

# AMANTADINE ER

---

## Products Affected

### Step 2:

- OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE
- OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE
- OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.
-----------------	--

---

# ANTI INFLAMMATORY AGENTS GI

---

## Products Affected

### Step 2:

- DIPENTUM 250 MG CAPSULE

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF 1 OF THE FOLLOWING: BALSALAZIDE, MESALAMINE 400 MG CAP(DRTAB), MESALAMINE DR 800 MG TAB, MESALAMINE 0.375G ER CAP, OR MESALAMINE 1.2G DR TAB WITHIN THE PAST 120 DAYS
-----------------	--

---

# ANTICONVULSANTS

---

## Products Affected

### Step 2:

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET
- FYCOMPA 0.5 MG/ML ORAL SUSPENSION
- FYCOMPA 10 MG TABLET
- FYCOMPA 12 MG TABLET
- FYCOMPA 2 MG TABLET
- FYCOMPA 4 MG TABLET
- FYCOMPA 6 MG TABLET
- FYCOMPA 8 MG TABLET
- OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE
- OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE
- OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE
- *rufinamide 200 mg tablet*
- *rufinamide 40 mg/ml oral suspension*
- *rufinamide 400 mg tablet*
- XCOPRI 100 MG TABLET
- XCOPRI 150 MG TABLET
- XCOPRI 200 MG TABLET
- XCOPRI 50 MG TABLET
- XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS
- XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS
- XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK
- XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK
- XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR EPRONTIA OR GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN THE PAST 120 DAYS.
-----------------	--

---

# ANTIDEPRESSANTS

---

## Products Affected

### Step 2:

- 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

## Details

---

Criteria	PRIOR CLAIM FOR TRINTELLIX AND VIIBRYD WITHIN THE PAST 365 DAYS.
----------	--

---

# ANTIDIABETIC AGENTS

---

## Products Affected

### Step 2:

- JANUMET 50 MG-1,000 MG TABLET
- JANUMET 50 MG-500 MG TABLET
- JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE
- JANUVIA 100 MG TABLET
- JANUVIA 25 MG TABLET
- JANUVIA 50 MG TABLET
- JENTADUETO 2.5 MG-1,000 MG TABLET
- JENTADUETO 2.5 MG-500 MG TABLET
- JENTADUETO 2.5 MG-850 MG TABLET
- JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR
- SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR
- TRADJENTA 5 MG TABLET

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR ONE GENERIC DIABETIC ORAL MEDICATION (E.G. METFORMIN, GLYBURIDE, GLIMEPIRIDE, ACARBOSE, PIOGLITAZONE ETC) WITHIN THE PAST 120 DAYS
-----------------	--

---

# ANTIGOUT AGENTS

---

## Products Affected

### Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF ALLOPURINOL TABLETS WITHIN THE PAST 120 DAYS.
-----------------	--

---

# ANTIPSYCHOTIC AGENTS

---

## Products Affected

### Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*
- CAPLYTA 10.5 MG CAPSULE
- CAPLYTA 21 MG CAPSULE
- CAPLYTA 42 MG CAPSULE
- *clozapine 100 mg disintegrating tablet*
- *clozapine 12.5 mg disintegrating tablet*
- *clozapine 150 mg disintegrating tablet*
- *clozapine 200 mg disintegrating tablet*
- *clozapine 25 mg disintegrating tablet*
- 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
- SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH
- SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH
- SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH
- VERSACLOZ 50 MG/ML ORAL SUSPENSION
- VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK
- VRAYLAR 1.5 MG CAPSULE
- VRAYLAR 3 MG CAPSULE
- VRAYLAR 4.5 MG CAPSULE
- VRAYLAR 6 MG CAPSULE

## Details

<b>Criteria</b>	PRIOR CLAIM FOR LATUDA OR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS
-----------------	---

# ANTIPSYCHOTIC AGENTS II

---

## Products Affected

### Step 2:

- 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

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR LATUDA AND ONE FORMULARY ORAL ATYPICAL ANTIPSYCHOTICS (RISPERIDONE, CLOZAPINE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE, ASENAPINE OR PALIPERIDONE) OR SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE) OR SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE) WITHIN THE PAST 365 DAYS
-----------------	--

---



# ANTIULCER AGENTS

---

## Products Affected

### Step 2:

- *omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule*
- *omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule*

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, ESOMEPRAZOLE MAG, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
-----------------	--

---

# B VERSUS D ADMINISTRATIVE STEP

---

## Products Affected

### Step 2:

- CYCLOPHOSPHAMIDE 25 MG CAPSULE
- *cyclophosphamide 25 mg tablet*
- *cyclophosphamide 50 mg capsule*
- *cyclophosphamide 50 mg tablet*
- *methotrexate sodium 2.5 mg tablet*
- SKYRIZI 150 MG/ML SUBCUTANEOUS SYRINGE
- XATMEP 2.5 MG/ML ORAL SOLUTION

## Details

---

Criteria	IN ORDER TO ASSIST IN A PART B VS. D PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR A RHEUMATOID ARTHRITIS, PSORIASIS OR ACTIVE POLYARTICULAR JUVENILE IDIOPATHIC ARTHRITIS DRUG WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT. ALL OTHER INDICATIONS WILL HAVE A PART B VS. D PAYMENT DETERMINATION MADE THROUGH THE FORMULARY EXCEPTION PROCESS PRIOR TO THE APPROVAL OF THE DRUG.
----------	--

---

# DULOXETINE SPRINKLE

---

## Products Affected

### Step 2:

- DRIZALMA SPRINKLE 20 MG CAPSULE, DELAYED RELEASE
- DRIZALMA SPRINKLE 30 MG CAPSULE, DELAYED RELEASE
- DRIZALMA SPRINKLE 40 MG CAPSULE, DELAYED RELEASE
- DRIZALMA SPRINKLE 60 MG CAPSULE, DELAYED RELEASE

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
-----------------	--

---

# FINERENONE

---

## Products Affected

### Step 2:

- KERENDIA 10 MG TABLET
- KERENDIA 20 MG TABLET

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR A PREFERRED ANGIOTENSIN-CONVERTING ENZYME INHIBITOR (CAPTOPRIL, ENALAPRIL, ENALAPRIL-HCTZ, FOSINOPRIL, LISINOPRIL, LISINOPRIL-HCTZ, QUINAPRIL, QUINAPRIL-HCTZ, RAMIPRIL, TRANDOLAPRIL) OR ANGIOTENSIN II RECEPTOR BLOCKER (IRBESARTAN, IRBESARTAN-HCTZ, LOSARTAN, LOSARTAN-HCTZ, TELMISARTAN, VALSARTAN, VALSARTAN-HCTZ) AND SODIUM-GLUCOSE COTRANSPORTER 2 INHIBITOR (FARXIGA, JARDIANCE) IN THE PAST 365 DAYS
-----------------	---

---

# MEMANTINE DONEPEZIL

---

## Products Affected

### Step 2:

- NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE
- NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK

## Details

---

Criteria	PRIOR CLAIM FOR GENERIC DONEPEZIL AND MEMANTINE IR IN THE PAST 365 DAYS
----------	---

---

# MEMANTINE ER

---

## Products Affected

### Step 2:

- *memantine 14 mg capsule sprinkle,extended release 24hr*
- *memantine 21 mg capsule sprinkle,extended release 24hr*
- *memantine 28 mg capsule sprinkle,extended release 24hr*
- *memantine 7 mg capsule sprinkle,extended release 24hr*

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS
-----------------	--

---

# NASAL CORTICOSTEROIDS II

---

## Products Affected

### Step 2:

- XHANCE 93 MCG/ACTUATION  
BREATH ACTIVATED AEROSOL

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR A FEDERAL LEGEND FORMULARY VERSION OF MOMETASONE NASAL SPRAY WITHIN THE PAST 120 DAYS
-----------------	---

---

# OPHTHALMIC ALLERGY NO OTC

---

## Products Affected

### Step 2:

- ALREX 0.2 % EYE  
DROPS,SUSPENSION

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, EPINASTINE, OR FORMULARY OLOPATADINE EYE DROPS WITHIN THE PAST 120 DAYS.
-----------------	---

---



# SELEGILINE PATCH

---

## Products Affected

### Step 2:

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

## Details

Criteria	
	PRIOR CLAIM OF FORMULARY ORAL VERSION OF SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE), SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE), MIRTAZAPINE, OR BUPROPION IR/SR/XL IN THE PAST 120 DAYS

# SPRITAM

---

## Products Affected

### Step 2:

- SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 250 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 500 MG TABLET FOR ORAL SUSPENSION
- SPRITAM 750 MG TABLET FOR ORAL SUSPENSION

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
-----------------	---

---

# TACROLIMUS PACKETS

---

## Products Affected

### Step 2:

- PROGRAF 0.2 MG ORAL GRANULES IN PACKET
- PROGRAF 1 MG ORAL GRANULES IN PACKET

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF TACROLIMUS IR CAPSULES WITHIN THE PAST 120 DAYS
-----------------	--

---



## INDEX

ALREX 0.2 % EYE		FANAPT 8 MG TABLET .....	7
DROPS,SUSPENSION .....	16	<i>febuxostat 40 mg tablet</i> .....	6
APTIOM 200 MG TABLET .....	3	<i>febuxostat 80 mg tablet</i> .....	6
APTIOM 400 MG TABLET .....	3	FETZIMA 120 MG	
APTIOM 600 MG TABLET .....	3	CAPSULE,EXTENDED RELEASE.....	4
APTIOM 800 MG TABLET .....	3	FETZIMA 20 MG (2)-40 MG (26)	
<i>aripiprazole 10 mg disintegrating tablet</i> .....	7	CAPSULE,EXTENDED RELEASE,24	
<i>aripiprazole 15 mg disintegrating tablet</i> .....	7	HR,DOSE PACK.....	4
CAPLYTA 10.5 MG CAPSULE.....	7	FETZIMA 20 MG	
CAPLYTA 21 MG CAPSULE.....	7	CAPSULE,EXTENDED RELEASE.....	4
CAPLYTA 42 MG CAPSULE.....	7	FETZIMA 40 MG	
<i>clozapine 100 mg disintegrating tablet</i> .....	7	CAPSULE,EXTENDED RELEASE.....	4
<i>clozapine 12.5 mg disintegrating tablet</i> .....	7	FETZIMA 80 MG	
<i>clozapine 150 mg disintegrating tablet</i> .....	7	CAPSULE,EXTENDED RELEASE.....	4
<i>clozapine 200 mg disintegrating tablet</i> .....	7	FYCOMPA 0.5 MG/ML ORAL	
<i>clozapine 25 mg disintegrating tablet</i> .....	7	SUSPENSION .....	3
CYCLOPHOSPHAMIDE 25 MG		FYCOMPA 10 MG TABLET .....	3
CAPSULE .....	10	FYCOMPA 12 MG TABLET .....	3
<i>cyclophosphamide 25 mg tablet</i> .....	10	FYCOMPA 2 MG TABLET .....	3
<i>cyclophosphamide 50 mg capsule</i> .....	10	FYCOMPA 4 MG TABLET .....	3
<i>cyclophosphamide 50 mg tablet</i> .....	10	FYCOMPA 6 MG TABLET .....	3
DIPENTUM 250 MG CAPSULE.....	2	FYCOMPA 8 MG TABLET .....	3
DRIZALMA SPRINKLE 20 MG		JANUMET 50 MG-1,000 MG	
CAPSULE,DELAYED RELEASE.....	11	TABLET .....	5
DRIZALMA SPRINKLE 30 MG		JANUMET 50 MG-500 MG TABLET .....	5
CAPSULE,DELAYED RELEASE.....	11	JANUMET XR 100 MG-1,000 MG	
DRIZALMA SPRINKLE 40 MG		TABLET,EXTENDED RELEASE .....	5
CAPSULE,DELAYED RELEASE.....	11	JANUMET XR 50 MG-1,000 MG	
DRIZALMA SPRINKLE 60 MG		TABLET,EXTENDED RELEASE.....	5
CAPSULE,DELAYED RELEASE.....	11	JANUMET XR 50 MG-500 MG	
EMSAM 12 MG/24 HR		TABLET,EXTENDED RELEASE.....	5
TRANSDERMAL 24 HOUR PATCH...17		JANUVIA 100 MG TABLET .....	5
EMSAM 6 MG/24 HR		JANUVIA 25 MG TABLET .....	5
TRANSDERMAL 24 HOUR PATCH...17		JANUVIA 50 MG TABLET .....	5
EMSAM 9 MG/24 HR		JENTADUETO 2.5 MG-1,000 MG	
TRANSDERMAL 24 HOUR PATCH...17		TABLET .....	5
FANAPT 1 MG TABLET .....	7	JENTADUETO 2.5 MG-500 MG	
FANAPT 10 MG TABLET .....	7	TABLET .....	5
FANAPT 12 MG TABLET .....	7	JENTADUETO 2.5 MG-850 MG	
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6		TABLET .....	5
MG(2) TABLETS IN A DOSE PACK .....	7	JENTADUETO XR 2.5 MG-1,000 MG	
FANAPT 2 MG TABLET .....	7	TABLET, EXTENDED RELEASE.....	5
FANAPT 4 MG TABLET .....	7	JENTADUETO XR 5 MG-1,000 MG	
FANAPT 6 MG TABLET .....	7	TABLET, EXTENDED RELEASE.....	5

KERENDIA 10 MG TABLET.....	12	PROGRAF 1 MG ORAL GRANULES IN PACKET.....	19
KERENDIA 20 MG TABLET.....	12	REXULTI 0.25 MG TABLET.....	8
<i>memantine 14 mg capsule sprinkle,extended release 24hr</i> .....	14	REXULTI 0.5 MG TABLET.....	8
<i>memantine 21 mg capsule sprinkle,extended release 24hr</i> .....	14	REXULTI 1 MG TABLET.....	8
<i>memantine 28 mg capsule sprinkle,extended release 24hr</i> .....	14	REXULTI 2 MG TABLET.....	8
<i>memantine 7 mg capsule sprinkle,extended release 24hr</i> .....	14	REXULTI 3 MG TABLET.....	8
<i>methotrexate sodium 2.5 mg tablet</i> .....	10	REXULTI 4 MG TABLET.....	8
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE.....	13	<i>rufinamide 200 mg tablet</i> .....	3
NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE.....	13	<i>rufinamide 40 mg/ml oral suspension</i> .....	3
NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE.....	13	<i>rufinamide 400 mg tablet</i> .....	3
NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE....	13	SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	7
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK.....	13	SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	7
<i>omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule</i> .....	9	SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	7
<i>omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule</i> .....	9	SKYRIZI 150 MG/ML SUBCUTANEOUS SYRINGE.....	10
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE.....	1	SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION.....	18
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE.....	1	SPRITAM 250 MG TABLET FOR ORAL SUSPENSION.....	18
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE.....	1	SPRITAM 500 MG TABLET FOR ORAL SUSPENSION.....	18
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE.....	3	SPRITAM 750 MG TABLET FOR ORAL SUSPENSION.....	18
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE.....	3	SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR.....	5
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE.....	3	SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR.....	5
PROGRAF 0.2 MG ORAL GRANULES IN PACKET.....	19	TRADJENTA 5 MG TABLET.....	5
		VERSACLOZ 50 MG/ML ORAL SUSPENSION.....	7
		VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK.....	7
		VRAYLAR 1.5 MG CAPSULE.....	7
		VRAYLAR 3 MG CAPSULE.....	7
		VRAYLAR 4.5 MG CAPSULE.....	7
		VRAYLAR 6 MG CAPSULE.....	7
		XATMEP 2.5 MG/ML ORAL SOLUTION.....	10
		XCOPRI 100 MG TABLET.....	3
		XCOPRI 150 MG TABLET.....	3
		XCOPRI 200 MG TABLET.....	3

XCOPRI 50 MG TABLET .....	3
XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS.....	3
XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS.....	3
XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK.....	3
XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK.....	3
XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK.....	3
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL.....	15