



An Independent Licensee of the Blue Cross Blue Shield Association

Step Therapy Requirements

Effective: 7/01/2023

AMANTADINE ER

Products Affected

Step 2:

- OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE
- OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE
- OSMOLEX ER 258 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.
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AMLODIPINE ORAL SUSPENSION

Products Affected

Step 2:

- KATERZIA 1 MG/ML ORAL SUSPENSION

Details

Criteria	PRIOR CLAIM FOR GENERIC AMLODIPINE TABLETS WITHIN THE PAST 120 DAYS.
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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.
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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
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ANTIULCER AGENTS

Products Affected

Step 2:

- *esomeprazole magnesium dr 10 mg granules delayed release for susp*
- *esomeprazole magnesium dr 20 mg granules delayed release for susp*
- *esomeprazole magnesium dr 40 mg granules delayed release for susp*
- *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 CAPSULES, RABEPRAZOLE, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS.
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ARIPIPIRAZOLE ODT

Products Affected

Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*

Details

Criteria	PRIOR CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPIRAZOLE, ASENAPINE, PALIPERIDONE, LURASIDONE WITHIN THE PAST 120 DAYS.
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ASENAPINE PATCH

Products Affected

Step 2:

- 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

Details

Criteria	PRIOR CLAIM FOR LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
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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.
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BREXPIPRAZOLE

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 LURASIDONE AND 1 ORAL VERSION: RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE, ZIPRASIDONE IN PAST 365 DAYS.
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CARIPRAZINE

Products Affected

Step 2:

- 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 OR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 120 DAYS.
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CENOAMATE

Products Affected

Step 2:

- 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 GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 120 DAYS.
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CLOZAPINE

Products Affected

Step 2:

- *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*
- VERSACLOZ 50 MG/ML ORAL SUSPENSION

Details

Criteria	PRIOR CLAIM FOR LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
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DEXTROMETHORPHAN HBR/BUPROPION

Products Affected

Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

Details

Criteria	PRIOR CLAIM FOR TRINTELLIX AND ONE GENERIC ANTIDEPRESSANT (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE, SERTRALINE, DESVENLAFAXINE, DULOXETINE, VENLAFAXINE, MIRTAZAPINE, BUPROPION IR/SR/XL, OR VILAZODONE) WITHIN THE PAST 365 DAYS
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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.
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ENALAPRIL ORAL SOLUTION

Products Affected

Step 2:

- *enalapril maleate 1 mg/ml oral solution*

Details

Criteria	PRIOR CLAIM FOR GENERIC ENALAPRIL ORAL TABLETS WITHIN THE PAST 120 DAYS.
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EPRONTIA

Products Affected

Step 2:

- EPRONTIA 25 MG/ML ORAL SOLUTION

Details

Criteria	PRIOR CLAIM FOR GENERIC TOPIRAMATE IMMEDIATE RELEASE (IR) OR EXTENDED RELEASE (ER) WITHIN THE PAST 120 DAYS.
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ESLICARBAZEPINE ACETATE

Products Affected

Step 2:

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET

Details

Criteria	PRIOR CLAIM FOR 2 TO GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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FIBRATES

Products Affected

Step 2:

- *omega-3 acid ethyl esters 1 gram capsule*

Details

Criteria	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
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ILOPERIDONE

Products Affected

Step 2:

- 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

Details

Criteria	PRIOR CLAIM FOR LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
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KETOCONAZOLE TOPICAL

Products Affected

Step 2:

- *ketoconazole 2 % topical foam*

Details

Criteria	PRIOR CLAIM OF FORMULARY VERSION KETOCONAZOLE CREAM IN THE PAST 120 DAYS
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LEVOMILNACIPRAN

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 VILAZODONE WITHIN THE PAST 365 DAYS.
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LUMATEPERONE TOSYLATE

Products Affected

Step 2:

- CAPLYTA 10.5 MG CAPSULE
- CAPLYTA 21 MG CAPSULE
- CAPLYTA 42 MG CAPSULE

Details

Criteria	PRIOR CLAIM FOR LURASIDONE OR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 120 DAYS.
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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
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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
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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
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NOVEL ORAL ANTICOAGULANTS

Products Affected

Step 2:

- *dabigatran etexilate 150 mg capsule*
- *dabigatran etexilate 75 mg capsule*

Details

Criteria	PRIOR CLAIM FOR ELIQUIS AND XARELTO IN THE PAST 365 DAYS.
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OPHTHALMIC ALLERGY - NO OTC

Products Affected

Step 2:

- ALREX 0.2 % EYE DROPS,SUSPENSION
- *bepotastine besilate 1.5 % eye drops*

Details

Criteria	ST Criteria: Pending CMS Approval
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PERAMPANEL

Products Affected

Step 2:

- 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

Details

Criteria	PRIOR CLAIM FOR 2 TO GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
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ROSUVASTATIN SPRINKLE

Products Affected

Step 2:

- EZALLOR SPRINKLE 10 MG CAPSULE
- EZALLOR SPRINKLE 20 MG CAPSULE
- EZALLOR SPRINKLE 40 MG CAPSULE
- EZALLOR SPRINKLE 5 MG CAPSULE

Details

Criteria	PRIOR CLAIM FOR FORMULARY VERSION OF ROSUVASTATIN TABLET IN THE PAST 120 DAYS.
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SELEGILINE PATCH

Products Affected

Step 2:

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

Products Affected

Step 2:

- CAROSPIR 25 MG/5 ML ORAL SUSPENSION

Details

Criteria	PRIOR CLAIM FOR GENERIC SPIRONOLACTONE WITHIN THE PAST 120 DAYS.
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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
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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
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INDEX

A

ALREX 0.2 % EYE DROPS,SUSPENSION	27
APTIOM 200 MG TABLET	17
APTIOM 400 MG TABLET	17
APTIOM 600 MG TABLET	17
APTIOM 800 MG TABLET	17
aripiprazole 10 mg disintegrating tablet	6
aripiprazole 15 mg disintegrating tablet	6
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE.....	13

B

bepotastine besilate 1.5 % eye drops	27
--	----

C

CAPLYTA 10.5 MG CAPSULE.....	22
CAPLYTA 21 MG CAPSULE.....	22
CAPLYTA 42 MG CAPSULE.....	22
CAROSPIR 25 MG/5 ML ORAL SUSPENSION	31
clozapine 100 mg disintegrating tablet	12
clozapine 12.5 mg disintegrating tablet	12
clozapine 150 mg disintegrating tablet	12
clozapine 200 mg disintegrating tablet	12
clozapine 25 mg disintegrating tablet	12
cyclophosphamide 25 mg capsule	8
cyclophosphamide 25 mg tablet.....	8
cyclophosphamide 50 mg capsule	8
cyclophosphamide 50 mg tablet.....	8

D

dabigatran etexilate 150 mg capsule.....	26
dabigatran etexilate 75 mg capsule.....	26
DIPENTUM 250 MG CAPSULE.....	4
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	14
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	14
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE	14
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE	14

E

EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH	30
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EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH	30
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH	30
enalapril maleate 1 mg/ml oral solution....	15
EPRONTIA 25 MG/ML ORAL SOLUTION.....	16
esomeprazole magnesium dr 10 mg granules delayed release for susp	5
esomeprazole magnesium dr 20 mg granules delayed release for susp	5
esomeprazole magnesium dr 40 mg granules delayed release for susp	5
EZALLOR SPRINKLE 10 MG CAPSULE	29
EZALLOR SPRINKLE 20 MG CAPSULE	29
EZALLOR SPRINKLE 40 MG CAPSULE	29
EZALLOR SPRINKLE 5 MG CAPSULE	29

F

FANAPT 1 MG TABLET	19
FANAPT 10 MG TABLET	19
FANAPT 12 MG TABLET	19
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK. 19	
FANAPT 2 MG TABLET	19
FANAPT 4 MG TABLET	19
FANAPT 6 MG TABLET	19
FANAPT 8 MG TABLET	19
febuxostat 40 mg tablet.....	3
febuxostat 80 mg tablet.....	3
FETZIMA 120 MG CAPSULE,EXTENDED RELEASE....	21
FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK.....	21
FETZIMA 20 MG CAPSULE,EXTENDED RELEASE	21
FETZIMA 40 MG CAPSULE,EXTENDED RELEASE	21
FETZIMA 80 MG CAPSULE,EXTENDED RELEASE.....	21

FYCOMPA 0.5 MG/ML ORAL SUSPENSION	28
FYCOMPA 10 MG TABLET	28
FYCOMPA 12 MG TABLET	28
FYCOMPA 2 MG TABLET	28
FYCOMPA 4 MG TABLET	28
FYCOMPA 6 MG TABLET	28
FYCOMPA 8 MG TABLET	28
K	
KATERZIA 1 MG/ML ORAL SUSPENSION	2
ketoconazole 2 % topical foam	20
M	
memantine 14 mg capsule sprinkle,extended release 24hr	24
memantine 21 mg capsule sprinkle,extended release 24hr	24
memantine 28 mg capsule sprinkle,extended release 24hr	24
memantine 7 mg capsule sprinkle,extended release 24hr	24
methotrexate sodium 2.5 mg tablet	8
N	
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE... 23	
NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE... 23	
NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE... 23	
NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE... 23	
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK	23
O	
omega-3 acid ethyl esters 1 gram capsule. 18	
omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule	5
omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule	5
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE.....	1
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE.....	1
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE.....	1

OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE	1
P	
PROGRAF 0.2 MG ORAL GRANULES IN PACKET	33
PROGRAF 1 MG ORAL GRANULES IN PACKET	33
R	
REXULTI 0.25 MG TABLET	9
REXULTI 0.5 MG TABLET	9
REXULTI 1 MG TABLET	9
REXULTI 2 MG TABLET	9
REXULTI 3 MG TABLET	9
REXULTI 4 MG TABLET	9
S	
SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH ...	7
SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH ...	7
SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH ...	7
SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION	32
SPRITAM 250 MG TABLET FOR ORAL SUSPENSION	32
SPRITAM 500 MG TABLET FOR ORAL SUSPENSION	32
SPRITAM 750 MG TABLET FOR ORAL SUSPENSION	32
V	
VERSACLOZ 50 MG/ML ORAL SUSPENSION	12
VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK	10
VRAYLAR 1.5 MG CAPSULE	10
VRAYLAR 3 MG CAPSULE	10
VRAYLAR 4.5 MG CAPSULE	10
VRAYLAR 6 MG CAPSULE	10
X	
XATMEP 2.5 MG/ML ORAL SOLUTION	8
XCOPRI 100 MG TABLET	11
XCOPRI 150 MG TABLET	11
XCOPRI 200 MG TABLET	11
XCOPRI 50 MG TABLET	11

XCOPRI MAINTENANCE PACK
 250MG/DAY (150 MG X 1 AND 100
 MG X 1) TABLETS 11
 XCOPRI MAINTENANCE PACK 350
 MG/DAY (200 MG X 1 AND 150 MG X
 1) TABLETS..... 11
 XCOPRI TITRATION PACK 12.5 MG
 (14)-25 MG (14) TABLETS IN A DOSE
 PACK..... 11

XCOPRI TITRATION PACK 150 MG
 (14)-200 MG (14) TABLETS IN A
 DOSE PACK 11
 XCOPRI TITRATION PACK 50 MG (14)-
 100 MG (14) TABLETS IN A DOSE
 PACK..... 11
 XHANCE 93 MCG/ACTUATION
 BREATH ACTIVATED AEROSOL ... 25