

# ANTIGOUT AGENTS

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## Products Affected

### Step 2:

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

## Details

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF ALLOPURINOL TABLETS WITHIN THE PAST 120 DAYS.
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# ANTIULCER AGENTS

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## Products Affected

### Step 2:

- *esomeprazole magnesium packet 10 mg oral*
- *esomeprazole magnesium packet 20 mg oral*
- *esomeprazole magnesium packet 40 mg oral*

## Details

<b>Criteria</b>	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

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## Products Affected

### Step 2:

- *aripiprazole tablet dispersible 10 mg oral* • *aripiprazole tablet dispersible 15 mg oral*

## Details

<b>Criteria</b>	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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# A SENAPINE PATCH

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## Products Affected

### Step 2:

- SECUADO PATCH 24 HOUR 3.8 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 5.7 MG/24HR TRANSDERMAL
- SECUADO PATCH 24 HOUR 7.6 MG/24HR TRANSDERMAL

## Details

<b>Criteria</b>	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIRAZOLE, ASENAPINE, PALIPERIDONE WITHIN PAST 365 DAYS
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## B VERSUS D ADMINISTRATIVE STEP

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### Products Affected

#### Step 2:

- CYCLOPHOSPHAMIDE CAPSULE 25 MG ORAL
- *cyclophosphamide capsule 50 mg oral*
- *cyclophosphamide tablet 25 mg oral*
- CYCLOPHOSPHAMIDE TABLET 50 MG ORAL
- JYLAMVO SOLUTION 2 MG/ML ORAL
- *methotrexate sodium tablet 2.5 mg oral*
- XATMEP SOLUTION 2.5 MG/ML ORAL

### Details

<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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# BREXPIRAZOLE

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## Products Affected

### Step 2:

- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 MG ORAL

## Details

<b>Criteria</b>	CLAIM FOR 2 FORMULARY ORAL GENERIC VERSION: LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPIRAZOLE, ZIPRASIDONE IN PAST 365 DAYS
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# CARIPRAZINE

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## Products Affected

### Step 2:

- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

## Details

<b>Criteria</b>	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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# CENOAMATE

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## Products Affected

### Step 2:

- XCOPRI (250 MG DAILY DOSE) TABLET THERAPY PACK 100 & 150 MG ORAL
- XCOPRI (350 MG DAILY DOSE) TABLET THERAPY PACK 150 & 200 MG ORAL
- XCOPRI TABLET 100 MG ORAL
- XCOPRI TABLET 150 MG ORAL
- XCOPRI TABLET 200 MG ORAL
- XCOPRI TABLET 25 MG ORAL
- XCOPRI TABLET 50 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 12.5 MG & 14 X 25 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 150 MG & 14 X 200 MG ORAL
- XCOPRI TABLET THERAPY PACK 14 X 50 MG & 14 X 100 MG ORAL

## Details

<b>Criteria</b>	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

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## Products Affected

### Step 2:

- *clozapine tablet dispersible 100 mg oral*
- *clozapine tablet dispersible 12.5 mg oral*
- *clozapine tablet dispersible 150 mg oral*
- *clozapine tablet dispersible 200 mg oral*
- *clozapine tablet dispersible 25 mg oral*
- VERSACLOZ SUSPENSION 50 MG/ML ORAL

## Details

<b>Criteria</b>	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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# DEXTROMETHORPHAN HBR/BUPROPION

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## Products Affected

### Step 2:

- AUVELITY TABLET EXTENDED  
RELEASE 45-105 MG ORAL

## Details

<b>Criteria</b>	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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# DIHYDROERGOTAMINE MESYLATE

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## Products Affected

### Step 2:

- *dihydroergotamine mesylate solution 4 mg/ml nasal*

## Details

<b>Criteria</b>	PRIOR CLAIM FOR 2 FORMULARY GENERIC TRIPTANS (e.g. SUMATRIPTAN and RIZATRIPTAN) WITHIN THE PAST 365 DAYS
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# DRIZALMA SPRINKLE

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## Products Affected

### Step 2:

- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 20 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 30 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 40 MG ORAL
- DRIZALMA SPRINKLE CAPSULE DELAYED RELEASE SPRINKLE 60 MG ORAL

## Details

Criteria	PRIOR CLAIM FOR FORMULARY GENERIC DULOXETINE CAPSULE WITHIN THE PAST 120 DAYS.
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# EPRONTIA

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## Products Affected

### Step 2:

- EPRONTIA SOLUTION 25 MG/ML  
ORAL

## Details

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

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## Products Affected

### Step 2:

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

## Details

<b>Criteria</b>	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.
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# FIBRATES

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## Products Affected

### Step 2:

- *omega-3-acid ethyl esters capsule 1 gm oral*

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
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# HIGH INTENSITY STATIN

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## Products Affected

### Step 2:

- NEXLETOL TABLET 180 MG ORAL
- NEXLIZET TABLET 180-10 MG ORAL
- REPATHA PUSHTRONEX SYSTEM SOLUTION CARTRIDGE 420 MG/3.5ML SUBCUTANEOUS
- REPATHA SOLUTION PREFILLED SYRINGE 140 MG/ML SUBCUTANEOUS
- REPATHA SURECLICK SOLUTION AUTO-INJECTOR 140 MG/ML SUBCUTANEOUS

## Details

<b>Criteria</b>	PRIOR 25 DAY TRIAL OF GENERIC HIGH INTENSITY STATIN: FORMULARY VERSION OF ATORVASTATIN (40 MG or 80 MG) OR ROSUVASTATIN (20 MG or 40 MG) WITHIN THE PAST 120 DAYS
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# ILOPERIDONE

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## Products Affected

### Step 2:

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL

## Details

<b>Criteria</b>	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
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# INSULIN SUPPLY PAYMENT DETERMINATION ST

## Products Affected

### Step 2:

- ASSURE ID INSULIN SAFETY SYR 29G X 1/2" 1 ML
- BD INSULIN SYRINGE 27.5G X 5/8" 2 ML
- COMFORT ASSIST INSULIN SYRINGE 29G X 1/2" 1 ML
- CVS GAUZE STERILE PAD 2"X2"
- EXEL COMFORT POINT PEN NEEDLE 29G X 12MM
- GLOBAL ALCOHOL PREP EASE PAD 70 %
- PREFERRED PLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML
- QC ALCOHOL 70 % EXTERNAL
- *ra isopropyl alcohol wipes 70 % external*
- RELI-ON INSULIN SYRINGE 29G 0.3 ML

## Details

<b>Criteria</b>	IN ORDER TO ASSIST IN PAYMENT DETERMINATION, A PRIOR CLAIM SEEN FOR AN INJECTABLE INSULIN WITHIN THE PAST 120 DAYS WILL QUALIFY FOR PART D PAYMENT.
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# LEVOMILNACIPRAN

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## Products Affected

### Step 2:

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

## Details

<b>Criteria</b>	PRIOR CLAIM FOR TRINTELLIX AND 1 GENERIC ANTIDEPRESSANT: BUPROPION, CITALOPRAM, ESCITALOPRAM, FLUOXETINE, MIRTAZAPINE, PAROXETINE, SERTRALINE, VENLAFAXINE, or VILAZODONE IN THE PAST 365 DAYS
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# LUMATEPERONE TOSYLATE

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## Products Affected

### Step 2:

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

## Details

<b>Criteria</b>	CLAIM FOR 2 FORMULARY ORAL GENERIC ANTIPSYCHOTICS: LURASIDONE, RISPERIDONE, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE WITHIN THE PAST 365 DAYS
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# MEMANTINE ER

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## Products Affected

### Step 2:

- *memantine hcl er capsule extended release 24 hour 14 mg oral*
- *memantine hcl er capsule extended release 24 hour 21 mg oral*
- *memantine hcl er capsule extended release 24 hour 28 mg oral*
- *memantine hcl er capsule extended release 24 hour 7 mg oral*

## Details

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF MEMANTINE IR WITHIN THE PAST 120 DAYS
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# METHOTREXATE INJECTOR

## Products Affected

### Step 2:

- RASUVO SOLUTION AUTO-INJECTOR 10 MG/0.2ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 15 MG/0.3ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 20 MG/0.4ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 25 MG/0.5ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 30 MG/0.6ML SUBCUTANEOUS
- RASUVO SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML SUBCUTANEOUS

## Details

<b>Criteria</b>	TRIAL OF OR CONTRAINDICATION TO GENERIC ORAL METHOTREXATE TABLET
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# OPHTHALMIC ALLERGY - NO OTC

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## Products Affected

### Step 2:

- *alrex suspension 0.2 % ophthalmic*
- *loteprednol etabonate suspension 0.2 % ophthalmic*

## Details

<b>Criteria</b>	PRIOR CLAIM FOR FEDERAL LEGEND LEVOCETIRIZINE , CROMOLYN SODIUM, OR EPINASTINE WITHIN THE PAST 120 DAYS.
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# PERAMPANEL

## Products Affected

### Step 2:

- FYCOMPA SUSPENSION 0.5 MG/ML ORAL
- FYCOMPA TABLET 10 MG ORAL
- FYCOMPA TABLET 12 MG ORAL
- FYCOMPA TABLET 2 MG ORAL
- FYCOMPA TABLET 4 MG ORAL
- FYCOMPA TABLET 6 MG ORAL
- FYCOMPA TABLET 8 MG ORAL

## Details

<b>Criteria</b>	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.
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# RUFINAMIDE

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## Products Affected

### Step 2:

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

## 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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# SELEGILINE PATCH

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## Products Affected

### Step 2:

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

## 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 TABLET DISINTEGRATING SOLUBLE 1000 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 250 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 500 MG ORAL
- SPRITAM TABLET DISINTEGRATING SOLUBLE 750 MG ORAL

## Details

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<b>Criteria</b>	PRIOR CLAIM FOR GENERIC LEVETIRACETAM SOLUTION IN THE PAST 120 DAYS
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# TENOFOVIR ALAFENAMIDE

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## Products Affected

### Step 2:

- VEMLIDY TABLET 25 MG ORAL

## Details

<b>Criteria</b>	TRIAL OF GENERIC TENOFOVIR DISOPROXIL FUMARATE WITHIN THE PAST 120 DAYS
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# XANOMELINE/TROSPIUM

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## Products Affected

### Step 2:

- COBENFY CAPSULE 100-20 MG ORAL
- COBENFY CAPSULE 125-30 MG ORAL
- COBENFY CAPSULE 50-20 MG ORAL
- COBENFY STARTER PACK CAPSULE THERAPY PACK 50-20 & 100-20 MG ORAL

## Details

<b>Criteria</b>	CLAIM FOR ONE FORMULARY ORAL ANTIPSYCHOTIC: LURASIDONE, RISPERIDONE, CLOZAPINE TAB, OLANZAPINE, IR QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 120 DAYS
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**INDEX**

**A**

alrex suspension 0.2 % ophthalmic..... 23  
 APTIOM TABLET 200 MG ORAL..... 14  
 APTIOM TABLET 400 MG ORAL..... 14  
 APTIOM TABLET 600 MG ORAL..... 14  
 APTIOM TABLET 800 MG ORAL..... 14  
 aripiprazole tablet dispersible 10 mg oral... 3  
 aripiprazole tablet dispersible 15 mg oral... 3  
 ASSURE ID INSULIN SAFETY SYR 29G  
 X 1/2..... 18  
 AUVELITY TABLET EXTENDED  
 RELEASE 45-105 MG ORAL ..... 10

**B**

BD INSULIN SYRINGE 27.5G X 5/8..... 18

**C**

CAPLYTA CAPSULE 10.5 MG ORAL.. 20  
 CAPLYTA CAPSULE 21 MG ORAL..... 20  
 CAPLYTA CAPSULE 42 MG ORAL..... 20  
 clozapine tablet dispersible 100 mg oral.... 9  
 clozapine tablet dispersible 12.5 mg oral.... 9  
 clozapine tablet dispersible 150 mg oral.... 9  
 clozapine tablet dispersible 200 mg oral.... 9  
 clozapine tablet dispersible 25 mg oral..... 9  
 COBENFY CAPSULE 100-20 MG ORAL  
 ..... 29  
 COBENFY CAPSULE 125-30 MG ORAL  
 ..... 29  
 COBENFY CAPSULE 50-20 MG ORAL 29  
 COBENFY STARTER PACK CAPSULE  
 THERAPY PACK 50-20 & 100-20 MG  
 ORAL..... 29  
 COMFORT ASSIST INSULIN SYRINGE  
 29G X 1/2..... 18  
 CVS GAUZE STERILE PAD 2 ..... 18  
 CYCLOPHOSPHAMIDE CAPSULE 25  
 MG ORAL ..... 5  
 cyclophosphamide capsule 50 mg oral ..... 5  
 cyclophosphamide tablet 25 mg oral ..... 5  
 CYCLOPHOSPHAMIDE TABLET 50 MG  
 ORAL..... 5

**D**

dihydroergotamine mesylate solution 4  
 mg/ml nasal..... 11

DRIZALMA SPRINKLE CAPSULE  
 DELAYED RELEASE SPRINKLE 20  
 MG ORAL ..... 12  
 DRIZALMA SPRINKLE CAPSULE  
 DELAYED RELEASE SPRINKLE 30  
 MG ORAL ..... 12  
 DRIZALMA SPRINKLE CAPSULE  
 DELAYED RELEASE SPRINKLE 40  
 MG ORAL ..... 12  
 DRIZALMA SPRINKLE CAPSULE  
 DELAYED RELEASE SPRINKLE 60  
 MG ORAL ..... 12

**E**

EMSAM PATCH 24 HOUR 12 MG/24HR  
 TRANSDERMAL..... 26  
 EMSAM PATCH 24 HOUR 6 MG/24HR  
 TRANSDERMAL..... 26  
 EMSAM PATCH 24 HOUR 9 MG/24HR  
 TRANSDERMAL..... 26  
 EPRONTIA SOLUTION 25 MG/ML  
 ORAL..... 13  
 esomeprazole magnesium packet 10 mg oral  
 ..... 2  
 esomeprazole magnesium packet 20 mg oral  
 ..... 2  
 esomeprazole magnesium packet 40 mg oral  
 ..... 2  
 EXEL COMFORT POINT PEN NEEDLE  
 29G X 12MM..... 18

**F**

FANAPT TABLET 1 MG ORAL ..... 17  
 FANAPT TABLET 10 MG ORAL ..... 17  
 FANAPT TABLET 12 MG ORAL ..... 17  
 FANAPT TABLET 2 MG ORAL ..... 17  
 FANAPT TABLET 4 MG ORAL ..... 17  
 FANAPT TABLET 6 MG ORAL ..... 17  
 FANAPT TABLET 8 MG ORAL ..... 17  
 FANAPT TITRATION PACK TABLET 1  
 & 2 & 4 & 6 MG ORAL..... 17  
 febuxostat tablet 40 mg oral..... 1  
 febuxostat tablet 80 mg oral..... 1  
 FETZIMA CAPSULE EXTENDED  
 RELEASE 24 HOUR 120 MG ORAL . 19

Formulary ID: 25487  
 Effective: 01/01/2025  
 H9306\_25\_DRS\_001\_003\_OE\_C

**FETZIMA CAPSULE EXTENDED**  
RELEASE 24 HOUR 20 MG ORAL ... 19  
**FETZIMA CAPSULE EXTENDED**  
RELEASE 24 HOUR 40 MG ORAL ... 19  
**FETZIMA CAPSULE EXTENDED**  
RELEASE 24 HOUR 80 MG ORAL ... 19  
**FETZIMA TITRATION CAPSULE ER 24**  
**HOUR THERAPY PACK 20 & 40 MG**  
**ORAL..... 19**  
**FYCOMPA SUSPENSION 0.5 MG/ML**  
**ORAL..... 24**  
**FYCOMPA TABLET 10 MG ORAL..... 24**  
**FYCOMPA TABLET 12 MG ORAL..... 24**  
**FYCOMPA TABLET 2 MG ORAL..... 24**  
**FYCOMPA TABLET 4 MG ORAL..... 24**  
**FYCOMPA TABLET 6 MG ORAL..... 24**  
**FYCOMPA TABLET 8 MG ORAL..... 24**  
**G**  
**GLOBAL ALCOHOL PREP EASE PAD 70**  
**% ..... 18**  
**J**  
**JYLAMVO SOLUTION 2 MG/ML ORAL 5**  
**L**  
loteprednol etabonate suspension 0.2 %  
ophthalmic..... 23  
**M**  
memantine hcl er capsule extended release  
24 hour 14 mg oral..... 21  
memantine hcl er capsule extended release  
24 hour 21 mg oral..... 21  
memantine hcl er capsule extended release  
24 hour 28 mg oral..... 21  
memantine hcl er capsule extended release  
24 hour 7 mg oral..... 21  
methotrexate sodium tablet 2.5 mg oral..... 5  
**N**  
**NEXLETOL TABLET 180 MG ORAL... 16**  
**NEXLIZET TABLET 180-10 MG ORAL 16**  
**O**  
omega-3-acid ethyl esters capsule 1 gm oral  
..... 15  
**P**  
**PREFERRED PLUS INSULIN SYRINGE**  
**28G X 1/2..... 18**

**Q**  
**QC ALCOHOL 70 % EXTERNAL ..... 18**  
**R**  
ra isopropyl alcohol wipes 70 % external. 18  
**RASUVO SOLUTION AUTO-INJECTOR**  
10 MG/0.2ML SUBCUTANEOUS ..... 22  
**RASUVO SOLUTION AUTO-INJECTOR**  
12.5 MG/0.25ML SUBCUTANEOUS. 22  
**RASUVO SOLUTION AUTO-INJECTOR**  
15 MG/0.3ML SUBCUTANEOUS ..... 22  
**RASUVO SOLUTION AUTO-INJECTOR**  
17.5 MG/0.35ML SUBCUTANEOUS. 22  
**RASUVO SOLUTION AUTO-INJECTOR**  
20 MG/0.4ML SUBCUTANEOUS ..... 22  
**RASUVO SOLUTION AUTO-INJECTOR**  
22.5 MG/0.45ML SUBCUTANEOUS. 22  
**RASUVO SOLUTION AUTO-INJECTOR**  
25 MG/0.5ML SUBCUTANEOUS ..... 22  
**RASUVO SOLUTION AUTO-INJECTOR**  
30 MG/0.6ML SUBCUTANEOUS ..... 22  
**RASUVO SOLUTION AUTO-INJECTOR**  
7.5 MG/0.15ML SUBCUTANEOUS... 22  
**RELI-ON INSULIN SYRINGE 29G 0.3**  
**ML..... 18**  
**REPATHA PUSHTRONEX SYSTEM**  
**SOLUTION CARTRIDGE 420**  
**MG/3.5ML SUBCUTANEOUS ..... 16**  
**REPATHA SOLUTION PREFILLED**  
**SYRINGE 140 MG/ML**  
**SUBCUTANEOUS..... 16**  
**REPATHA SURECLICK SOLUTION**  
**AUTO-INJECTOR 140 MG/ML**  
**SUBCUTANEOUS..... 16**  
**REXULTI TABLET 0.25 MG ORAL..... 6**  
**REXULTI TABLET 0.5 MG ORAL..... 6**  
**REXULTI TABLET 1 MG ORAL..... 6**  
**REXULTI TABLET 2 MG ORAL..... 6**  
**REXULTI TABLET 3 MG ORAL..... 6**  
**REXULTI TABLET 4 MG ORAL..... 6**  
rufinamide suspension 40 mg/ml oral..... 25  
rufinamide tablet 200 mg oral..... 25  
rufinamide tablet 400 mg oral..... 25  
**S**  
**SECUADO PATCH 24 HOUR 3.8**  
**MG/24HR TRANSDERMAL ..... 4**

SECUADO PATCH 24 HOUR 5.7  
 MG/24HR TRANSDERMAL ..... 4  
 SECUADO PATCH 24 HOUR 7.6  
 MG/24HR TRANSDERMAL ..... 4  
 SPRITAM TABLET DISINTEGRATING  
 SOLUBLE 1000 MG ORAL ..... 27  
 SPRITAM TABLET DISINTEGRATING  
 SOLUBLE 250 MG ORAL ..... 27  
 SPRITAM TABLET DISINTEGRATING  
 SOLUBLE 500 MG ORAL ..... 27  
 SPRITAM TABLET DISINTEGRATING  
 SOLUBLE 750 MG ORAL ..... 27  
**V**  
 VEMLIDY TABLET 25 MG ORAL ..... 28  
 VERSACLOZ SUSPENSION 50 MG/ML  
 ORAL..... 9  
 VRAYLAR CAPSULE 1.5 MG ORAL ..... 7  
 VRAYLAR CAPSULE 3 MG ORAL ..... 7  
 VRAYLAR CAPSULE 4.5 MG ORAL ..... 7  
 VRAYLAR CAPSULE 6 MG ORAL ..... 7

VRAYLAR CAPSULE THERAPY PACK  
 1.5 & 3 MG ORAL ..... 7  
**X**  
 XATMEP SOLUTION 2.5 MG/ML ORAL  
 XCOPRI (250 MG DAILY DOSE)  
 TABLET THERAPY PACK 100 & 150  
 MG ORAL ..... 8  
 XCOPRI (350 MG DAILY DOSE)  
 TABLET THERAPY PACK 150 & 200  
 MG ORAL ..... 8  
 XCOPRI TABLET 100 MG ORAL ..... 8  
 XCOPRI TABLET 150 MG ORAL ..... 8  
 XCOPRI TABLET 200 MG ORAL ..... 8  
 XCOPRI TABLET 25 MG ORAL ..... 8  
 XCOPRI TABLET 50 MG ORAL ..... 8  
 XCOPRI TABLET THERAPY PACK 14 X  
 12.5 MG & 14 X 25 MG ORAL..... 8  
 XCOPRI TABLET THERAPY PACK 14 X  
 150 MG & 14 X200 MG ORAL..... 8  
 XCOPRI TABLET THERAPY PACK 14 X  
 50 MG & 14 X100 MG ORAL..... 8