



VNS Health EasyCare (HMO)

Step Therapy Requirements

Effective: 07/01/2024

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

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:

- *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*

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

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, LURASIDONE 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	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN 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*
- *JYLAMVO 2 MG/ML ORAL SOLUTION*
- *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	CLAIM FOR 2 FORMULARY ORAL GENERIC VERSION: LURASIDONE, 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	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
-----------------	--

CENOBAMATE

Products Affected

Step 2:

- XCOPRI 100 MG TABLET
- XCOPRI 150 MG TABLET
- XCOPRI 200 MG TABLET
- XCOPRI 25 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 LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
-----------------	--

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

DIHYDROERGOTAMINE MESYLATE

Products Affected

Step 2:

- *dihydroergotamine 0.5 mg/pump act. (4 mg/ml) nasal spray*

Details

Criteria	PRIOR CLAIM FOR 2 FORMULARY GENERIC TRIPTANS (e.g. SUMATRIPTAN and RIZATRIPTAN) 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.
-----------------	--

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 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	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, 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 1 GENERIC ANTIDEPRESSANT: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, or VILAZODONE IN 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	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN 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
- NICOTROL NS 10 MG/ML NASAL SPRAY

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:

- *loteprednol etabonate 0.2 % eye drops, suspension*

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, OR EPINASTINE 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 GENERIC ANTICONVULSANT AGENTS (CARBAMAZEPINE, DIVALPROEX SODIUM, GABAPENTIN, LAMOTRIGINE, LEVETIRACETAM, OXCARBAZEPINE, TIAGABINE, TOPIRAMATE, VALPROIC ACID, ZONISAMIDE OR LACOSAMIDE), WITHIN THE PAST 365 DAYS.
----------	--

RUFINAMIDE

Products Affected

Step 2:

- *rufinamide 200 mg tablet*
- *rufinamide 40 mg/ml oral suspension*
- *rufinamide 400 mg tablet*

Details

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

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

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

TENOFOVIR ALAFENAMIDE

Products Affected

Step 2:

- VEMLIDY 25 MG TABLET

Details

Criteria	TRIAL OF GENERIC TENOFOVIR DISOPROXIL FUMARATE WITHIN THE PAST 120 DAYS
-----------------	--

INDEX

APTIOM 200 MG TABLET.....	16	<i>esomeprazole magnesium dr 40 mg</i>	
APTIOM 400 MG TABLET.....	16	<i>granules delayed release for susp.....</i>	4
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>	5	FANAPT 12 MG TABLET.....	18
<i>aripiprazole 15 mg disintegrating tablet.....</i>	5	FANAPT 1MG(2)-2 MG(2)-4MG(2)-6	
AUVELITY 45 MG-105 MG TABLET,		MG(2) TABLETS IN A DOSE PACK... 18	
EXTENDED RELEASE.....	12	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
<i>clozapine 100 mg disintegrating tablet.....</i>	11	<i>febuxostat 40 mg tablet.....</i>	2
<i>clozapine 12.5 mg disintegrating tablet.....</i>	11	<i>febuxostat 80 mg tablet.....</i>	2
<i>clozapine 150 mg disintegrating tablet.....</i>	11	FETZIMA 120 MG	
<i>clozapine 200 mg disintegrating tablet.....</i>	11	CAPSULE,EXTENDED RELEASE.....	20
<i>clozapine 25 mg disintegrating tablet.....</i>	11	FETZIMA 20 MG (2)-40 MG (26)	
<i>cyclophosphamide 25 mg capsule.....</i>	7	CAPSULE,EXTENDED RELEASE,24	
<i>cyclophosphamide 25 mg tablet.....</i>	7	HR,DOSE PACK.....	20
<i>cyclophosphamide 50 mg capsule.....</i>	7	FETZIMA 20 MG	
<i>cyclophosphamide 50 mg tablet.....</i>	7	CAPSULE,EXTENDED RELEASE.....	20
<i>dihydroergotamine 0.5 mg/pump act. (4</i>		FETZIMA 40 MG	
<i>mg/ml) nasal spray.....</i>	13	CAPSULE,EXTENDED RELEASE.....	20
DIPENTUM 250 MG CAPSULE.....	3	FETZIMA 80 MG	
DRIZALMA SPRINKLE 20 MG		CAPSULE,EXTENDED RELEASE.....	20
CAPSULE,DELAYED RELEASE.....	14	FYCOMPA 0.5 MG/ML ORAL	
DRIZALMA SPRINKLE 30 MG		SUSPENSION.....	26
CAPSULE,DELAYED RELEASE.....	14	FYCOMPA 10 MG TABLET.....	26
DRIZALMA SPRINKLE 40 MG		FYCOMPA 12 MG TABLET.....	26
CAPSULE,DELAYED RELEASE.....	14	FYCOMPA 2 MG TABLET.....	26
DRIZALMA SPRINKLE 60 MG		FYCOMPA 4 MG TABLET.....	26
CAPSULE,DELAYED RELEASE.....	14	FYCOMPA 6 MG TABLET.....	26
EMSAM 12 MG/24 HR		FYCOMPA 8 MG TABLET.....	26
TRANSDERMAL 24 HOUR PATCH...28		JYLAMVO 2 MG/ML ORAL	
EMSAM 6 MG/24 HR		SOLUTION.....	7
TRANSDERMAL 24 HOUR PATCH...28		<i>ketoconazole 2 % topical foam.....</i>	19
EMSAM 9 MG/24 HR		<i>loteprednol etabonate 0.2 % eye</i>	
TRANSDERMAL 24 HOUR PATCH...28		<i>drops,suspension.....</i>	25
EPRONTIA 25 MG/ML ORAL		<i>memantine 14 mg capsule</i>	
SOLUTION.....	15	<i>sprinkle,extended release 24hr.....</i>	22
<i>esomeprazole magnesium dr 10 mg</i>		<i>memantine 21 mg capsule</i>	
<i>granules delayed release for susp.....</i>	4	<i>sprinkle,extended release 24hr.....</i>	22
<i>esomeprazole magnesium dr 20 mg</i>		<i>memantine 28 mg capsule</i>	
<i>granules delayed release for susp.....</i>	4	<i>sprinkle,extended release 24hr.....</i>	22

<i>memantine 7 mg capsule</i>		VERSACLOZ 50 MG/ML ORAL	
<i>sprinkle, extended release 24hr</i>	22	SUSPENSION.....	11
<i>methotrexate sodium 2.5 mg tablet</i>	7	VRAYLAR 1.5 MG (1)-3 MG (6)	
NICOTROL 10 MG INHALATION		CAPSULES IN A DOSE PACK.....	9
CARTRIDGE.....	24	VRAYLAR 1.5 MG CAPSULE.....	9
NICOTROL NS 10 MG/ML NASAL		VRAYLAR 3 MG CAPSULE.....	9
SPRAY.....	24	VRAYLAR 4.5 MG CAPSULE.....	9
<i>omega-3 acid ethyl esters 1 gram capsule</i> ..	17	VRAYLAR 6 MG CAPSULE.....	9
OSMOLEX ER 129 MG TABLET,		XATMEP 2.5 MG/ML ORAL	
EXTENDED RELEASE.....	1	SOLUTION.....	7
OSMOLEX ER 193 MG TABLET,		XCOPRI 100 MG TABLET.....	10
EXTENDED RELEASE.....	1	XCOPRI 150 MG TABLET.....	10
OSMOLEX ER 258 MG TABLET,		XCOPRI 200 MG TABLET.....	10
EXTENDED RELEASE.....	1	XCOPRI 25 MG TABLET.....	10
OSMOLEX ER 322 MG/DAY (129 MG		XCOPRI 50 MG TABLET.....	10
AND 193 MG) TABLET, EXTENDED		XCOPRI MAINTENANCE PACK	
RELEASE.....	1	250MG/DAY (150 MG X 1 AND 100	
PROGRAF 0.2 MG ORAL		MG X 1) TABLETS.....	10
GRANULES IN PACKET.....	30	XCOPRI MAINTENANCE PACK 350	
PROGRAF 1 MG ORAL GRANULES		MG/DAY (200 MG X 1 AND 150 MG	
IN PACKET.....	30	X 1) TABLETS.....	10
REXULTI 0.25 MG TABLET.....	8	XCOPRI TITRATION PACK 12.5 MG	
REXULTI 0.5 MG TABLET.....	8	(14)-25 MG (14) TABLETS IN A DOSE	
REXULTI 1 MG TABLET.....	8	PACK.....	10
REXULTI 2 MG TABLET.....	8	XCOPRI TITRATION PACK 150 MG	
REXULTI 3 MG TABLET.....	8	(14)-200 MG (14) TABLETS IN A	
REXULTI 4 MG TABLET.....	8	DOSE PACK.....	10
<i>rufinamide 200 mg tablet</i>	27	XCOPRI TITRATION PACK 50 MG	
<i>rufinamide 40 mg/ml oral suspension</i>	27	(14)-100 MG (14) TABLETS IN A	
<i>rufinamide 400 mg tablet</i>	27	DOSE PACK.....	10
SECUADO 3.8 MG/24 HOUR		XHANCE 93 MCG/ACTUATION	
TRANSDERMAL 24 HOUR PATCH....	6	BREATH ACTIVATED AEROSOL.....	23
SECUADO 5.7 MG/24 HOUR			
TRANSDERMAL 24 HOUR PATCH....	6		
SECUADO 7.6 MG/24 HOUR			
TRANSDERMAL 24 HOUR PATCH....	6		
SPRITAM 1,000 MG TABLET FOR			
ORAL SUSPENSION.....	29		
SPRITAM 250 MG TABLET FOR			
ORAL SUSPENSION.....	29		
SPRITAM 500 MG TABLET FOR			
ORAL SUSPENSION.....	29		
SPRITAM 750 MG TABLET FOR			
ORAL SUSPENSION.....	29		
VEMLIDY 25 MG TABLET.....	31		