



VNS Health Total (HMO D-SNP)

Step Therapy Requirements

Effective: 01/01/2023

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

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

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

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
----------	--

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

ARIPIPRAZOLE 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, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE, LATUDA WITHIN THE PAST 120 DAYS.
-----------------	--

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 LATUDA AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 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.
----------	--

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

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

CENOBAMATE

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

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 LATUDA AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIRAZOLE TABLET, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
-----------------	---

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

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

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

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

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
-----------------	--

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 LATUDA AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE TABLET, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
-----------------	--

KETOCONAZOLE TOPICAL

Products Affected

Step 2:

- *ketoconazole 2 % topical foam*

Details

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

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

LUMATEPERONE TOSYLATE

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR LATUDA OR ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 120 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
-----------------	---

NICOTINE OTC

Products Affected

Step 2:

- NICOTROL 10 MG INHALATION CARTRIDGE

Details

Criteria	PRIOR CLAIMS FOR OTC NICOTINE GUM OR LOZENGE AND OTC NICOTINE PATCHES IN THE PAST 365 DAYS
-----------------	--

OPHTHALMIC ALLERGY - OTC

Products Affected

Step 2:

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

Details

Criteria	PRIOR CLAIM FOR ONE OF THE FOLLOWING: OTC LORATADINE, OTC LORATADINE D, OTC CETIRIZINE, OTC CETIRIZINE D, OTC FEXOFENADINE, OTC FEXOFENADINE D, OTC LEVOCETIRIZINE, OTC OLOPATADINE, OTC GENERIC KETOTIFEN EYE DROPS 0.025%, LEVOCETIRIZINE, CROMOLYN SODIUM, EPINASTINE, OR FORMULARY OLOPATADINE EYE DROPS WITHIN THE PAST 120 DAYS.
-----------------	--

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

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

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
-----------------	---

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

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
-----------------	--

INDEX

ALREX 0.2 % EYE DROPS,SUSPENSION	26	EZALLOR SPRINKLE 20 MG CAPSULE	28
APTIOM 200 MG TABLET	16	EZALLOR SPRINKLE 40 MG CAPSULE	28
APTIOM 400 MG TABLET	16	EZALLOR SPRINKLE 5 MG CAPSULE	28
APTIOM 600 MG TABLET	16	FANAPT 1 MG TABLET	18
APTIOM 800 MG TABLET	16	FANAPT 10 MG TABLET	18
<i>aripiprazole 10 mg disintegrating tablet</i>	6	FANAPT 12 MG TABLET	18
<i>aripiprazole 15 mg disintegrating tablet</i>	6	FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK ...	18
<i>bepotastine besilate 1.5 % eye drops</i>	26	FANAPT 2 MG TABLET	18
CAPLYTA 10.5 MG CAPSULE	21	FANAPT 4 MG TABLET	18
CAPLYTA 21 MG CAPSULE	21	FANAPT 6 MG TABLET	18
CAPLYTA 42 MG CAPSULE	21	FANAPT 8 MG TABLET	18
CAROSPIR 25 MG/5 ML ORAL SUSPENSION	30	<i>febuxostat 40 mg tablet</i>	3
<i>clozapine 100 mg disintegrating tablet</i>	12	<i>febuxostat 80 mg tablet</i>	3
<i>clozapine 12.5 mg disintegrating tablet</i>	12	FETZIMA 120 MG CAPSULE,EXTENDED RELEASE	20
<i>clozapine 150 mg disintegrating tablet</i>	12	FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDED RELEASE,24 HR,DOSE PACK	20
<i>clozapine 200 mg disintegrating tablet</i>	12	FETZIMA 20 MG CAPSULE,EXTENDED RELEASE	20
<i>clozapine 25 mg disintegrating tablet</i>	12	FETZIMA 40 MG CAPSULE,EXTENDED RELEASE	20
CYCLOPHOSPHAMIDE 25 MG CAPSULE	8	FETZIMA 80 MG CAPSULE,EXTENDED RELEASE	20
<i>cyclophosphamide 25 mg tablet</i>	8	FYCOMPA 0.5 MG/ML ORAL SUSPENSION	27
<i>cyclophosphamide 50 mg capsule</i>	8	FYCOMPA 10 MG TABLET	27
<i>cyclophosphamide 50 mg tablet</i>	8	FYCOMPA 12 MG TABLET	27
DIPENTUM 250 MG CAPSULE	4	FYCOMPA 2 MG TABLET	27
DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE	13	FYCOMPA 4 MG TABLET	27
DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE	13	FYCOMPA 6 MG TABLET	27
DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE	13	FYCOMPA 8 MG TABLET	27
DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE	13	KATERZIA 1 MG/ML ORAL SUSPENSION	2
EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH ...	29	<i>ketoconazole 2 % topical foam</i>	19
EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH ...	29	<i>memantine 14 mg capsule sprinkle,extended release 24hr</i>	23
EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH ...	29	<i>memantine 21 mg capsule sprinkle,extended release 24hr</i>	23
<i>enalapril maleate 1 mg/ml oral solution</i>	14		
EPRONTIA 25 MG/ML ORAL SOLUTION	15		
EZALLOR SPRINKLE 10 MG CAPSULE	28		

<i>memantine 28 mg capsule sprinkle,extended release 24hr</i>	23	SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	7
<i>memantine 7 mg capsule sprinkle,extended release 24hr</i>	23	SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	7
<i>methotrexate sodium 2.5 mg tablet</i>	8	SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	7
NAMZARIC 14 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE.....	22	SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION.....	31
NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE.....	22	SPRITAM 250 MG TABLET FOR ORAL SUSPENSION.....	31
NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE.....	22	SPRITAM 500 MG TABLET FOR ORAL SUSPENSION.....	31
NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE....	22	SPRITAM 750 MG TABLET FOR ORAL SUSPENSION.....	31
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK.....	22	VERSACLOZ 50 MG/ML ORAL SUSPENSION.....	12
NICOTROL 10 MG INHALATION CARTRIDGE.....	25	VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK.....	10
<i>omega-3 acid ethyl esters 1 gram capsule</i> ..	17	VRAYLAR 1.5 MG CAPSULE.....	10
<i>omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule</i>	5	VRAYLAR 3 MG CAPSULE.....	10
<i>omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule</i>	5	VRAYLAR 4.5 MG CAPSULE.....	10
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE.....	1	VRAYLAR 6 MG CAPSULE.....	10
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE.....	1	XATMEP 2.5 MG/ML ORAL SOLUTION.....	8
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE.....	1	XCOPRI 100 MG TABLET.....	11
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE.....	1	XCOPRI 150 MG TABLET.....	11
PROGRAF 0.2 MG ORAL GRANULES IN PACKET.....	32	XCOPRI 200 MG TABLET.....	11
PROGRAF 1 MG ORAL GRANULES IN PACKET.....	32	XCOPRI 50 MG TABLET.....	11
REXULTI 0.25 MG TABLET.....	9	XCOPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS.....	11
REXULTI 0.5 MG TABLET.....	9	XCOPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS.....	11
REXULTI 1 MG TABLET.....	9	XCOPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK.....	11
REXULTI 2 MG TABLET.....	9	XCOPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK.....	11
REXULTI 3 MG TABLET.....	9	XCOPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK.....	11
REXULTI 4 MG TABLET.....	9	XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL.....	24