

# 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

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR AMANTADINE HCL IMMEDIATE RELEASE WITHIN THE PAST 120 DAYS.
-----------------	--

---

# ANTICONVULSANTS

---

## 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
- 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

## 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.
-----------------	--

# ANTIDEPRESSANTS

---

## 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 VIIBRYD WITHIN THE PAST 365 DAYS.
----------	--

---

# ANTIDIABETIC AGENTS - MISCELLANEOUS

---

## Products Affected

### Step 2:

- GLYXAMBI 10 MG-5 MG TABLET
- GLYXAMBI 25 MG-5 MG TABLET
- INVOKAMET 150 MG-1,000 MG TABLET
- INVOKAMET 150 MG-500 MG TABLET
- INVOKAMET 50 MG-1,000 MG TABLET
- INVOKAMET 50 MG-500 MG TABLET
- INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE
- INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE
- INVOKANA 100 MG TABLET
- INVOKANA 300 MG TABLET
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET
- SYNJARDY 12.5 MG-1,000 MG TABLET
- SYNJARDY 12.5 MG-500 MG TABLET
- SYNJARDY 5 MG-1,000 MG TABLET
- SYNJARDY 5 MG-500 MG TABLET
- SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE

## Details

<b>Criteria</b>	PRIOR CLAIM FOR METFORMIN, METFORMIN ER, A SULFONYLUREA AGENT (GLYBURIDE, GLIPIZIDE, GLIMEPIRIDE), PIOGLITAZONE, OR COMBINATION OF A SULFONYLUREA-METFORMIN WITHIN THE PAST 120 DAYS.
-----------------	---

# ANTI-INFLAMMATORY AGENTS - GI

---

## Products Affected

### Step 2:

- DIPENTUM 250 MG CAPSULE

## Details

---

Criteria	PRIOR CLAIM FOR 1 OF THE FOLLOWING: BALSALAZIDE, FORMULARY VERSION OF MESALAMINE 0.375G, MESALAMINE 400 MG CAP(DRTAB), MESALAMINE DR 800 MG TAB, OR FORMULARY VERSION OF MESALAMINE 1.2 G DR TAB WITHIN THE PAST 120 DAYS.
----------	--

---

# ANTIPSYCHOTIC AGENTS

---

## 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 FORMULARY VERSIONS OF ANY TWO ORAL ANTIPSYCHOTICS: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE WITHIN THE PAST 365 DAYS.
-----------------	--

# ANTIPSYCHOTIC AGENTS II

---

## 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

---

<b>Criteria</b>	PRIOR CLAIM FOR TWO (2) OF THE FOLLOWING FORMULARY ORAL VERSIONS OF 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
-----------------	---

---

# 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

---

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

---



# B VERSUS D ADMINISTRATIVE STEP

---

## 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

---

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

---

# DPP-4 INHIBITORS

---

## 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

---

<b>Criteria</b>	PRIOR CLAIM FOR JANUMET, JANUMET XR OR JANUVIA WITHIN THE PAST 120 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

---

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

---

# ELUXADOLINE

---

## Products Affected

### Step 2:

- VIBERZI 100 MG TABLET
- VIBERZI 75 MG TABLET

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR DICYCLOMINE AND XIFAXAN 550MG WITHIN THE PAST 365 DAYS.
-----------------	---

---

# FIDAXOMICIN

---

## Products Affected

### Step 2:

- DIFICID 200 MG TABLET

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR ORAL VANCOMYCIN IN THE PAST 120 DAYS.
-----------------	---

---

# INSULIN/GLP-1 ANALOG

---

## 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, TRESIBA, TRESIBA FLEXTOUCH, 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.
----------	--

# NASAL CORTICOSTEROIDS II

---

## Products Affected

### Step 2:

- XHANCE 93 MCG/ACTUATION  
BREATH ACTIVATED AEROSOL

## Details

---

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

---

# NOVEL ORAL ANTICOAGULANTS

---

## Products Affected

### Step 2:

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

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR ELIQUIS AND XARELTO IN THE PAST 365 DAYS.
-----------------	---

---



# OPHTHALMIC ALLERGY - NO OTC

---

## Products Affected

### Step 2:

- ALREX 0.2 % EYE  
DROPS,SUSPENSION

## Details

---

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

---

# OPHTHALMIC PROSTAGLANDINS

---

## Products Affected

### Step 2:

- ROCKLATAN 0.02 %-0.005 % EYE DROPS

## Details

<b>Criteria</b>	PRIOR CLAIM FOR FORMULARY VERSION OF LATANOPROST (GENERIC XALATAN OR XALATAN) AND ONE OF THE FOLLOWING: ALPHAGAN P 0.1%, AZOPT, COMBIGAN, LUMIGAN 0.01%, SIMBRINZA OR FORMULARY VERSION OF TRAVOPROST WITHIN THE PAST 365 DAYS.
-----------------	---

# RENIN ANGIOTENSIN SYSTEM INHIBITORS

---

## Products Affected

### Step 2:

- TEKTURNA HCT 150 MG-12.5 MG TABLET
- TEKTURNA HCT 150 MG-25 MG TABLET
- TEKTURNA HCT 300 MG-12.5 MG TABLET
- TEKTURNA HCT 300 MG-25 MG TABLET

## Details

<b>Criteria</b>	PRIOR CLAIM FOR AN ANGIOTENSIN CONVERTING ENZYME INHIBITOR (ACE INHIBITOR), ACE INHIBITOR COMBINATION, GENERIC ANGIOTENSIN RECEPTOR BLOCKER (ARB), GENERIC ARB COMBINATION OR GENERIC DIRECT RENIN INHIBITORS 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 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

---

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

---



## INDEX

ALREX 0.2 % EYE		FETZIMA 20 MG (2)-40 MG (26)	
DROPS,SUSPENSION .....	17	CAPSULE,EXTENDED RELEASE,24	
APTIOM 200 MG TABLET .....	2	HR,DOSE PACK .....	3
APTIOM 400 MG TABLET .....	2	FETZIMA 20 MG	
APTIOM 600 MG TABLET .....	2	CAPSULE,EXTENDED RELEASE .....	3
APTIOM 800 MG TABLET .....	2	FETZIMA 40 MG	
<i>aripiprazole 10 mg disintegrating tablet</i> .....	6	CAPSULE,EXTENDED RELEASE .....	3
<i>aripiprazole 15 mg disintegrating tablet</i> .....	6	FETZIMA 80 MG	
BANZEL 200 MG TABLET .....	2	CAPSULE,EXTENDED RELEASE .....	3
BANZEL 40 MG/ML ORAL		FYCOMPA 0.5 MG/ML ORAL	
SUSPENSION .....	2	SUSPENSION .....	2
BANZEL 400 MG TABLET .....	2	FYCOMPA 10 MG TABLET .....	2
CAPLYTA 42 MG CAPSULE .....	6	FYCOMPA 12 MG TABLET .....	2
<i>clozapine 100 mg disintegrating tablet</i> .....	6	FYCOMPA 2 MG TABLET .....	2
<i>clozapine 12.5 mg disintegrating tablet</i> .....	6	FYCOMPA 4 MG TABLET .....	2
<i>clozapine 150 mg disintegrating tablet</i> .....	6	FYCOMPA 6 MG TABLET .....	2
<i>clozapine 200 mg disintegrating tablet</i> .....	6	FYCOMPA 8 MG TABLET .....	2
<i>clozapine 25 mg disintegrating tablet</i> .....	6	GLYXAMBI 10 MG-5 MG TABLET .....	4
CYCLOPHOSPHAMIDE 25 MG		GLYXAMBI 25 MG-5 MG TABLET .....	4
CAPSULE .....	9	INVOKAMET 150 MG-1,000 MG	
CYCLOPHOSPHAMIDE 50 MG		TABLET .....	4
CAPSULE .....	9	INVOKAMET 150 MG-500 MG	
DIFICID 200 MG TABLET .....	13	TABLET .....	4
DIPENTUM 250 MG CAPSULE .....	5	INVOKAMET 50 MG-1,000 MG	
DRIZALMA SPRINKLE 20 MG		TABLET .....	4
CAPSULE,DELAYED RELEASE .....	11	INVOKAMET 50 MG-500 MG	
DRIZALMA SPRINKLE 30 MG		TABLET .....	4
CAPSULE,DELAYED RELEASE .....	11	INVOKAMET XR 150 MG-1,000 MG	
DRIZALMA SPRINKLE 40 MG		TABLET, EXTENDED RELEASE .....	4
CAPSULE,DELAYED RELEASE .....	11	INVOKAMET XR 150 MG-500 MG	
DRIZALMA SPRINKLE 60 MG		TABLET, EXTENDED RELEASE .....	4
CAPSULE,DELAYED RELEASE .....	11	INVOKAMET XR 50 MG-1,000 MG	
FANAPT 1 MG TABLET .....	6	TABLET, EXTENDED RELEASE .....	4
FANAPT 10 MG TABLET .....	6	INVOKAMET XR 50 MG-500 MG	
FANAPT 12 MG TABLET .....	6	TABLET, EXTENDED RELEASE .....	4
FANAPT 1MG(2)-2 MG(2)-4MG(2)-6		INVOKANA 100 MG TABLET .....	4
MG(2) TABLETS IN A DOSE PACK .....	6	INVOKANA 300 MG TABLET .....	4
FANAPT 2 MG TABLET .....	6	JARDIANCE 10 MG TABLET .....	4
FANAPT 4 MG TABLET .....	6	JARDIANCE 25 MG TABLET .....	4
FANAPT 6 MG TABLET .....	6	JENTADUETO 2.5 MG-1,000 MG	
FANAPT 8 MG TABLET .....	6	TABLET .....	10
FETZIMA 120 MG		JENTADUETO 2.5 MG-500 MG	
CAPSULE,EXTENDED RELEASE .....	3	TABLET .....	10

JENTADUETO 2.5 MG-850 MG TABLET.....	10	SECUADO 3.8 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6
JENTADUETO XR 2.5 MG-1,000 MG TABLET, EXTENDED RELEASE.....	10	SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6
JENTADUETO XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE.....	10	SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH....	6
<i>methotrexate sodium 2.5 mg tablet</i> .....	9	SOLQUA 100/33 100 UNIT-33 MCG/ML SUBCUTANEOUS	
<i>omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule</i> .....	8	INSULIN PEN.....	14
<i>omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule</i> .....	8	SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION.....	20
OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE.....	1	SPRITAM 250 MG TABLET FOR ORAL SUSPENSION.....	20
OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE.....	1	SPRITAM 500 MG TABLET FOR ORAL SUSPENSION.....	20
OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE.....	1	SPRITAM 750 MG TABLET FOR ORAL SUSPENSION.....	20
OXTELLAR XR 150 MG TABLET,EXTENDED RELEASE.....	2	SYNJARDY 12.5 MG-1,000 MG TABLET.....	4
OXTELLAR XR 300 MG TABLET,EXTENDED RELEASE.....	2	SYNJARDY 12.5 MG-500 MG TABLET.....	4
OXTELLAR XR 600 MG TABLET,EXTENDED RELEASE.....	2	SYNJARDY 5 MG-1,000 MG TABLET.....	4
PRADAXA 110 MG CAPSULE.....	16	SYNJARDY 5 MG-500 MG TABLET....	4
PRADAXA 150 MG CAPSULE.....	16	SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE.....	4
PRADAXA 75 MG CAPSULE.....	16	SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE.....	4
PROGRAF 0.2 MG ORAL GRANULES IN PACKET.....	21	SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE.....	4
PROGRAF 1 MG ORAL GRANULES IN PACKET.....	21	SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE.....	4
REXULTI 0.25 MG TABLET.....	7	TEKTURNA HCT 150 MG-12.5 MG TABLET.....	19
REXULTI 0.5 MG TABLET.....	7	TEKTURNA HCT 150 MG-25 MG TABLET.....	19
REXULTI 1 MG TABLET.....	7	TEKTURNA HCT 300 MG-12.5 MG TABLET.....	19
REXULTI 2 MG TABLET.....	7	TRADJENTA 5 MG TABLET.....	10
REXULTI 3 MG TABLET.....	7	VERSACLOZ 50 MG/ML ORAL SUSPENSION.....	6
REXULTI 4 MG TABLET.....	7	VIBERZI 100 MG TABLET.....	12
ROCKLATAN 0.02 %-0.005 % EYE DROPS.....	18	VIBERZI 75 MG TABLET.....	12
SAPHRIS 10 MG SUBLINGUAL TABLET.....	6		
SAPHRIS 2.5 MG SUBLINGUAL TABLET.....	6		
SAPHRIS 5 MG SUBLINGUAL TABLET.....	6		



VRAYLAR 1.5 MG (1)-3 MG (6) 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 SOLUTION.....	9
XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL.....	15
XULTOPHY 100/3.6 100 UNIT-3.6 MG/ML (3 ML) SUBCUTANEOUS INSULIN PEN.....	14