

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

Criteria	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

Criteria	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

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

ANTIDEPRESSANTS

Products Affected

Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE
- 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

Criteria	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

Criteria	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

Criteria	PRIOR CLAIM FOR LURASIDONE HCL OR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ARIPIPRAZOLE SOLUTION, 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

Criteria	PRIOR CLAIM FOR 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

Criteria	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*
- 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

Criteria	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

Criteria	PRIOR CLAIM FOR A PREFERRED ANGIOTENSIN-CONVERTING ENZYME INHIBITOR (CAPTOPRIL, ENALAPRIL, ENALAPRIL-HCTZ, FOSINOPRIL, LISINOPRIL, LISINOPRIL-HCTZ, QUINAPRIL, 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

Criteria	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

Criteria	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

Criteria	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, OR EPINASTINE DROPS WITHIN THE PAST 120 DAYS.
-----------------	--

SELEGILINE PATCH

Products Affected

Step 2:

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

Criteria	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

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

UZEDY

Products Affected

Step 2:

- UZEDY 100 MG/0.28 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 125 MG/0.35 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 150 MG/0.42 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 200 MG/0.56 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 250 MG/0.7 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 50 MG/0.14 ML SUBCUT EXT REL SUSPENSION SYRINGE
- UZEDY 75 MG/0.21 ML SUBCUT EXT REL SUSPENSION SYRINGE

Details

Criteria	PRIOR CLAIM FOR PERSERIS OR RISPERDAL CONSTA WITHIN THE PAST 120 DAYS.
-----------------	--

INDEX

ALREX 0.2 % EYE	
DROPS,SUSPENSION	16
APTIOM 200 MG TABLET	3
APTIOM 400 MG TABLET	3
APTIOM 600 MG TABLET	3
APTIOM 800 MG TABLET	3
<i>aripiprazole 10 mg disintegrating tablet</i>	7
<i>aripiprazole 15 mg disintegrating tablet</i>	7
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE	4
CAPLYTA 10.5 MG CAPSULE	7
CAPLYTA 21 MG CAPSULE	7
CAPLYTA 42 MG CAPSULE	7
<i>clozapine 100 mg disintegrating tablet</i>	7
<i>clozapine 12.5 mg disintegrating tablet</i>	7
<i>clozapine 150 mg disintegrating tablet</i>	7
<i>clozapine 200 mg disintegrating tablet</i>	7
<i>clozapine 25 mg disintegrating tablet</i>	7
<i>cyclophosphamide 25 mg capsule</i>	10
<i>cyclophosphamide 25 mg tablet</i>	10
<i>cyclophosphamide 50 mg capsule</i>	10
<i>cyclophosphamide 50 mg tablet</i>	10
DIPENTUM 250 MG CAPSULE	2
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	11
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	11
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE	11
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE	11
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH ...	17
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH ...	17
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH ...	17
FANAPT 1 MG TABLET	7
FANAPT 10 MG TABLET	7
FANAPT 12 MG TABLET	7
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK	7
FANAPT 2 MG TABLET	7
FANAPT 4 MG TABLET	7
FANAPT 6 MG TABLET	7
FANAPT 8 MG TABLET	7
<i>febuxostat 40 mg tablet</i>	6
<i>febuxostat 80 mg tablet</i>	6
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE	4
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
FYCOMPA 0.5 MG/ML ORAL SUSPENSION	3
FYCOMPA 10 MG TABLET	3
FYCOMPA 12 MG TABLET	3
FYCOMPA 2 MG TABLET	3
FYCOMPA 4 MG TABLET	3
FYCOMPA 6 MG TABLET	3
FYCOMPA 8 MG TABLET	3
JANUMET 50 MG-1,000 MG TABLET	5
JANUMET 50 MG-500 MG TABLET	5
JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE	5
JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE	5
JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE	5
JANUVIA 100 MG TABLET	5
JANUVIA 25 MG TABLET	5
JANUVIA 50 MG TABLET	5
JENTADUETO 2.5 MG-1,000 MG TABLET	5
JENTADUETO 2.5 MG-500 MG TABLET	5
JENTADUETO 2.5 MG-850 MG TABLET	5
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE	5

JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE.....	5	PROGRAF 0.2 MG ORAL GRANULES IN PACKET.....	19
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	SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION.....	18
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE.....	1	SPRITAM 250 MG TABLET FOR ORAL SUSPENSION.....	18
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE.....	1	SPRITAM 500 MG TABLET FOR ORAL SUSPENSION.....	18
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE.....	1	SPRITAM 750 MG TABLET FOR ORAL SUSPENSION.....	18
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE.....	3	SYMLINPEN 120 2,700 MCG/2.7 ML SUBCUTANEOUS PEN INJECTOR.....	5
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE.....	3	SYMLINPEN 60 1,500 MCG/1.5 ML SUBCUTANEOUS PEN INJECTOR.....	5
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE.....	3	TRADJENTA 5 MG TABLET.....	5
		UZEDY 100 MG/0.28 ML SUBCUT EXT REL SUSPENSION SYRINGE....	20
		UZEDY 125 MG/0.35 ML SUBCUT EXT REL SUSPENSION SYRINGE....	20
		UZEDY 150 MG/0.42 ML SUBCUT EXT REL SUSPENSION SYRINGE....	20
		UZEDY 200 MG/0.56 ML SUBCUT EXT REL SUSPENSION SYRINGE....	20
		UZEDY 250 MG/0.7 ML SUBCUT EXT REL SUSPENSION SYRINGE....	20
		UZEDY 50 MG/0.14 ML SUBCUT EXT REL SUSPENSION SYRINGE....	20

UZEDY 75 MG/0.21 ML SUBCUT EXT REL SUSPENSION SYRINGE....	20
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