



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# 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.

---



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# 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.



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

## ANTI-INFLAMMATORY AGENTS - GI

---

### Products Affected

#### Step 2:

- DIPENTUM 250 MG CAPSULE

### Details

<b>Criteria</b>	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
-----------------	--

Updated 11/25/2024  
Y0150\_PBM100\_C



# 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

<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.
-----------------	---



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# ARIPIPRAZOLE ODT

---

## Products Affected

### Step 2:

- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 15 mg disintegrating tablet*

## Details

<b>Criteria</b>	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

<b>Criteria</b>	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

---

<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.
-----------------	--



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# BREXPIRAZOLE

---

## 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>	CLAIM FOR 2 FORMULARY ORAL GENERIC VERSION: LURASIDONE, RISPERIDONE, OLANZAPINE, QUETIAPINE, ARIPRAZOLE, 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

<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
-----------------	--



# 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

<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.
-----------------	---



# 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

<b>Criteria</b>	PRIOR CLAIM FOR LURASIDONE AND ONE FORMULARY ORAL ANTIPSYCHOTIC: RISPERIDONE, CLOZAPINE TABLET, OLANZAPINE, IMMEDIATE RELEASE QUETIAPINE FUMARATE, ZIPRASIDONE, ARIPIPRAZOLE, ASENAPINE, PALIPERIDONE WITHIN THE PAST 365 DAYS.
-----------------	---



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# DEXTROMETHORPHAN HBR/BUPROPION

---

## Products Affected

### Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE

## 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
-----------------	--

Updated 11/25/2024  
Y0150\_PBM100\_C



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# DIHYDROERGOTAMINE MESYLATE

---

## Products Affected

### Step 2:

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

## Details

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

Updated 11/25/2024  
Y0150\_PBM100\_C



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

---



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# EPRONTIA

---

## Products Affected

### Step 2:

- EPRONTIA 25 MG/ML ORAL SOLUTION

## Details

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

Updated 11/25/2024  
Y0150\_PBM100\_C



# ESLICARBAZEPINE ACETATE

---

## Products Affected

### Step 2:

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

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





MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# FIBRATES

---

## Products Affected

### Step 2:

- *omega-3 acid ethyl esters 1 gram capsule*

## Details

---

<b>Criteria</b>	PRIOR CLAIM FOR GENERIC FENOFIBRATE IN THE LAST 120 DAY
-----------------	---

---

Updated 11/25/2024  
Y0150\_PBM100\_C



# 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

<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.
-----------------	---



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# KETOCONAZOLE TOPICAL

---

## Products Affected

### Step 2:

- *ketoconazole 2 % topical foam*

## Details

<b>Criteria</b>	PRIOR CLAIM OF FORMULARY VERSION KETOCONAZOLE CREAM IN THE PAST 120 DAYS
-----------------	--

Updated 11/25/2024  
Y0150\_PBM100\_C



# 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

<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
-----------------	--



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# LUMATEPERONE TOSYLATE

---

## Products Affected

### Step 2:

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

## 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
-----------------	---



# 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

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



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

## 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
-----------------	---

Updated 11/25/2024  
Y0150\_PBM100\_C



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

## OPHTHALMIC ALLERGY - NO OTC

---

### Products Affected

#### Step 2:

- *loteprednol etabonate 0.2 % eye drops,suspension*

### Details

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

Updated 11/25/2024  
Y0150\_ PBM100\_C





# 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

<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.
-----------------	--



# RUFINAMIDE

---

## Products Affected

### Step 2:

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

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



# 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

<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
-----------------	---



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# 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

---

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

---

Updated 11/25/2024  
Y0150\_ PBM100\_C



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# 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 IR CAPSULES WITHIN THE PAST 120 DAYS
-----------------	--



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

# TENOFOVIR ALAFENAMIDE

---

## Products Affected

### Step 2:

- VEMLIDY 25 MG TABLET

## Details

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

Updated 11/25/2024  
Y0150\_PBM100\_C



# XANOMELINE/TROSPIUM

---

## Products Affected

### Step 2:

- COBENFY 100 MG-20 MG CAPSULE
- COBENFY 125 MG-30 MG CAPSULE
- COBENFY 50 MG-20 MG CAPSULE
- COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG CAPSULES IN A DOSE PACK

## Details

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

## INDEX

APTIOM 200 MG TABLET ..... 16	CAPSULES IN A DOSE PACK ..... 31	esomeprazole magnesium dr 10 mg granules delayed release for susp ..... 4
APTIOM 400 MG TABLET ..... 16	cyclophosphamide 25 mg capsule..... 7	esomeprazole magnesium dr 20 mg granules delayed release for susp ..... 4
APTIOM 600 MG TABLET ..... 16	cyclophosphamide 25 mg tablet..... 7	esomeprazole magnesium dr 40 mg granules delayed release for susp ..... 4
APTIOM 800 MG TABLET ..... 16	cyclophosphamide 50 mg capsule..... 7	
aripiprazole 10 mg disintegrating tablet..... 5	cyclophosphamide 50 mg tablet..... 7	
aripiprazole 15 mg disintegrating tablet..... 5	dihydroergotamine 0.5 mg/pump act. (4 mg/ml) nasal spray..... 13	
AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE ..... 12	DIPENTUM 250 MG CAPSULE..... 3	FANAPT 1 MG TABLET ..... 18
CAPLYTA 10.5 MG CAPSULE..... 21	DRIZALMA SPRINKLE 20 MG CAPSULE,DELAYED RELEASE..... 14	FANAPT 10 MG TABLET ..... 18
CAPLYTA 21 MG CAPSULE..... 21	DRIZALMA SPRINKLE 30 MG CAPSULE,DELAYED RELEASE..... 14	FANAPT 12 MG TABLET ..... 18
CAPLYTA 42 MG CAPSULE..... 21	DRIZALMA SPRINKLE 40 MG CAPSULE,DELAYED RELEASE..... 14	FANAPT 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK ..... 18
clozapine 100 mg disintegrating tablet... 11	DRIZALMA SPRINKLE 60 MG CAPSULE,DELAYED RELEASE..... 14	FANAPT 2 MG TABLET ..... 18
clozapine 12.5 mg disintegrating tablet... 11	EMSAM 12 MG/24 HR TRANSDERMAL 24 HOUR PATCH ..... 27	FANAPT 4 MG TABLET ..... 18
clozapine 150 mg disintegrating tablet... 11	EMSAM 6 MG/24 HR TRANSDERMAL 24 HOUR PATCH ..... 27	FANAPT 6 MG TABLET ..... 18
clozapine 200 mg disintegrating tablet... 11	EMSAM 9 MG/24 HR TRANSDERMAL 24 HOUR PATCH ..... 27	FANAPT 8 MG TABLET ..... 18
clozapine 25 mg disintegrating tablet... 11	EPRONTIA 25 MG/ML ORAL SOLUTION... 15	febuxostat 40 mg tablet... 2
COBENFY 100 MG-20 MG CAPSULE ..... 31		febuxostat 80 mg tablet... 2
COBENFY 125 MG-30 MG CAPSULE ..... 31		FETZIMA 120 MG CAPSULE,EXTENDE D RELEASE..... 20
COBENFY 50 MG-20 MG CAPSULE..... 31		FETZIMA 20 MG (2)-40 MG (26) CAPSULE,EXTENDE D RELEASE,24 HR,DOSE PACK..... 20
COBENFY STARTER PACK 50 MG-20 MG/100 MG-20 MG		





FETZIMA 20 MG CAPSULE,EXTENDE D RELEASE..... 20	methotrexate sodium 2.5 mg tablet..... 7	TRANSDERMAL 24 HOUR PATCH..... 6
FETZIMA 40 MG CAPSULE,EXTENDE D RELEASE..... 20	omega-3 acid ethyl esters 1 gram capsule ..... 17	SECUADO 5.7 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH..... 6
FETZIMA 80 MG CAPSULE,EXTENDE D RELEASE..... 20	OSMOLEX ER 129 MG TABLET, EXTENDED RELEASE..... 1	SECUADO 7.6 MG/24 HOUR TRANSDERMAL 24 HOUR PATCH..... 6
FYCOMPA 0.5 MG/ML ORAL SUSPENSION ..... 25	OSMOLEX ER 193 MG TABLET, EXTENDED RELEASE..... 1	SPRITAM 1,000 MG TABLET FOR ORAL SUSPENSION ..... 28
FYCOMPA 10 MG TABLET ..... 25	OSMOLEX ER 258 MG TABLET, EXTENDED RELEASE..... 1	SPRITAM 250 MG TABLET FOR ORAL SUSPENSION ..... 28
FYCOMPA 12 MG TABLET ..... 25	OSMOLEX ER 322 MG/DAY (129 MG AND 193 MG) TABLET, EXTENDED RELEASE..... 1	SPRITAM 500 MG TABLET FOR ORAL SUSPENSION ..... 28
FYCOMPA 2 MG TABLET ..... 25	PROGRAF 0.2 MG ORAL GRANULES IN PACKET..... 29	SPRITAM 750 MG TABLET FOR ORAL SUSPENSION ..... 28
FYCOMPA 4 MG TABLET ..... 25	PROGRAF 1 MG ORAL GRANULES IN PACKET..... 29	VEMLIDY 25 MG TABLET ..... 30
FYCOMPA 6 MG TABLET ..... 25	REXULTI 0.25 MG TABLET ..... 8	VERSACLOZ 50 MG/ML ORAL SUSPENSION ..... 11
FYCOMPA 8 MG TABLET ..... 25	REXULTI 0.5 MG TABLET ..... 8	VRAYLAR 1.5 MG (1)-3 MG (6) CAPSULES IN A DOSE PACK..... 9
JYLAMVO 2 MG/ML ORAL SOLUTION..... 7	REXULTI 1 MG TABLET ..... 8	VRAYLAR 1.5 MG CAPSULE..... 9
ketoconazole 2 % topical foam ..... 19	REXULTI 2 MG TABLET ..... 8	VRAYLAR 3 MG CAPSULE..... 9
loteprednol etabonate 0.2 % eye drops,suspension ..... 24	REXULTI 3 MG TABLET ..... 8	VRAYLAR 4.5 MG CAPSULE..... 9
memantine 14 mg capsule sprinkle,extended release 24hr ..... 22	REXULTI 4 MG TABLET ..... 8	VRAYLAR 6 MG CAPSULE..... 9
memantine 21 mg capsule sprinkle,extended release 24hr ..... 22	rufinamide 200 mg tablet ..... 26	XATMEP 2.5 MG/ML ORAL SOLUTION..... 7
memantine 28 mg capsule sprinkle,extended release 24hr ..... 22	rufinamide 40 mg/ml oral suspension..... 26	XCOPRI 100 MG TABLET ..... 10
memantine 7 mg capsule sprinkle,extended release 24hr ..... 22	rufinamide 400 mg tablet ..... 26	XCOPRI 150 MG TABLET ..... 10
	SECUADO 3.8 MG/24 HOUR	



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

XCOPRI 200 MG  
TABLET ..... 10  
XCOPRI 25 MG TABLET  
..... 10  
XCOPRI 50 MG TABLET  
..... 10  
XCOPRI  
MAINTENANCE  
PACK 250MG/DAY  
(150 MG X 1 AND 100  
MG X 1) TABLETS . 10

XCOPRI  
MAINTENANCE  
PACK 350 MG/DAY  
(200 MG X 1 AND 150  
MG X 1) TABLETS . 10  
XCOPRI TITRATION  
PACK 12.5 MG (14)-25  
MG (14) TABLETS IN  
A DOSE PACK..... 10  
XCOPRI TITRATION  
PACK 150 MG (14)-

200 MG (14) TABLETS  
IN A DOSE PACK ... 10  
XCOPRI TITRATION  
PACK 50 MG (14)-100  
MG (14) TABLETS IN  
A DOSE PACK..... 10  
XHANCE 93  
MCG/ACTUATION  
BREATH ACTIVATED  
AEROSOL ..... 23