



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

2018 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 11/1/18. For more recent information or other questions, please contact our Member Help Team: Keystone 65 at 1-844-352-1699, Personal Choice 65 at 1-888-879-4293, Select Option at 1-888-678-7009 or, for TTY/TDD users, 711, seven days a week from 8 a.m. to 8 p.m. Please note that on weekends and holidays from February 15 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, 2019, and from time to time during the year.

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

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

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

There may be restrictions to your drug coverage

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

- **Prior Authorization (PA):** Our plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don’t get approval, our plan may not cover the drug. Drugs that require Prior Authorization are listed in *2018 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 *2018 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 51. The restriction information includes step therapy criteria.

Be sure to read all the information listed for your affected drug. If you have any questions, or need assistance with the information contained in this document, please call our Member Help Team: Keystone 65 at 1-844-352-1699, Personal Choice 65 at 1-888-879-4293, Select Option at 1-888-678-7009.

ABILIFY ORAL 2018

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

Details

Criteria	Prior use of one generic product (aripiprazole, olanzapine, paliperidone, quetiapine [ER], risperidone, ziprasidone) prior to filling Abilify (oral). Applies to new starts.
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ALBUTEROL 2018

Products Affected

- PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION
- VENTOLIN HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION

Details

Criteria	Prior use of Proair prior to filling Ventolin or Proventil. Always Applies.
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ANTIDEPRESSANTS [SNRIS] 2018

Products Affected

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL
- KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL
- KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL

Details

Criteria	Prior use of one of the following: desvenlafaxine ER, desvenlafaxine succinate ER, duloxetine, venlafaxine, venlafaxine ER prior to filling any of the following: Khedezla, Fetzima. Applies to new starts.
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ANTIDEPRESSANTS [SSRIS] 2018

Products Affected

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

Details

Criteria	Prior use of one of the following: citalopram, escitalopram, fluvoxamine, fluoxetine, paroxetine, sertraline prior to filling any of the following: Celexa, Lexapro, Luvox CR, Paxil, Prozac, or Zoloft. Applies to new starts.
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BASAGLAR 2018

Products Affected

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

Details

Criteria	Prior use of TWO of the following Lantus, Levemir, Toujeo, Tresiba prior to filling Basaglar (always applies)
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BENZODIAZEPINES 2018

Products Affected

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

Details

Criteria	Prior use of at least ONE of the following generic benzodiazepine (alprazolam, clonazepam, clorazepate, diazepam, lorazepam, oxazepam, temazepam) prior to filling any of the following: Ativan, Klonopin, Restoril, Tranxene, Valium, Xanax. Applies to new starts.
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BRAND ANGIOTENSIN RECEPTOR BLOCKERS 2018

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
- TWYNSTA TABLET 40-10 MG ORAL
- TWYNSTA TABLET 40-5 MG ORAL
- TWYNSTA TABLET 80-5 MG ORAL

Details

Criteria	Prior use of one generic ARB (amlodipine/valsartan, amlodipine/valsartan/HCTZ, candesartan, candesartan/HCTZ, eprosartan, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/HCTZ, telmisartan, telmisartan/amlodipine, valsartan, valsartan/HCTZ) prior to filling any of the following: Atacand, Atacand HCT, Avalide, Avapro, Azor, Benicar [HCT], Cozaar, Diovan, Diovan HCT, Edarbi, Edarbyclor, Exforge, Exforge HCT, Hyzaar, Teveten, Teveten HCT, Twynsta. Always applies.
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BRAND BUPROPION PRODUCTS 2018

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

Details

Criteria	Prior use of one generic product (bupropion, bupropion SR, bupropion XL) prior to filling either of the following: Aplenzin, Forfivo XL. Applies to new starts.
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BRAND DICLOFENAC PRODUCTS 2018

Products Affected

- CAMBIA PACKET 50 MG ORAL
- ZIPSOR CAPSULE 25 MG ORAL
- ZORVOLEX CAPSULE 18 MG ORAL
- ZORVOLEX CAPSULE 35 MG ORAL

Details

Criteria	Prior use of one generic product (oral diclofenac sodium, oral diclofenac potassium, ibuprofen oral suspension) prior to filling any of the following: Cataflam, Cambia, Voltaren-XR, Zipsor, Zorvolex. Always applies.
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BRAND ORAL ANTIPSYCHOTICS 2018

Products Affected

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

Details

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Criteria	Prior use of one generic product (aripiprazole, olanzapine, paliperidone, quetiapine [ER], risperidone, ziprasidone) prior to filling any of the following: Fanapt, Latuda, Rexulti, Saphris, Vraylar. Applies to new starts.

CELEBREX 2018

Products Affected

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

Details

Criteria	Prior use of two generic NSAIDs (celecoxib, diclofenac, etodolac, etodolac ER, ibuprofen, ketoprofen, ketoprofen er, meloxicam, naproxen, naproxen dr, naproxen sodium, piroxicam, sulindac) prior to filling Celebrex. Always applies.
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CNS STIMULANTS 2018

Products Affected

- ADDERALL TABLET 20 MG ORAL
- ADDERALL TABLET 5 MG ORAL
- ADDERALL TABLET 7.5 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- ADDERALL XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- ADZENYS ER SUSPENSION EXTENDED RELEASE 1.25 MG/ML ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 15.7 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 18.8 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 3.1 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 6.3 MG ORAL
- ADZENYS XR-ODT TABLET EXTENDED RELEASE DISPERSIBLE 9.4 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL
- APTENSIO XR CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL
- CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL
- DAYTRANA PATCH 10 MG/9HR TRANSDERMAL
- DAYTRANA PATCH 15 MG/9HR TRANSDERMAL
- DAYTRANA PATCH 20 MG/9HR TRANSDERMAL
- DAYTRANA PATCH 30 MG/9HR TRANSDERMAL
- DESOXYN TABLET 5 MG ORAL
- DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- DYANAVEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL
- FOCALIN TABLET 10 MG ORAL
- FOCALIN TABLET 2.5 MG ORAL
- FOCALIN TABLET 5 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- METADATE ER TABLET EXTENDED RELEASE 20 MG ORAL
- METHYLIN SOLUTION 10 MG/5ML ORAL

- METHYLIN SOLUTION 5 MG/5ML ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL
- QUILLIVANT XR SUSPENSION RECONSTITUTED 25 MG/5ML ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- RITALIN TABLET 10 MG ORAL
- RITALIN TABLET 20 MG ORAL
- RITALIN TABLET 5 MG ORAL
- ZENZEDI TABLET 10 MG ORAL
- ZENZEDI TABLET 15 MG ORAL
- ZENZEDI TABLET 2.5 MG ORAL
- ZENZEDI TABLET 20 MG ORAL
- ZENZEDI TABLET 30 MG ORAL
- ZENZEDI TABLET 5 MG ORAL
- ZENZEDI TABLET 7.5 MG ORAL

Details

Criteria	Prior use of one generic product (e.g. methylphenidate, dexamethylphenidate, amphetamine/ dextroamphetamine, dextroamphetamine) prior to filling any of the following Adderall [XR], Adzenys XR, Aptensio XR, Concerta, Daytrana, Desoxyn, Dyanavel XR, Focalin [XR], Metadate [CD], Methylin, Ritalin [LA], Quillichew, Quillivant, Zenzedi. Always applies.
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CONZIP 2018

Products Affected

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

Details

Criteria	Prior use of one generic product (tramadol, tramadol ER) prior to filling Conzip. Always applies.
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CUPRIMINE 2018

Products Affected

- CUPRIMINE CAPSULE 250 MG ORAL

Details

Criteria	Prior use of penicillamine (Depen) prior to filling Cuprimine. Always applies.
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DPP-4 INHIBITORS 2018

Products Affected

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

Details

Criteria	Prior use of (1) one generic (alogliptin, alogliptin/metformin, alogliptin/pioglitazone) and (2) BOTH Onglyza (or Kombiglyze) AND Januvia (or Janumet or Janumet XR or Juvisync) prior to filling any of the following: Jentaduetto, Kazano, Nesina, Oseni, Tradjenta. Always applies.
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DUEXIS 2018

Products Affected

- DUEXIS TABLET 800-26.6 MG ORAL

Details

Criteria	Prior use of three of the following: celecoxib, diclofenac, etodolac, ibuprofen, meloxicam, naproxen and three of the following: famotidine, ranitidine, cimetidine, nizatidine prior to filling Duexis. Always applies.
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DUZALLO 2018

Products Affected

- DUZALLO TABLET 200-300 MG ORAL

Details

Criteria	Prior use of allopurinol prior to filling Duzallo. Always applies.
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Dymista 2018

Products Affected

- DYMISTA SUSPENSION 137-50 MCG/ACT
NASAL

Details

Criteria	Prior use of BOTH generic fluticasone nasal spray AND azelastine nasal spray prior to filling Dymista. Always applies.
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GLP-1 AGONISTS 2018

Products Affected

- ADLYXIN SOLUTION PEN-INJECTOR 20 MCG/0.2ML SUBCUTANEOUS
- ADLYXIN STARTER PACK PEN-INJECTOR KIT 10 & 20 MCG/0.2ML SUBCUTANEOUS
- BYETTA 10 MCG PEN SOLUTION PEN-INJECTOR 10 MCG/0.04ML SUBCUTANEOUS
- BYETTA 5 MCG PEN SOLUTION PEN-INJECTOR 5 MCG/0.02ML
- SUBCUTANEOUS
- OZEMPIC SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE SUBCUTANEOUS
- OZEMPIC SOLUTION PEN-INJECTOR 1 MG/DOSE SUBCUTANEOUS
- SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS
- XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS

Details

Criteria	Prior use of BOTH (1) Trulicity AND (2) Victoza prior to filling Adlyxin, Byetta, Ozempic, Soliqua, Tanzeum or Xultophy. Always applies.
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HUMULIN/HUMALOG 2018

Products Affected

- ADMELOG SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- ADMELOG SOLUTION 100 UNIT/ML SUBCUTANEOUS
- HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- HUMALOG KWIKPEN SOLUTION PEN-INJECTOR 200 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 50/50 SUSPENSION (50-50) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG MIX 75/25 SUSPENSION (75-25) 100 UNIT/ML SUBCUTANEOUS
- HUMALOG SOLUTION 100 UNIT/ML SUBCUTANEOUS
- HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS
- HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS
- HUMULIN R SOLUTION 100 UNIT/ML INJECTION

Details

Criteria	Prior use of Fiasp, Novolin, or Novolog prior to filling Admelog, Humulin, or Humalog. Always applies.
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INHALED CORTICOSTEROIDS 2018

Products Affected

- ALVESCO AEROSOL SOLUTION 160 MCG/ACT INHALATION
- ALVESCO AEROSOL SOLUTION 80 MCG/ACT INHALATION
- ARMONAIR RESPICLICK 113 AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT INHALATION
- ARMONAIR RESPICLICK 232 AEROSOL POWDER BREATH ACTIVATED 232 MCG/ACT INHALATION
- ARMONAIR RESPICLICK 55 AEROSOL POWDER BREATH ACTIVATED 55 MCG/ACT INHALATION
- ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT INHALATION
- ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200 MCG/ACT INHALATION
- ARNUITY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT INHALATION
- ASMANEX 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION
- ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION
- ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION
- ASMANEX 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION
- ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION
- ASMANEX HFA AEROSOL 200 MCG/ACT INHALATION
- PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION
- PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION

Details

Details	
Criteria	Prior use of BOTH Flovent AND Qvar prior to filling any of the following: Aerospan, Alvesco, Arnuity, Asmanex, Pulmicort. Always applies.

LAMA STEP THERAPY 2018

Products Affected

- INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH INHALATION
- TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION

Details

Criteria	Prior use of Spiriva or Spiriva Respimat prior to filling either of the following: Incruse Ellipta or Tudorza. Always applies.
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LONHALA STEP THERAPY 2018

Products Affected

- LONHALA MAGNAIR STARTER KIT
SOLUTION 25 MCG/ML INHALATION

Details

Criteria	Prior use of Spiriva or Spiriva Respimat prior to filling Lonhala Magnair. Always applies.
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METFORMIN STEP THERAPY 2018

Products Affected

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

Details

Criteria	Prior use of TWO of the following: metformin (generic of Glucophage), metformin XR (generic of Glucophage XR), Glucophage or Glucophage XR prior to filling any of the following: Glumetza, metformin modified release, Fortamet, metformin osmotic. Always applies.
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MICARDIS (HCT) 2018

Products Affected

- 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

Details

Criteria	Prior use of generic telmisartan (HCTZ). Always applies.
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MIGRAINE AGENTS 2018

Products Affected

- AMERGE TABLET 1 MG ORAL
- AMERGE TABLET 2.5 MG ORAL
- FROVA TABLET 2.5 MG ORAL
- IMITREX SOLUTION 20 MG/ACT NASAL
- IMITREX SOLUTION 5 MG/ACT NASAL
- IMITREX SOLUTION 6 MG/0.5ML SUBCUTANEOUS
- IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS
- IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS
- IMITREX TABLET 100 MG ORAL
- IMITREX TABLET 25 MG ORAL
- IMITREX TABLET 50 MG ORAL
- MAXALT TABLET 10 MG ORAL
- MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL
- MAXALT-MLT TABLET DISPERSIBLE 5 MG ORAL
- ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL
- RELPAX TABLET 20 MG ORAL
- RELPAX TABLET 40 MG ORAL
- TREXIMET TABLET 10-60 MG ORAL
- TREXIMET TABLET 85-500 MG ORAL
- ZEMBRACE SYMTOUCH SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- ZOMIG SOLUTION 2.5 MG NASAL
- ZOMIG SOLUTION 5 MG NASAL
- ZOMIG TABLET 2.5 MG ORAL
- ZOMIG TABLET 5 MG ORAL
- ZOMIG ZMT TABLET DISPERSIBLE 2.5 MG ORAL
- ZOMIG ZMT TABLET DISPERSIBLE 5 MG ORAL

Details

Criteria	Prior use of two generic triptans (almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, sumatriptan/naproxen, zolmitriptan) prior to filling any of the following: Alsuma, Amerge, Axert, Frova, Imitrex, Maxalt, Onzetra, Relpax, Sumavel, Treximet, Zomig, Zomig ZMT. Always applies.
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MORPHINE EXTENDED RELEASE 2018

Products Affected

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

Details

Criteria	Prior use of generic morphine extended release prior to filling either of the following: Kadian, MS Contin. Always applies.
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MULTIPLE SCLEROSIS AGENTS 2018

Products Affected

- EXTAVIA KIT 0.3 MG SUBCUTANEOUS
- 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

Details

Criteria	Prior use with at least ONE of the following medications: (1) Avonex (interferon beta-1a), (2) Plegridy (peginterferon beta-1a) (3) Betaseron (interferon beta-1b), (4) Copaxone or Glatopa (glatiramer acetate), OR (5) Tecfidera prior to filling any of the following Extavia or Rebif. Applies to new starts.
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NASAL CORTICOSTEROIDS 2018

Products Affected

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

Details

Criteria	Prior use of TWO generic nasal corticosteroids (budesonide, fluticasone, flunisolide, mometasone spr, triamcinolone acetonide) prior to filling any of the following: Beconase AQ, Flonase, Nasonex, Omnaris, Qnasl [CHILD], Rhinocort Aqua, Xhance, Zetonna. Always applies.
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NOCTIVA 2018

Products Affected

- NOCTIVA EMULSION 0.83 MCG/0.1ML NASAL
- NOCTIVA EMULSION 1.66 MCG/0.1ML NASAL

Details

Criteria	Trial of generic desmopressin spray. Always applies
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Ophthalmic Prostaglandins 2018

Products Affected

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

Details

Criteria	Prior use of one generic prostaglandin product (e.g. bimatoprost, latanoprost, travoprost) OR brand Lumigan 0.01% prior to filling any of the following: Rescula, Rhopressa, Travatan Z, Xalatan, Vyzulta, Zioptan. Always applies.
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OPIOID STEP THERAPY 2018

Products Affected

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

Details

Criteria	Prior use of TWO IR generic opioids (Endocet, Endodan, hydromorphone, morphine sulfate, oxycodone, oxycodone/apap, oxycodone/asa, oxycodone/ibuprofen, oxymorphone) prior to filling any of the following: Dilaudid less than 4mg, Nucynta less than 75mg, Opana less than 10mg, Percocet, Percodan, Primlev, Roxicodone less than 30mg, Xartemis XR. Always applies.
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ORAL BISPHOSPHONATE AGENTS 2018

Products Affected

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

Details

Criteria	Prior use of one generic product (alendronate, ibandronate, risedronate) prior to filling any of the following: Actonel, Atelvia, Binosto, Boniva (oral), Fosamax, Fosamax Plus D. Always applies.
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OVERACTIVE BLADDER AGENTS (OAB) 2018

Products Affected

- DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL
- DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 4 MG ORAL
- DETROL TABLET 1 MG ORAL
- DETROL TABLET 2 MG ORAL
- DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL
- DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL
- ENABLEX TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL
- ENABLEX TABLET EXTENDED RELEASE 24 HOUR 7.5 MG ORAL
- GELNIQUE GEL 10 % TRANSDERMAL
- OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL

Details

Criteria	Prior use of one generic agent (oxybutynin, darfenicin, tolterodine, trospium) AND one preferred brand agent (Myrbetriq, Toviaz, Vesicare) prior to filling any of the following: Detrol, Detrol LA, Ditropan XL, Enablex, Gelnique, Oxytrol. Always applies.
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PROTON PUMP INHIBITORS (PPIs) 2018

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 capsule delayed release 20 mg oral*
- *esomeprazole magnesium capsule delayed release 40 mg oral*
- *esomeprazole sodium solution reconstituted 20 mg intravenous*
- *esomeprazole sodium solution reconstituted 40 mg intravenous*
- *esomeprazole strontium capsule delayed release 49.3 mg oral*
- NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL
- NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL
- NEXIUM I.V. SOLUTION RECONSTITUTED 40 MG INTRAVENOUS
- NEXIUM PACKET 10 MG ORAL
- NEXIUM PACKET 2.5 MG ORAL
- NEXIUM PACKET 20 MG ORAL
- NEXIUM PACKET 40 MG ORAL
- NEXIUM PACKET 5 MG ORAL
- *omeprazole-sodium bicarbonate capsule 20-1100 mg oral*
- *omeprazole-sodium bicarbonate capsule 40-1100 mg oral*
- *omeprazole-sodium bicarbonate packet 20-1680 mg oral*
- *omeprazole-sodium bicarbonate packet 40-1680 mg oral*
- PREVACID CAPSULE DELAYED RELEASE 15 MG ORAL
- PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL
- PREVACID SOLUTAB TABLET DISPERSIBLE 15 MG ORAL
- PREVACID SOLUTAB TABLET DISPERSIBLE 30 MG ORAL
- PRILOSEC PACKET 10 MG ORAL
- PRILOSEC PACKET 2.5 MG ORAL
- PROTONIX PACKET 40 MG ORAL
- PROTONIX SOLUTION RECONSTITUTED 40 MG INTRAVENOUS
- 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	Prior use of all of the following generic agents (lansoprazole, omeprazole and pantoprazole) prior to filling any of the following: Aciphex, Dexilant, esomeprazole, Nexium, omeprazole/bicarbonate, Prevacid, Prilosec, Protonix, rabeprazole, Zegerid. Always applies.
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RAYALDEE 2018

Products Affected

- RAYALDEE CAPSULE EXTENDED
RELEASE 30 MCG ORAL

Details

Criteria	Prior use of calcitriol. Always applies.
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RELISTOR ORAL 2018

Products Affected

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

Details

Criteria	Prior use of Amitiza prior to filling Relistor, Symproic oral tablets. Always Applies.
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RENIN INHIBITORS 2018

Products Affected

- TEKTURNA HCT TABLET 150-12.5 MG ORAL
- TEKTURNA HCT TABLET 150-25 MG ORAL
- TEKTURNA HCT TABLET 300-12.5 MG ORAL
- TEKTURNA HCT TABLET 300-25 MG ORAL
- TEKTURNA TABLET 150 MG ORAL
- TEKTURNA TABLET 300 MG ORAL

Details

Criteria	<p>Prior use of one generic ACE inhibitor (benazepril, benazepril/HCTZ, captopril, captopril/HCTZ, enalapril, enalapril/HCTZ, fosinopril, fosinopril/HCTZ, lisinopril, lisinopril/HCTZ, moexipril, moexipril/HCTZ, perindopril, quinapril, quinapril/HCTZ, ramipril, trandolapril, trandolapril/verapamil) or one generic ARB (candesartan, candesartan/HCTZ, eprosartan, irbesartan, irbesartan/HCTZ, losartan, losartan/HCTZ, olmesartan, olmesartan/amlodipine/HCTZ, olmesartan/amlodipine, olmesartan/HCTZ, telmisartan, telmisartan/hctz, telmisartan/amlodipine, valsartan, valsartan/amlodipine, valsartan/amlodipine/HCTZ, valsartan/HCTZ) prior to filling either of the following: Tekturna, Tekturna HCT. Always Applies.</p>
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REQUIP XL 2018

Products Affected

- REQUIP XL TABLET EXTENDED
RELEASE 24 HOUR 12 MG ORAL
- REQUIP XL TABLET EXTENDED
RELEASE 24 HOUR 2 MG ORAL
- REQUIP XL TABLET EXTENDED
RELEASE 24 HOUR 4 MG ORAL
- REQUIP XL TABLET EXTENDED
RELEASE 24 HOUR 6 MG ORAL
- REQUIP XL TABLET EXTENDED
RELEASE 24 HOUR 8 MG ORAL

Details

Criteria	Prior use of generic ropinirole prior to filling Requip XL. Always applies.
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SGLT2 ANTI-DIABETICS 2018

Products Affected

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

Details

Criteria	Prior use of metformin or formulary metformin containing products AND either Invokana or Invokamet or Jardiance or Synjardy prior to filling: Farxiga, Qtern, Steglatro, Steglujan, Segluromet or Xigduo XR. Always applies.
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STATINS 2018

Products Affected

- ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 20 MG ORAL
- ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 40 MG ORAL
- ALTOPREV TABLET EXTENDED RELEASE 24 HOUR 60 MG ORAL
- CRESTOR TABLET 10 MG ORAL
- CRESTOR TABLET 20 MG ORAL
- CRESTOR TABLET 40 MG ORAL
- CRESTOR TABLET 5 MG ORAL
- *flolipid suspension 20 mg/5ml oral*
- *flolipid suspension 40 mg/5ml oral*
- LESCOLOL 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
- LIVALO TABLET 1 MG ORAL
- LIVALO TABLET 2 MG ORAL
- LIVALO TABLET 4 MG ORAL
- PRAVACHOL TABLET 20 MG ORAL
- PRAVACHOL TABLET 40 MG ORAL
- PRAVACHOL TABLET 80 MG ORAL
- ZOCOR TABLET 10 MG ORAL
- ZOCOR TABLET 20 MG ORAL
- ZOCOR TABLET 40 MG ORAL
- ZOCOR TABLET 80 MG ORAL
- ZYPITAMAG TABLET 1 MG ORAL
- ZYPITAMAG TABLET 2 MG ORAL
- ZYPITAMAG TABLET 4 MG ORAL

Details

Criteria	Prior use of one generic statin (atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin) prior to filling any of the following: Altoprev, Crestor, Flolipid, Lescol XL, Lipitor, Livalo, Mevacor, Pravachol, Zocor, Zypitamag. Always applies.
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TETRACYCLINES 2018

Products Affected

- DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL
- DORYX TABLET DELAYED RELEASE 200 MG ORAL
- DORYX TABLET DELAYED RELEASE 50 MG ORAL
- MINOCIN CAPSULE 100 MG ORAL
- MINOCIN CAPSULE 50 MG ORAL
- MINOCIN SOLUTION RECONSTITUTED 100 MG INTRAVENOUS
- SOLODYN TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL
- SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115 MG ORAL
- SOLODYN TABLET EXTENDED RELEASE 24 HOUR 55 MG ORAL
- SOLODYN TABLET EXTENDED RELEASE 24 HOUR 65 MG ORAL
- SOLODYN TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL
- TARGADOX TABLET 50 MG ORAL
- VIBRAMYCIN CAPSULE 100 MG ORAL
- VIBRAMYCIN SUSPENSION RECONSTITUTED 25 MG/5ML ORAL
- VIBRAMYCIN SYRUP 50 MG/5ML ORAL
- XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 135 MG ORAL
- XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 45 MG ORAL
- XIMINO CAPSULE EXTENDED RELEASE 24 HOUR 90 MG ORAL

Details

Criteria	Prior use of one generic product (doxycycline, minocycline, tetracycline) prior to filling any of the following: Acticlate, Adoxa, Doryx, Minocin, Monodox, Ocudox, Solodyn, Vibramycin. Always applies.
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TRELEGY 2018

Products Affected

- TRELEGY ELLIPTA AEROSOL POWDER
BREATH ACTIVATED 100-62.5-25
MCG/INH INHALATION

Details

Criteria	Prior use of Breo Ellipta or Anoro Ellipta prior to filling Trelegy. Always applies.
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TRINTELLIX/VIIBRYD 2018

Products Affected

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

Details

Criteria	Prior use of (1) one generic SSRI (e.g. citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline) OR (2) one generic SNRI (e.g. desvenlafaxine ER, duloxetine, venlafaxine, venlafaxine ER) prior to filling Trintellix OR Viibryd. Applies to new starts.
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TRULANCE 2018

Products Affected

- TRULANCE TABLET 3 MG ORAL

Details

Criteria	Prior use of lactulose and Linzess prior to filling Trulance. Always applies.
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VIMOVO 2018

Products Affected

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

Details

Criteria	Prior use of three of the following: celecoxib, diclofenac, etodolac, ibuprofen, meloxicam, naproxen and three of the following: esomeprazole, pantoprazole, omeprazole, rabeprazole prior to filling Vimovo. Always applies.
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XIIDRA 2018

Products Affected

- XIIDRA SOLUTION 5 % OPHTHALMIC

Details

Criteria	Prior use of Restasis prior to filling Xiidra. Always Applies.
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ASMANEX 120 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION..	24	BENICAR HCT TABLET 40-12.5 MG ORAL.....	9
ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 110 MCG/INH INHALATION..	24	BENICAR HCT TABLET 40-25 MG ORAL....	9
ASMANEX 30 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION..	24	BENICAR TABLET 20 MG ORAL.....	9
ASMANEX 60 METERED DOSES AEROSOL POWDER BREATH ACTIVATED 220 MCG/INH INHALATION..	24	BENICAR TABLET 40 MG ORAL.....	9
ASMANEX HFA AEROSOL 100 MCG/ACT INHALATION.....	24	BENICAR TABLET 5 MG ORAL.....	9
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ATACAND HCT TABLET 32-12.5 MG ORAL.....	9	BYETTA 10 MCG PEN SOLUTION PEN- INJECTOR 10 MCG/0.04ML SUBCUTANEOUS.....	22
ATACAND HCT TABLET 32-25 MG ORAL...	9	BYETTA 5 MCG PEN SOLUTION PEN- INJECTOR 5 MCG/0.02ML SUBCUTANEOUS.....	22
ATACAND TABLET 16 MG ORAL.....	9	CAMBIA PACKET 50 MG ORAL.....	11
ATACAND TABLET 32 MG ORAL.....	9	CELEBREX CAPSULE 100 MG ORAL.....	13
ATACAND TABLET 4 MG ORAL.....	9	CELEBREX CAPSULE 200 MG ORAL.....	13
ATACAND TABLET 8 MG ORAL.....	9	CELEBREX CAPSULE 400 MG ORAL.....	13
ATELVIA TABLET DELAYED RELEASE 35 MG ORAL.....	36	CELEBREX CAPSULE 50 MG ORAL.....	13
ATIVAN TABLET 0.5 MG ORAL.....	8	CELEXA TABLET 10 MG ORAL.....	6
ATIVAN TABLET 1 MG ORAL.....	8	CELEXA TABLET 20 MG ORAL.....	6
ATIVAN TABLET 2 MG ORAL.....	8	CELEXA TABLET 40 MG ORAL.....	6
AVALIDE TABLET 150-12.5 MG ORAL.....	9	CONCERTA TABLET EXTENDED RELEASE 18 MG ORAL.....	14
AVALIDE TABLET 300-12.5 MG ORAL.....	9	CONCERTA TABLET EXTENDED RELEASE 27 MG ORAL.....	14
AVAPRO TABLET 150 MG ORAL.....	9	CONCERTA TABLET EXTENDED RELEASE 36 MG ORAL.....	14
AVAPRO TABLET 300 MG ORAL.....	9	CONCERTA TABLET EXTENDED RELEASE 54 MG ORAL.....	14
AVAPRO TABLET 75 MG ORAL.....	9	CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	16
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AZOR TABLET 10-40 MG ORAL.....	9	CONZIP CAPSULE EXTENDED RELEASE 24 HOUR 300 MG ORAL.....	16
AZOR TABLET 5-20 MG ORAL.....	9	COZAAR TABLET 100 MG ORAL.....	9
AZOR TABLET 5-40 MG ORAL.....	9	COZAAR TABLET 25 MG ORAL.....	9
BASAGLAR KWIKPEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	7	COZAAR TABLET 50 MG ORAL.....	9
		CRESTOR TABLET 10 MG ORAL.....	44
		CRESTOR TABLET 20 MG ORAL.....	44
		CRESTOR TABLET 40 MG ORAL.....	44
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DAYTRANA PATCH 10 MG/9HR TRANSDERMAL.....	14	DUZALLO TABLET 200-300 MG ORAL.....	20
DAYTRANA PATCH 15 MG/9HR TRANSDERMAL.....	14	DYANA VEL XR SUSPENSION EXTENDED RELEASE 2.5 MG/ML ORAL..	14
DAYTRANA PATCH 20 MG/9HR TRANSDERMAL.....	14	DYMISTA SUSPENSION 137-50 MCG/ACT NASAL.....	21
DAYTRANA PATCH 30 MG/9HR TRANSDERMAL.....	14	EDARBI TABLET 40 MG ORAL.....	9
DESOXYN TABLET 5 MG ORAL.....	14	EDARBI TABLET 80 MG ORAL.....	9
DETROL LA CAPSULE EXTENDED RELEASE 24 HOUR 2 MG ORAL.....	37	EDARBYCLOR TABLET 40-12.5 MG ORAL.....	9
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DETROL TABLET 1 MG ORAL.....	37	ENABLEX TABLET EXTENDED RELEASE 24 HOUR 15 MG ORAL.....	37
DETROL TABLET 2 MG ORAL.....	37	ENABLEX TABLET EXTENDED RELEASE 24 HOUR 7.5 MG ORAL.....	37
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	14	<i>esomeprazole magnesium capsule delayed release 20 mg oral.....</i>	38
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL.....	14	<i>esomeprazole magnesium capsule delayed release 40 mg oral.....</i>	38
DEXEDRINE CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL.....	14	<i>esomeprazole sodium solution reconstituted 20 mg intravenous.....</i>	38
DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL.....	38	<i>esomeprazole sodium solution reconstituted 40 mg intravenous.....</i>	38
DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL.....	38	<i>esomeprazole strontium capsule delayed release 49.3 mg oral.....</i>	38
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DILAUDID TABLET 2 MG ORAL.....	35	EXFORGE HCT TABLET 10-160-25 MG ORAL.....	9
DIOVAN HCT TABLET 160-12.5 MG ORAL.....	9	EXFORGE HCT TABLET 10-320-25 MG ORAL.....	9
DIOVAN HCT TABLET 160-25 MG ORAL....	9	EXFORGE HCT TABLET 5-160-12.5 MG ORAL.....	9
DIOVAN HCT TABLET 320-12.5 MG ORAL.....	9	EXFORGE HCT TABLET 5-160-25 MG ORAL.....	9
DIOVAN HCT TABLET 320-25 MG ORAL....	9	EXFORGE TABLET 10-160 MG ORAL.....	9
DIOVAN HCT TABLET 80-12.5 MG ORAL...	9	EXFORGE TABLET 10-320 MG ORAL.....	9
DIOVAN TABLET 160 MG ORAL.....	9	EXFORGE TABLET 5-160 MG ORAL.....	9
DIOVAN TABLET 320 MG ORAL.....	9	EXFORGE TABLET 5-320 MG ORAL.....	9
DIOVAN TABLET 40 MG ORAL.....	9	EXTAVIA KIT 0.3 MG SUBCUTANEOUS...	31
DIOVAN TABLET 80 MG ORAL.....	9	FANAPT TABLET 1 MG ORAL.....	12
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	37	FANAPT TABLET 10 MG ORAL.....	12
DITROPAN XL TABLET EXTENDED RELEASE 24 HOUR 5 MG ORAL.....	37	FANAPT TABLET 12 MG ORAL.....	12
DORYX MPC TABLET DELAYED RELEASE 120 MG ORAL.....	45	FANAPT TABLET 2 MG ORAL.....	12
DORYX TABLET DELAYED RELEASE 200 MG ORAL.....	45	FANAPT TABLET 4 MG ORAL.....	12
DORYX TABLET DELAYED RELEASE 50 MG ORAL.....	45	FANAPT TABLET 6 MG ORAL.....	12
DUEXIS TABLET 800-26.6 MG ORAL.....	19	FANAPT TABLET 8 MG ORAL.....	12
		FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL.....	12
		FARXIGA TABLET 10 MG ORAL.....	43

FARXIGA TABLET 5 MG ORAL.....	43	GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL.....	27
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL.....	5	HUMALOG JUNIOR KWIKPEN SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	23
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	5	HUMALOG KWIKPEN SOLUTION PEN- INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	23
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	5	HUMALOG KWIKPEN SOLUTION PEN- INJECTOR 200 UNIT/ML SUBCUTANEOUS.....	23
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	5	HUMALOG MIX 50/50 KWIKPEN SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML SUBCUTANEOUS.....	23
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL.....	5	HUMALOG MIX 50/50 SUSPENSION (50- 50) 100 UNIT/ML SUBCUTANEOUS.....	23
<i>flolipid suspension 20 mg/5ml oral.....</i>	44	HUMALOG MIX 75/25 KWIKPEN SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML SUBCUTANEOUS.....	23
<i>flolipid suspension 40 mg/5ml oral.....</i>	44	HUMALOG MIX 75/25 SUSPENSION (75- 25) 100 UNIT/ML SUBCUTANEOUS.....	23
FOCALIN TABLET 10 MG ORAL.....	14	HUMALOG SOLUTION 100 UNIT/ML SUBCUTANEOUS.....	23
FOCALIN TABLET 2.5 MG ORAL.....	14	HUMALOG SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS.....	23
FOCALIN TABLET 5 MG ORAL.....	14	HUMULIN 70/30 KWIKPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS.....	23
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	14	HUMULIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS.....	23
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL.....	14	HUMULIN N KWIKPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	23
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	14	HUMULIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS.....	23
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	14	HUMULIN R SOLUTION 100 UNIT/ML INJECTION.....	23
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL.....	14	HYZAAR TABLET 100-12.5 MG ORAL.....	9
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL.....	14	HYZAAR TABLET 100-25 MG ORAL.....	9
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	14	HYZAAR TABLET 50-12.5 MG ORAL.....	9
FOCALIN XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL.....	14	IMITREX SOLUTION 20 MG/ACT NASAL..	29
FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL.....	10	IMITREX SOLUTION 5 MG/ACT NASAL....	29
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL.....	27	IMITREX SOLUTION 6 MG/0.5ML SUBCUTANEOUS.....	29
FORTAMET TABLET EXTENDED RELEASE 24 HOUR 500 MG ORAL.....	27	IMITREX STATDOSE REFILL SOLUTION CARTRIDGE 6 MG/0.5ML SUBCUTANEOUS.....	29
FOSAMAX PLUS D TABLET 70-2800 MG- UNIT ORAL.....	36		
FOSAMAX PLUS D TABLET 70-5600 MG- UNIT ORAL.....	36		
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FROVA TABLET 2.5 MG ORAL.....	29		
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GLUMETZA TABLET EXTENDED RELEASE 24 HOUR 1000 MG ORAL.....	27		

IMITREX STATDOSE SYSTEM SOLUTION AUTO-INJECTOR 4 MG/0.5ML SUBCUTANEOUS.....	29	LEXAPRO TABLET 5 MG ORAL.....	6
IMITREX TABLET 100 MG ORAL.....	29	LIPITOR TABLET 10 MG ORAL.....	44
IMITREX TABLET 25 MG ORAL.....	29	LIPITOR TABLET 20 MG ORAL.....	44
IMITREX TABLET 50 MG ORAL.....	29	LIPITOR TABLET 40 MG ORAL.....	44
INCRUSE ELLIPTA AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/INH INHALATION.....	25	LIPITOR TABLET 80 MG ORAL.....	44
JENTADUETO TABLET 2.5-1000 MG ORAL.....	18	LIVALO TABLET 1 MG ORAL.....	44
JENTADUETO TABLET 2.5-500 MG ORAL.....	18	LIVALO TABLET 2 MG ORAL.....	44
JENTADUETO TABLET 2.5-850 MG ORAL.....	18	LIVALO TABLET 4 MG ORAL.....	44
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL...	18	LONHALA MAGNAIR STARTER KIT SOLUTION 25 MCG/ML INHALATION.....	26
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	18	MAXALT TABLET 10 MG ORAL.....	29
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	30	MAXALT-MLT TABLET DISPERSIBLE 10 MG ORAL.....	29
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	30	MAXALT-MLT TABLET DISPERSIBLE 5 MG ORAL.....	29
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL.....	30	METADATE ER TABLET EXTENDED RELEASE 20 MG ORAL.....	14
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	30	<i>metformin hcl er (mod) tablet extended release 24 hour 1000 mg oral.....</i>	27
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	30	<i>metformin hcl er (mod) tablet extended release 24 hour 500 mg oral.....</i>	27
KADIAN CAPSULE EXTENDED RELEASE 24 HOUR 60 MG ORAL.....	30	<i>metformin hcl er (osm) tablet extended release 24 hour 1000 mg oral.....</i>	27
KAZANO TABLET 12.5-1000 MG ORAL.....	18	<i>metformin hcl er (osm) tablet extended release 24 hour 500 mg oral.....</i>	27
KAZANO TABLET 12.5-500 MG ORAL.....	18	METHYLIN SOLUTION 10 MG/5ML ORAL...	14
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	5	METHYLIN SOLUTION 5 MG/5ML ORAL...	14
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	5	MICARDIS HCT TABLET 40-12.5 MG ORAL.....	28
KLONOPIN TABLET 0.5 MG ORAL.....	8	MICARDIS HCT TABLET 80-12.5 MG ORAL.....	28
KLONOPIN TABLET 1 MG ORAL.....	8	MICARDIS HCT TABLET 80-25 MG ORAL	28
KLONOPIN TABLET 2 MG ORAL.....	8	MICARDIS TABLET 20 MG ORAL.....	28
LATUDA TABLET 120 MG ORAL.....	12	MICARDIS TABLET 40 MG ORAL.....	28
LATUDA TABLET 20 MG ORAL.....	12	MICARDIS TABLET 80 MG ORAL.....	28
LATUDA TABLET 40 MG ORAL.....	12	MINOCIN CAPSULE 100 MG ORAL.....	45
LATUDA TABLET 60 MG ORAL.....	12	MINOCIN CAPSULE 50 MG ORAL.....	45
LATUDA TABLET 80 MG ORAL.....	12	MINOCIN SOLUTION RECONSTITUTED 100 MG INTRAVENOUS.....	45
LESCOL XL TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	44	MS CONTIN TABLET EXTENDED RELEASE 15 MG ORAL.....	30
LEXAPRO TABLET 10 MG ORAL.....	6	MS CONTIN TABLET EXTENDED RELEASE 30 MG ORAL.....	30
LEXAPRO TABLET 20 MG ORAL.....	6	MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL.....	14
		MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	14
		MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	14

MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	14	PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 12.5 MG ORAL.....	6
NASONEX SUSPENSION 50 MCG/ACT NASAL.....	32	PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	6
NESINA TABLET 12.5 MG ORAL.....	18	PAXIL CR TABLET EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	6
NESINA TABLET 25 MG ORAL.....	18	PAXIL TABLET 10 MG ORAL.....	6
NESINA TABLET 6.25 MG ORAL.....	18	PAXIL TABLET 20 MG ORAL.....	6
NEXIUM CAPSULE DELAYED RELEASE 20 MG ORAL.....	38	PAXIL TABLET 30 MG ORAL.....	6
NEXIUM CAPSULE DELAYED RELEASE 40 MG ORAL.....	38	PAXIL TABLET 40 MG ORAL.....	6
NEXIUM I.V. SOLUTION RECONSTITUTED 40 MG INTRAVENOUS.....	38	PERCOCET TABLET 10-325 MG ORAL... 35	
NEXIUM PACKET 10 MG ORAL.....	38	PERCOCET TABLET 2.5-325 MG ORAL... 35	
NEXIUM PACKET 2.5 MG ORAL.....	38	PERCOCET TABLET 5-325 MG ORAL..... 35	
NEXIUM PACKET 20 MG ORAL.....	38	PERCOCET TABLET 7.5-325 MG ORAL... 35	
NEXIUM PACKET 40 MG ORAL.....	38	PEXEVA TABLET 10 MG ORAL.....	6
NEXIUM PACKET 5 MG ORAL.....	38	PEXEVA TABLET 20 MG ORAL.....	6
NOCTIVA EMULSION 0.83 MCG/0.1ML NASAL.....	33	PEXEVA TABLET 30 MG ORAL.....	6
NOCTIVA EMULSION 1.66 MCG/0.1ML NASAL.....	33	PEXEVA TABLET 40 MG ORAL.....	6
NUCYNTA TABLET 50 MG ORAL.....	35	PRAVACHOL TABLET 20 MG ORAL.....	44
<i>omeprazole-sodium bicarbonate capsule 20-1100 mg oral.....</i>	38	PRAVACHOL TABLET 40 MG ORAL.....	44
<i>omeprazole-sodium bicarbonate capsule 40-1100 mg oral.....</i>	38	PRAVACHOL TABLET 80 MG ORAL.....	44
<i>omeprazole-sodium bicarbonate packet 20-1680 mg oral.....</i>	38	PREVACID CAPSULE DELAYED RELEASE 15 MG ORAL.....	38
<i>omeprazole-sodium bicarbonate packet 40-1680 mg oral.....</i>	38	PREVACID CAPSULE DELAYED RELEASE 30 MG ORAL.....	38
OMNARIS SUSPENSION 50 MCG/ACT NASAL.....	32	PREVACID SOLUTAB TABLET DISPERSIBLE 15 MG ORAL.....	38
ONZETRA XSAIL EXHALER POWDER 11 MG/NOSEPC NASAL.....	29	PREVACID SOLUTAB TABLET DISPERSIBLE 30 MG ORAL.....	38
OPANA TABLET 5 MG ORAL.....	35	PRILOSEC PACKET 10 MG ORAL.....	38
OSENI TABLET 12.5-15 MG ORAL.....	18	PRILOSEC PACKET 2.5 MG ORAL.....	38
OSENI TABLET 12.5-30 MG ORAL.....	18	PRIMLEV TABLET 10-300 MG ORAL.....	35
OSENI TABLET 12.5-45 MG ORAL.....	18	PRIMLEV TABLET 5-300 MG ORAL.....	35
OSENI TABLET 25-15 MG ORAL.....	18	PRIMLEV TABLET 7.5-300 MG ORAL.....	35
OSENI TABLET 25-30 MG ORAL.....	18	PROTONIX PACKET 40 MG ORAL.....	38
OSENI TABLET 25-45 MG ORAL.....	18	PROTONIX SOLUTION RECONSTITUTED 40 MG INTRAVENOUS.....	38
OXYTROL PATCH TWICE WEEKLY 3.9 MG/24HR TRANSDERMAL.....	37	PROTONIX TABLET DELAYED RELEASE 20 MG ORAL.....	38
OZEMPIC SOLUTION PEN-INJECTOR 0.25 OR 0.5 MG/DOSE SUBCUTANEOUS	22	PROTONIX TABLET DELAYED RELEASE 40 MG ORAL.....	38
OZEMPIC SOLUTION PEN-INJECTOR 1 MG/DOSE SUBCUTANEOUS.....	22	PROVENTIL HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION.....	4
		PROZAC CAPSULE 10 MG ORAL.....	6
		PROZAC CAPSULE 20 MG ORAL.....	6
		PROZAC CAPSULE 40 MG ORAL.....	6

PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT INHALATION.....	24	REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 6 MG ORAL.....	42
PULMICORT FLEXHALER AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT INHALATION.....	24	REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 8 MG ORAL.....	42
QNASL AEROSOL SOLUTION 80 MCG/ACT NASAL.....	32	RESTORIL CAPSULE 15 MG ORAL.....	8
QNASL CHILDRENS AEROSOL SOLUTION 40 MCG/ACT NASAL.....	32	RESTORIL CAPSULE 22.5 MG ORAL.....	8
QTERN TABLET 10-5 MG ORAL.....	43	RESTORIL CAPSULE 30 MG ORAL.....	8
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL.....	14	RESTORIL CAPSULE 7.5 MG ORAL.....	8
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL.....	14	REXULTI TABLET 0.25 MG ORAL.....	12
QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL.....	14	REXULTI TABLET 0.5 MG ORAL.....	12
QUILLIVANT XR SUSPENSION RECONSTITUTED 25 MG/5ML ORAL.....	14	REXULTI TABLET 1 MG ORAL.....	12
<i>rabeprazole sodium tablet delayed release 20 mg oral.....</i>	38	REXULTI TABLET 2 MG ORAL.....	12
RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL.....	39	REXULTI TABLET 3 MG ORAL.....	12
REBIF REBIDOSE SOLUTION AUTO- INJECTOR 22 MCG/0.5ML SUBCUTANEOUS.....	31	REXULTI TABLET 4 MG ORAL.....	12
REBIF REBIDOSE SOLUTION AUTO- INJECTOR 44 MCG/0.5ML SUBCUTANEOUS.....	31	RHOPRESSA SOLUTION 0.02 % OPHTHALMIC.....	34
REBIF REBIDOSE TITRATION PACK SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG SUBCUTANEOUS.....	31	RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL.....	14
REBIF SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML SUBCUTANEOUS.....	31	RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	14
REBIF SOLUTION PREFILLED SYRINGE 44 MCG/0.5ML SUBCUTANEOUS.....	31	RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL.....	14
REBIF TITRATION PACK SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG SUBCUTANEOUS.....	31	RITALIN LA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	14
RELISTOR TABLET 150 MG ORAL.....	40	RITALIN TABLET 10 MG ORAL.....	14
RELPAK TABLET 20 MG ORAL.....	29	RITALIN TABLET 20 MG ORAL.....	14
RELPAK TABLET 40 MG ORAL.....	29	RITALIN TABLET 5 MG ORAL.....	14
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 12 MG ORAL.....	42	ROXICODONE TABLET 15 MG ORAL.....	35
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 2 MG ORAL.....	42	ROXICODONE TABLET 5 MG ORAL.....	35
REQUIP XL TABLET EXTENDED RELEASE 24 HOUR 4 MG ORAL.....	42	SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL.....	12
		SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL.....	12
		SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL.....	12
		SEGLUROMET TABLET 2.5-1000 MG ORAL.....	43
		SEGLUROMET TABLET 2.5-500 MG ORAL.....	43
		SEGLUROMET TABLET 7.5-1000 MG ORAL.....	43
		SEGLUROMET TABLET 7.5-500 MG ORAL.....	43
		SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS...22	
		SOLODYN TABLET EXTENDED RELEASE 24 HOUR 105 MG ORAL.....	45
		SOLODYN TABLET EXTENDED RELEASE 24 HOUR 115 MG ORAL.....	45

SOLODYN TABLET EXTENDED RELEASE 24 HOUR 55 MG ORAL.....	45	VIBRAMYCIN SYRUP 50 MG/5ML ORAL..	45
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 65 MG ORAL.....	45	VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL.....	47
SOLODYN TABLET EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	45	VIIBRYD TABLET 10 MG ORAL.....	47
STEGLATRO TABLET 15 MG ORAL.....	43	VIIBRYD TABLET 20 MG ORAL.....	47
STEGLATRO TABLET 5 MG ORAL.....	43	VIIBRYD TABLET 40 MG ORAL.....	47
STEGLUJAN TABLET 15-100 MG ORAL...	43	VIMOVO TABLET DELAYED RELEASE 375-20 MG ORAL.....	49
STEGLUJAN TABLET 5-100 MG ORAL.....	43	VIMOVO TABLET DELAYED RELEASE 500-20 MG ORAL.....	49
SYMPROIC TABLET 0.2 MG ORAL.....	40	VRAYLAR CAPSULE 1.5 MG ORAL.....	12
TARGADOX TABLET 50 MG ORAL.....	45	VRAYLAR CAPSULE 3 MG ORAL.....	12
TEKTURNA HCT TABLET 150-12.5 MG ORAL.....	41	VRAYLAR CAPSULE 4.5 MG ORAL.....	12
TEKTURNA HCT TABLET 150-25 MG ORAL.....	41	VRAYLAR CAPSULE 6 MG ORAL.....	12
TEKTURNA HCT TABLET 300-12.5 MG ORAL.....	41	VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL.....	12
TEKTURNA HCT TABLET 300-25 MG ORAL.....	41	VYZULTA SOLUTION 0.024 % OPHTHALMIC.....	34
TEKTURNA TABLET 150 MG ORAL.....	41	XALATAN SOLUTION 0.005 % OPHTHALMIC.....	34
TEKTURNA TABLET 300 MG ORAL.....	41	XANAX TABLET 0.25 MG ORAL.....	8
TRADJENTA TABLET 5 MG ORAL.....	18	XANAX TABLET 0.5 MG ORAL.....	8
TRANXENE-T TABLET 7.5 MG ORAL.....	8	XANAX TABLET 1 MG ORAL.....	8
TRAVATAN Z SOLUTION 0.004 % OPHTHALMIC.....	34	XANAX TABLET 2 MG ORAL.....	8
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION.....	46	XANAX XR TABLET EXTENDED RELEASE 24 HOUR 0.5 MG ORAL.....	8
TREXIMET TABLET 10-60 MG ORAL.....	29	XANAX XR TABLET EXTENDED RELEASE 24 HOUR 1 MG ORAL.....	8
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