

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
- PRILOSEC 10 MG
CAPSULE,DELAYED RELEASE
- 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:

- 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
- 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 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
- METHYLIN 10 MG CHEWABLE
TABLET
- METHYLIN 2.5 MG CHEWABLE
TABLET
- METHYLIN 5 MG CHEWABLE
TABLET
- 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 LA 10 MG
CAPSULE,EXTENDED RELEASE
- RITALIN LA 60 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
- BRINTELLIX 10 MG TABLET
- BRINTELLIX 20 MG TABLET
- BRINTELLIX 5 MG TABLET
- *desvenlafaxine er 100 mg
tablet,extended release 24 hour*
- DESVENLAFAXINE ER 100 MG
TABLET,EXTENDED RELEASE 24
HR
- *desvenlafaxine er 50 mg tablet,extended
release 24 hour*
- DESVENLAFAXINE ER 50 MG
TABLET,EXTENDED RELEASE 24
HR
- DESVENLAFAXINE FUMARATE
ER 100 MG TABLET, EXTENDED
RELEASE 24 HR
- DESVENLAFAXINE FUMARATE
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.
-----------------	--

antispasmodics-s

Products Affected

Step 2:

- DETROL LA 2 MG
CAPSULE,EXTENDED RELEASE
- DETROL LA 4 MG
CAPSULE,EXTENDED RELEASE
- ENABLEX 15 MG
TABLET,EXTENDED RELEASE
- ENABLEX 7.5 MG
TABLET,EXTENDED RELEASE
- GELNIQUE 10 % (100 MG/GRAM)
TRANSDERMAL GEL PACKET
- GELNIQUE 28 MG/0.92 GRAM (3
%) TRANSDERMAL GEL PUMP
- MYRBETRIQ 25 MG
TABLET,EXTENDED RELEASE
- MYRBETRIQ 50 MG
TABLET,EXTENDED RELEASE
- OXYTROL 3.9 MG/24 HR
TRANSDERMAL PATCH
- TOVIAZ 4 MG
TABLET,EXTENDED RELEASE
- TOVIAZ 8 MG
TABLET,EXTENDED RELEASE
- VESICARE 10 MG TABLET
- VESICARE 5 MG TABLET

Details

Criteria	Patient needs to have a paid claim for one generic formulary antispasmodic agent
-----------------	--

arb-s

Products Affected

Step 2:

- ATACAND 16 MG TABLET
- ATACAND 32 MG TABLET
- ATACAND 4 MG TABLET
- ATACAND 8 MG TABLET
- BENICAR 20 MG TABLET
- BENICAR 40 MG TABLET
- BENICAR 5 MG TABLET
- BENICAR HCT 20 MG-12.5 MG TABLET
- BENICAR HCT 40 MG-12.5 MG TABLET
- BENICAR HCT 40 MG-25 MG TABLET
- DIOVAN 160 MG TABLET
- DIOVAN 320 MG TABLET
- DIOVAN 40 MG TABLET
- DIOVAN 80 MG TABLET
- EDARBI 40 MG TABLET
- EDARBI 80 MG TABLET
- EDARBYCLOR 40 MG-12.5 MG TABLET
- EDARBYCLOR 40 MG-25 MG TABLET
- MICARDIS 20 MG TABLET
- MICARDIS 40 MG TABLET
- MICARDIS 80 MG TABLET
- MICARDIS HCT 40 MG-12.5 MG TABLET
- MICARDIS HCT 80 MG-12.5 MG TABLET
- MICARDIS HCT 80 MG-25 MG TABLET
- TRIBENZOR 20 MG-5 MG-12.5 MG TABLET
- TRIBENZOR 40 MG-10 MG-12.5 MG TABLET
- TRIBENZOR 40 MG-10 MG-25 MG TABLET
- TRIBENZOR 40 MG-5 MG-12.5 MG TABLET
- TRIBENZOR 40 MG-5 MG-25 MG TABLET

Details

Criteria	Patient needs to have a paid claim for one generic formulary ARB or ARB-diuretic combination
-----------------	--

atopic dermatitis-s

Products Affected

Step 2:

- CAPEX 0.01 % SHAMPOO
- CORDRAN 0.05 % LOTION
- CORDRAN 0.05 % TOPICAL CREAM
- CORDRAN 0.05 % TOPICAL OINTMENT
- 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
- 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
- VERDESO 0.05 % TOPICAL FOAM

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
- 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
- SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET
- SAPHRIS (BLACK CHERRY) 2.5 MG SUBLINGUAL TABLET
- SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL 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
----------	--

dutoprol-s

Products Affected

Step 2:

- DUTOPROL 100 MG-12.5 MG
TABLET,EXTENDED RELEASE
- DUTOPROL 25 MG-12.5 MG
TABLET,EXTENDED RELEASE
- DUTOPROL 50 MG-12.5 MG
TABLET,EXTENDED RELEASE

Details

Criteria	Patient needs to have a paid claim for one generic formulary beta-blocker-diuretic combination or metoprolol XL
-----------------	---

EPINEPHRINE AUDIBLE INJ - STEP

Products Affected

Step 2:

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

Details

Criteria	ST Criteria: Pending CMS approval
-----------------	-----------------------------------

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

hyperlipidemic-c-modot

Products Affected

Step 2:

- ADVICOR 1,000 MG-20 MG TABLET,EXTENDED RELEASE
- ADVICOR 1,000 MG-40 MG TABLET,EXTENDED RELEASE
- ADVICOR 500 MG-20 MG TABLET,EXTENDED RELEASE
- ADVICOR 750 MG-20 MG TABLET,EXTENDED RELEASE
- ALTOPREV 20 MG TABLET,EXTENDED RELEASE
- ALTOPREV 40 MG TABLET,EXTENDED RELEASE
- ALTOPREV 60 MG TABLET,EXTENDED RELEASE
- ANTARA 30 MG CAPSULE
- ANTARA 90 MG CAPSULE
- COLESTID 1 GRAM TABLET
- COLESTID 5 GRAM ORAL GRANULES
- COLESTID 5 GRAM ORAL PACKET
- CRESTOR 10 MG TABLET
- CRESTOR 20 MG TABLET
- CRESTOR 40 MG TABLET
- CRESTOR 5 MG TABLET
- FENOGLIDE 120 MG TABLET
- FENOGLIDE 40 MG TABLET
- FIBRICOR 105 MG TABLET
- FIBRICOR 35 MG TABLET
- LIPITOR 10 MG TABLET
- LIPITOR 20 MG TABLET
- LIPITOR 40 MG TABLET
- LIPITOR 80 MG TABLET
- LIPOFEN 150 MG CAPSULE
- LIPOFEN 50 MG CAPSULE
- LIVALO 1 MG TABLET
- LIVALO 2 MG TABLET
- LIVALO 4 MG TABLET
- LOFIBRA 134 MG CAPSULE
- LOFIBRA 160 MG TABLET
- LOFIBRA 200 MG CAPSULE
- LOFIBRA 54 MG TABLET
- LOFIBRA 67 MG CAPSULE
- LOPID 600 MG TABLET
- *niacor 500 mg tablet*
- NIASPAN 1,000 MG TABLET,EXTENDED RELEASE
- NIASPAN 500 MG TABLET,EXTENDED RELEASE
- NIASPAN 750 MG TABLET,EXTENDED RELEASE
- PRAVACHOL 20 MG TABLET
- PRAVACHOL 40 MG TABLET
- PRAVACHOL 80 MG TABLET
- *prevalite 4 gram oral powder*
- *prevalite 4 gram powder for susp in a packet*
- QUESTRAN 4 GRAM POWDER FOR SUSP IN A PACKET
- QUESTRAN LIGHT 4 GRAM ORAL POWDER
- SIMCOR 1,000 MG-20 MG TABLET,EXTENDED RELEASE
- SIMCOR 1,000 MG-40 MG TABLET,EXTENDED RELEASE
- SIMCOR 500 MG-20 MG TABLET,EXTENDED RELEASE
- SIMCOR 500 MG-40 MG TABLET,EXTENDED RELEASE
- SIMCOR 750 MG-20 MG TABLET,EXTENDED RELEASE
- TRICOR 145 MG TABLET
- TRICOR 48 MG TABLET
- TRIGLIDE 160 MG TABLET
- TRILIPIX 135 MG CAPSULE,DELAYED RELEASE
- TRILIPIX 45 MG CAPSULE,DELAYED RELEASE
- VYTORIN 10 MG-10 MG TABLET
- VYTORIN 10 MG-20 MG TABLET

- VYTORIN 10 MG-40 MG TABLET
- VYTORIN 10 MG-80 MG TABLET
- ZOCOR 10 MG TABLET
- ZOCOR 20 MG TABLET
- ZOCOR 40 MG TABLET
- ZOCOR 5 MG TABLET
- ZOCOR 80 MG TABLET

Details

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

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
- OTREXUP (PF) 7.5 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
-----------------	---

neupro-s

Products Affected

Step 2:

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

Details

Criteria	Patient needs to have a paid claim for one generic formulary dopamine agonist agent
-----------------	---

ophthalmic prostaglandins-s

Products Affected

Step 2:

- LUMIGAN 0.01 % EYE DROPS
- RESCULA 0.15 % 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:

- ACTICLATE 150 MG TABLET
- ACTICLATE 75 MG TABLET
- 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.
-----------------	---

triptans-s

Products Affected

Step 2:

- ALSUMA 6 MG/0.5 ML
SUBCUTANEOUS PEN INJECTOR
- AXERT 12.5 MG TABLET
- AXERT 6.25 MG TABLET
- FROVA 2.5 MG TABLET
- 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
- ZECUITY 6.5 MG/4 HOUR
TRANSDERMAL
IONTOPHORETIC PATCH
- ZOMIG 2.5 MG NASAL SPRAY
- ZOMIG 5 MG NASAL SPRAY

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.....	8	ALTOPREV 20 MG	
ABILIFY 15 MG TABLET.....	8	TABLET,EXTENDED RELEASE.....	13
ABILIFY 2 MG TABLET.....	8	ALTOPREV 40 MG	
ABILIFY 20 MG TABLET.....	8	TABLET,EXTENDED RELEASE.....	13
ABILIFY 30 MG TABLET.....	8	ALTOPREV 60 MG	
ABILIFY 5 MG TABLET.....	8	TABLET,EXTENDED RELEASE.....	13
ABILIFY MAINTENA 300 MG		AMBIEN 10 MG TABLET.....	21
INTRAMUSCULAR		AMBIEN 5 MG TABLET.....	21
SUSPENSION,EXTENDED RELEASE..	8	AMBIEN CR 12.5 MG	
ABILIFY MAINTENA 300 MG		TABLET,EXTENDED RELEASE.....	21
SUSPENSION,EXTENDED REL.		AMBIEN CR 6.25 MG	
INTRAMUSCULAR SYRINGE.....	8	TABLET,EXTENDED RELEASE.....	21
ABILIFY MAINTENA 400 MG		ANTARA 30 MG CAPSULE.....	13
INTRAMUSCULAR		ANTARA 90 MG CAPSULE.....	13
SUSPENSION,EXTENDED RELEASE..	8	APLENZIN 174 MG	
ABILIFY MAINTENA 400 MG		TABLET,EXTENDED RELEASE.....	4
SUSPENSION,EXTENDED REL.		APLENZIN 348 MG	
INTRAMUSCULAR SYRINGE.....	8	TABLET,EXTENDED RELEASE.....	4
ACIPHEX 20 MG TABLET,DELAYED		APLENZIN 522 MG	
RELEASE.....	1	TABLET,EXTENDED RELEASE.....	4
ACIPHEX SPRINKLE 10 MG		APTENSIO XR 10 MG	
CAPSULE,DELAYED RELEASE		CAPSULE,EXTENDED RELEASE	
SPRINKLE.....	1	SPRINKLE.....	2
ACIPHEX SPRINKLE 5 MG		APTENSIO XR 15 MG	
CAPSULE,DELAYED RELEASE		CAPSULE,EXTENDED RELEASE	
SPRINKLE.....	1	SPRINKLE.....	2
ACTICLATE 150 MG TABLET.....	20	APTENSIO XR 20 MG	
ACTICLATE 75 MG TABLET.....	20	CAPSULE,EXTENDED RELEASE	
ADLYXIN 10 MCG/0.2 ML-20		SPRINKLE.....	2
MCG/0.2 ML SUBCUTANEOUS PEN		APTENSIO XR 30 MG	
INJECTOR.....	12	CAPSULE,EXTENDED RELEASE	
ADLYXIN 20 MCG/0.2 ML		SPRINKLE.....	2
SUBCUTANEOUS PEN INJECTOR.....	12	APTENSIO XR 40 MG	
ADVICOR 1,000 MG-20 MG		CAPSULE,EXTENDED RELEASE	
TABLET,EXTENDED RELEASE.....	13	SPRINKLE.....	2
ADVICOR 1,000 MG-40 MG		APTENSIO XR 50 MG	
TABLET,EXTENDED RELEASE.....	13	CAPSULE,EXTENDED RELEASE	
ADVICOR 500 MG-20 MG		SPRINKLE.....	2
TABLET,EXTENDED RELEASE.....	13	APTENSIO XR 60 MG	
ADVICOR 750 MG-20 MG		CAPSULE,EXTENDED RELEASE	
TABLET,EXTENDED RELEASE.....	13	SPRINKLE.....	2
ALSUMA 6 MG/0.5 ML		ATACAND 16 MG TABLET.....	6
SUBCUTANEOUS PEN INJECTOR.....	22	ATACAND 32 MG TABLET.....	6

ATACAND 4 MG TABLET.....	6	DAYTRANA 10 MG/9 HR DAILY	
ATACAND 8 MG TABLET.....	6	PATCH.....	2
AUVI-Q 0.15 MG/0.15 ML		DAYTRANA 15 MG/9 HR DAILY	
INJECTION,AUTO-INJECTOR.....	11	PATCH.....	2
AUVI-Q 0.3 MG/0.3 ML INJECTION,		DAYTRANA 20 MG/9 HR DAILY	
AUTO-INJECTOR.....	11	PATCH.....	2
AXERT 12.5 MG TABLET.....	22	DAYTRANA 30 MG/9 HR DAILY	
AXERT 6.25 MG TABLET.....	22	PATCH.....	2
BENICAR 20 MG TABLET.....	6	DESONATE 0.05 % TOPICAL GEL.....	7
BENICAR 40 MG TABLET.....	6	<i>desvenlafaxine er 100 mg tablet,extended</i>	
BENICAR 5 MG TABLET.....	6	<i>release 24 hour</i>	4
BENICAR HCT 20 MG-12.5 MG		DESVENLAFAXINE ER 100 MG	
TABLET.....	6	TABLET,EXTENDED RELEASE 24	
BENICAR HCT 40 MG-12.5 MG		HR.....	4
TABLET.....	6	<i>desvenlafaxine er 50 mg tablet,extended</i>	
BENICAR HCT 40 MG-25 MG		<i>release 24 hour</i>	4
TABLET.....	6	DESVENLAFAXINE ER 50 MG	
BRINTELLIX 10 MG TABLET.....	4	TABLET,EXTENDED RELEASE 24	
BRINTELLIX 20 MG TABLET.....	4	HR.....	4
BRINTELLIX 5 MG TABLET.....	4	DESVENLAFAXINE FUMARATE ER	
BYDUREON 2 MG SUBCUTANEOUS		100 MG TABLET, EXTENDED	
EXTENDED RELEASE SUSPENSION	12	RELEASE 24 HR.....	4
BYDUREON 2 MG/0.65 ML		DESVENLAFAXINE FUMARATE ER	
SUBCUTANEOUS PEN INJECTOR.....	12	50 MG TABLET, EXTENDED	
BYETTA 10 MCG/DOSE(250		RELEASE 24 HR.....	4
MCG/ML)2.4 ML SUBCUTANEOUS		DETROL LA 2 MG	
PEN INJECTOR.....	12	CAPSULE,EXTENDED RELEASE.....	5
BYETTA 5 MCG/DOSE (250		DETROL LA 4 MG	
MCG/ML)1.2 ML SUBCUTANEOUS		CAPSULE,EXTENDED RELEASE.....	5
PEN INJECTOR.....	12	DEXILANT 30 MG CAPSULE,	
CAPEX 0.01 % SHAMPOO.....	7	DELAYED RELEASE.....	1
COLESTID 1 GRAM TABLET.....	13	DEXILANT 60 MG CAPSULE,	
COLESTID 5 GRAM ORAL		DELAYED RELEASE.....	1
GRANULES.....	13	DIFICID 200 MG TABLET.....	9
COLESTID 5 GRAM ORAL PACKET..	13	DIOVAN 160 MG TABLET.....	6
CORDRAN 0.05 % LOTION.....	7	DIOVAN 320 MG TABLET.....	6
CORDRAN 0.05 % TOPICAL CREAM...7		DIOVAN 40 MG TABLET.....	6
CORDRAN 0.05 % TOPICAL		DIOVAN 80 MG TABLET.....	6
OINTMENT.....	7	DORYX 200 MG TABLET,DELAYED	
CORDRAN TAPE LARGE ROLL 4		RELEASE.....	20
MCG/CM2.....	7	DORYX 50 MG TABLET,DELAYED	
CRESTOR 10 MG TABLET.....	13	RELEASE.....	20
CRESTOR 20 MG TABLET.....	13	DORYX MPC 120 MG TABLET,	
CRESTOR 40 MG TABLET.....	13	DELAYED RELEASE.....	20
CRESTOR 5 MG TABLET.....	13		

DUTOPROL 100 MG-12.5 MG TABLET,EXTENDED RELEASE.....	10	FIBRICOR 105 MG TABLET	13
DUTOPROL 25 MG-12.5 MG TABLET,EXTENDED RELEASE.....	10	FIBRICOR 35 MG TABLET	13
DUTOPROL 50 MG-12.5 MG TABLET,EXTENDED RELEASE.....	10	FOCALIN XR 10 MG CAPSULE,EXTENDED RELEASE.....	2
EDARBI 40 MG TABLET	6	FOCALIN XR 15 MG CAPSULE,EXTENDED RELEASE.....	2
EDARBI 80 MG TABLET	6	FOCALIN XR 20 MG CAPSULE,EXTENDED RELEASE.....	2
EDARBYCLOR 40 MG-12.5 MG TABLET	6	FOCALIN XR 25 MG CAPSULE,EXTENDED RELEASE.....	2
EDARBYCLOR 40 MG-25 MG TABLET	6	FOCALIN XR 30 MG CAPSULE,EXTENDED RELEASE.....	2
EDLUAR 10 MG SUBLINGUAL TABLET	21	FOCALIN XR 35 MG CAPSULE,EXTENDED RELEASE.....	2
EDLUAR 5 MG SUBLINGUAL TABLET	21	FOCALIN XR 40 MG CAPSULE,EXTENDED RELEASE.....	2
ELIDEL 1 % TOPICAL CREAM.....	7	FOCALIN XR 5 MG CAPSULE,EXTENDED RELEASE.....	2
ENABLEX 15 MG TABLET,EXTENDED RELEASE.....	5	FORFIVO XL 450 MG TABLET,EXTENDED RELEASE.....	4
ENABLEX 7.5 MG TABLET,EXTENDED RELEASE.....	5	FROVA 2.5 MG TABLET.....	22
EVEKEO 10 MG TABLET	2	GELNIQUE 10 % (100 MG/GRAM) TRANSDERMAL GEL PACKET.....	5
EVEKEO 5 MG TABLET	2	GELNIQUE 28 MG/0.92 GRAM (3 %) TRANSDERMAL GEL PUMP.....	5
FANAPT 1 MG TABLET	8	HALOG 0.1 % TOPICAL CREAM.....	7
FANAPT 10 MG TABLET	8	HALOG 0.1 % TOPICAL OINTMENT	7
FANAPT 12 MG TABLET.....	8	INTERMEZZO 1.75 MG SUBLINGUAL TABLET	21
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK.....	8	INTERMEZZO 3.5 MG SUBLINGUAL TABLET	21
FANAPT 2 MG TABLET	8	INVEGA 1.5 MG TABLET,EXTENDED RELEASE.....	8
FANAPT 4 MG TABLET	8	INVEGA 3 MG TABLET,EXTENDED RELEASE.....	8
FANAPT 6 MG TABLET.....	8	INVEGA 6 MG TABLET,EXTENDED RELEASE.....	8
FANAPT 8 MG TABLET.....	8	INVEGA 9 MG TABLET,EXTENDED RELEASE.....	8
FENOGLIDE 120 MG TABLET.....	13	INVEGA SUSTENNA 117 MG/0.75 ML INTRAMUSCULAR SYRINGE.....	8
FENOGLIDE 40 MG TABLET.....	13	INVEGA SUSTENNA 156 MG/ML INTRAMUSCULAR SYRINGE.....	8
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE.....	4	INVEGA SUSTENNA 234 MG/1.5 ML INTRAMUSCULAR SYRINGE.....	8
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK.....	4		
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE.....	4		
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE.....	4		
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE.....	4		

INVEGA SUSTENNA 39 MG/0.25 ML INTRAMUSCULAR SYRINGE.....	8	MICARDIS 80 MG TABLET.....	6
INVEGA SUSTENNA 78 MG/0.5 ML INTRAMUSCULAR SYRINGE.....	8	MICARDIS HCT 40 MG-12.5 MG TABLET.....	6
IRENKA 40 MG CAPSULE,DELAYED RELEASE.....	15	MICARDIS HCT 80 MG-12.5 MG TABLET.....	6
KENALOG 0.147 MG/GRAM TOPICAL AEROSOL.....	7	MICARDIS HCT 80 MG-25 MG TABLET.....	6
KHEDEZLA 100 MG TABLET,EXTENDED RELEASE.....	4	MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE.....	5
KHEDEZLA 50 MG TABLET,EXTENDED RELEASE.....	4	MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE.....	5
LATUDA 120 MG TABLET.....	8	NEUPRO 1 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	18
LATUDA 20 MG TABLET.....	8	NEUPRO 2 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	18
LATUDA 40 MG TABLET.....	8	NEUPRO 3 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	18
LATUDA 60 MG TABLET.....	8	NEUPRO 4 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	18
LATUDA 80 MG TABLET.....	8	NEUPRO 6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	18
LIPITOR 10 MG TABLET.....	13	NEUPRO 8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	18
LIPITOR 20 MG TABLET.....	13	NEXIUM 20 MG CAPSULE,DELAYED RELEASE.....	1
LIPITOR 40 MG TABLET.....	13	NEXIUM 40 MG CAPSULE,DELAYED RELEASE.....	1
LIPITOR 80 MG TABLET.....	13	NEXIUM PACKET 10 MG GRANULES DELAYED RELEASE FOR SUSP.....	1
LIPOFEN 150 MG CAPSULE.....	13	NEXIUM PACKET 2.5 MG GRANULES DELAYED RELEASE FOR SUSP.....	1
LIPOFEN 50 MG CAPSULE.....	13	NEXIUM PACKET 20 MG GRANULES DELAYED RELEASE FOR SUSP.....	1
LIVALO 1 MG TABLET.....	13	NEXIUM PACKET 40 MG GRANULES DELAYED RELEASE FOR SUSP.....	1
LIVALO 2 MG TABLET.....	13	NEXIUM PACKET 5 MG GRANULES DELAYED RELEASE FOR SUSP.....	1
LIVALO 4 MG TABLET.....	13	<i>niacor 500 mg tablet</i>	13
LOCOID 0.1 % LOTION.....	7	NIASPAN 1,000 MG TABLET,EXTENDED RELEASE.....	13
LOFIBRA 134 MG CAPSULE.....	13		
LOFIBRA 160 MG TABLET.....	13		
LOFIBRA 200 MG CAPSULE.....	13		
LOFIBRA 54 MG TABLET.....	13		
LOFIBRA 67 MG CAPSULE.....	13		
LOPID 600 MG TABLET.....	13		
LUMIGAN 0.01 % EYE DROPS.....	19		
LUNESTA 1 MG TABLET.....	21		
LUNESTA 2 MG TABLET.....	21		
LUNESTA 3 MG TABLET.....	21		
METHYLIN 10 MG CHEWABLE TABLET.....	2		
METHYLIN 2.5 MG CHEWABLE TABLET.....	2		
METHYLIN 5 MG CHEWABLE TABLET.....	2		
MICARDIS 20 MG TABLET.....	6		
MICARDIS 40 MG TABLET.....	6		

NIASPAN 500 MG TABLET,EXTENDED RELEASE.....	13	PRILOSEC 10 MG CAPSULE,DELAYED RELEASE.....	1
NIASPAN 750 MG TABLET,EXTENDED RELEASE.....	13	PRISTIQ 100 MG TABLET,EXTENDED RELEASE.....	4
OTREXUP (PF) 10 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR .	17	PRISTIQ 25 MG TABLET,EXTENDED RELEASE.....	4
OTREXUP (PF) 12.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR .	17	PRISTIQ 50 MG TABLET,EXTENDED RELEASE.....	4
OTREXUP (PF) 15 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR .	17	PROTONIX 20 MG TABLET,DELAYED RELEASE.....	1
OTREXUP (PF) 17.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR .	17	PROTONIX 40 MG GRANULES DELAYED-RELEASE PACKET.....	1
OTREXUP (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR .	17	PROTONIX 40 MG TABLET,DELAYED RELEASE.....	1
OTREXUP (PF) 22.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR .	17	PROTOPIC 0.03 % TOPICAL OINTMENT.....	7
OTREXUP (PF) 25 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR .	17	PROTOPIC 0.1 % TOPICAL OINTMENT.....	7
OTREXUP (PF) 7.5 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR .	17	QBRELIS 1 MG/ML ORAL SOLUTION.....	16
OXYTROL 3.9 MG/24 HR TRANSDERMAL PATCH.....	5	QUESTRAN 4 GRAM POWDER FOR SUSP IN A PACKET.....	13
PANDEL 0.1 % TOPICAL CREAM.....	7	QUESTRAN LIGHT 4 GRAM ORAL POWDER.....	13
PEXEVA 10 MG TABLET.....	4	QUILLICHEW ER 20 MG CHEWABLE TABLET, EXTENDED RELEASE.....	2
PEXEVA 20 MG TABLET.....	4	QUILLICHEW ER 30 MG CHEWABLE TABLET, EXTENDED RELEASE.....	2
PEXEVA 30 MG TABLET.....	4	QUILLICHEW ER 40 MG CHEWABLE, EXTENDED RELEASE TABLET.....	2
PEXEVA 40 MG TABLET.....	4	QUILLIVANT XR 5 MG/ML (25 MG/5 ML) ORAL SUSPENSION,EXTEND RELEASE 24HR.....	2
PRAVACHOL 20 MG TABLET.....	13	RASUVO (PF) 10 MG/0.2 ML SUBCUTANEOUS AUTO-INJECTOR .	17
PRAVACHOL 40 MG TABLET.....	13	RASUVO (PF) 12.5 MG/0.25 ML SUBCUTANEOUS AUTO-INJECTOR .	17
PRAVACHOL 80 MG TABLET.....	13	RASUVO (PF) 15 MG/0.3 ML SUBCUTANEOUS AUTO-INJECTOR .	17
PREVACID 15 MG CAPSULE,DELAYED RELEASE.....	1	RASUVO (PF) 17.5 MG/0.35 ML SUBCUTANEOUS AUTO-INJECTOR .	17
PREVACID 30 MG CAPSULE,DELAYED RELEASE.....	1		
PREVACID SOLUTAB 15 MG DELAYED RELEASE,DISINTEGRATING TABLET.....	1		
PREVACID SOLUTAB 30 MG DELAYED RELEASE,DISINTEGRATING TABLET.....	1		
<i>prevalite 4 gram oral powder.....</i>	13		
<i>prevalite 4 gram powder for susp in a packet.....</i>	13		

RASUVO (PF) 20 MG/0.4 ML SUBCUTANEOUS AUTO-INJECTOR . 17	SOLODYN 115 MG TABLET,EXTENDED RELEASE..... 20
RASUVO (PF) 22.5 MG/0.45 ML SUBCUTANEOUS AUTO-INJECTOR . 17	SOLODYN 55 MG TABLET,EXTENDED RELEASE..... 20
RASUVO (PF) 25 MG/0.5 ML SUBCUTANEOUS AUTO-INJECTOR . 17	SOLODYN 65 MG TABLET,EXTENDED RELEASE..... 20
RASUVO (PF) 27.5 MG/0.55 ML SUBCUTANEOUS AUTO-INJECTOR . 17	SOLODYN 80 MG TABLET,EXTENDED RELEASE..... 20
RASUVO (PF) 30 MG/0.6 ML SUBCUTANEOUS AUTO-INJECTOR . 17	SUMAVEL DOSEPRO 4 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR..... 22
RASUVO (PF) 7.5 MG/0.15 ML SUBCUTANEOUS AUTO-INJECTOR . 17	SUMAVEL DOSEPRO 6 MG/0.5 ML SUBCUTANEOUS NEEDLE-FREE INJECTOR..... 22
RELPAK 20 MG TABLET.....22	TACLONEX 0.005 %-0.064 % TOPICAL SUSPENSION..... 7
RELPAK 40 MG TABLET.....22	<i>tacrolimus 0.03 % topical ointment</i> 7
RESCULA 0.15 % EYE DROPS..... 19	<i>tacrolimus 0.1 % topical ointment</i> 7
REXULTI 0.25 MG TABLET.....8	TANZEUM 30 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR.....12
REXULTI 0.5 MG TABLET.....8	TANZEUM 50 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR.....12
REXULTI 1 MG TABLET..... 8	TARGADOX 50 MG TABLET.....20
REXULTI 2 MG TABLET..... 8	TEXACORT 2.5 % TOPICAL SOLUTION..... 7
REXULTI 3 MG TABLET..... 8	TOPICORT 0.25 % TOPICAL SPRAY.....7
REXULTI 4 MG TABLET..... 8	TOVIAZ 4 MG TABLET,EXTENDED RELEASE.....5
RITALIN LA 10 MG CAPSULE,EXTENDED RELEASE..... 2	TOVIAZ 8 MG TABLET,EXTENDED RELEASE.....5
RITALIN LA 60 MG CAPSULE,EXTENDED RELEASE..... 2	TRAVATAN Z 0.004 % EYE DROPS.... 19
ROZEREM 8 MG TABLET.....21	TREXIMET 10 MG-60 MG TABLET.... 22
SAPHRIS (BLACK CHERRY) 10 MG SUBLINGUAL TABLET.....8	TREXIMET 85 MG-500 MG TABLET.. 22
SAPHRIS (BLACK CHERRY) 2.5 MG SUBLINGUAL TABLET.....8	TRIBENZOR 20 MG-5 MG-12.5 MG TABLET..... 6
SAPHRIS (BLACK CHERRY) 5 MG SUBLINGUAL TABLET.....8	TRIBENZOR 40 MG-10 MG-12.5 MG TABLET..... 6
SIMCOR 1,000 MG-20 MG TABLET,EXTENDED RELEASE..... 13	TRIBENZOR 40 MG-10 MG-25 MG TABLET..... 6
SIMCOR 1,000 MG-40 MG TABLET,EXTENDED RELEASE..... 13	TRIBENZOR 40 MG-5 MG-12.5 MG TABLET..... 6
SIMCOR 500 MG-20 MG TABLET,EXTENDED RELEASE..... 13	TRIBENZOR 40 MG-5 MG-25 MG TABLET..... 6
SIMCOR 500 MG-40 MG TABLET,EXTENDED RELEASE..... 13	TRICOR 145 MG TABLET..... 13
SIMCOR 750 MG-20 MG TABLET,EXTENDED RELEASE..... 13	TRICOR 48 MG TABLET..... 13
SOLODYN 105 MG TABLET,EXTENDED RELEASE..... 20	

TRIGLIDE 160 MG TABLET	13
TRILIPIX 135 MG CAPSULE,DELAYED RELEASE	13
TRILIPIX 45 MG CAPSULE,DELAYED RELEASE	13
TRINTELLIX 10 MG TABLET	4
TRINTELLIX 20 MG TABLET	4
TRINTELLIX 5 MG TABLET	4
TRULICITY 0.75 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR.....	12
TRULICITY 1.5 MG/0.5 ML SUBCUTANEOUS PEN INJECTOR.....	12
ULORIC 40 MG TABLET	23
ULORIC 80 MG TABLET	23
VERDESO 0.05 % TOPICAL FOAM.....	7
VESICARE 10 MG TABLET.....	5
VESICARE 5 MG TABLET.....	5
VICTOZA 3-PAK 0.6 MG/0.1 ML (18 MG/3 ML) SUBCUTANEOUS PEN INJECTOR.....	12
VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK.....	4
VIIBRYD 10 MG TABLET	4
VIIBRYD 20 MG TABLET	4
VIIBRYD 40 MG TABLET	4
VYTORIN 10 MG-10 MG TABLET.....	13
VYTORIN 10 MG-20 MG TABLET.....	13
VYTORIN 10 MG-40 MG TABLET.....	13
VYTORIN 10 MG-80 MG TABLET.....	13
ZECUITY 6.5 MG/4 HOUR TRANSDERMAL IONTOPHORETIC PATCH.....	22
ZIOPTAN (PF) 0.0015 % EYE DROPS IN A DROPPERETTE.....	19
ZOCOR 10 MG TABLET	13
ZOCOR 20 MG TABLET.....	13
ZOCOR 40 MG TABLET	13
ZOCOR 5 MG TABLET	13
ZOCOR 80 MG TABLET	13
ZOLPIMIST 5 MG/SPRAY (0.1 ML) ORAL SPRAY	21
ZOMIG 2.5 MG NASAL SPRAY	22
ZOMIG 5 MG NASAL SPRAY.....	22