

2022 Priority Health Medicare Step Therapy Criteria

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

Last updated: June 2022

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

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

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

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

Calcitriol Ointment

Products Affected

- *calcitriol ointment 3 mcg/gm external*

Details

Criteria	Must first try calcipotriene.
-----------------	-------------------------------

Dificid

Products Affected

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

Details

Criteria	Must first try vancomycin or Firvanq.
-----------------	---------------------------------------

difluprednate

Products Affected

- *difluprednate emulsion 0.05 % ophthalmic*

Details

Criteria	Must first try one other generic steroid eye drop.
-----------------	--

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

Eprontia

Products Affected

- EPRONTIA SOLUTION 25 MG/ML ORAL

Details

Criteria	Must first try topiramate sprinkles.
-----------------	--------------------------------------

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

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

Fiasp

Products Affected

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

Details

Criteria	Must first try Humalog or Humalog Mix.
-----------------	--

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 injection*
- *insulin aspart solution 100 unit/ml subcutaneous*

Details

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

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).
-----------------	---

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).
-----------------	---

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).
-----------------	---

Klisyri

Products Affected

- KLISYRI OINTMENT 1 % EXTERNAL

Details

Criteria	Must first try topical imiquimod and fluorouracil.
-----------------	--

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

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

Lotemax

Products Affected

- LOTEMAX OINTMENT 0.5 %
OPHTHALMIC

Details

Criteria	Must first try one generic steroid.
-----------------	-------------------------------------

loteprednol etabonate

Products Affected

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

Details

Criteria	Must first try one generic steroid.
-----------------	-------------------------------------

Lumigan

Products Affected

- LUMIGAN SOLUTION 0.01 %
OPHTHALMIC

Details

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

Movantik

Products Affected

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

Details

Criteria	Must first try lactulose and lubiprostone.
-----------------	--

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

Ongentys

Products Affected

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

Details

Criteria	Must first try entacapone.
-----------------	----------------------------

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

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
- OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 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.
-----------------	---

Pancreaze

Products Affected

- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 10500-35500 UNIT
ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 16800-56800 UNIT
ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 21000-54700 UNIT
ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 2600-6200 UNIT
ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 2600-8800 UNIT
ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 37000-97300 UNIT
ORAL
- PANCREAZE CAPSULE DELAYED
RELEASE PARTICLES 4200-14200 UNIT
ORAL

Details

Details	
Criteria	Must first try Creon.

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

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

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

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

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	Must first try one meal-time insulin product (Humalog, Humalog Mix, insulin aspart, insulin aspart protamine, Apidra, Humulin N, Humulin R, Humulin 70/30, Fiasp, or Lyumjev).
-----------------	--

travoprost 0.04 mg/ml ophthalmic solution

Products Affected

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

Details

Criteria	Patient must first try latanoprost.
----------	-------------------------------------

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

vancomycin capsule

Products Affected

- *vancomycin hcl capsule 125 mg oral*
- *vancomycin hcl capsule 250 mg oral*

Details

Criteria	Must first try Firvanq.
-----------------	-------------------------

Veltassa

Products Affected

- VELTASSA PACKET 16.8 GM ORAL
- VELTASSA PACKET 25.2 GM ORAL
- VELTASSA PACKET 8.4 GM ORAL

Details

Criteria	Must first try Lokelma.
----------	-------------------------

Victoza

Products Affected

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

Details

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

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

Viokace

Products Affected

- VIOKACE TABLET 10440-39150 UNIT ORAL
- VIOKACE TABLET 20880-78300 UNIT ORAL

Details

Criteria	Must first try Creon.
----------	-----------------------

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

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 3000-10000 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.

Index

APIDRA SOLOSTAR SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	2	FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	12
APIDRA SOLUTION 100 UNIT/ML INJECTION.....	2	FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL.....	12
APTIOM TABLET 200 MG ORAL.....	3	FIASP FLEXTOUCH SOLUTION PEN-INJECTOR 100 UNIT/ML SUBCUTANEOUS.....	13
APTIOM TABLET 400 MG ORAL.....	3	FIASP PENFILL SOLUTION CARTRIDGE 100 UNIT/ML SUBCUTANEOUS.....	13
APTIOM TABLET 600 MG ORAL.....	3	FIASP SOLUTION 100 UNIT/ML SUBCUTANEOUS.....	13
APTIOM TABLET 800 MG ORAL.....	3	<i>insulin asp prot & asp flexpen suspension pen-injector (70-30) 100 unit/ml subcutaneous.....</i>	14
<i>asenapine maleate tablet sublingual 10 mg sublingual.....</i>	4	<i>insulin aspart flexpen solution pen-injector 100 unit/ml subcutaneous.....</i>	14
<i>asenapine maleate tablet sublingual 2.5 mg sublingual.....</i>	4	<i>insulin aspart penfill solution cartridge 100 unit/ml subcutaneous.....</i>	14
<i>asenapine maleate tablet sublingual 5 mg sublingual.....</i>	4	<i>insulin aspart prot & aspart suspension (70-30) 100 unit/ml subcutaneous.....</i>	14
BRIVIACT SOLUTION 10 MG/ML ORAL.....	5	<i>insulin aspart solution 100 unit/ml injection.....</i>	14
BRIVIACT TABLET 10 MG ORAL.....	5	<i>insulin aspart solution 100 unit/ml subcutaneous.....</i>	14
BRIVIACT TABLET 100 MG ORAL.....	5	INVOKAMET TABLET 150-1000 MG ORAL.....	15
BRIVIACT TABLET 25 MG ORAL.....	5	INVOKAMET TABLET 150-500 MG ORAL.....	15
BRIVIACT TABLET 50 MG ORAL.....	5	INVOKAMET TABLET 50-1000 MG ORAL.....	15
BRIVIACT TABLET 75 MG ORAL.....	5	INVOKAMET TABLET 50-500 MG ORAL.....	15
<i>calcitriol ointment 3 mcg/gm external.....</i>	6	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL.....	16
DIFICID SUSPENSION RECONSTITUTED 40 MG/ML ORAL.....	7	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL.....	16
DIFICID TABLET 200 MG ORAL.....	7	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL.....	16
<i>difluprednate emulsion 0.05 % ophthalmic.....</i>	8	INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL.....	16
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL.....	9	INVOKANA TABLET 100 MG ORAL.....	17
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL.....	9	INVOKANA TABLET 300 MG ORAL.....	17
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL.....	9	KLISYRI OINTMENT 1 % EXTERNAL.....	18
EPRONTIA SOLUTION 25 MG/ML ORAL.....	10	KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL.....	19
FANAPT TABLET 1 MG ORAL.....	11	KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL.....	19
FANAPT TABLET 10 MG ORAL.....	11	KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL.....	19
FANAPT TABLET 12 MG ORAL.....	11	LATUDA TABLET 120 MG ORAL.....	20
FANAPT TABLET 2 MG ORAL.....	11	LATUDA TABLET 20 MG ORAL.....	20
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		
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL.....	12		
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	12		
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	12		

LATUDA TABLET 40 MG ORAL.....	20	PANCREAZE CAPSULE DELAYED	
LATUDA TABLET 60 MG ORAL.....	20	RELEASE PARTICLES 10500-35500	
LATUDA TABLET 80 MG ORAL.....	20	UNIT ORAL.....	30
LOTEMAX OINTMENT 0.5 %		PANCREAZE CAPSULE DELAYED	
OPHTHALMIC.....	21	RELEASE PARTICLES 16800-56800	
<i>loteprednol etabonate gel 0.5 %</i>		UNIT ORAL.....	30
<i>ophthalmic</i>	22	PANCREAZE CAPSULE DELAYED	
<i>loteprednol etabonate suspension 0.5 %</i>		RELEASE PARTICLES 21000-54700	
<i>ophthalmic</i>	22	UNIT ORAL.....	30
LUMIGAN SOLUTION 0.01 %		PANCREAZE CAPSULE DELAYED	
OPHTHALMIC.....	23	RELEASE PARTICLES 2600-6200 UNIT	
MOVANTIK TABLET 12.5 MG ORAL.....	24	ORAL.....	30
MOVANTIK TABLET 25 MG ORAL.....	24	PANCREAZE CAPSULE DELAYED	
NEUPRO PATCH 24 HOUR 1 MG/24HR		RELEASE PARTICLES 2600-8800 UNIT	
TRANSDERMAL.....	25	ORAL.....	30
NEUPRO PATCH 24 HOUR 2 MG/24HR		PANCREAZE CAPSULE DELAYED	
TRANSDERMAL.....	25	RELEASE PARTICLES 37000-97300	
NEUPRO PATCH 24 HOUR 3 MG/24HR		UNIT ORAL.....	30
TRANSDERMAL.....	25	PANCREAZE CAPSULE DELAYED	
NEUPRO PATCH 24 HOUR 4 MG/24HR		RELEASE PARTICLES 4200-14200 UNIT	
TRANSDERMAL.....	25	ORAL.....	30
NEUPRO PATCH 24 HOUR 6 MG/24HR		REXULTI TABLET 0.25 MG ORAL.....	31
TRANSDERMAL.....	25	REXULTI TABLET 0.5 MG ORAL.....	31
NEUPRO PATCH 24 HOUR 8 MG/24HR		REXULTI TABLET 1 MG ORAL.....	31
TRANSDERMAL.....	25	REXULTI TABLET 2 MG ORAL.....	31
ONGENTYS CAPSULE 25 MG ORAL.....	26	REXULTI TABLET 3 MG ORAL.....	31
ONGENTYS CAPSULE 50 MG ORAL.....	26	REXULTI TABLET 4 MG ORAL.....	31
ONGLYZA TABLET 2.5 MG ORAL.....	27	SECUADO PATCH 24 HOUR 3.8	
ONGLYZA TABLET 5 MG ORAL.....	27	MG/24HR TRANSDERMAL.....	32
OZEMPIC (0.25 OR 0.5 MG/DOSE)		SECUADO PATCH 24 HOUR 5.7	
SOLUTION PEN-INJECTOR 2 MG/1.5ML		MG/24HR TRANSDERMAL.....	32
SUBCUTANEOUS.....	28	SECUADO PATCH 24 HOUR 7.6	
OZEMPIC (1 MG/DOSE) SOLUTION		MG/24HR TRANSDERMAL.....	32
PEN-INJECTOR 2 MG/1.5ML		SEGLUROMET TABLET 2.5-1000 MG	
SUBCUTANEOUS.....	28	ORAL.....	33
OZEMPIC (1 MG/DOSE) SOLUTION		SEGLUROMET TABLET 2.5-500 MG	
PEN-INJECTOR 4 MG/3ML		ORAL.....	33
SUBCUTANEOUS.....	28	SEGLUROMET TABLET 7.5-1000 MG	
OZEMPIC (2 MG/DOSE) SOLUTION		ORAL.....	33
PEN-INJECTOR 8 MG/3ML		SEGLUROMET TABLET 7.5-500 MG	
SUBCUTANEOUS.....	28	ORAL.....	33
<i>paliperidone er tablet extended release 24</i>		STEGLATRO TABLET 15 MG ORAL.....	34
<i>hour 1.5 mg oral</i>	29	STEGLATRO TABLET 5 MG ORAL.....	34
<i>paliperidone er tablet extended release 24</i>		SYMLINPEN 120 SOLUTION PEN-	
<i>hour 3 mg oral</i>	29	INJECTOR 2700 MCG/2.7ML	
<i>paliperidone er tablet extended release 24</i>		SUBCUTANEOUS.....	35
<i>hour 6 mg oral</i>	29	SYMLINPEN 60 SOLUTION PEN-	
<i>paliperidone er tablet extended release 24</i>		INJECTOR 1500 MCG/1.5ML	
<i>hour 9 mg oral</i>	29	SUBCUTANEOUS.....	35

<i>travoprost (bak free) solution 0.004 % ophthalmic</i>	36
TRINTELLIX TABLET 10 MG ORAL.....	37
TRINTELLIX TABLET 20 MG ORAL.....	37
TRINTELLIX TABLET 5 MG ORAL.....	37
<i>vancomycin hcl capsule 125 mg oral</i>	38
<i>vancomycin hcl capsule 250 mg oral</i>	38
VELTASSA PACKET 16.8 GM ORAL.....	39
VELTASSA PACKET 25.2 GM ORAL.....	39
VELTASSA PACKET 8.4 GM ORAL.....	39
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS.....	40
VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL.....	41
VIIBRYD TABLET 10 MG ORAL.....	41
VIIBRYD TABLET 20 MG ORAL.....	41
VIIBRYD TABLET 40 MG ORAL.....	41
VIOKACE TABLET 10440-39150 UNIT ORAL.....	42
VIOKACE TABLET 20880-78300 UNIT ORAL.....	42
VRAYLAR CAPSULE 1.5 MG ORAL.....	43
VRAYLAR CAPSULE 3 MG ORAL.....	43
VRAYLAR CAPSULE 4.5 MG ORAL.....	43
VRAYLAR CAPSULE 6 MG ORAL.....	43
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL.....	43
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT ORAL.....	44
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 15000-47000 UNIT ORAL.....	44
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 20000-63000 UNIT ORAL.....	44
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 25000-79000 UNIT ORAL.....	44
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 3000-10000 UNIT ORAL.....	44
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 40000-126000 UNIT ORAL....	44
ZENPEP CAPSULE DELAYED RELEASE PARTICLES 5000-24000 UNIT ORAL.....	44