

2021 Priority Health Medicare Step Therapy Criteria

An alphabetical index by drug name appears after the drug
criteria listings.

Last updated: June 2021

Apidra

Products Affected

- APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- APIDRA SOLUTION 100 UNIT/ML INJECTION

Details

Criteria	Must first try Humalog or Humalog Mix.
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Aptiom

Products Affected

- APTIOM TABLET 200 MG ORAL
- APTIOM TABLET 400 MG ORAL
- APTIOM TABLET 600 MG ORAL
- APTIOM TABLET 800 MG ORAL

Details

Criteria	Must first try oxcarbazepine.
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asenapine maleate

Products Affected

- *asenapine maleate tablet sublingual 10 mg sublingual*
- *asenapine maleate tablet sublingual 2.5 mg sublingual*
- *asenapine maleate tablet sublingual 5 mg sublingual*

Details

Criteria	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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Briviact

Products Affected

- BRIVIACT SOLUTION 10 MG/ML ORAL
- BRIVIACT TABLET 10 MG ORAL
- BRIVIACT TABLET 100 MG ORAL
- BRIVIACT TABLET 25 MG ORAL
- BRIVIACT TABLET 50 MG ORAL
- BRIVIACT TABLET 75 MG ORAL

Details

Criteria	Must first try levetiracetam.
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Calcitriol Ointment

Products Affected

- *calcitriol ointment 3 mcg/gm external*

Details

Criteria	Must first try calcipotriene.
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Desvenlafaxine ER (generic Khedezla)

Products Affected

- *desvenlafaxine er tablet extended release 24 hour 100 mg oral*
- *desvenlafaxine er tablet extended release 24 hour 50 mg oral*

Details

Criteria	Must first try one of venlafaxine or venlafaxine ER.
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Dificid

Products Affected

- DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL
- DIFICID TABLET 200 MG ORAL

Details

Criteria	Confirms trial with vancomycin before authorizing a prescription for Dificid.
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Durezol

Products Affected

- DUREZOL EMULSION 0.05 %
OPHTHALMIC

Details

Criteria	Must first try one generic steroid eye drop.
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Emsam

Products Affected

- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL

Details

Criteria	Must first try one generic antidepressant.
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Fanapt

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

Details

Criteria	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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Fetzima

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

Details

Criteria	Must first try two of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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Fiasp

Products Affected

- FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS
- FIASP PENFILL SOLUTION CARTRIDGE

Details

Criteria	Must first try Humalog or Humalog Mix.
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Insulin Aspart

Products Affected

- *insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous*
- *insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous*
- *insulin aspart penfill solution cartridge 100 unit/ml subcutaneous*
- *insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous*
- *insulin aspart solution 100 unit/ml subcutaneous*

Details

Criteria	Must first try Humalog, Humalog Mix, or Lyumjev.
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Invokamet

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

Details

Criteria	Must first try one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR. If one of the preferred agents lack FDA or compendia support for a requested condition, step therapy will not be required (e.g., diabetic nephropathy).
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Invokamet XR

Products Affected

- 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

Details

Criteria	Must first try one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR. If one of the preferred agents lack FDA or compendia support for a requested condition, step therapy will not be required (e.g., diabetic nephropathy).
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Invokana

Products Affected

- INVOKANA TABLET 100 MG ORAL
- INVOKANA TABLET 300 MG ORAL

Details

Criteria	Must first try one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR. If one of the preferred agents lack FDA or compendia support for a requested condition, step therapy will not be required (e.g., diabetic nephropathy).
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Klisyri

Products Affected

- KLISYRI OINTMENT 1 % EXTERNAL

Details

Criteria	Must first try topical imiquimod and fluorouracil.
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Kombiglyze XR

Products Affected

- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL

Details

Criteria	Must first try one of Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, Jentadueto XR, or Trijardy XR.
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Latuda

Products Affected

- 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

Details

Criteria	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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Lotemax

Products Affected

- LOTEMAX OINTMENT 0.5 % OPTHALMIC
- LOTEMAX SM GEL 0.38 % OPTHALMIC

Details

Criteria	Must first try one generic steroid.
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loteprednol etabonate

Products Affected

- *loteprednol etabonate gel 0.5 % ophthalmic* *ophthalmic*
- *loteprednol etabonate suspension 0.5 %*

Details

Criteria	Must first try one generic steroid.
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Lumigan

Products Affected

- LUMIGAN SOLUTION 0.01 %
OPHTHALMIC

Details

Criteria	Patient must first try one of latanoprost or bimatoprost.
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Movantik

Products Affected

- MOVANTIK TABLET 12.5 MG ORAL
- MOVANTIK TABLET 25 MG ORAL

Details

Criteria	Must first try lactulose and Amitiza.
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Neupro

Products Affected

- NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL

Details

Criteria	Confirms a trial with two of ropinirole, ropinirole er, or pramipexole before Neupro will be authorized.
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Novolin

Products Affected

- NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS
- NOVOLIN R FLEXPEN SOLUTION PEN-INJECTOR 100 UNIT/ML INJECTION
- NOVOLIN R SOLUTION 100 UNIT/ML INJECTION

Details

Criteria	Must first try Humulin R, Humulin N, or Humulin 70/30.
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Ongentys

Products Affected

- ONGENTYS CAPSULE 25 MG ORAL
- ONGENTYS CAPSULE 50 MG ORAL

Details

Criteria	Must first try entacapone.
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Onglyza

Products Affected

- ONGLYZA TABLET 2.5 MG ORAL
- ONGLYZA TABLET 5 MG ORAL

Details

Criteria	Must first try one of Januvia, Janumet, Janumet XR, Tradjenta, Jentadueto, Jentadueto XR, or Trijardy XR.
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Ozempic

Products Affected

- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS

Details

Criteria	
	Must first try one of Trulicity, Bydureon, or Byetta.

paliperidone ER

Products Affected

- *paliperidone er tablet extended release 24 hour 1.5 mg oral*
- *paliperidone er tablet extended release 24 hour 3 mg oral*
- *paliperidone er tablet extended release 24 hour 6 mg oral*
- *paliperidone er tablet extended release 24 hour 9 mg oral*

Details

Criteria	Must first try two of the following: aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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Pancreaze

Products Affected

- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 10500 UNIT ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 16800 UNIT ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 21000 UNIT ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 2600 UNIT ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 4200 UNIT ORAL

Details

Criteria	Must first try Creon.
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Picato

Products Affected

- PICATO GEL 0.015 % EXTERNAL
- PICATO GEL 0.05 % EXTERNAL

Details

Criteria	Confirms trial with imiquimod and fluorouracil before authorizing a prescription for Picato.
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Rexulti

Products Affected

- 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

Details

Criteria	Must first try two of the following: aripiprazole, clozapine, olanzapine, quetiapine, risperidone, or ziprasidone.
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Secuado

Products Affected

- 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

Details

Criteria	Must first try two of aripiprazole, olanzapine, quetiapine, risperidone, or ziprasidone.
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Segluromet

Products Affected

- 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

Details

Criteria	Must first try one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR.
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Steglatro

Products Affected

- STEGLATRO TABLET 15 MG ORAL
- STEGLATRO TABLET 5 MG ORAL

Details

Criteria	Must first try one of Jardiance, Synjardy, Farxiga, Trijardy XR or Xigduo XR.
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Symlin

Products Affected

- SYMLINPEN 120 SOLUTION PEN-INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS
- SYMLINPEN 60 SOLUTION PEN-INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS

Details

Criteria	Confirms concurrent use of rapid-acting insulin (Humalog, Humalog Mix, insulin aspart, insulin aspart protamine, Apidra, Humulin N, Humulin R, Humulin 70/30, Novolin, Novolin N, Novolin R, or Fiasp) before authorizing a prescription of Symliin.
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Topiramate ER

Products Affected

- *topiramate er capsule er 24 hour sprinkle 100 mg oral*
- *topiramate er capsule er 24 hour sprinkle 150 mg oral*
- *topiramate er capsule er 24 hour sprinkle 200 mg oral*
- *topiramate er capsule er 24 hour sprinkle 25 mg oral*
- *topiramate er capsule er 24 hour sprinkle 50 mg oral*

Details

Criteria	Patient must have tried generic topiramate before a prescription of topiramate ER will be authorized.
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travoprost 0.04 mg/ml ophthalmic solution

Products Affected

- *travoprost (bak free) solution 0.004 %
ophthalmic*

Details

Criteria	Patient must first try one of latanoprost or bimatoprost.
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Trintellix

Products Affected

- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL

Details

Criteria	Must first try two of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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Velphoro

Products Affected

- VELPHORO TABLET CHEWABLE 500 MG
ORAL

Details

Criteria	Must try calcium acetate before a prescription of Velphoro will be authorized.
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Victoza

Products Affected

- VICTOZA SOLUTION PEN-INJECTOR 18
MG/3ML SUBCUTANEOUS

Details

Criteria	Must first try one of Byetta, Bydureon, or Trulicity.
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Viibryd

Products Affected

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

Details

Criteria	Must first try two of duloxetine, venlafaxine XR, or desvenlafaxine ER.
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Viokace

Products Affected

- VIOKACE TABLET 10440 UNIT ORAL
- VIOKACE TABLET 20880 UNIT ORAL

Details

Criteria	Must first try Creon.
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Vraylar

Products Affected

- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

Details

Criteria	Must first try two of the following: aripiprazole, clozapine, olanzapine, quetiapine, risperidone, or ziprasidone.
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Zenpep

Products Affected

- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-14000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL
- ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL

Details

Criteria	Must first try Creon.
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Index

APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	2	FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	12
APIDRA SOLUTION 100 UNIT/ML INJECTION.....	2	FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	12
APTIOM TABLET 200 MG ORAL.....	3	FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	12
APTIOM TABLET 400 MG ORAL.....	3	FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL.....	12
APTIOM TABLET 600 MG ORAL.....	3	FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	13
APTIOM TABLET 800 MG ORAL.....	3	FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS.....	13
<i>asenapine maleate tablet sublingual 10 mg sublingual.....</i>	4	FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS.....	13
<i>asenapine maleate tablet sublingual 2.5 mg sublingual.....</i>	4	<i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous.....</i>	14
<i>asenapine maleate tablet sublingual 5 mg sublingual.....</i>	4	<i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous.....</i>	14
BRIVIACT SOLUTION 10 MG/ML ORAL.....	5	<i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous.....</i>	14
BRIVIACT TABLET 10 MG ORAL.....	5	<i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous.....</i>	14
BRIVIACT TABLET 100 MG ORAL.....	5	<i>insulin aspart solution 100 unit/ml subcutaneous.....</i>	14
BRIVIACT TABLET 25 MG ORAL.....	5	INVOKAMET TABLET 150-1000 MG ORAL.....	15
BRIVIACT TABLET 50 MG ORAL.....	5	INVOKAMET TABLET 150-500 MG ORAL.....	15
BRIVIACT TABLET 75 MG ORAL.....	5	INVOKAMET TABLET 50-1000 MG ORAL.....	15
<i>calcitriol ointment 3 mcg/gm external.....</i>	6	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL.....	16
<i>desvenlafaxine er tablet extended release 24 hour 100 mg oral.....</i>	7	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL.....	16
<i>desvenlafaxine er tablet extended release 24 hour 50 mg oral.....</i>	7	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL.....	16
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL.....	8	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL.....	16
DIFICID TABLET 200 MG ORAL.....	8	INVOKANA TABLET 100 MG ORAL.....	17
DUREZOL EMULSION 0.05 % OPHTHALMIC.....	9	INVOKANA TABLET 300 MG ORAL.....	17
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL.....	10	KLISYRI OINTMENT 1 % EXTERNAL.....	18
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL.....	10	KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL.....	19
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL.....	10	KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	19
FANAPT TABLET 1 MG ORAL.....	11		
FANAPT TABLET 10 MG ORAL.....	11		
FANAPT TABLET 12 MG ORAL.....	11		
FANAPT TABLET 2 MG ORAL.....	11		
FANAPT TABLET 4 MG ORAL.....	11		
FANAPT TABLET 6 MG ORAL.....	11		
FANAPT TABLET 8 MG ORAL.....	11		
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL.....	11		

KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL.....	19	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS.....	29
LATUDA TABLET 120 MG ORAL.....	20	OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS.....	29
LATUDA TABLET 20 MG ORAL.....	20	OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS.....	29
LATUDA TABLET 40 MG ORAL.....	20	<i>paliperidone er tablet extended release 24 hour 1.5 mg oral.....</i>	30
LATUDA TABLET 60 MG ORAL.....	20	<i>paliperidone er tablet extended release 24 hour 3 mg oral.....</i>	30
LATUDA TABLET 80 MG ORAL.....	20	<i>paliperidone er tablet extended release 24 hour 6 mg oral.....</i>	30
LOTEMAX OINTMENT 0.5 % OPHTHALMIC.....	21	<i>paliperidone er tablet extended release 24 hour 9 mg oral.....</i>	30
LOTEMAX SM GEL 0.38 % OPHTHALMIC.....	21	PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 10500 UNIT ORAL.....	31
<i>loteprednol etabonate gel 0.5 % ophthalmic.....</i>	22	PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 16800 UNIT ORAL.....	31
<i>loteprednol etabonate suspension 0.5 % ophthalmic.....</i>	22	PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 21000 UNIT ORAL.....	31
LUMIGAN SOLUTION 0.01 % OPHTHALMIC.....	23	PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 2600 UNIT ORAL..	31
MOVANTIK TABLET 12.5 MG ORAL.....	24	PANCREAZE CAPSULE DELAYED RELEASE PARTICLES 4200 UNIT ORAL..	31
MOVANTIK TABLET 25 MG ORAL.....	24	PICATO GEL 0.015 % EXTERNAL.....	32
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL.....	25	PICATO GEL 0.05 % EXTERNAL.....	32
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL.....	25	REXULTI TABLET 0.25 MG ORAL.....	33
NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL.....	25	REXULTI TABLET 0.5 MG ORAL.....	33
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL.....	25	REXULTI TABLET 1 MG ORAL.....	33
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL.....	25	REXULTI TABLET 2 MG ORAL.....	33
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL.....	25	REXULTI TABLET 3 MG ORAL.....	33
NOVOLIN 70/30 FLEXPEN SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML SUBCUTANEOUS.....	26	REXULTI TABLET 4 MG ORAL.....	33
NOVOLIN 70/30 SUSPENSION (70-30) 100 UNIT/ML SUBCUTANEOUS.....	26	SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL.....	34
NOVOLIN N FLEXPEN SUSPENSION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	26	SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL.....	34
NOVOLIN N SUSPENSION 100 UNIT/ML SUBCUTANEOUS.....	26	SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL.....	34
NOVOLIN R FLEXPEN SOLUTION PEN- INJECTOR 100 UNIT/ML INJECTION.....	26	SEGLUROMET TABLET 2.5-1000 MG ORAL.....	35
NOVOLIN R SOLUTION 100 UNIT/ML INJECTION.....	26	SEGLUROMET TABLET 2.5-500 MG ORAL.....	35
ONGENTYS CAPSULE 25 MG ORAL.....	27		
ONGENTYS CAPSULE 50 MG ORAL.....	27		
ONGLYZA TABLET 2.5 MG ORAL.....	28		
ONGLYZA TABLET 5 MG ORAL.....	28		

SEGLUROMET TABLET 7.5-1000 MG ORAL.....	35	ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL.....	46
SEGLUROMET TABLET 7.5-500 MG ORAL.....	35	ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL.....	46
STEGLATRO TABLET 15 MG ORAL.....	36	ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-14000 UNIT ORAL.....	46
STEGLATRO TABLET 5 MG ORAL.....	36	ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL....	46
SYMLINPEN 120 SOLUTION PEN- INJECTOR 2700 MCG/2.7ML SUBCUTANEOUS.....	37	ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL.....	46
SYMLINPEN 60 SOLUTION PEN- INJECTOR 1500 MCG/1.5ML SUBCUTANEOUS.....	37		
<i>topiramate er capsule er 24 hour sprinkle 100 mg oral.....</i>	38		
<i>topiramate er capsule er 24 hour sprinkle 150 mg oral.....</i>	38		
<i>topiramate er capsule er 24 hour sprinkle 200 mg oral.....</i>	38		
<i>topiramate er capsule er 24 hour sprinkle 25 mg oral.....</i>	38		
<i>topiramate er capsule er 24 hour sprinkle 50 mg oral.....</i>	38		
<i>travoprost (bak free) solution 0.004 % ophthalmic.....</i>	39		
TRINTELLIX TABLET 10 MG ORAL.....	40		
TRINTELLIX TABLET 20 MG ORAL.....	40		
TRINTELLIX TABLET 5 MG ORAL.....	40		
VELPHORO TABLET CHEWABLE 500 MG ORAL.....	41		
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	42		
VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL.....	43		
VIIBRYD TABLET 10 MG ORAL.....	43		
VIIBRYD TABLET 20 MG ORAL.....	43		
VIIBRYD TABLET 40 MG ORAL.....	43		
VIOKACE TABLET 10440 UNIT ORAL.....	44		
VIOKACE TABLET 20880 UNIT ORAL.....	44		
VRAYLAR CAPSULE 1.5 MG ORAL.....	45		
VRAYLAR CAPSULE 3 MG ORAL.....	45		
VRAYLAR CAPSULE 4.5 MG ORAL.....	45		
VRAYLAR CAPSULE 6 MG ORAL.....	45		
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL.....	45		
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL.....	46		
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL.....	46		