

# 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 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
- *rufinamide 40 mg/ml oral suspension*
- 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 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

<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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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*
- *asenapine 10 mg sublingual tablet*
- *asenapine 2.5 mg sublingual tablet*
- *asenapine 5 mg sublingual 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
- 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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<b>Criteria</b>	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 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

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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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Criteria	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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# 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 VERSION OF MOMETASONE NASAL SPRAY WITHIN THE 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 , CROMOLYN SODIUM, EPINASTINE, OR FORMULARY 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
- EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH
- EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH

## Details

<b>Criteria</b>	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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# 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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Criteria	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		DRIZALMA SPRINKLE 40 MG	
DROPS,SUSPENSION .....	19	CAPSULE,DELAYED RELEASE .....	12
APTIOM 200 MG TABLET .....	3	DRIZALMA SPRINKLE 60 MG	
APTIOM 400 MG TABLET .....	3	CAPSULE,DELAYED RELEASE .....	12
APTIOM 600 MG TABLET .....	3	EMSAM 12 MG/24 HR	
APTIOM 800 MG TABLET .....	3	TRANSDERMAL 24 HOUR PATCH...20	
<i>aripiprazole 10 mg disintegrating tablet .....</i>	<i>6</i>	EMSAM 6 MG/24 HR	
<i>aripiprazole 15 mg disintegrating tablet .....</i>	<i>6</i>	TRANSDERMAL 24 HOUR PATCH...20	
<i>asenapine 10 mg sublingual tablet .....</i>	<i>6</i>	EMSAM 9 MG/24 HR	
<i>asenapine 2.5 mg sublingual tablet .....</i>	<i>6</i>	TRANSDERMAL 24 HOUR PATCH...20	
<i>asenapine 5 mg sublingual tablet .....</i>	<i>6</i>	FANAPT 1 MG TABLET .....	6
BANZEL 200 MG TABLET .....	3	FANAPT 10 MG TABLET .....	6
BANZEL 400 MG TABLET .....	3	FANAPT 12 MG TABLET .....	6
BESIVANCE 0.6 % EYE		FANAPT 1MG(2)-2 MG(2)-4MG(2)-6	
DROPS,SUSPENSION .....	2	MG(2) TABLETS IN A DOSE PACK .....	6
BRIVIACT 10 MG TABLET .....	3	FANAPT 2 MG TABLET .....	6
BRIVIACT 10 MG/ML ORAL		FANAPT 4 MG TABLET .....	6
SOLUTION .....	3	FANAPT 6 MG TABLET .....	6
BRIVIACT 100 MG TABLET .....	3	FANAPT 8 MG TABLET .....	6
BRIVIACT 25 MG TABLET .....	3	<i>febuxostat 40 mg tablet .....</i>	<i>15</i>
BRIVIACT 50 MG TABLET .....	3	<i>febuxostat 80 mg tablet .....</i>	<i>15</i>
BRIVIACT 50 MG/5 ML		FETZIMA 120 MG	
INTRAVENOUS SOLUTION .....	3	CAPSULE,EXTENDED RELEASE .....	4
BRIVIACT 75 MG TABLET .....	3	FETZIMA 20 MG (2)-40 MG (26)	
CAPLYTA 42 MG CAPSULE .....	6	CAPSULE,EXTENDED RELEASE,24	
<i>clozapine 100 mg disintegrating tablet .....</i>	<i>6</i>	HR,DOSE PACK .....	4
<i>clozapine 12.5 mg disintegrating tablet .....</i>	<i>6</i>	FETZIMA 20 MG	
<i>clozapine 150 mg disintegrating tablet .....</i>	<i>6</i>	CAPSULE,EXTENDED RELEASE .....	4
<i>clozapine 200 mg disintegrating tablet .....</i>	<i>6</i>	FETZIMA 40 MG	
<i>clozapine 25 mg disintegrating tablet .....</i>	<i>6</i>	CAPSULE,EXTENDED RELEASE .....	4
CYCLOPHOSPHAMIDE 25 MG		FETZIMA 80 MG	
CAPSULE .....	9	CAPSULE,EXTENDED RELEASE .....	4
<i>cyclophosphamide 25 mg tablet .....</i>	<i>9</i>	FYCOMPA 0.5 MG/ML ORAL	
CYCLOPHOSPHAMIDE 50 MG		SUSPENSION .....	3
CAPSULE .....	9	FYCOMPA 10 MG TABLET .....	3
<i>cyclophosphamide 50 mg tablet .....</i>	<i>9</i>	FYCOMPA 12 MG TABLET .....	3
DIFICID 200 MG TABLET .....	14	FYCOMPA 2 MG TABLET .....	3
DIFICID 40 MG/ML ORAL		FYCOMPA 4 MG TABLET .....	3
SUSPENSION .....	14	FYCOMPA 6 MG TABLET .....	3
DIPENTUM 250 MG CAPSULE .....	5	FYCOMPA 8 MG TABLET .....	3
DRIZALMA SPRINKLE 20 MG		JENTADUETO 2.5 MG-1,000 MG	
CAPSULE,DELAYED RELEASE .....	12	TABLET .....	11
DRIZALMA SPRINKLE 30 MG		JENTADUETO 2.5 MG-500 MG	
CAPSULE,DELAYED RELEASE .....	12	TABLET .....	11

JENTADUETO 2.5 MG-850 MG TABLET.....	11	PROGRAF 1 MG ORAL GRANULES IN PACKET.....	22
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE.....	11	PROLIA 60 MG/ML SUBCUTANEOUS SYRINGE.....	10
JENTADUETO XR 5 MG-1,000 MG 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 CAPSULE SPRINKLE,EXTENDED RELEASE.....	16	REXULTI 1 MG TABLET.....	7
NAMZARIC 21 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE.....	16	REXULTI 2 MG TABLET.....	7
NAMZARIC 28 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE.....	16	REXULTI 3 MG TABLET.....	7
NAMZARIC 7 MG-10 MG CAPSULE SPRINKLE,EXTENDED RELEASE....	16	REXULTI 4 MG TABLET.....	7
NAMZARIC 7/14/21/28 MG-10 MG CAPSULE,SPRINKLE,EXTEND RELEASE,DOSE PACK.....	16	<i>rufinamide 40 mg/ml oral suspension</i> .....	3
<i>omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule</i> .....	8	SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6
<i>omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule</i> .....	8	SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE.....	1	SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE.....	1	SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION.....	21
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE.....	1	SPRITAM 250 MG TABLET FOR ORAL SUSPENSION.....	21
OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE.....	1	SPRITAM 500 MG TABLET FOR ORAL SUSPENSION.....	21
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE.....	3	SPRITAM 750 MG TABLET FOR ORAL SUSPENSION.....	21
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE.....	3	TRADJENTA 5 MG TABLET.....	11
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE.....	3	VERSACLOZ 50 MG/ML ORAL SUSPENSION.....	6
PRADAXA 110 MG CAPSULE.....	18	VIBERZI 100 MG TABLET.....	13
PRADAXA 150 MG CAPSULE.....	18	VIBERZI 75 MG TABLET.....	13
PRADAXA 75 MG CAPSULE.....	18	VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK.....	6
PROGRAF 0.2 MG ORAL GRANULES IN PACKET.....	22	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 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 MG/DAY (200 MG X 1 AND 50 MG X 1) TABLETS.....	3



X COPRI MAINTENANCE PACK 250MG/DAY (150 MG X 1 AND 100 MG X 1) TABLETS.....	3
X COPRI MAINTENANCE PACK 350 MG/DAY (200 MG X 1 AND 150 MG X 1) TABLETS.....	3
X COPRI TITRATION PACK 12.5 MG (14)-25 MG (14) TABLETS IN A DOSE PACK.....	3
X COPRI TITRATION PACK 150 MG (14)-200 MG (14) TABLETS IN A DOSE PACK.....	3
X COPRI TITRATION PACK 50 MG (14)-100 MG (14) TABLETS IN A DOSE PACK.....	3
X HANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL.....	17