIN XL TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL.....	12	ZITUVIMET TABLET 50-1000 MG ORAL.....	24
XALATAN SOLUTION 0.005 % OPHTHALMIC...	52	ZITUVIMET TABLET 50-500 MG ORAL.....	24
XANAX TABLET 0.25 MG ORAL.....	9	ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL.....	24
XANAX TABLET 0.5 MG ORAL.....	9	ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL.....	24
XANAX TABLET 1 MG ORAL.....	9	ZITUVIMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL.....	24
XANAX TABLET 2 MG ORAL.....	9	ZITUVIO TABLET 100 MG ORAL.....	24
XANAX XR TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL.....	9	ZITUVIO TABLET 25 MG ORAL.....	24
XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL.....	74	ZITUVIO TABLET 50 MG ORAL.....	24
XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL.....	74	ZOCOR TABLET 10 MG ORAL.....	67
XCOPRI TABLET 100 MG ORAL.....	74	ZOCOR TABLET 20 MG ORAL.....	67
XCOPRI TABLET 150 MG ORAL.....	74	ZOCOR TABLET 40 MG ORAL.....	67
XCOPRI TABLET 200 MG ORAL.....	74	<i>zolmitriptan solution 2.5 mg nasal</i>	43
XCOPRI TABLET 25 MG ORAL.....	74	<i>zolmitriptan solution 5 mg nasal</i>	43
XCOPRI TABLET 50 MG ORAL.....	74	ZOLOFT CONCENTRATE 20 MG/ML ORAL.....	6
XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL.....	74	ZOLOFT TABLET 100 MG ORAL.....	6
XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X200 MG ORAL.....	74	ZOLOFT TABLET 25 MG ORAL.....	6
XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X100 MG ORAL.....	74	ZOLOFT TABLET 50 MG ORAL.....	6
XELSTRYM PATCH 13.5 MG/9HR TRANSDERMAL.....	18	ZOMIG SOLUTION 2.5 MG NASAL.....	43
XELSTRYM PATCH 18 MG/9HR TRANSDERMAL.....	18	ZOMIG SOLUTION 5 MG NASAL.....	43
XELSTRYM PATCH 4.5 MG/9HR TRANSDERMAL.....	18	ZOMIG TABLET 2.5 MG ORAL.....	43
XELSTRYM PATCH 9 MG/9HR TRANSDERMAL..	18	ZOMIG TABLET 5 MG ORAL.....	43
XHANCE EXHALER SUSPENSION 93 MCG/ACT NASAL.....	48	ZONISADE SUSPENSION 100 MG/5ML ORAL....	75
ZEMBRACE SYMTOUCH SOLUTION AUTO- INJECTOR 3 MG/0.5ML SUBCUTANEOUS.....	43	ZUNVEYL TABLET DELAYED RELEASE 10 MG ORAL.....	76
ZENZEDI TABLET 10 MG ORAL.....	18	ZUNVEYL TABLET DELAYED RELEASE 15 MG ORAL.....	76
ZENZEDI TABLET 15 MG ORAL.....	18	ZUNVEYL TABLET DELAYED RELEASE 5 MG ORAL.....	76
ZENZEDI TABLET 2.5 MG ORAL.....	18	ZYPITAMAG TABLET 2 MG ORAL.....	67
ZENZEDI TABLET 20 MG ORAL.....	18	ZYPITAMAG TABLET 4 MG ORAL.....	67
ZENZEDI TABLET 30 MG ORAL.....	18		
ZENZEDI TABLET 5 MG ORAL.....	18		
ZENZEDI TABLET 7.5 MG ORAL.....	18		
ZERVIAE SOLUTION 0.24 % OPHTHALMIC.....	7		