

# AMANTADINE ER

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## 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

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|----------|----------------------------------------------------------------------------|
| Criteria | PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS. |
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# ANTIBACTERIALS (EENT)

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## Products Affected

### Step 2:

- BESIVANCE 0.6 % EYE  
DROPS,SUSPENSION

## Details

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|-----------------|-----------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | PRIOR CLAIM FOR FORMULARY VERSION OF CIPROFLOXACIN OPHTHALMIC OR OFLOXACIN OPHTHALMIC DROPS WITHIN THE LAST 120 DAYS. |
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# ANTICONVULSANTS

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## Products Affected

### Step 2:

- APTIOM 200 MG TABLET
- APTIOM 400 MG TABLET
- APTIOM 600 MG TABLET
- APTIOM 800 MG TABLET
- BANZEL 200 MG TABLET
- BANZEL 40 MG/ML ORAL SUSPENSION
- BANZEL 400 MG TABLET
- BRIVIACT 10 MG TABLET
- BRIVIACT 10 MG/ML ORAL SOLUTION
- BRIVIACT 100 MG TABLET
- BRIVIACT 25 MG TABLET
- BRIVIACT 50 MG TABLET
- BRIVIACT 50 MG/5 ML INTRAVENOUS SOLUTION
- BRIVIACT 75 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
- XCOPRI 100 MG TABLET
- XCOPRI 150 MG TABLET
- XCOPRI 200 MG TABLET
- XCOPRI 50 MG TABLET
- XCOPRI MAINTENANCE PACK 250 MG/DAY (200 MG X 1 AND 50 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 GENERIC ANTICONVULSANT AGENT (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, OR ZONISAMIDE), WITHIN THE PAST 120 DAYS. |
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# ANTIDEPRESSANTS

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## 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

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|          |                                                                  |
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| Criteria | PRIOR CLAIM FOR TRINTELLIX AND VIIBRYD WITHIN THE PAST 365 DAYS. |
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# ANTI-INFLAMMATORY AGENTS - GI

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## Products Affected

### Step 2:

- DIPENTUM 250 MG CAPSULE

## Details

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| 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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# ANTIPSYCHOTIC AGENTS

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## Products Affected

### Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*
- 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
- SAPHRIS 10 MG SUBLINGUAL TABLET
- SAPHRIS 2.5 MG SUBLINGUAL TABLET
- SAPHRIS 5 MG SUBLINGUAL 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 AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE WITHIN THE PAST 365 DAYS |
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# ANTIPSYCHOTIC AGENTS II

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## 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

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| Criteria | PRIOR CLAIM FOR LATUDA AND ONE FORMULARY ORAL ATYPICAL ANTIPSYCHOTICS (RISPERIDONE, CLOZAPINE, OLANZAPINE, QUETIAPINE, ARIPIPRAZOLE OR ZIPRASIDONE) OR SSRI (CITALOPRAM, ESCITALOPRAM, FLUOXETINE, PAROXETINE OR SERTRALINE) OR SNRI (DESVENLAFAXINE, DULOXETINE OR VENLAFAXINE) WITHIN THE PAST 365 DAYS |
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# ANTIULCER AGENTS

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## Products Affected

### Step 2:

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

## Details

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|                 |                                                                                                                                               |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | PRIOR CLAIM FOR GENERIC FEDERAL LEGEND FORMULARY VERSION OF ORAL LANSOPRAZOLE CAPSULES, OMEPRAZOLE, OR PANTOPRAZOLE WITHIN THE PAST 120 DAYS. |
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# B VERSUS D ADMINISTRATIVE STEP

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## Products Affected

### Step 2:

- CYCLOPHOSPHAMIDE 25 MG CAPSULE
- CYCLOPHOSPHAMIDE 50 MG CAPSULE
- *methotrexate sodium 2.5 mg tablet*
- XATMEP 2.5 MG/ML ORAL SOLUTION

## Details

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|                 |                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | 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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# DENOSUMAB

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## Products Affected

### Step 2:

- PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE

## Details

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|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | PRIOR CLAIM FOR FORMULARY VERSION OF ALENDRONATE, IBANDRONATE OR RISEDRONATE WITHIN THE PAST 120 DAYS. PROLIA REQUIRES A STEP THERAPY EXCEPTION REQUEST FOR MEMBERS WITH A DIAGNOSIS OF PROSTATE CANCER AND USED FOR BONE LOSS IN MEN OR DIAGNOSIS OF BREAST CANCER AND USED TO INCREASE BONE MASS IN WOMEN AT HIGH RISK OF FRACTURES RECEIVING AROMATASE INHIBITOR THERAPY |
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# DPP-4 INHIBITORS

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## Products Affected

### Step 2:

- 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
- TRADJENTA 5 MG TABLET

## Details

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|                 |                                                                         |
|-----------------|-------------------------------------------------------------------------|
| <b>Criteria</b> | PRIOR CLAIM FOR JANUMET, JANUMET XR OR JANUVIA WITHIN THE PAST 120 DAYS |
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# DULOXETINE SPRINKLE

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## 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

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

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## Products Affected

### Step 2:

- VIBERZI 100 MG TABLET
- VIBERZI 75 MG TABLET

## Details

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|                 |                                                       |
|-----------------|-------------------------------------------------------|
| <b>Criteria</b> | PRIOR CLAIM FOR DICYCLOMINE WITHIN THE PAST 120 DAYS. |
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# FIDAXOMICIN

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## Products Affected

### Step 2:

- DIFICID 200 MG TABLET

## Details

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|-----------------|-------------------------------------------------------|
| <b>Criteria</b> | PRIOR CLAIM FOR ORAL VANCOMYCIN IN THE PAST 120 DAYS. |
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# INSULIN/GLP-1 ANALOG

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## Products Affected

### Step 2:

- SOLIQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS INSULIN PEN
- XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN

## Details

| Criteria | PRIOR CLAIM FOR 2 OF THE FOLLOWING (ONE FROM EACH GROUP): A) LANTUS, LANTUS SOLOSTAR, OZEMPIC, TOUJEO MAX SOLOSTAR, TOUJEO SOLOSTAR OR VICTOZA AND B) METFORMIN, METFORMIN ER, SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE), COMBO SULFONYLUREA- METFORMIN, OR PIOGLITAZONE IN PAST 365 DAYS. |
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# LESINURAD

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## Products Affected

### Step 2:

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

## Details

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

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## 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

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|          |                                                                         |
|----------|-------------------------------------------------------------------------|
| Criteria | PRIOR CLAIM FOR GENERIC DONEPEZIL AND MEMANTINE IR IN THE PAST 365 DAYS |
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# NASAL CORTICOSTEROIDS II

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## Products Affected

### Step 2:

- XHANCE 93 MCG/ACTUATION  
BREATH ACTIVATED AEROSOL

## Details

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

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# NOVEL ORAL ANTICOAGULANTS

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## Products Affected

### Step 2:

- PRADAXA 110 MG CAPSULE
- PRADAXA 150 MG CAPSULE
- PRADAXA 75 MG CAPSULE

## Details

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|                 |                                                           |
|-----------------|-----------------------------------------------------------|
| <b>Criteria</b> | PRIOR CLAIM FOR ELIQUIS AND XARELTO IN THE PAST 365 DAYS. |
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# OPHTHALMIC ALLERGY - NO OTC

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## Products Affected

### Step 2:

- ALREX 0.2 % EYE  
DROPS,SUSPENSION

## Details

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

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## 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

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|                 |                                   |
|-----------------|-----------------------------------|
| <b>Criteria</b> | ST Criteria: Pending CMS Approval |
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# SPRITAM

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## 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

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|                 |                                                             |
|-----------------|-------------------------------------------------------------|
| <b>Criteria</b> | PRIOR CLAIM FOR LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS |
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# TACROLIMUS PACKETS

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## Products Affected

### Step 2:

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

## Details

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

|                                                          |    |                                                                      |    |
|----------------------------------------------------------|----|----------------------------------------------------------------------|----|
| ALREX 0.2 % EYE<br>DROPS,SUSPENSION .....                | 20 | EMSAM 12 MG/24 HR<br>TRANSDERMAL 24 HOUR PATCH ...                   | 21 |
| APTIOM 200 MG TABLET .....                               | 3  | EMSAM 6 MG/24 HR<br>TRANSDERMAL 24 HOUR PATCH ...                    | 21 |
| APTIOM 400 MG TABLET .....                               | 3  | EMSAM 9 MG/24 HR<br>TRANSDERMAL 24 HOUR PATCH ...                    | 21 |
| APTIOM 600 MG TABLET .....                               | 3  | FANAPT 1 MG TABLET .....                                             | 6  |
| APTIOM 800 MG TABLET .....                               | 3  | FANAPT 10 MG TABLET .....                                            | 6  |
| <i>aripiprazole 10 mg disintegrating tablet</i> .....    | 6  | FANAPT 12 MG TABLET .....                                            | 6  |
| <i>aripiprazole 15 mg disintegrating tablet</i> .....    | 6  | FANAPT 1MG(2)-2 MG(2)-4MG(2)-6<br>MG(2) TABLETS IN A DOSE PACK ..... | 6  |
| BANZEL 200 MG TABLET .....                               | 3  | FANAPT 2 MG TABLET .....                                             | 6  |
| BANZEL 40 MG/ML ORAL<br>SUSPENSION .....                 | 3  | FANAPT 4 MG TABLET .....                                             | 6  |
| BANZEL 400 MG TABLET .....                               | 3  | FANAPT 6 MG TABLET .....                                             | 6  |
| BESIVANCE 0.6 % EYE<br>DROPS,SUSPENSION .....            | 2  | FANAPT 8 MG TABLET .....                                             | 6  |
| BRIVIACT 10 MG TABLET .....                              | 3  | <i>febuxostat 40 mg tablet</i> .....                                 | 16 |
| BRIVIACT 10 MG/ML ORAL<br>SOLUTION .....                 | 3  | <i>febuxostat 80 mg tablet</i> .....                                 | 16 |
| BRIVIACT 100 MG TABLET .....                             | 3  | FETZIMA 120 MG<br>CAPSULE,EXTENDED RELEASE .....                     | 4  |
| BRIVIACT 25 MG TABLET .....                              | 3  | FETZIMA 20 MG (2)-40 MG (26)<br>CAPSULE,EXTENDED RELEASE,24          | 4  |
| BRIVIACT 50 MG TABLET .....                              | 3  | HR,DOSE PACK .....                                                   | 4  |
| BRIVIACT 50 MG/5 ML<br>INTRAVENOUS SOLUTION .....        | 3  | FETZIMA 20 MG<br>CAPSULE,EXTENDED RELEASE .....                      | 4  |
| BRIVIACT 75 MG TABLET .....                              | 3  | FETZIMA 40 MG<br>CAPSULE,EXTENDED RELEASE .....                      | 4  |
| CAPLYTA 42 MG CAPSULE .....                              | 6  | FETZIMA 80 MG<br>CAPSULE,EXTENDED RELEASE .....                      | 4  |
| <i>clozapine 100 mg disintegrating tablet</i> .....      | 6  | FYCOMPA 0.5 MG/ML ORAL<br>SUSPENSION .....                           | 3  |
| <i>clozapine 12.5 mg disintegrating tablet</i> .....     | 6  | FYCOMPA 10 MG TABLET .....                                           | 3  |
| <i>clozapine 150 mg disintegrating tablet</i> .....      | 6  | FYCOMPA 12 MG TABLET .....                                           | 3  |
| <i>clozapine 200 mg disintegrating tablet</i> .....      | 6  | FYCOMPA 2 MG TABLET .....                                            | 3  |
| <i>clozapine 25 mg disintegrating tablet</i> .....       | 6  | FYCOMPA 4 MG TABLET .....                                            | 3  |
| CYCLOPHOSPHAMIDE 25 MG<br>CAPSULE .....                  | 9  | FYCOMPA 6 MG TABLET .....                                            | 3  |
| CYCLOPHOSPHAMIDE 50 MG<br>CAPSULE .....                  | 9  | FYCOMPA 8 MG TABLET .....                                            | 3  |
| DIFICID 200 MG TABLET .....                              | 14 | JENTADUETO 2.5 MG-1,000 MG<br>TABLET .....                           | 11 |
| DIPENTUM 250 MG CAPSULE .....                            | 5  | JENTADUETO 2.5 MG-500 MG<br>TABLET .....                             | 11 |
| DRIZALMA SPRINKLE 20 MG<br>CAPSULE,DELAYED RELEASE ..... | 12 | JENTADUETO 2.5 MG-850 MG<br>TABLET .....                             | 11 |
| DRIZALMA SPRINKLE 30 MG<br>CAPSULE,DELAYED RELEASE ..... | 12 | JENTADUETO XR 2.5 MG-1,000 MG<br>TABLET, EXTENDED RELEASE .....      | 11 |
| DRIZALMA SPRINKLE 40 MG<br>CAPSULE,DELAYED RELEASE ..... | 12 |                                                                      |    |
| DRIZALMA SPRINKLE 60 MG<br>CAPSULE,DELAYED RELEASE ..... | 12 |                                                                      |    |

|                                                                                   |    |                                                                       |    |
|-----------------------------------------------------------------------------------|----|-----------------------------------------------------------------------|----|
| JENTADUETO XR 5 MG-1,000 MG<br>TABLET, EXTENDED RELEASE.....                      | 11 | REXULTI 0.25 MG TABLET.....                                           | 7  |
| <i>methotrexate sodium 2.5 mg tablet</i> .....                                    | 9  | REXULTI 0.5 MG TABLET.....                                            | 7  |
| NAMZARIC 14 MG-10 MG<br>CAPSULE SPRINKLE,EXTENDED<br>RELEASE.....                 | 17 | REXULTI 1 MG TABLET.....                                              | 7  |
| NAMZARIC 21 MG-10 MG<br>CAPSULE SPRINKLE,EXTENDED<br>RELEASE.....                 | 17 | REXULTI 2 MG TABLET.....                                              | 7  |
| NAMZARIC 28 MG-10 MG<br>CAPSULE SPRINKLE,EXTENDED<br>RELEASE.....                 | 17 | REXULTI 3 MG TABLET.....                                              | 7  |
| NAMZARIC 7 MG-10 MG CAPSULE<br>SPRINKLE,EXTENDED RELEASE....                      | 17 | REXULTI 4 MG TABLET.....                                              | 7  |
| NAMZARIC 7/14/21/28 MG-10 MG<br>CAPSULE,SPRINKLE,EXTEND<br>RELEASE,DOSE PACK..... | 17 | SAPHRIS 10 MG SUBLINGUAL<br>TABLET.....                               | 6  |
| <i>omeprazole 20 mg-sodium bicarbonate 1.1<br/>gram capsule</i> .....             | 8  | SAPHRIS 2.5 MG SUBLINGUAL<br>TABLET.....                              | 6  |
| <i>omeprazole 40 mg-sodium bicarbonate 1.1<br/>gram capsule</i> .....             | 8  | SAPHRIS 5 MG SUBLINGUAL<br>TABLET.....                                | 6  |
| OSMOLEX ER 129 MG TABLET,<br>EXTENDED RELEASE.....                                | 1  | SECUADO 3.8 MG/24 HOUR<br>TRANSDERMAL 24 HOUR PATCH....               | 6  |
| OSMOLEX ER 193 MG TABLET,<br>EXTENDED RELEASE.....                                | 1  | SECUADO 5.7 MG/24 HOUR<br>TRANSDERMAL 24 HOUR PATCH....               | 6  |
| OSMOLEX ER 258 MG TABLET,<br>EXTENDED RELEASE.....                                | 1  | SECUADO 7.6 MG/24 HOUR<br>TRANSDERMAL 24 HOUR PATCH....               | 6  |
| OSMOLEX ER 322 MG/DAY (129 MG<br>AND 193 MG) TABLET, EXTENDED<br>RELEASE.....     | 1  | SOLIQUA 100/33 100 UNIT-33<br>MCG/ML SUBCUTANEOUS<br>INSULIN PEN..... | 15 |
| OXTELLAR XR 150 MG<br>TABLET,EXTENDED RELEASE.....                                | 3  | SPRITAM 1,000 MG TABLET FOR<br>ORAL SUSPENSION.....                   | 22 |
| OXTELLAR XR 300 MG<br>TABLET,EXTENDED RELEASE.....                                | 3  | SPRITAM 250 MG TABLET FOR<br>ORAL SUSPENSION.....                     | 22 |
| OXTELLAR XR 600 MG<br>TABLET,EXTENDED RELEASE.....                                | 3  | SPRITAM 500 MG TABLET FOR<br>ORAL SUSPENSION.....                     | 22 |
| PRADAXA 110 MG CAPSULE.....                                                       | 19 | SPRITAM 750 MG TABLET FOR<br>ORAL SUSPENSION.....                     | 22 |
| PRADAXA 150 MG CAPSULE.....                                                       | 19 | TRADJENTA 5 MG TABLET.....                                            | 11 |
| PRADAXA 75 MG CAPSULE.....                                                        | 19 | VERSACLOZ 50 MG/ML ORAL<br>SUSPENSION.....                            | 6  |
| PROGRAF 0.2 MG ORAL<br>GRANULES IN PACKET.....                                    | 23 | VIBERZI 100 MG TABLET.....                                            | 13 |
| PROGRAF 1 MG ORAL GRANULES<br>IN PACKET.....                                      | 23 | VIBERZI 75 MG TABLET.....                                             | 13 |
| PROLIA 60 MG/ML<br>SUBCUTANEOUS SYRINGE.....                                      | 10 | VRAYLAR 1.5 MG (1)-3 MG (6)<br>CAPSULES IN A DOSE PACK.....           | 6  |
|                                                                                   |    | VRAYLAR 1.5 MG CAPSULE.....                                           | 6  |
|                                                                                   |    | VRAYLAR 3 MG CAPSULE.....                                             | 6  |
|                                                                                   |    | VRAYLAR 4.5 MG CAPSULE.....                                           | 6  |
|                                                                                   |    | VRAYLAR 6 MG CAPSULE.....                                             | 6  |
|                                                                                   |    | XATMEP 2.5 MG/ML ORAL<br>SOLUTION.....                                | 9  |
|                                                                                   |    | XCOPRI 100 MG TABLET.....                                             | 3  |
|                                                                                   |    | XCOPRI 150 MG TABLET.....                                             | 3  |
|                                                                                   |    | XCOPRI 200 MG TABLET.....                                             | 3  |

|                                                                                   |    |
|-----------------------------------------------------------------------------------|----|
| XCOPRI 50 MG TABLET .....                                                         | 3  |
| XCOPRI MAINTENANCE PACK 250<br>MG/DAY (200 MG X 1 AND 50 MG X<br>1) TABLETS.....  | 3  |
| XCOPRI MAINTENANCE PACK 350<br>MG/DAY (200 MG X 1 AND 150 MG<br>X 1) TABLETS..... | 3  |
| XCOPRI TITRATION PACK 12.5 MG<br>(14)-25 MG (14) TABLETS IN A DOSE<br>PACK.....   | 3  |
| XCOPRI TITRATION PACK 150 MG<br>(14)-200 MG (14) TABLETS IN A<br>DOSE PACK.....   | 3  |
| XCOPRI TITRATION PACK 50 MG<br>(14)-100 MG (14) TABLETS IN A<br>DOSE PACK.....    | 3  |
| XHANCE 93 MCG/ACTUATION<br>BREATH ACTIVATED AEROSOL.....                          | 18 |
| XULTOPHY 100/3.6 100 UNIT-3.6<br>MG/ML (3 ML) SUBCUTANEOUS<br>INSULIN PEN.....    | 15 |