

acid peptic

Products Affected

Step 2:

- ACIPHEX 20 MG TABLET,DELAYED RELEASE
- ACIPHEX SPRINKLE 10 MG CAPSULE,DELAYED RELEASE SPRINKLE
- ACIPHEX SPRINKLE 5 MG CAPSULE,DELAYED RELEASE SPRINKLE
- DEXILANT 30 MG CAPSULE, DELAYED RELEASE
- DEXILANT 60 MG CAPSULE, DELAYED RELEASE
- NEXIUM 20 MG CAPSULE,DELAYED RELEASE
- NEXIUM 40 MG CAPSULE,DELAYED RELEASE
- NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP
- NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP
- PREVACID 15 MG CAPSULE,DELAYED RELEASE
- PREVACID 30 MG CAPSULE,DELAYED RELEASE
- PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET
- PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET
- PROTONIX 20 MG TABLET,DELAYED RELEASE
- PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET
- PROTONIX 40 MG TABLET,DELAYED RELEASE

Details

Criteria	Patient needs to have a paid claim for a generic proton pump inhibitor.
-----------------	---

adhd stimulants-s

Products Affected

Step 2:

- ADDERALL 10 MG TABLET
- ADDERALL 12.5 MG TABLET
- ADDERALL 15 MG TABLET
- ADDERALL 20 MG TABLET
- ADDERALL 30 MG TABLET
- ADDERALL 5 MG TABLET
- ADDERALL 7.5 MG TABLET
- ADDERALL XR 10 MG
CAPSULE,EXTENDED RELEASE
- ADDERALL XR 15 MG
CAPSULE,EXTENDED RELEASE
- ADDERALL XR 20 MG
CAPSULE,EXTENDED RELEASE
- ADDERALL XR 25 MG
CAPSULE,EXTENDED RELEASE
- ADDERALL XR 30 MG
CAPSULE,EXTENDED RELEASE
- ADDERALL XR 5 MG
CAPSULE,EXTENDED RELEASE
- ADZENYS ER 1.25 MG/ML
SUSPENSION, EXTENDED RELEASE
24HR
- ADZENYS XR-ODT 12.5 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- ADZENYS XR-ODT 15.7 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- ADZENYS XR-ODT 18.8 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- ADZENYS XR-ODT 3.1 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- ADZENYS XR-ODT 6.3 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- ADZENYS XR-ODT 9.4 MG EXTENDED
RELEASE DISINTEGRATING TABLET
- APTENSIO XR 10 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 15 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 20 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 30 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 40 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 50 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- APTENSIO XR 60 MG
CAPSULE,EXTENDED RELEASE
SPRINKLE
- CONCERTA 18 MG TABLET,EXTENDED
RELEASE
- CONCERTA 27 MG TABLET,EXTENDED
RELEASE
- CONCERTA 36 MG TABLET,EXTENDED
RELEASE
- CONCERTA 54 MG TABLET,EXTENDED
RELEASE
- COTEMPLA XR-ODT 17.3 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- COTEMPLA XR-ODT 25.9 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- COTEMPLA XR-ODT 8.6 MG
EXTENDED RELEASE
DISINTEGRATING TABLET
- DAYTRANA 10 MG/9 HR DAILY PATCH
- DAYTRANA 15 MG/9 HR DAILY PATCH
- DAYTRANA 20 MG/9 HR DAILY PATCH
- DAYTRANA 30 MG/9 HR DAILY PATCH
- EVEKEO 10 MG TABLET
- EVEKEO 5 MG TABLET
- FOCALIN 10 MG TABLET
- FOCALIN 2.5 MG TABLET
- FOCALIN 5 MG TABLET
- FOCALIN XR 10 MG

- CAPSULE,EXTENDED RELEASE
- FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE
- FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 10 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 20 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 30 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 40 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 50 MG CAPSULE,EXTENDED RELEASE
- METADATE CD 60 MG CAPSULE,EXTENDED RELEASE
- METHYLIN 10 MG CHEWABLE TABLET
- METHYLIN 10 MG/5 ML ORAL SOLUTION
- METHYLIN 2.5 MG CHEWABLE TABLET
- METHYLIN 5 MG CHEWABLE TABLET
- METHYLIN 5 MG/5 ML ORAL SOLUTION
- MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR
- MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR
- MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR
- MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR
- QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE
- QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE
- QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET
- QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR
- RITALIN 10 MG TABLET
- RITALIN 20 MG TABLET
- RITALIN 5 MG TABLET
- RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE
- RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE
- RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE
- RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE

Details

Criteria	Patient needs to have a paid claim for two generic formulary ADHD stimulant medications.
-----------------	--

antidepressants-s

Products Affected

Step 2:

- APLENZIN 174 MG TABLET,EXTENDED RELEASE
- APLENZIN 348 MG TABLET,EXTENDED RELEASE
- APLENZIN 522 MG TABLET,EXTENDED RELEASE
- DESVENLAFAXINE ER 100 MG TABLET,EXTENDED RELEASE 24 HR
- DESVENLAFAXINE ER 50 MG TABLET,EXTENDED RELEASE 24 HR
- FETZIMA 120 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK
- FETZIMA 20 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 40 MG CAPSULE,EXTENDED RELEASE
- FETZIMA 80 MG CAPSULE,EXTENDED RELEASE
- FORFIVO XL 450 MG TABLET,EXTENDED RELEASE
- KHEDEZLA 100 MG TABLET,EXTENDED RELEASE
- KHEDEZLA 50 MG TABLET,EXTENDED RELEASE
- PEXEVA 10 MG TABLET
- PEXEVA 20 MG TABLET
- PEXEVA 30 MG TABLET
- PEXEVA 40 MG TABLET
- PRISTIQ 100 MG TABLET,EXTENDED RELEASE
- PRISTIQ 25 MG TABLET,EXTENDED RELEASE
- PRISTIQ 50 MG TABLET,EXTENDED RELEASE
- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET
- VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

Details

Criteria	Patient needs to have a paid claim for TWO of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.
-----------------	--

atopic dermatitis-s

Products Affected

Step 2:

- CAPEX 0.01 % SHAMPOO
- CORDRAN TAPE LARGE ROLL 4 MCG/CM2
- DESONATE 0.05 % TOPICAL GEL
- ELIDEL 1 % TOPICAL CREAM
- HALOG 0.1 % TOPICAL CREAM
- HALOG 0.1 % TOPICAL OINTMENT
- KENALOG 0.147 MG/GRAM TOPICAL AEROSOL
- LOCOID 0.1 % LOTION
- NOLIX 0.05 % LOTION
- PANDEL 0.1 % TOPICAL CREAM
- PROTOPIC 0.03 % TOPICAL OINTMENT
- PROTOPIC 0.1 % TOPICAL OINTMENT
- TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION
- *tacrolimus 0.03 % topical ointment*
- *tacrolimus 0.1 % topical ointment*
- TEXACORT 2.5 % TOPICAL SOLUTION
- TOPICORT 0.25 % TOPICAL SPRAY

Details

Criteria	Patient needs to have a paid claim for one formulary topical corticosteroid
-----------------	---

atypical antipsychotics-s

Products Affected

Step 2:

- ABILIFY 10 MG TABLET
- ABILIFY 15 MG TABLET
- ABILIFY 2 MG TABLET
- ABILIFY 20 MG TABLET
- ABILIFY 30 MG TABLET
- ABILIFY 5 MG TABLET
- ABILIFY MAINTENA 300 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE
- ABILIFY MAINTENA 300 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE
- ABILIFY MAINTENA 400 MG INTRAMUSCULAR SUSPENSION,EXTENDED RELEASE
- ABILIFY MAINTENA 400 MG SUSPENSION,EXTENDED REL. INTRAMUSCULAR SYRINGE
- FANAPT 1 MG TABLET
- FANAPT 10 MG TABLET
- FANAPT 12 MG TABLET
- FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK
- FANAPT 2 MG TABLET
- FANAPT 4 MG TABLET
- FANAPT 6 MG TABLET
- FANAPT 8 MG TABLET
- GEODON 20 MG CAPSULE
- GEODON 40 MG CAPSULE
- GEODON 60 MG CAPSULE
- GEODON 80 MG CAPSULE
- INVEGA 1.5 MG TABLET,EXTENDED RELEASE
- INVEGA 3 MG TABLET,EXTENDED RELEASE
- INVEGA 6 MG TABLET,EXTENDED RELEASE
- INVEGA 9 MG TABLET,EXTENDED RELEASE
- INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE
- INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE
- LATUDA 120 MG TABLET
- LATUDA 20 MG TABLET
- LATUDA 40 MG TABLET
- LATUDA 60 MG TABLET
- LATUDA 80 MG TABLET
- REXULTI 0.25 MG TABLET
- REXULTI 0.5 MG TABLET
- REXULTI 1 MG TABLET
- REXULTI 2 MG TABLET
- REXULTI 3 MG TABLET
- REXULTI 4 MG TABLET
- RISPERDAL 0.25 MG TABLET
- RISPERDAL 0.5 MG TABLET
- RISPERDAL 1 MG TABLET
- RISPERDAL 1 MG/ML ORAL SOLUTION
- RISPERDAL 2 MG TABLET
- RISPERDAL 3 MG TABLET
- RISPERDAL 4 MG TABLET
- RISPERDAL M-TAB 0.5 MG DISINTEGRATING TABLET
- RISPERDAL M-TAB 1 MG DISINTEGRATING TABLET
- RISPERDAL M-TAB 2 MG DISINTEGRATING TABLET
- RISPERDAL M-TAB 3 MG DISINTEGRATING TABLET
- RISPERDAL M-TAB 4 MG DISINTEGRATING TABLET
- SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET
- SAPHRIS (BLACK CHERRY) 2.5 MG SUBLINGUAL TABLET
- SAPHRIS (BLACK CHERRY) 5 MG

SUBLINGUAL TABLET

- SEROQUEL 100 MG TABLET
- SEROQUEL 200 MG TABLET
- SEROQUEL 25 MG TABLET
- SEROQUEL 300 MG TABLET
- SEROQUEL 400 MG TABLET
- SEROQUEL 50 MG TABLET
- SEROQUEL XR 150 MG
TABLET,EXTENDED RELEASE
- SEROQUEL XR 200 MG
TABLET,EXTENDED RELEASE
- SEROQUEL XR 300 MG
TABLET,EXTENDED RELEASE
- SEROQUEL XR 400 MG
TABLET,EXTENDED RELEASE
- SEROQUEL XR 50 MG
TABLET,EXTENDED RELEASE
- ZYPREXA 10 MG TABLET
- ZYPREXA 15 MG TABLET
- ZYPREXA 2.5 MG TABLET
- ZYPREXA 20 MG TABLET
- ZYPREXA 5 MG TABLET
- ZYPREXA 7.5 MG TABLET
- ZYPREXA ZYDIS 10 MG
DISINTEGRATING TABLET
- ZYPREXA ZYDIS 15 MG
DISINTEGRATING TABLET
- ZYPREXA ZYDIS 20 MG
DISINTEGRATING TABLET
- ZYPREXA ZYDIS 5 MG
DISINTEGRATING TABLET

Details

Criteria	Patient needs to have a paid claim for one (1) generic formulary atypical antipsychotic agent
-----------------	---

dificid-s

Products Affected

Step 2:

- DIFICID 200 MG TABLET

Details

Criteria	Patient needs to have a paid claim for generic oral vancomycin
----------	--

EPINEPHRINE AUDIBLE INJ - STEP

Products Affected

Step 2:

- AUVI-Q 0.1 MG/0.1 ML INJECTION,AUTO-INJECTOR
- AUVI-Q 0.15 MG/0.15 ML INJECTION,AUTO-INJECTOR
- AUVI-Q 0.3 MG/0.3 ML INJECTION,

Details

Criteria	PRIOR CLAIM FOR 2 OF THE FOLLOWING: GENERIC EPINEPHRINE AUTO-INJECTOR AND EPIPEN/EPIPEN JR WITHIN THE PAST 365 DAYS.
-----------------	--

glp1 inhibitors-s

Products Affected

Step 2:

- ADLYXIN 10 MCG/0.2 ML-20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR
- ADLYXIN 20 MCG/0.2 ML SUBCUTANEOUS PEN INJECTOR
- BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION
- BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR
- BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO-INJECTOR
- BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR
- BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR
- TANZEUM 30 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TANZEUM 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR

Details

Criteria	PATIENT NEEDS TO HAVE A PAID CLAIM FOR FORMULARY VERSION OF METFORMIN, METFORMIN ER, GLYBURIDE, METFORMIN/GLYBURIDE, OR METFORMIN/GLIPIZIDE.
-----------------	--

IRENKA

Products Affected

Step 2:

- IRENKA 40 MG CAPSULE,DELAYED
RELEASE

Details

Criteria	Patient needs to have a paid claim for generic duloxetine
----------	---

LISINOPRIL ORAL SOLUTION

Products Affected

Step 2:

- QBRELIS 1 MG/ML ORAL SOLUTION

Details

Criteria	PRIOR CLAIM FOR GENERIC LISINOPRIL WITHIN THE PAST 120 DAYS.
-----------------	--

METHOTREXATE AUTO INJECTOR

Products Affected

Step 2:

- OTREXUP (PF) 10 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 12.5 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 15 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 17.5 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 20 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 22.5 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- OTREXUP (PF) 25 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 10 MG/0.2 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 12.5 MG/0.25 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 15 MG/0.3 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 17.5 MG/0.35 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 20 MG/0.4 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 22.5 MG/0.45 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 25 MG/0.5 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 27.5 MG/0.55 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 30 MG/0.6 ML
SUBCUTANEOUS AUTO-INJECTOR
- RASUVO (PF) 7.5 MG/0.15 ML
SUBCUTANEOUS AUTO-INJECTOR

Details

Criteria	Patient needs to have a paid claim for an oral AND non-autoinjector injectable methotrexate product
-----------------	---

ophthalmic prostaglandins-s

Products Affected

Step 2:

- LUMIGAN 0.01 % EYE DROPS
- TRAVATAN Z 0.004 % EYE DROPS
- ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE

Details

Criteria	Patient needs to have a paid claim for one generic formulary ophthalmic prostaglandin product.
----------	--

oral acne-s

Products Affected

Step 2:

- DORYX 200 MG TABLET,DELAYED RELEASE
- DORYX 50 MG TABLET,DELAYED RELEASE
- DORYX MPC 120 MG TABLET, DELAYED RELEASE
- SOLODYN 105 MG TABLET,EXTENDED RELEASE
- SOLODYN 115 MG TABLET,EXTENDED RELEASE
- SOLODYN 55 MG TABLET,EXTENDED RELEASE
- SOLODYN 65 MG TABLET,EXTENDED RELEASE
- SOLODYN 80 MG TABLET,EXTENDED RELEASE
- TARGADOX 50 MG TABLET

Details

Criteria	Patient needs to have a paid claim for one generic formulary agent in the oral tetracycline class.
-----------------	--

sedative hypnotics-s

Products Affected

Step 2:

- AMBIEN 10 MG TABLET
- AMBIEN 5 MG TABLET
- AMBIEN CR 12.5 MG TABLET,EXTENDED RELEASE
- AMBIEN CR 6.25 MG TABLET,EXTENDED RELEASE
- EDLUAR 10 MG SUBLINGUAL TABLET
- EDLUAR 5 MG SUBLINGUAL TABLET
- INTERMEZZO 1.75 MG SUBLINGUAL TABLET
- INTERMEZZO 3.5 MG SUBLINGUAL TABLET
- LUNESTA 1 MG TABLET
- LUNESTA 2 MG TABLET
- LUNESTA 3 MG TABLET
- ROZEREM 8 MG TABLET
- ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY

Details

Criteria	Patient needs to have a paid claim for one generic sedative hypnotic agent.
-----------------	---

SIMVASTATIN ORAL SOLUTION

Products Affected

Step 2:

- FLOLIPID 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION
- FLOLIPID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION

Details

Criteria	Prior claim of generic simvastatin within the past 120 days
-----------------	---

triptans-s

Products Affected

Step 2:

- AMERGE 1 MG TABLET
- AMERGE 2.5 MG TABLET
- AXERT 12.5 MG TABLET
- AXERT 6.25 MG TABLET
- FROVA 2.5 MG TABLET
- IMITREX 100 MG TABLET
- IMITREX 20 MG/ACTUATION NASAL SPRAY
- IMITREX 25 MG TABLET
- IMITREX 5 MG/ACTUATION NASAL SPRAY
- IMITREX 50 MG TABLET
- IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION
- IMITREX STATDOSE KIT REFILL 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE
- IMITREX STATDOSE PEN 4 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- IMITREX STATDOSE PEN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- MAXALT 10 MG TABLET
- MAXALT 5 MG TABLET
- MAXALT-MLT 10 MG DISINTEGRATING TABLET
- MAXALT-MLT 5 MG DISINTEGRATING TABLET
- ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION
- RELPAX 20 MG TABLET
- RELPAX 40 MG TABLET
- SUMAVEL DOSEPRO 4 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR
- SUMAVEL DOSEPRO 6 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR
- TREXIMET 10 MG-60 MG TABLET
- TREXIMET 85 MG-500 MG TABLET
- ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR
- ZOMIG 2.5 MG NASAL SPRAY
- ZOMIG 2.5 MG TABLET
- ZOMIG 5 MG NASAL SPRAY
- ZOMIG 5 MG TABLET
- ZOMIG ZMT 2.5 MG DISINTEGRATING TABLET
- ZOMIG ZMT 5 MG DISINTEGRATING TABLET

Details

Criteria	Patient needs to have a paid claim for one generic formulary serotonin 5-HT1 receptor antagonist (triptans)
-----------------	---

uloric-s

Products Affected

Step 2:

- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	Patient needs to have a paid claim for allopurinol
----------	--

INDEX

ABILIFY 10 MG TABLET.....	7	ADDERALL XR 30 MG	
ABILIFY 15 MG TABLET.....	7	CAPSULE,EXTENDED RELEASE.....	2
ABILIFY 2 MG TABLET.....	7	ADDERALL XR 5 MG	
ABILIFY 20 MG TABLET.....	7	CAPSULE,EXTENDED RELEASE.....	2
ABILIFY 30 MG TABLET.....	7	ADLYXIN 10 MCG/0.2 ML-20	
ABILIFY 5 MG TABLET.....	7	MCG/0.2 ML SUBCUTANEOUS PEN	
ABILIFY MAINTENA 300 MG		INJECTOR.....	11
INTRAMUSCULAR		ADLYXIN 20 MCG/0.2 ML	
SUSPENSION,EXTENDED		SUBCUTANEOUS PEN INJECTOR....	11
RELEASE.....	7	ADZENYS ER 1.25 MG/ML	
ABILIFY MAINTENA 300 MG		SUSPENSION, EXTENDED	
SUSPENSION,EXTENDED REL.		RELEASE 24HR.....	2
INTRAMUSCULAR SYRINGE.....	7	ADZENYS XR-ODT 12.5 MG	
ABILIFY MAINTENA 400 MG		EXTENDED RELEASE	
INTRAMUSCULAR		DISINTEGRATING TABLET.....	2
SUSPENSION,EXTENDED		ADZENYS XR-ODT 15.7 MG	
RELEASE.....	7	EXTENDED RELEASE	
ABILIFY MAINTENA 400 MG		DISINTEGRATING TABLET.....	2
SUSPENSION,EXTENDED REL.		ADZENYS XR-ODT 18.8 MG	
INTRAMUSCULAR SYRINGE.....	7	EXTENDED RELEASE	
ACIPHEX 20 MG		DISINTEGRATING TABLET.....	2
TABLET,DELAYED RELEASE.....	1	ADZENYS XR-ODT 3.1 MG	
ACIPHEX SPRINKLE 10 MG		EXTENDED RELEASE	
CAPSULE,DELAYED RELEASE		DISINTEGRATING TABLET.....	2
SPRINKLE.....	1	ADZENYS XR-ODT 6.3 MG	
ACIPHEX SPRINKLE 5 MG		EXTENDED RELEASE	
CAPSULE,DELAYED RELEASE		DISINTEGRATING TABLET.....	2
SPRINKLE.....	1	ADZENYS XR-ODT 9.4 MG	
ADDERALL 10 MG TABLET.....	2	EXTENDED RELEASE	
ADDERALL 12.5 MG TABLET.....	2	DISINTEGRATING TABLET.....	2
ADDERALL 15 MG TABLET.....	2	AMBIEN 10 MG TABLET.....	17
ADDERALL 20 MG TABLET.....	2	AMBIEN 5 MG TABLET.....	17
ADDERALL 30 MG TABLET.....	2	AMBIEN CR 12.5 MG	
ADDERALL 5 MG TABLET.....	2	TABLET,EXTENDED RELEASE.....	17
ADDERALL 7.5 MG TABLET.....	2	AMBIEN CR 6.25 MG	
ADDERALL XR 10 MG		TABLET,EXTENDED RELEASE.....	17
CAPSULE,EXTENDED RELEASE.....	2	AMERGE 1 MG TABLET.....	19
ADDERALL XR 15 MG		AMERGE 2.5 MG TABLET.....	19
CAPSULE,EXTENDED RELEASE.....	2	APLENZIN 174 MG	
ADDERALL XR 20 MG		TABLET,EXTENDED RELEASE.....	5
CAPSULE,EXTENDED RELEASE.....	2	APLENZIN 348 MG	
ADDERALL XR 25 MG		TABLET,EXTENDED RELEASE.....	5
CAPSULE,EXTENDED RELEASE.....	2	APLENZIN 522 MG	
		TABLET,EXTENDED RELEASE.....	5

APTENSIO XR 10 MG CAPSULE,EXTENDED RELEASE SPRINKLE	2	CONCERTA 18 MG TABLET,EXTENDED RELEASE	2
APTENSIO XR 15 MG CAPSULE,EXTENDED RELEASE SPRINKLE	2	CONCERTA 27 MG TABLET,EXTENDED RELEASE	2
APTENSIO XR 20 MG CAPSULE,EXTENDED RELEASE SPRINKLE	2	CONCERTA 36 MG TABLET,EXTENDED RELEASE	2
APTENSIO XR 30 MG CAPSULE,EXTENDED RELEASE SPRINKLE	2	CONCERTA 54 MG TABLET,EXTENDED RELEASE	2
APTENSIO XR 40 MG CAPSULE,EXTENDED RELEASE SPRINKLE	2	CORDRAN TAPE LARGE ROLL 4 MCG/CM2	6
APTENSIO XR 50 MG CAPSULE,EXTENDED RELEASE SPRINKLE	2	COTEMPLA XR-ODT 17.3 MG EXTENDED RELEASE DISINTEGRATING TABLET	2
APTENSIO XR 60 MG CAPSULE,EXTENDED RELEASE SPRINKLE	2	COTEMPLA XR-ODT 25.9 MG EXTENDED RELEASE DISINTEGRATING TABLET	2
AUVI-Q 0.1 MG/0.1 ML INJECTION,AUTO-INJECTOR	10	COTEMPLA XR-ODT 8.6 MG EXTENDED RELEASE DISINTEGRATING TABLET	2
AUVI-Q 0.15 MG/0.15 ML INJECTION,AUTO-INJECTOR	10	DAYTRANA 10 MG/9 HR DAILY PATCH	2
AUVI-Q 0.3 MG/0.3 ML INJECTION, AUTO-INJECTOR	10	DAYTRANA 15 MG/9 HR DAILY PATCH	2
AXERT 12.5 MG TABLET	19	DAYTRANA 20 MG/9 HR DAILY PATCH	2
AXERT 6.25 MG TABLET	19	DAYTRANA 30 MG/9 HR DAILY PATCH	2
BYDUREON 2 MG SUBCUTANEOUS EXTENDED RELEASE SUSPENSION	11	DESONATE 0.05 % TOPICAL GEL	6
BYDUREON 2 MG/0.65 ML SUBCUTANEOUS PEN INJECTOR	11	DESVENLAFAXINE ER 100 MG TABLET,EXTENDED RELEASE 24 HR	5
BYDUREON BCISE 2 MG/0.85 ML SUBCUTANEOUS AUTO- INJECTOR	11	DESVENLAFAXINE ER 50 MG TABLET,EXTENDED RELEASE 24 HR	5
BYETTA 10 MCG/DOSE(250 MCG/ML)2.4 ML SUBCUTANEOUS PEN INJECTOR	11	DEXILANT 30 MG CAPSULE, DELAYED RELEASE	1
BYETTA 5 MCG/DOSE (250 MCG/ML)1.2 ML SUBCUTANEOUS PEN INJECTOR	11	DEXILANT 60 MG CAPSULE, DELAYED RELEASE	1
CAPEX 0.01 % SHAMPOO	6	DIFICID 200 MG TABLET	9
		DORYX 200 MG TABLET,DELAYED RELEASE	16
		DORYX 50 MG TABLET,DELAYED RELEASE	16
		DORYX MPC 120 MG TABLET, DELAYED RELEASE	16

EDLUAR 10 MG SUBLINGUAL TABLET.....	17	FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE.....	2
EDLUAR 5 MG SUBLINGUAL TABLET.....	17	FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE.....	2
ELIDEL 1 % TOPICAL CREAM.....	6	FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE.....	2
EVEKEO 10 MG TABLET.....	2	FORFIVO XL 450 MG TABLET,EXTENDED RELEASE.....	5
EVEKEO 5 MG TABLET.....	2	FROVA 2.5 MG TABLET.....	19
FANAPT 1 MG TABLET.....	7	GEODON 20 MG CAPSULE.....	7
FANAPT 10 MG TABLET.....	7	GEODON 40 MG CAPSULE.....	7
FANAPT 12 MG TABLET.....	7	GEODON 60 MG CAPSULE.....	7
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK.....	7	GEODON 80 MG CAPSULE.....	7
FANAPT 2 MG TABLET.....	7	HALOG 0.1 % TOPICAL CREAM.....	6
FANAPT 4 MG TABLET.....	7	HALOG 0.1 % TOPICAL OINTMENT...6	
FANAPT 6 MG TABLET.....	7	IMITREX 100 MG TABLET.....	19
FANAPT 8 MG TABLET.....	7	IMITREX 20 MG/ACTUATION NASAL SPRAY.....	19
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE.....	5	IMITREX 25 MG TABLET.....	19
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK.....	5	IMITREX 5 MG/ACTUATION NASAL SPRAY.....	19
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE.....	5	IMITREX 50 MG TABLET.....	19
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE.....	5	IMITREX 6 MG/0.5 ML SUBCUTANEOUS SOLUTION.....	19
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE.....	5	IMITREX STATDOSE KIT REFILL 6 MG/0.5 ML SUBCUTANEOUS CARTRIDGE.....	19
FLOLIPID 20 MG/5 ML (4 MG/ML) ORAL SUSPENSION.....	18	IMITREX STATDOSE PEN 4 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR.....	19
FLOLIPID 40 MG/5 ML (8 MG/ML) ORAL SUSPENSION.....	18	IMITREX STATDOSE PEN 6 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR.....	19
FOCALIN 10 MG TABLET.....	2	INTERMEZZO 1.75 MG SUBLINGUAL TABLET.....	17
FOCALIN 2.5 MG TABLET.....	2	INTERMEZZO 3.5 MG SUBLINGUAL TABLET.....	17
FOCALIN 5 MG TABLET.....	2	INVEGA 1.5 MG TABLET,EXTENDED RELEASE.....	7
FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE.....	2	INVEGA 3 MG TABLET,EXTENDED RELEASE.....	7
FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE.....	2	INVEGA 6 MG TABLET,EXTENDED RELEASE.....	7
FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE.....	2	INVEGA 9 MG TABLET,EXTENDED RELEASE.....	7
FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE.....	2		
FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE.....	2		

INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE.....7	METADATE CD 60 MG CAPSULE,EXTENDED RELEASE..... 2
INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE.....7	METHYLIN 10 MG CHEWABLE TABLET..... 2
INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE.....7	METHYLIN 10 MG/5 ML ORAL SOLUTION..... 2
INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE.....7	METHYLIN 2.5 MG CHEWABLE TABLET..... 2
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE.....7	METHYLIN 5 MG CHEWABLE TABLET..... 2
IRENKA 40 MG CAPSULE,DELAYED RELEASE..... 12	METHYLIN 5 MG/5 ML ORAL SOLUTION..... 2
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL..... 6	MYDAYIS 12.5 MG CAPSULE EXTENDED RELEASE 24 HR.....2
KHEDEZLA 100 MG TABLET,EXTENDED RELEASE..... 5	MYDAYIS 25 MG CAPSULE EXTENDED RELEASE 24 HR.....2
KHEDEZLA 50 MG TABLET,EXTENDED RELEASE..... 5	MYDAYIS 37.5 MG CAPSULE EXTENDED RELEASE 24 HR.....2
LATUDA 120 MG TABLET.....7	MYDAYIS 50 MG CAPSULE EXTENDED RELEASE 24 HR.....2
LATUDA 20 MG TABLET..... 7	NEXIUM 20 MG CAPSULE,DELAYED RELEASE..... 1
LATUDA 40 MG TABLET..... 7	NEXIUM 40 MG CAPSULE,DELAYED RELEASE..... 1
LATUDA 60 MG TABLET..... 7	NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP..... 1
LATUDA 80 MG TABLET..... 7	NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP..... 1
LOCOID 0.1 % LOTION.....6	NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP..... 1
LUMIGAN 0.01 % EYE DROPS..... 15	NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP..... 1
LUNESTA 1 MG TABLET.....17	NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP..... 1
LUNESTA 2 MG TABLET.....17	NOLIX 0.05 % LOTION..... 6
LUNESTA 3 MG TABLET.....17	ONZETRA XSAIL 11 MG POWDER FOR NASAL INHALATION..... 19
MAXALT 10 MG TABLET..... 19	OTREXUP (PF) 10 MG/0.4 ML SUBCUTANEOUS AUTO- INJECTOR..... 14
MAXALT 5 MG TABLET..... 19	
MAXALT-MLT 10 MG DISINTEGRATING TABLET..... 19	
MAXALT-MLT 5 MG DISINTEGRATING TABLET..... 19	
METADATE CD 10 MG CAPSULE,EXTENDED RELEASE..... 2	
METADATE CD 20 MG CAPSULE,EXTENDED RELEASE..... 2	
METADATE CD 30 MG CAPSULE,EXTENDED RELEASE..... 2	
METADATE CD 40 MG CAPSULE,EXTENDED RELEASE..... 2	
METADATE CD 50 MG CAPSULE,EXTENDED RELEASE..... 2	

OTREXUP (PF) 12.5 MG/0.4 ML SUBCUTANEOUS AUTO- INJECTOR.....	14	PROTONIX 40 MG TABLET,DELAYED RELEASE.....	1
OTREXUP (PF) 15 MG/0.4 ML SUBCUTANEOUS AUTO- INJECTOR.....	14	PROTOPIC 0.03 % TOPICAL OINTMENT.....	6
OTREXUP (PF) 17.5 MG/0.4 ML SUBCUTANEOUS AUTO- INJECTOR.....	14	PROTOPIC 0.1 % TOPICAL OINTMENT.....	6
OTREXUP (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO- INJECTOR.....	14	QBRELIS 1 MG/ML ORAL SOLUTION.....	13
OTREXUP (PF) 22.5 MG/0.4 ML SUBCUTANEOUS AUTO- INJECTOR.....	14	QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE.....	2
OTREXUP (PF) 25 MG/0.4 ML SUBCUTANEOUS AUTO- INJECTOR.....	14	QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE.....	2
PANDEL 0.1 % TOPICAL CREAM.....	6	QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET.....	2
PEXEVA 10 MG TABLET.....	5	QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR.....	2
PEXEVA 20 MG TABLET.....	5	RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO- INJECTOR.....	14
PEXEVA 30 MG TABLET.....	5	RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO- INJECTOR.....	14
PEXEVA 40 MG TABLET.....	5	RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO- INJECTOR.....	14
PREVACID 15 MG CAPSULE,DELAYED RELEASE.....	1	RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO- INJECTOR.....	14
PREVACID 30 MG CAPSULE,DELAYED RELEASE.....	1	RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO- INJECTOR.....	14
PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET.....	1	RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO- INJECTOR.....	14
PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET.....	1	RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO- INJECTOR.....	14
PRISTIQ 100 MG TABLET,EXTENDED RELEASE.....	5	RASUVO (PF) 27.5 MG/0.55 ML SUBCUTANEOUS AUTO- INJECTOR.....	14
PRISTIQ 25 MG TABLET,EXTENDED RELEASE.....	5		
PRISTIQ 50 MG TABLET,EXTENDED RELEASE.....	5		
PROTONIX 20 MG TABLET,DELAYED RELEASE.....	1		
PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET.....	1		

RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO- INJECTOR.....	14	SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET.....	7
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO- INJECTOR.....	14	SAPHRIS (BLACK CHERRY) 2.5 MG SUBLINGUAL TABLET.....	7
RELPAK 20 MG TABLET.....	19	SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET.....	7
RELPAK 40 MG TABLET.....	19	SEROQUEL 100 MG TABLET.....	7
REXULTI 0.25 MG TABLET.....	7	SEROQUEL 200 MG TABLET.....	7
REXULTI 0.5 MG TABLET.....	7	SEROQUEL 25 MG TABLET.....	7
REXULTI 1 MG TABLET.....	7	SEROQUEL 300 MG TABLET.....	7
REXULTI 2 MG TABLET.....	7	SEROQUEL 400 MG TABLET.....	7
REXULTI 3 MG TABLET.....	7	SEROQUEL 50 MG TABLET.....	7
REXULTI 4 MG TABLET.....	7	SEROQUEL XR 150 MG TABLET,EXTENDED RELEASE.....	7
RISPERDAL 0.25 MG TABLET.....	7	SEROQUEL XR 200 MG TABLET,EXTENDED RELEASE.....	7
RISPERDAL 0.5 MG TABLET.....	7	SEROQUEL XR 300 MG TABLET,EXTENDED RELEASE.....	7
RISPERDAL 1 MG TABLET.....	7	SEROQUEL XR 400 MG TABLET,EXTENDED RELEASE.....	7
RISPERDAL 1 MG/ML ORAL SOLUTION.....	7	SEROQUEL XR 50 MG TABLET,EXTENDED RELEASE.....	7
RISPERDAL 2 MG TABLET.....	7	SOLODYN 105 MG TABLET,EXTENDED RELEASE.....	16
RISPERDAL 3 MG TABLET.....	7	SOLODYN 115 MG TABLET,EXTENDED RELEASE.....	16
RISPERDAL 4 MG TABLET.....	7	SOLODYN 55 MG TABLET,EXTENDED RELEASE.....	16
RISPERDAL M-TAB 0.5 MG DISINTEGRATING TABLET.....	7	SOLODYN 65 MG TABLET,EXTENDED RELEASE.....	16
RISPERDAL M-TAB 1 MG DISINTEGRATING TABLET.....	7	SOLODYN 80 MG TABLET,EXTENDED RELEASE.....	16
RISPERDAL M-TAB 2 MG DISINTEGRATING TABLET.....	7	SUMAVEL DOSEPRO 4 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR.....	19
RISPERDAL M-TAB 3 MG DISINTEGRATING TABLET.....	7	SUMAVEL DOSEPRO 6 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR.....	19
RISPERDAL M-TAB 4 MG DISINTEGRATING TABLET.....	7	TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION.....	6
RITALIN 10 MG TABLET.....	2	<i>tacrolimus 0.03 % topical ointment.....</i>	6
RITALIN 20 MG TABLET.....	2	<i>tacrolimus 0.1 % topical ointment.....</i>	6
RITALIN 5 MG TABLET.....	2	TANZEUM 30 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR....	11
RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE.....	2		
RITALIN LA 20 MG CAPSULE,EXTENDED RELEASE.....	2		
RITALIN LA 30 MG CAPSULE,EXTENDED RELEASE.....	2		
RITALIN LA 40 MG CAPSULE,EXTENDED RELEASE.....	2		
ROZEREM 8 MG TABLET.....	17		

TANZEUM 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR....	11	ZYPREXA 5 MG TABLET.....	7
TARGADOX 50 MG TABLET.....	16	ZYPREXA 7.5 MG TABLET.....	7
TEXACORT 2.5 % TOPICAL SOLUTION.....	6	ZYPREXA ZYDIS 10 MG DISINTEGRATING TABLET.....	7
TOPICORT 0.25 % TOPICAL SPRAY....	6	ZYPREXA ZYDIS 15 MG DISINTEGRATING TABLET.....	7
TRAVATAN Z 0.004 % EYE DROPS...	15	ZYPREXA ZYDIS 20 MG DISINTEGRATING TABLET.....	7
TREXIMET 10 MG-60 MG TABLET...	19	ZYPREXA ZYDIS 5 MG DISINTEGRATING TABLET.....	7
TREXIMET 85 MG-500 MG TABLET.	19		
TRINTELLIX 10 MG TABLET.....	5		
TRINTELLIX 20 MG TABLET.....	5		
TRINTELLIX 5 MG TABLET.....	5		
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR....	11		
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR....	11		
ULORIC 40 MG TABLET.....	20		
ULORIC 80 MG TABLET.....	20		
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR.....	11		
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK.....	5		
VIIBRYD 10 MG TABLET.....	5		
VIIBRYD 20 MG TABLET.....	5		
VIIBRYD 40 MG TABLET.....	5		
ZEMBRACE SYMTOUCH 3 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR.....	19		
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE.....	15		
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY.....	17		
ZOMIG 2.5 MG NASAL SPRAY.....	19		
ZOMIG 2.5 MG TABLET.....	19		
ZOMIG 5 MG NASAL SPRAY.....	19		
ZOMIG 5 MG TABLET.....	19		
ZOMIG ZMT 2.5 MG DISINTEGRATING TABLET.....	19		
ZOMIG ZMT 5 MG DISINTEGRATING TABLET.....	19		
ZYPREXA 10 MG TABLET.....	7		
ZYPREXA 15 MG TABLET.....	7		
ZYPREXA 2.5 MG TABLET.....	7		
ZYPREXA 20 MG TABLET.....	7		