

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP ASSURANCE

Products Affected

Step 1:

- *bupropion hcl 100 mg tablet*
- *bupropion hcl 150 mg tablet, 12 hr sustained-release (smoking deterrent)*
- *bupropion hcl 75 mg tablet*
- *bupropion hcl sr 100 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 150 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 200 mg tablet, 12 hr sustained-release*
- *bupropion hcl xl 150 mg 24 hr tablet, extended release*
- *bupropion hcl xl 300 mg 24 hr tablet, extended release*
- *citalopram 10 mg tablet*
- *citalopram 10 mg/5 ml oral solution*
- *citalopram 20 mg tablet*
- *citalopram 40 mg tablet*
- *duloxetine 20 mg capsule, delayed release*
- *duloxetine 30 mg capsule, delayed release*
- *duloxetine 60 mg capsule, delayed release*
- *escitalopram 10 mg tablet*
- *escitalopram 20 mg tablet*
- *escitalopram 5 mg tablet*
- *escitalopram 5 mg/5 ml oral solution*
- *fluoxetine 10 mg capsule*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *mirtazapine 15 mg disintegrating tablet*
- *mirtazapine 15 mg tablet*
- *mirtazapine 30 mg disintegrating tablet*
- *mirtazapine 30 mg tablet*
- *mirtazapine 45 mg disintegrating tablet*
- *mirtazapine 45 mg tablet*
- *mirtazapine 7.5 mg tablet*
- *paroxetine 10 mg tablet*
- *paroxetine 10 mg/5 ml oral suspension*
- *paroxetine 20 mg tablet*
- *paroxetine 30 mg tablet*
- *paroxetine 40 mg tablet*
- *sertraline 100 mg tablet*
- *sertraline 20 mg/ml oral concentrate*
- *sertraline 25 mg tablet*
- *sertraline 50 mg tablet*
- *trazodone 100 mg tablet*
- *trazodone 150 mg tablet*
- *trazodone 300 mg tablet*
- *trazodone 50 mg tablet*
- *venlafaxine 100 mg tablet*
- *venlafaxine 25 mg tablet*
- *venlafaxine 37.5 mg tablet*
- *venlafaxine 50 mg tablet*
- *venlafaxine 75 mg tablet*
- *venlafaxine er 150 mg capsule, extended release 24 hr*
- *venlafaxine er 37.5 mg capsule, extended release 24 hr*
- *venlafaxine er 75 mg capsule, extended release 24 hr*

Step 2:

- AUVELITY 45 MG-105 MG TABLET, EXTENDED RELEASE
- 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	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone, and venlafaxine. Step-2 Drugs: Auvelity and Fetzima. The member must have tried a 30-day supply or more of at least two Step-1 drugs within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Patients who are currently taking or who have taken a Step-2 drug at any time in the past and discontinued their use will receive authorization without trials of Step-1 drugs. For patients with suicidal ideation, Step-1 drugs do not need to be tried.
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COBENFY

Products Affected

Step 1:

- *aripiprazole 1 mg/ml oral solution*
- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 10 mg tablet*
- *aripiprazole 15 mg disintegrating tablet*
- *aripiprazole 15 mg tablet*
- *aripiprazole 2 mg tablet*
- *aripiprazole 20 mg tablet*
- *aripiprazole 30 mg tablet*
- *aripiprazole 5 mg tablet*
- *asenapine 10 mg sublingual tablet*
- *asenapine 2.5 mg sublingual tablet*
- *asenapine 5 mg sublingual tablet*
- *lurasidone 120 mg tablet*
- *lurasidone 20 mg tablet*
- *lurasidone 40 mg tablet*
- *lurasidone 60 mg tablet*
- *lurasidone 80 mg tablet*
- *olanzapine 10 mg disintegrating tablet*
- *olanzapine 10 mg tablet*
- *olanzapine 15 mg disintegrating tablet*
- *olanzapine 15 mg tablet*
- *olanzapine 2.5 mg tablet*
- *olanzapine 20 mg disintegrating tablet*
- *olanzapine 20 mg tablet*
- *olanzapine 5 mg disintegrating tablet*
- *olanzapine 5 mg tablet*
- *olanzapine 7.5 mg tablet*
- *paliperidone er 1.5 mg tablet, extended release 24 hr*
- *paliperidone er 3 mg tablet, extended release 24 hr*
- *paliperidone er 6 mg tablet, extended release 24 hr*
- *paliperidone er 9 mg tablet, extended release 24 hr*
- *quetiapine 100 mg tablet*
- **QUETIAPINE 150 MG TABLET**
- *quetiapine 200 mg tablet*
- *quetiapine 25 mg tablet*
- *quetiapine 300 mg tablet*
- *quetiapine 400 mg tablet*
- *quetiapine 50 mg tablet*
- *risperidone 0.25 mg disintegrating tablet*
- *risperidone 0.25 mg tablet*
- *risperidone 0.5 mg disintegrating tablet*
- *risperidone 0.5 mg tablet*
- *risperidone 1 mg disintegrating tablet*
- *risperidone 1 mg tablet*
- *risperidone 1 mg/ml oral solution*
- *risperidone 2 mg disintegrating tablet*
- *risperidone 2 mg tablet*
- *risperidone 3 mg disintegrating tablet*
- *risperidone 3 mg tablet*
- *risperidone 4 mg disintegrating tablet*
- *risperidone 4 mg tablet*
- *ziprasidone 20 mg capsule*
- *ziprasidone 40 mg capsule*
- *ziprasidone 60 mg capsule*
- *ziprasidone 80 mg capsule*

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

Criteria	Step-1 Drugs: aripiprazole, asenapine, lurasidone, olanzapine, paliperidone ER, quetiapine, risperidone, and ziprasidone. Step-2 Drugs: Cobenfy. The member must have tried a 30-day supply or more of one Step-1 drug within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. Patients who are currently taking or who have taken a Step-2 drug at any time in the past and discontinued their use will receive authorization without trials of Step-1 drugs.
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KLISYRI PDP ASSURANCE

Products Affected

Step 1:

- *fluorouracil 2 % topical solution*
- *fluorouracil 5 % topical cream*
- *fluorouracil 5 % topical solution*
- *imiquimod 5 % topical cream packet*

Step 2:

- KLISYRI 1 % (250 MG) TOPICAL OINTMENT IN PACKET
- KLISYRI 1 % (350 MG) TOPICAL OINTMENT IN PACKET

Details

Criteria	Step-1 Drugs: imiquimod 5% cream, fluorouracil 5% solution, fluorouracil 2% solution, and fluorouracil 5% cream. Step-2 Drug: Klisyri. The member must have tried a 14-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
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OPIPZA

Products Affected

Step 1:

- *aripiprazole 1 mg/ml oral solution*
- *aripiprazole 10 mg disintegrating tablet*
- *aripiprazole 10 mg tablet*
- *aripiprazole 15 mg disintegrating tablet*
- *aripiprazole 15 mg tablet*
- *aripiprazole 2 mg tablet*
- *aripiprazole 20 mg tablet*
- *aripiprazole 30 mg tablet*
- *aripiprazole 5 mg tablet*
- *asenapine 10 mg sublingual tablet*
- *asenapine 2.5 mg sublingual tablet*
- *asenapine 5 mg sublingual tablet*
- *lurasidone 120 mg tablet*
- *lurasidone 20 mg tablet*
- *lurasidone 40 mg tablet*
- *lurasidone 60 mg tablet*
- *lurasidone 80 mg tablet*
- *olanzapine 10 mg disintegrating tablet*
- *olanzapine 10 mg tablet*
- *olanzapine 15 mg disintegrating tablet*
- *olanzapine 15 mg tablet*
- *olanzapine 2.5 mg tablet*
- *olanzapine 20 mg disintegrating tablet*
- *olanzapine 20 mg tablet*
- *olanzapine 5 mg disintegrating tablet*
- *olanzapine 5 mg tablet*
- *olanzapine 7.5 mg tablet*
- *paliperidone er 1.5 mg tablet, extended release 24 hr*
- *paliperidone er 3 mg tablet, extended release 24 hr*
- *paliperidone er 6 mg tablet, extended release 24 hr*
- *paliperidone er 9 mg tablet, extended release 24 hr*
- *quetiapine 100 mg tablet*
- **QUETIAPINE 150 MG TABLET**
- *quetiapine 200 mg tablet*
- *quetiapine 25 mg tablet*
- *quetiapine 300 mg tablet*
- *quetiapine 400 mg tablet*
- *quetiapine 50 mg tablet*
- *risperidone 0.25 mg disintegrating tablet*
- *risperidone 0.25 mg tablet*
- *risperidone 0.5 mg disintegrating tablet*
- *risperidone 0.5 mg tablet*
- *risperidone 1 mg disintegrating tablet*
- *risperidone 1 mg tablet*
- *risperidone 1 mg/ml oral solution*
- *risperidone 2 mg disintegrating tablet*
- *risperidone 2 mg tablet*
- *risperidone 3 mg disintegrating tablet*
- *risperidone 3 mg tablet*
- *risperidone 4 mg disintegrating tablet*
- *risperidone 4 mg tablet*
- *ziprasidone 20 mg capsule*
- *ziprasidone 40 mg capsule*
- *ziprasidone 60 mg capsule*
- *ziprasidone 80 mg capsule*

Step 2:

- **OPIPZA 10 MG ORAL FILM**
- **OPIPZA 2 MG ORAL FILM**
- **OPIPZA 5 MG ORAL FILM**

Details

Criteria	Step 1 Drugs: aripiprazole, asenapine, lurasidone, olanzapine, paliperidone ER, quetiapine, risperidone, and ziprasidone. Step-2 Drugs: Opipza. The member must have tried a 30-day supply or more of one Step-1 drug within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. Patients who are currently taking or who have taken a Step-2 drug at any time in the past and discontinued their use will receive authorization without trials of Step-1 drugs.
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RYALTRIS PDP ASSURANCE

Products Affected

Step 1:

- FLUTICASONE PROPIONATE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION

Step 2:

- RYALTRIS 665 MCG-25 MCG/SPRAY NASAL SPRAY

Details

Criteria	Step-1 Drug: fluticasone propionate nasal spray. Step-2 Drug: Ryaltris. The member must have tried a 14-day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
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RYTARY PDP ASSURANCE

Products Affected

Step 1:

- *carbidopa 10 mg-levodopa 100 mg disintegrating tablet*
- *carbidopa 10 mg-levodopa 100 mg tablet*
- *carbidopa 25 mg-levodopa 100 mg disintegrating tablet*
- *carbidopa 25 mg-levodopa 100 mg tablet*
- *carbidopa 25 mg-levodopa 250 mg disintegrating tablet*
- *carbidopa 25 mg-levodopa 250 mg tablet*
- *carbidopa er 25 mg-levodopa 100 mg tablet, extended release*
- *carbidopa er 50 mg-levodopa 200 mg tablet, extended release*

Step 2:

- RYTARY 23.75 MG-95 MG CAPSULE, EXTENDED RELEASE
- RYTARY 36.25 MG-145 MG CAPSULE, EXTENDED RELEASE
- RYTARY 48.75 MG-195 MG CAPSULE, EXTENDED RELEASE
- RYTARY 61.25 MG-245 MG CAPSULE, EXTENDED RELEASE

Details

Criteria	Step-1 Drugs: carbidopa/levodopa, carbidopa/levodopa ER, and carbidopa/levodopa ODT. Step-2 Drug: Rytary. The member must have tried a 30-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
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SPIRIVA RESPIMAT

Products Affected

Step 1:

- ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION
- INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION

Step 2:

- SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION
- SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION

Details

Criteria	Step-1 Drug: Anoro Ellipta and Incruse Ellipta. Step-2 Drug: Spiriva Respimat. The member must have tried a 30-day supply or more of both Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met. For patients with asthma, Step-1 drugs do not need to be tried.
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TRINTELLIX PDP ASSURANCE

Products Affected

Step 1:

- *bupropion hcl 100 mg tablet*
- *bupropion hcl 150 mg tablet, 12 hr sustained-release (smoking deterrent)*
- *bupropion hcl 75 mg tablet*
- *bupropion hcl sr 100 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 150 mg tablet, 12 hr sustained-release*
- *bupropion hcl sr 200 mg tablet, 12 hr sustained-release*
- *bupropion hcl xl 150 mg 24 hr tablet, extended release*
- *bupropion hcl xl 300 mg 24 hr tablet, extended release*
- *citalopram 10 mg tablet*
- *citalopram 10 mg/5 ml oral solution*
- *citalopram 20 mg tablet*
- *citalopram 40 mg tablet*
- *duloxetine 20 mg capsule, delayed release*
- *duloxetine 30 mg capsule, delayed release*
- *duloxetine 60 mg capsule, delayed release*
- *escitalopram 10 mg tablet*
- *escitalopram 20 mg tablet*
- *escitalopram 5 mg tablet*
- *escitalopram 5 mg/5 ml oral solution*
- *fluoxetine 10 mg capsule*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *mirtazapine 15 mg disintegrating tablet*
- *mirtazapine 15 mg tablet*
- *mirtazapine 30 mg disintegrating tablet*
- *mirtazapine 30 mg tablet*
- *mirtazapine 45 mg disintegrating tablet*
- *mirtazapine 45 mg tablet*
- *mirtazapine 7.5 mg tablet*
- *paroxetine 10 mg tablet*
- *paroxetine 10 mg/5 ml oral suspension*
- *paroxetine 20 mg tablet*
- *paroxetine 30 mg tablet*
- *paroxetine 40 mg tablet*
- *sertraline 100 mg tablet*
- *sertraline 20 mg/ml oral concentrate*
- *sertraline 25 mg tablet*
- *sertraline 50 mg tablet*
- *trazodone 100 mg tablet*
- *trazodone 150 mg tablet*
- *trazodone 300 mg tablet*
- *trazodone 50 mg tablet*
- *venlafaxine 100 mg tablet*
- *venlafaxine 25 mg tablet*
- *venlafaxine 37.5 mg tablet*
- *venlafaxine 50 mg tablet*
- *venlafaxine 75 mg tablet*
- *venlafaxine er 150 mg capsule, extended release 24 hr*
- *venlafaxine er 37.5 mg capsule, extended release 24 hr*
- *venlafaxine er 75 mg capsule, extended release 24 hr*
- *vilazodone 10 mg tablet*
- *vilazodone 20 mg tablet*
- *vilazodone 40 mg tablet*

Step 2:

- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET

Details

Criteria	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone, venlafaxine, and vilazodone. Step-2 Drugs: Trintellix. The member must have tried a 30-day supply or more of one Step-1 drug within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. Patients who are currently taking or who have taken a Step-2 drug at any time in the past and discontinued their use will receive authorization without trials of Step-1 drugs. For patients with suicidal ideation, Step-1 drugs do not need to be tried.
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Index

A

ANORO ELLIPTA 62.5 MCG-25
MCG/ACTUATION POWDER FOR
INHALATION..... 10
aripiprazole 1 mg/ml oral solution.. 3, 4, 6, 7
aripiprazole 10 mg disintegrating tablet 3, 4,
6, 7
aripiprazole 10 mg tablet 3, 4, 6, 7
aripiprazole 15 mg disintegrating tablet 3, 4,
6, 7
aripiprazole 15 mg tablet 3, 4, 6, 7
aripiprazole 2 mg tablet 3, 4, 6, 7
aripiprazole 20 mg tablet 3, 4, 6, 7
aripiprazole 30 mg tablet 3, 4, 6, 7
aripiprazole 5 mg tablet 3, 4, 6, 7
asenapine 10 mg sublingual tablet.. 3, 4, 6, 7
asenapine 2.5 mg sublingual tablet. 3, 4, 6, 7
asenapine 5 mg sublingual tablet.... 3, 4, 6, 7
AUVELITY 45 MG-105 MG TABLET,
EXTENDED RELEASE..... 1, 2

B

bupropion hcl 100 mg tablet 1, 2, 11, 12
bupropion hcl 150 mg tablet,12 hr sustained-
release(smoking deterrent)..... 1, 2, 11, 12
bupropion hcl 75 mg tablet 1, 2, 11, 12
bupropion hcl sr 100 mg tablet,12 hr
sustained-release 1, 2, 11, 12
bupropion hcl sr 150 mg tablet,12 hr
sustained-release 1, 2, 11, 12
bupropion hcl sr 200 mg tablet,12 hr
sustained-release 1, 2, 11, 12
bupropion hcl xl 150 mg 24 hr tablet,
extended release 1, 2, 11, 12
bupropion hcl xl 300 mg 24 hr tablet,
extended release 1, 2, 11, 12

C

carbidopa 10 mg-levodopa 100 mg
disintegrating tablet..... 9
carbidopa 10 mg-levodopa 100 mg tablet... 9
carbidopa 25 mg-levodopa 100 mg
disintegrating tablet..... 9
carbidopa 25 mg-levodopa 100 mg tablet... 9
carbidopa 25 mg-levodopa 250 mg
disintegrating tablet..... 9

carbidopa 25 mg-levodopa 250 mg tablet... 9
carbidopa er 25 mg-levodopa 100 mg
tablet,extended release 9
carbidopa er 50 mg-levodopa 200 mg
tablet,extended release 9
citalopram 10 mg tablet 1, 2, 11, 12
citalopram 10 mg/5 ml oral solution 1, 2, 11,
12
citalopram 20 mg tablet 1, 2, 11, 12
citalopram 40 mg tablet 1, 2, 11, 12
COBENFY 100 MG-20 MG CAPSULE 3, 4
COBENFY 125 MG-30 MG CAPSULE 3, 4
COBENFY 50 MG-20 MG CAPSULE.. 3, 4
COBENFY STARTER PACK 50 MG-20
MG/100 MG-20 MG CAPSULES IN A
DOSE PACK 3, 4

D

duloxetine 20 mg capsule,delayed release . 1,
2, 11, 12
duloxetine 30 mg capsule,delayed release . 1,
2, 11, 12
duloxetine 60 mg capsule,delayed release . 1,
2, 11, 12

E

escitalopram 10 mg tablet 1, 2, 11, 12
escitalopram 20 mg tablet 1, 2, 11, 12
escitalopram 5 mg tablet 1, 2, 11, 12
escitalopram 5 mg/5 ml oral solution1, 2, 11,
12

F

FETZIMA 120 MG
CAPSULE,EXTENDED RELEASE.. 1, 2
FETZIMA 20 MG (2)-40 MG (26)
CAPSULE,EXTENDED RELEASE,24
HR,DOSE PACK..... 1, 2
FETZIMA 20 MG CAPSULE,EXTENDED
RELEASE 2
FETZIMA 40 MG CAPSULE,EXTENDED
RELEASE 2
FETZIMA 80 MG CAPSULE,EXTENDED
RELEASE 2
fluorouracil 2 % topical solution..... 5
fluorouracil 5 % topical cream..... 5
fluorouracil 5 % topical solution..... 5

fluoxetine 10 mg capsule 1, 2, 11, 12
 fluoxetine 20 mg capsule 1, 2, 11, 12
 fluoxetine 20 mg/5 ml (4 mg/ml) oral
 solution..... 1, 2, 11, 12
 fluoxetine 40 mg capsule 1, 2, 11, 12
FLUTICASONE PROPIONATE 50
 MCG/ACTUATION NASAL
 SPRAY,SUSPENSION 8
 fluvoxamine 100 mg tablet 1, 2, 11, 12
 fluvoxamine 25 mg tablet 1, 2, 11, 12
 fluvoxamine 50 mg tablet 1, 2, 11, 12
I
 imiquimod 5 % topical cream packet..... 5
INCRUSE ELLIPTA 62.5
 MCG/ACTUATION POWDER FOR
 INHALATION..... 10
K
 KLISYRI 1 % (250 MG) TOPICAL
 OINTMENT IN PACKET 5
 KLISYRI 1 % (350 MG) TOPICAL
 OINTMENT IN PACKET 5
L
 lurasidone 120 mg tablet..... 3, 4, 6, 7
 lurasidone 20 mg tablet..... 3, 4, 6, 7
 lurasidone 40 mg tablet..... 3, 4, 6, 7
 lurasidone 60 mg tablet..... 3, 4, 6, 7
 lurasidone 80 mg tablet..... 3, 4, 6, 7
M
 mirtazapine 15 mg disintegrating tablet. 1, 2,
 11, 12
 mirtazapine 15 mg tablet..... 1, 2, 11, 12
 mirtazapine 30 mg disintegrating tablet. 1, 2,
 11, 12
 mirtazapine 30 mg tablet..... 1, 2, 11, 12
 mirtazapine 45 mg disintegrating tablet. 1, 2,
 11, 12
 mirtazapine 45 mg tablet..... 1, 2, 11, 12
 mirtazapine 7.5 mg tablet..... 1, 2, 11, 12
O
 olanzapine 10 mg disintegrating tablet .. 3, 4,
 6, 7
 olanzapine 10 mg tablet 3, 4, 6, 7
 olanzapine 15 mg disintegrating tablet .. 3, 4,
 6, 7
 olanzapine 15 mg tablet 3, 4, 6, 7
 olanzapine 2.5 mg tablet 3, 4, 6, 7

olanzapine 20 mg disintegrating tablet .. 3, 4,
 6, 7
 olanzapine 20 mg tablet 3, 4, 6, 7
 olanzapine 5 mg disintegrating tablet 3, 4, 6,
 7
 olanzapine 5 mg tablet 3, 4, 6, 7
 olanzapine 7.5 mg tablet 3, 4, 6, 7
OPIPZA 10 MG ORAL FILM..... 6, 7
OPIPZA 2 MG ORAL FILM..... 6, 7
OPIPZA 5 MG ORAL FILM..... 6, 7
P
 paliperidone er 1.5 mg tablet,extended
 release 24 hr 3, 4, 6, 7
 paliperidone er 3 mg tablet,extended release
 24 hr 3, 4, 6, 7
 paliperidone er 6 mg tablet,extended release
 24 hr 3, 4, 6, 7
 paliperidone er 9 mg tablet,extended release
 24 hr 3, 4, 6, 7
 paroxetine 10 mg tablet..... 1, 2, 11, 12
 paroxetine 10 mg/5 ml oral suspension . 1, 2,
 11, 12
 paroxetine 20 mg tablet..... 1, 2, 11, 12
 paroxetine 30 mg tablet..... 1, 2, 11, 12
 paroxetine 40 mg tablet..... 1, 2, 11, 12
Q
 quetiapine 100 mg tablet..... 3, 4, 6, 7
QUETIAPINE 150 MG TABLET.. 3, 4, 6, 7
 quetiapine 200 mg tablet..... 3, 4, 6, 7
 quetiapine 25 mg tablet..... 3, 4, 6, 7
 quetiapine 300 mg tablet..... 3, 4, 6, 7
 quetiapine 400 mg tablet..... 3, 4, 6, 7
 quetiapine 50 mg tablet..... 3, 4, 6, 7
R
 risperidone 0.25 mg disintegrating tablet3, 4,
 6, 7
 risperidone 0.25 mg tablet..... 3, 4, 6, 7
 risperidone 0.5 mg disintegrating tablet. 3, 4,
 6, 7
 risperidone 0.5 mg tablet..... 3, 4, 6, 7
 risperidone 1 mg disintegrating tablet 3, 4, 6,
 7
 risperidone 1 mg tablet..... 3, 4, 6, 7
 risperidone 1 mg/ml oral solution... 3, 4, 6, 7
 risperidone 2 mg disintegrating tablet 3, 4, 6,
 7

risperidone 2 mg tablet..... 3, 4, 6, 7
 risperidone 3 mg disintegrating tablet 3, 4, 6,
 7
 risperidone 3 mg tablet..... 3, 4, 6, 7
 risperidone 4 mg disintegrating tablet 3, 4, 6,
 7
 risperidone 4 mg tablet..... 3, 4, 6, 7
 RYALTRIS 665 MCG-25 MCG/SPRAY
 NASAL SPRAY 8
 RYTARY 23.75 MG-95 MG
 CAPSULE,EXTENDED RELEASE..... 9
 RYTARY 36.25 MG-145 MG
 CAPSULE,EXTENDED RELEASE..... 9
 RYTARY 48.75 MG-195 MG
 CAPSULE,EXTENDED RELEASE..... 9
 RYTARY 61.25 MG-245 MG
 CAPSULE,EXTENDED RELEASE..... 9
S
 sertraline 100 mg tablet..... 1, 2, 11, 12
 sertraline 20 mg/ml oral concentrate 1, 2, 11,
 12
 sertraline 25 mg tablet..... 1, 2, 11, 12
 sertraline 50 mg tablet..... 1, 2, 11, 12
 SPIRIVA RESPIMAT 1.25
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 10
 SPIRIVA RESPIMAT 2.5
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 10

T

trazodone 100 mg tablet..... 1, 2, 11, 12
 trazodone 150 mg tablet..... 1, 2, 11, 12
 trazodone 300 mg tablet..... 1, 2, 11, 12
 trazodone 50 mg tablet..... 1, 2, 11, 12
 TRINTELLIX 10 MG TABLET 11, 12
 TRINTELLIX 20 MG TABLET 11, 12
 TRINTELLIX 5 MG TABLET 11, 12

V

venlafaxine 100 mg tablet..... 1, 2, 11, 12
 venlafaxine 25 mg tablet..... 1, 2, 11, 12
 venlafaxine 37.5 mg tablet..... 1, 2, 11, 12
 venlafaxine 50 mg tablet..... 1, 2, 11, 12
 venlafaxine 75 mg tablet..... 1, 2, 11, 12
 venlafaxine er 150 mg capsule,extended
 release 24 hr 1, 2, 11, 12
 venlafaxine er 37.5 mg capsule,extended
 release 24 hr 1, 2, 11, 12
 venlafaxine er 75 mg capsule,extended
 release 24 hr 1, 2, 11, 12
 vilazodone 10 mg tablet..... 11, 12
 vilazodone 20 mg tablet..... 11, 12
 vilazodone 40 mg tablet..... 11, 12

Z

ziprasidone 20 mg capsule 3, 4, 6, 7
 ziprasidone 40 mg capsule 3, 4, 6, 7
 ziprasidone 60 mg capsule 3, 4, 6, 7
 ziprasidone 80 mg capsule 3, 4, 6, 7