

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS EGWP ENHANCED

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 40 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 (pmd) 10 mg tablet*
- *fluoxetine (pmd) 20 mg tablet*
- *fluoxetine 10 mg capsule*
- *fluoxetine 10 mg tablet*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg tablet*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluoxetine 60 mg tablet*
- *fluoxetine 90 mg capsule, delayed release*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *fluvoxamine er 100 mg capsule, extended release 24 hr*
- *fluvoxamine er 150 mg capsule, extended release 24 hr*
- *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*
- *paroxetine er 12.5 mg tablet, extended release 24 hr*
- *paroxetine er 25 mg tablet, extended release 24 hr*
- *paroxetine er 37.5 mg tablet, extended release 24 hr*
- *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 150 mg tablet,extended release 24 hr*
- *venlafaxine er 225 mg tablet,extended release 24 hr*
- *venlafaxine er 37.5 mg capsule,extended release 24 hr*
- *venlafaxine er 37.5 mg tablet,extended release 24 hr*
- *venlafaxine er 75 mg capsule,extended release 24 hr*
- *venlafaxine er 75 mg tablet,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 tablets, 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.
-----------------	--

ANTI-INFLAMMATORY/BETA AGONIST COMBINATIONS EGWP ENHANCED

Products Affected

Step 1:

- ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER
- ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER
- ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER
- BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION
- BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION
- BREO ELLIPTA 50 MCG-25 MCG/DOSE POWDER FOR INHALATION
- *breyndra 160 mcg-4.5 mcg/actuation hfa aerosol inhaler*
- *breyndra 80 mcg-4.5 mcg/actuation hfa aerosol inhaler*
- *fluticasone 100 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation*
- *fluticasone 250 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation*
- *fluticasone 500 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation*
- FLUTICASONE PROPIONATE 115 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER
- FLUTICASONE PROPIONATE 230 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER
- FLUTICASONE PROPIONATE 45 MCG-SALMETEROL 21 MCG/ACTUATION HFA INHALER
- *wixela inhub 100 mcg-50 mcg/dose powder for inhalation*
- *wixela inhub 250 mcg-50 mcg/dose powder for inhalation*
- *wixela inhub 500 mcg-50 mcg/dose powder for inhalation*

Step 2:

- ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION
- ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION
- ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION
- DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER

Details

Criteria	Step-1 Drug: Breo Ellipta, Advair HFA, Wixela Inhub, and fluticasone/salmeterol. Step-2 Drugs: Advair Diskus and Dulera. 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 180 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.
-----------------	--

ASTHMA EGWP ENHANCED

Products Affected

Step 1:

- ARNUITY ELLIPTA 100
MCG/ACTUATION POWDER FOR INHALATION
- ARNUITY ELLIPTA 200
MCG/ACTUATION POWDER FOR INHALATION
- ARNUITY ELLIPTA 50
MCG/ACTUATION POWDER FOR INHALATION
- FLUTICASONE PROPIONATE 100
MCG/ACTUATION BLISTER POWDER FOR INHALATION
- FLUTICASONE PROPIONATE 110
MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 220
MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 250
MCG/ACTUATION BLISTER POWDER FOR INHALATION
- FLUTICASONE PROPIONATE 44
MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 50
MCG/ACTUATION BLISTER POWDER FOR INHALATION

Step 2:

- PULMICORT FLEXHALER 180
MCG/ACTUATION BREATH ACTIVATED
- PULMICORT FLEXHALER 90
MCG/ACTUATION BREATH ACTIVATED
- QVAR REDHALER 40
MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDHALER 80
MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

Details

Criteria	Step-1 Drugs: Arnuity Ellipta, fluticasone propionate diskus, and fluticasone propionate HFA. Step-2 Drugs: Pulmicort Flexhaler and Qvar. 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 drugs are not covered unless the above step therapy criteria are met.
-----------------	--

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*
- *quetiapine er 150 mg tablet, extended release 24 hr*
- *quetiapine er 200 mg tablet, extended release 24 hr*
- *quetiapine er 300 mg tablet, extended release 24 hr*
- *quetiapine er 400 mg tablet, extended release 24 hr*
- *quetiapine er 50 mg tablet, extended release 24 hr*
- *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.
-----------------	--

CRESTOR EGWP ENHANCED

Products Affected

Step 1:

- *atorvastatin 10 mg tablet*
- *atorvastatin 20 mg tablet*
- *atorvastatin 40 mg tablet*
- *atorvastatin 80 mg tablet*
- *fluvastatin 20 mg capsule*
- *fluvastatin 40 mg capsule*
- *fluvastatin er 80 mg tablet, extended release 24 hr*
- *lovastatin 10 mg tablet*
- *lovastatin 20 mg tablet*
- *lovastatin 40 mg tablet*
- *pitavastatin calcium 1 mg tablet*
- *pitavastatin calcium 2 mg tablet*
- *pitavastatin calcium 4 mg tablet*
- *pravastatin 10 mg tablet*
- *pravastatin 20 mg tablet*
- *pravastatin 40 mg tablet*
- *pravastatin 80 mg tablet*
- *rosuvastatin 10 mg tablet*
- *rosuvastatin 20 mg tablet*
- *rosuvastatin 40 mg tablet*
- *rosuvastatin 5 mg tablet*
- *simvastatin 10 mg tablet*
- *simvastatin 20 mg tablet*
- *simvastatin 40 mg tablet*
- *simvastatin 5 mg tablet*
- *simvastatin 80 mg tablet*

Step 2:

- CRESTOR 10 MG TABLET
- CRESTOR 20 MG TABLET
- CRESTOR 40 MG TABLET
- CRESTOR 5 MG TABLET

Details

Criteria	Step-1 Drugs: generic formulary statins. Step-2 Drug: Crestor. 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 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.
-----------------	--

INHALED LAMA/LABA COMBO PRODUCTS EGWP ENHANCED

Products Affected

Step 1:

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

Step 2:

- STIOLTO RESPIMAT 2.5 MCG-2.5
MCG/ACTUATION SOLUTION FOR
INHALATION

Details

Criteria	Step-1 Drug: Anoro Ellipta. Step-2 Drug: Stiolto. 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 180 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.
----------	---

INVOKAMET EGWP ENHANCED

Products Affected

Step 1:

- 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
- XIGDUO XR 10 MG-1,000 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 10 MG-500 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE
- XIGDUO XR 5 MG-500 MG TABLET,EXTENDED RELEASE

Step 2:

- 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

Details

Criteria	Step-1 Drugs: Xigduo. Step-2 Drug: Invokamet. 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 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.
-----------------	---

INVOKANA EGWP ENHANCED

Products Affected

Step 1:

- FARXIGA 10 MG TABLET
- FARXIGA 5 MG TABLET
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET

Step 2:

- INVOKANA 100 MG TABLET
- INVOKANA 300 MG TABLET

Details

Criteria	Step-1 Drugs: Jardiance and Farxiga. Step-2 Drug: Invokana. 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.
----------	---

KLISYRI EGWP ENHANCED

Products Affected

Step 1:

- FLUOROURACIL 0.5 % TOPICAL CREAM
- *fluorouracil 2 % topical solution*
- *fluorouracil 5 % topical cream*
- *fluorouracil 5 % topical solution*
- *imiquimod 3.75 % topical cream in a pump*
- *imiquimod 3.75 % topical cream packet*
- *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, imiquimod 3.75% cream, fluorouracil 5% solution, fluorouracil 2% solution, fluorouracil 5% cream, fluorouracil 0.5% 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.
----------	---

METFORMIN ER (GENERIC FOR GLUMETZA) EGWP ENHANCED

Products Affected

Step 1:

- *metformin er 1,000 mg tablet, extended release 24hr (osmotic)*
- *metformin er 500 mg tablet, extended release 24 hr*
- *metformin er 500 mg tablet, extended release 24hr (osmotic)*
- *metformin er 750 mg tablet, extended release 24 hr*

Step 2:

- *metformin er 1,000 mg 24 hr tablet, extended release (gastric reten.)*
- *metformin er 500 mg 24 hr tablet, extended release (gastric retention)*

Details

Criteria	Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg, 1000mg osmotic tablets (generic Fortamet). Step-2 Drugs: Metformin ER 500mg and 1000mg gastric release tablets (generic Glumetza). The member must have tried a 30-day supply or more of both generic Glucophage XR AND generic Fortamet within the previous 180 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.
-----------------	---

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*
- *quetiapine er 150 mg tablet, extended release 24 hr*
- *quetiapine er 200 mg tablet, extended release 24 hr*
- *quetiapine er 300 mg tablet, extended release 24 hr*
- *quetiapine er 400 mg tablet, extended release 24 hr*
- *quetiapine er 50 mg tablet, extended release 24 hr*
- *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.
-----------------	---

RYALTRIS EGWP ENHANCED

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

RYTARY EGWP ENHANCED

Products Affected

Step 1:

- *carbidopa 10 mg-levodopa 100 mg disintegrating tablet*
- *carbidopa 10 mg-levodopa 100 mg tablet*
- *carbidopa 12.5 mg-levodopa 50 mg-entacapone 200 mg tablet*
- *carbidopa 18.75 mg-levodopa 75 mg-entacapone 200 mg tablet*
- *carbidopa 25 mg-levodopa 100 mg disintegrating tablet*
- *carbidopa 25 mg-levodopa 100 mg tablet*
- *carbidopa 25 mg-levodopa 100 mg-entacapone 200 mg tablet*
- *carbidopa 25 mg-levodopa 250 mg disintegrating tablet*
- *carbidopa 25 mg-levodopa 250 mg tablet*
- *carbidopa 31.25 mg-levodopa 125 mg-entacapone 200 mg tablet*
- *carbidopa 37.5 mg-levodopa 150 mg-entacapone 200 mg tablet*
- *carbidopa 50 mg-levodopa 200 mg-entacapone 200 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, carbidopa/levodopa ODT, and carbidopa/levodopa/entacapone. 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.
-----------------	---

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

TRINTELLIX EGWP ENHANCED

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 40 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 (pmd) 10 mg tablet*
- *fluoxetine (pmd) 20 mg tablet*
- *fluoxetine 10 mg capsule*
- *fluoxetine 10 mg tablet*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg tablet*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluoxetine 60 mg tablet*
- *fluoxetine 90 mg capsule, delayed release*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *fluvoxamine er 100 mg capsule, extended release 24 hr*
- *fluvoxamine er 150 mg capsule, extended release 24 hr*
- *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*
- *paroxetine er 12.5 mg tablet, extended release 24 hr*
- *paroxetine er 25 mg tablet, extended release 24 hr*
- *paroxetine er 37.5 mg tablet, extended release 24 hr*
- *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 150 mg tablet, extended release 24 hr*
- *venlafaxine er 225 mg tablet, extended release 24 hr*

- *venlafaxine er 37.5 mg capsule, extended release 24 hr*
- *venlafaxine er 37.5 mg tablet, extended release 24 hr*
- *venlafaxine er 75 mg capsule, extended release 24 hr*
- *venlafaxine er 75 mg tablet, 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.
-----------------	---

XHANCE EGWP ENHANCED

Products Affected

Step 1:

- FLUTICASONE PROPIONATE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION

Step 2:

- XHANCE 93 MCG/ACTUATION BREATH ACTIVATED AEROSOL

Details

Criteria	Step-1 Drug: fluticasone propionate nasal spray. Step-2 Drug: Xhance. 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.
----------	---

Index

A

ADVAIR DISKUS 100 MCG-50
MCG/DOSE POWDER FOR
INHALATION..... 3, 4
ADVAIR DISKUS 250 MCG-50
MCG/DOSE POWDER FOR
INHALATION..... 3, 4
ADVAIR DISKUS 500 MCG-50
MCG/DOSE POWDER FOR
INHALATION..... 3, 4
ADVAIR HFA 115 MCG-21
MCG/ACTUATION AEROSOL
INHALER..... 3, 4
ADVAIR HFA 230 MCG-21
MCG/ACTUATION AEROSOL
INHALER..... 3, 4
ADVAIR HFA 45 MCG-21
MCG/ACTUATION AEROSOL
INHALER..... 3, 4
ANORO ELLIPTA 62.5 MCG-25
MCG/ACTUATION POWDER FOR
INHALATION..... 9, 18
aripiprazole 1 mg/ml oral solution... 6, 7, 14, 15
aripiprazole 10 mg disintegrating tablet 6, 7, 14, 15
aripiprazole 10 mg tablet 6, 7, 14, 15
aripiprazole 15 mg disintegrating tablet 6, 7, 14, 15
aripiprazole 15 mg tablet 6, 7, 14, 15
aripiprazole 2 mg tablet 6, 7, 14, 15
aripiprazole 20 mg tablet 6, 7, 14, 15
aripiprazole 30 mg tablet 6, 7, 14, 15
aripiprazole 5 mg tablet 6, 7, 14, 15
ARNUITY ELLIPTA 100
MCG/ACTUATION POWDER FOR
INHALATION..... 5
ARNUITY ELLIPTA 200
MCG/ACTUATION POWDER FOR
INHALATION..... 5
ARNUITY ELLIPTA 50
MCG/ACTUATION POWDER FOR
INHALATION..... 5

asenapine 10 mg sublingual tablet... 6, 7, 14, 15
asenapine 2.5 mg sublingual tablet.. 6, 7, 14, 15
asenapine 5 mg sublingual tablet 6, 7, 14, 15
atorvastatin 10 mg tablet..... 8
atorvastatin 20 mg tablet..... 8
atorvastatin 40 mg tablet..... 8
atorvastatin 80 mg tablet..... 8
AUVELITY 45 MG-105 MG TABLET,
EXTENDED RELEASE..... 2

B

BREO ELLIPTA 100 MCG-25
MCG/DOSE POWDER FOR
INHALATION..... 3, 4
BREO ELLIPTA 200 MCG-25
MCG/DOSE POWDER FOR
INHALATION..... 3, 4
BREO ELLIPTA 50 MCG-25 MCG/DOSE
POWDER FOR INHALATION 3, 4
breyna 160 mcg-4.5 mcg/actuation hfa
aerosol inhaler..... 3, 4
breyna 80 mcg-4.5 mcg/actuation hfa
aerosol inhaler..... 3, 4
bupropion hcl 100 mg tablet 1, 2, 19, 20
bupropion hcl 150 mg tablet,12 hr sustained-
release(smoking deterrent)..... 1, 2, 19, 20
bupropion hcl 75 mg tablet 1, 2, 19, 20
bupropion hcl sr 100 mg tablet,12 hr
sustained-release 1, 2, 19, 20
bupropion hcl sr 150 mg tablet,12 hr
sustained-release 1, 2, 19, 20
bupropion hcl sr 200 mg tablet,12 hr
sustained-release 1, 2, 19, 20
bupropion hcl xl 150 mg 24 hr tablet,
extended release..... 1, 2, 19, 20
bupropion hcl xl 300 mg 24 hr tablet,
extended release 1, 2, 19, 20

C

carbidopa 10 mg-levodopa 100 mg
disintegrating tablet..... 17
carbidopa 10 mg-levodopa 100 mg tablet. 17
carbidopa 12.5 mg-levodopa 50 mg-
entacapone 200 mg tablet..... 17

carbidopa 18.75 mg-levodopa 75 mg-
 entacapone 200 mg tablet..... 17
 carbidopa 25 mg-levodopa 100 mg
 disintegrating tablet..... 17
 carbidopa 25 mg-levodopa 100 mg tablet. 17
 carbidopa 25 mg-levodopa 100 mg-
 entacapone 200 mg tablet..... 17
 carbidopa 25 mg-levodopa 250 mg
 disintegrating tablet..... 17
 carbidopa 25 mg-levodopa 250 mg tablet. 17
 carbidopa 31.25 mg-levodopa 125 mg-
 entacapone 200 mg tablet..... 17
 carbidopa 37.5 mg-levodopa 150 mg-
 entacapone 200 mg tablet..... 17
 carbidopa 50 mg-levodopa 200 mg-
 entacapone 200 mg tablet..... 17
 carbidopa er 25 mg-levodopa 100 mg
 tablet,extended release 17
 carbidopa er 50 mg-levodopa 200 mg
 tablet,extended release 17
 citalopram 10 mg tablet 1, 2, 19, 20
 citalopram 10 mg/5 ml oral solution 1, 2, 19,
 20
 citalopram 20 mg tablet 1, 2, 19, 20
 citalopram 40 mg tablet 1, 2, 19, 20
 COBENFY 100 MG-20 MG CAPSULE 6, 7
 COBENFY 125 MG-30 MG CAPSULE 6, 7
 COBENFY 50 MG-20 MG CAPSULE.. 6, 7
 COBENFY STARTER PACK 50 MG-20
 MG/100 MG-20 MG CAPSULES IN A
 DOSE PACK 6, 7
 CRESTOR 10 MG TABLET..... 8
 CRESTOR 20 MG TABLET..... 8
 CRESTOR 40 MG TABLET..... 8
 CRESTOR 5 MG TABLET..... 8
D
 DULERA 100 MCG-5 MCG/ACTUATION
 HFA AEROSOL INHALER..... 3, 4
 DULERA 200 MCG-5 MCG/ACTUATION
 HFA AEROSOL INHALER..... 3, 4
 DULERA 50 MCG-5 MCG/ACTUATION
 HFA AEROSOL INHALER..... 3, 4
 duloxetine 20 mg capsule,delayed release . 1,
 2, 19, 20
 duloxetine 30 mg capsule,delayed release . 1,
 2, 19, 20

duloxetine 40 mg capsule,delayed release . 1,
 2, 19, 20
 duloxetine 60 mg capsule,delayed release . 1,
 2, 19, 20
E
 escitalopram 10 mg tablet 1, 2, 19, 20
 escitalopram 20 mg tablet 1, 2, 19, 20
 escitalopram 5 mg tablet 1, 2, 19, 20
 escitalopram 5 mg/5 ml oral solution1, 2, 19,
 20
F
 FARXIGA 10 MG TABLET 11
 FARXIGA 5 MG TABLET 11
 FETZIMA 120 MG
 CAPSULE,EXTENDED RELEASE..... 2
 FETZIMA 20 MG (2)-40 MG (26)
 CAPSULE,EXTENDED RELEASE,24
 HR,DOSE PACK..... 2
 FETZIMA 20 MG CAPSULE,EXTENDED
 RELEASE 2
 FETZIMA 40 MG CAPSULE,EXTENDED
 RELEASE 2
 FETZIMA 80 MG CAPSULE,EXTENDED
 RELEASE 2
 FLUOROURACIL 0.5 % TOPICAL
 CREAM 12
 fluorouracil 2 % topical solution..... 12
 fluorouracil 5 % topical cream..... 12
 fluorouracil 5 % topical solution..... 12
 fluoxetine (pmdd) 10 mg tablet.. 1, 2, 19, 20
 fluoxetine (pmdd) 20 mg tablet.. 1, 2, 19, 20
 fluoxetine 10 mg capsule 1, 2, 19, 20
 fluoxetine 10 mg tablet 1, 2, 19, 20
 fluoxetine 20 mg capsule 1, 2, 19, 20
 fluoxetine 20 mg tablet 1, 2, 19, 20
 fluoxetine 20 mg/5 ml (4 mg/ml) oral
 solution..... 1, 2, 19, 20
 fluoxetine 40 mg capsule 1, 2, 19, 20
 fluoxetine 60 mg tablet 1, 2, 19, 20
 fluoxetine 90 mg capsule,delayed release.. 1,
 2, 19, 20
 fluticasone 100 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3, 4
 fluticasone 250 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3, 4

fluticasone 500 mcg-salmeterol 50 mcg/dose blistr powdr for inhalation	3, 4
FLUTICASONE PROPIONATE 100 MCG/ACTUATION BLISTER POWDER FOR INHALATION	5
FLUTICASONE PROPIONATE 110 MCG/ACTUATION HFA AEROSOL INHALER	5
FLUTICASONE PROPIONATE 115 MCG- SALMETEROL 21 MCG/ACTUATION HFA INHALER	3, 4
FLUTICASONE PROPIONATE 220 MCG/ACTUATION HFA AEROSOL INHALER	5
FLUTICASONE PROPIONATE 230 MCG- SALMETEROL 21 MCG/ACTUATION HFA INHALER	3, 4
FLUTICASONE PROPIONATE 250 MCG/ACTUATION BLISTER POWDER FOR INHALATION	5
FLUTICASONE PROPIONATE 44 MCG/ACTUATION HFA AEROSOL INHALER	5
FLUTICASONE PROPIONATE 45 MCG- SALMETEROL 21 MCG/ACTUATION HFA INHALER	3, 4
FLUTICASONE PROPIONATE 50 MCG/ACTUATION BLISTER POWDER FOR INHALATION	5
FLUTICASONE PROPIONATE 50 MCG/ACTUATION NASAL SPRAY,SUSPENSION	16, 21
fluvastatin 20 mg capsule.....	8
fluvastatin 40 mg capsule.....	8
fluvastatin er 80 mg tablet,extended release 24 hr	8
fluvoxamine 100 mg tablet	1, 2, 19, 20
fluvoxamine 25 mg tablet	1, 2, 19, 20
fluvoxamine 50 mg tablet	1, 2, 19, 20
fluvoxamine er 100 mg capsule,extended release 24 hr	1, 2, 19, 20
fluvoxamine er 150 mg capsule,extended release 24 hr	1, 2, 19, 20
I	
imiquimod 3.75 % topical cream in a pump	12

imiquimod 3.75 % topical cream packet...	12
imiquimod 5 % topical cream packet.....	12
INCRUSE ELLIPTA 62.5 MCG/ACTUATION POWDER FOR INHALATION.....	18
INVOKAMET 150 MG-1,000 MG TABLET	10
INVOKAMET 150 MG-500 MG TABLET	10
INVOKAMET 50 MG-1,000 MG TABLET	10
INVOKAMET 50 MG-500 MG TABLET	10
INVOKAMET XR 150 MG-1,000 MG TABLET, EXTENDED RELEASE	10
INVOKAMET XR 150 MG-500 MG TABLET, EXTENDED RELEASE	10
INVOKAMET XR 50 MG-1,000 MG TABLET, EXTENDED RELEASE	10
INVOKAMET XR 50 MG-500 MG TABLET, EXTENDED RELEASE	10
INVOKANA 100 MG TABLET	11
INVOKANA 300 MG TABLET	11
J	
JARDIANCE 10 MG TABLET.....	11
JARDIANCE 25 MG TABLET.....	11
K	
KLISYRI 1 % (250 MG) TOPICAL OINTMENT IN PACKET	12
KLISYRI 1 % (350 MG) TOPICAL OINTMENT IN PACKET	12
L	
lovastatin 10 mg tablet.....	8
lovastatin 20 mg tablet.....	8
lovastatin 40 mg tablet.....	8
lurasidone 120 mg tablet.....	6, 7, 14, 15
lurasidone 20 mg tablet.....	6, 7, 14, 15
lurasidone 40 mg tablet.....	6, 7, 14, 15
lurasidone 60 mg tablet.....	6, 7, 14, 15
lurasidone 80 mg tablet.....	6, 7, 14, 15
M	
metformin er 1,000 mg 24 hr tablet,extended release (gastric reten.)	13
metformin er 1,000 mg tablet,extended release 24hr (osmotic).....	13
metformin er 500 mg 24 hr tablet,extended release (gastric retention).....	13

metformin er 500 mg tablet,extended release
 24 hr 13
 metformin er 500 mg tablet,extended release
 24hr (osmotic)..... 13
 metformin er 750 mg tablet,extended release
 24 hr 13
 mirtazapine 15 mg disintegrating tablet. 1, 2,
 19, 20
 mirtazapine 15 mg tablet..... 1, 2, 19, 20
 mirtazapine 30 mg disintegrating tablet. 1, 2,
 19, 20
 mirtazapine 30 mg tablet..... 1, 2, 19, 20
 mirtazapine 45 mg disintegrating tablet. 1, 2,
 19, 20
 mirtazapine 45 mg tablet..... 1, 2, 19, 20
 mirtazapine 7.5 mg tablet..... 1, 2, 19, 20

O

olanzapine 10 mg disintegrating tablet .. 6, 7,
 14, 15
 olanzapine 10 mg tablet 6, 7, 14, 15
 olanzapine 15 mg disintegrating tablet .. 6, 7,
 14, 15
 olanzapine 15 mg tablet 6, 7, 14, 15
 olanzapine 2.5 mg tablet 6, 7, 14, 15
 olanzapine 20 mg disintegrating tablet .. 6, 7,
 14, 15
 olanzapine 20 mg tablet 6, 7, 14, 15
 olanzapine 5 mg disintegrating tablet 6, 7,
 14, 15
 olanzapine 5 mg tablet 6, 7, 14, 15
 olanzapine 7.5 mg tablet 6, 7, 14, 15
 OPIPZA 10 MG ORAL FILM..... 14, 15
 OPIPZA 2 MG ORAL FILM..... 14, 15
 OPIPZA 5 MG ORAL FILM..... 14, 15

P

paliperidone er 1.5 mg tablet,extended
 release 24 hr 6, 7, 14, 15
 paliperidone er 3 mg tablet,extended release
 24 hr 6, 7, 14, 15
 paliperidone er 6 mg tablet,extended release
 24 hr 6, 7, 14, 15
 paliperidone er 9 mg tablet,extended release
 24 hr 6, 7, 14, 15
 paroxetine 10 mg tablet..... 1, 2, 19, 20
 paroxetine 10 mg/5 ml oral suspension . 1, 2,
 19, 20

paroxetine 20 mg tablet..... 1, 2, 19, 20
 paroxetine 30 mg tablet..... 1, 2, 19, 20
 paroxetine 40 mg tablet..... 1, 2, 19, 20
 paroxetine er 12.5 mg tablet,extended
 release 24 hr 1, 2, 19, 20
 paroxetine er 25 mg tablet,extended release
 24 hr 1, 2, 19, 20
 paroxetine er 37.5 mg tablet,extended
 release 24 hr 1, 2, 19, 20
 pitavastatin calcium 1 mg tablet 8
 pitavastatin calcium 2 mg tablet 8
 pitavastatin calcium 4 mg tablet 8
 pravastatin 10 mg tablet..... 8
 pravastatin 20 mg tablet..... 8
 pravastatin 40 mg tablet..... 8
 pravastatin 80 mg tablet..... 8
 PULMICORT FLEXHALER 180

MCG/ACTUATION BREATH

ACTIVATED..... 5

PULMICORT FLEXHALER 90

MCG/ACTUATION BREATH

ACTIVATED..... 5

Q

quetiapine 100 mg tablet..... 6, 7, 14, 15
 QUETIAPINE 150 MG TABLET... 6, 7, 14,
 15
 quetiapine 200 mg tablet..... 6, 7, 14, 15
 quetiapine 25 mg tablet..... 6, 7, 14, 15
 quetiapine 300 mg tablet..... 6, 7, 14, 15
 quetiapine 400 mg tablet..... 6, 7, 14, 15
 quetiapine 50 mg tablet..... 6, 7, 14, 15
 quetiapine er 150 mg tablet,extended release
 24 hr 6, 7, 14, 15
 quetiapine er 200 mg tablet,extended release
 24 hr 6, 7, 14, 15
 quetiapine er 300 mg tablet,extended release
 24 hr 6, 7, 14, 15
 quetiapine er 400 mg tablet,extended release
 24 hr 6, 7, 14, 15
 quetiapine er 50 mg tablet,extended release
 24 hr 6, 7, 14, 15
 QVAR REDIHALER 40
 MCG/ACTUATION HFA BREATH
 ACTIVATED AEROSOL 5

QVAR REDIHALER 80
MCG/ACTUATION HFA BREATH
ACTIVATED AEROSOL 5

R

risperidone 0.25 mg disintegrating tablet 6, 7,
14, 15
risperidone 0.25 mg tablet..... 6, 7, 14, 15
risperidone 0.5 mg disintegrating tablet. 6, 7,
14, 15
risperidone 0.5 mg tablet..... 6, 7, 14, 15
risperidone 1 mg disintegrating tablet.... 6, 7,
14, 15
risperidone 1 mg tablet..... 6, 7, 14, 15
risperidone 1 mg/ml oral solution 6, 7, 14, 15
risperidone 2 mg disintegrating tablet.... 6, 7,
14, 15
risperidone 2 mg tablet..... 6, 7, 14, 15
risperidone 3 mg disintegrating tablet.... 6, 7,
14, 15
risperidone 3 mg tablet..... 6, 7, 14, 15
risperidone 4 mg disintegrating tablet.... 6, 7,
14, 15
risperidone 4 mg tablet..... 6, 7, 14, 15
rosuvastatin 10 mg tablet 8
rosuvastatin 20 mg tablet 8
rosuvastatin 40 mg tablet 8
rosuvastatin 5 mg tablet 8
RYALTRIS 665 MCG-25 MCG/SPRAY
NASAL SPRAY 16
RYTARY 23.75 MG-95 MG
CAPSULE,EXTENDED RELEASE.... 17
RYTARY 36.25 MG-145 MG
CAPSULE,EXTENDED RELEASE.... 17
RYTARY 48.75 MG-195 MG
CAPSULE,EXTENDED RELEASE.... 17
RYTARY 61.25 MG-245 MG
CAPSULE,EXTENDED RELEASE.... 17

S

sertraline 100 mg tablet..... 1, 2, 19, 20
sertraline 20 mg/ml oral concentrate 1, 2, 19,
20
sertraline 25 mg tablet..... 1, 2, 19, 20
sertraline 50 mg tablet..... 1, 2, 19, 20
simvastatin 10 mg tablet 8
simvastatin 20 mg tablet 8
simvastatin 40 mg tablet 8

simvastatin 5 mg tablet 8
simvastatin 80 mg tablet 8
SPIRIVA RESPIMAT 1.25

MCG/ACTUATION SOLUTION FOR
INHALATION..... 18

SPIRIVA RESPIMAT 2.5

MCG/ACTUATION SOLUTION FOR
INHALATION..... 18

STIOLTO RESPIMAT 2.5 MCG-2.5

MCG/ACTUATION SOLUTION FOR
INHALATION..... 9

SYNJARDY 12.5 MG-1,000 MG TABLET
..... 10

SYNJARDY 12.5 MG-500 MG TABLET 10

SYNJARDY 5 MG-1,000 MG TABLET. 10

SYNJARDY 5 MG-500 MG TABLET 10

SYNJARDY XR 10 MG-1,000 MG

TABLET, EXTENDED RELEASE 10

SYNJARDY XR 12.5 MG-1,000 MG

TABLET, EXTENDED RELEASE 10

SYNJARDY XR 25 MG-1,000 MG

TABLET, EXTENDED RELEASE 10

SYNJARDY XR 5 MG-1,000 MG

TABLET, EXTENDED RELEASE 10

T

trazodone 100 mg tablet..... 1, 2, 19, 20

trazodone 150 mg tablet..... 1, 2, 19, 20

trazodone 300 mg tablet..... 1, 2, 19, 20

trazodone 50 mg tablet..... 1, 2, 19, 20

TRINTELLIX 10 MG TABLET 20

TRINTELLIX 20 MG TABLET 20

TRINTELLIX 5 MG TABLET 20

V

venlafaxine 100 mg tablet..... 1, 2, 19, 20

venlafaxine 25 mg tablet..... 1, 2, 19, 20

venlafaxine 37.5 mg tablet..... 1, 2, 19, 20

venlafaxine 50 mg tablet..... 1, 2, 19, 20

venlafaxine 75 mg tablet..... 1, 2, 19, 20

venlafaxine er 150 mg capsule,extended
release 24 hr 2, 19, 20

venlafaxine er 150 mg tablet,extended
release 24 hr 2, 19, 20

venlafaxine er 225 mg tablet,extended
release 24 hr 2, 19, 20

venlafaxine er 37.5 mg capsule,extended
release 24 hr 2, 20

venlafaxine er 37.5 mg tablet,extended
 release 24 hr 2, 20
 venlafaxine er 75 mg capsule,extended
 release 24 hr 2, 20
 venlafaxine er 75 mg tablet,extended release
 24 hr 2, 20
 vilazodone 10 mg tablet 20
 vilazodone 20 mg tablet 20
 vilazodone 40 mg tablet 20
W
 wixela inhub 100 mcg-50 mcg/dose powder
 for inhalation 3, 4
 wixela inhub 250 mcg-50 mcg/dose powder
 for inhalation 3, 4
 wixela inhub 500 mcg-50 mcg/dose powder
 for inhalation 3, 4

X

XHANCE 93 MCG/ACTUATION
 BREATH ACTIVATED AEROSOL ... 21
 XIGDUO XR 10 MG-1,000 MG
 TABLET,EXTENDED RELEASE 10
 XIGDUO XR 10 MG-500 MG
 TABLET,EXTENDED RELEASE 10
 XIGDUO XR 2.5 MG-1,000 MG
 TABLET,EXTENDED RELEASE 10
 XIGDUO XR 5 MG-1,000 MG
 TABLET,EXTENDED RELEASE 10
 XIGDUO XR 5 MG-500 MG
 TABLET,EXTENDED RELEASE 10

Z

ziprasidone 20 mg capsule 6, 7, 14, 15
 ziprasidone 40 mg capsule 6, 7, 14, 15
 ziprasidone 60 mg capsule 6, 7, 14, 15
 ziprasidone 80 mg capsule 6, 7, 14, 15