

ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP 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 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:

- 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
- PAXIL 10 MG/5 ML ORAL SUSPENSION
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

Details

Criteria	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: Fetzima, Paxil Suspension. 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 may 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
- *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*
- *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, fluticasone/salmeterol diskus Step-2 Drugs: Advair Diskus, 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 PDP 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
- FLOVENT DISKUS 100 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT DISKUS 250 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT DISKUS 50 MCG/ACTUATION POWDER FOR INHALATION
- FLOVENT HFA 110 MCG/ACTUATION AEROSOL INHALER
- FLOVENT HFA 220 MCG/ACTUATION AEROSOL INHALER
- FLOVENT HFA 44 MCG/ACTUATION AEROSOL INHALER

Step 2:

- ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER
- ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR
- PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED
- PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED
- QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

Details

Criteria	Step-1 Drugs: Arnuity Ellipta, Flovent Diskus and Flovent HFA. Step-2 Drugs: Asmanex, 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.
-----------------	--

BISPHOSPHONATE PDP EGWP ENHANCED

Products Affected

Step 1:

- *alendronate 10 mg tablet*
- *alendronate 35 mg tablet*
- *alendronate 70 mg tablet*
- *alendronate 70 mg/75 ml oral solution*
- *ibandronate 150 mg tablet*
- *risedronate 150 mg tablet*
- *risedronate 30 mg tablet*
- *risedronate 35 mg tablet*
- *risedronate 35 mg tablet (12 pack)*
- *risedronate 35 mg tablet (4 pack)*
- *risedronate 35 mg tablet, delayed release*
- *risedronate 5 mg tablet*

Step 2:

- FOSAMAX PLUS D 70 MG-2,800 UNIT TABLET
- FOSAMAX PLUS D 70 MG-5,600 UNIT TABLET

Details

Criteria	Step-1 Drugs: alendronate sodium, ibandronate sodium tablets and risedronate sodium. Step-2 Drug: Fosamax Plus D. 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.
-----------------	--

CRESTOR PDP 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*
- *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.

DIPENTUM PDP EGWP ENHANCED

Products Affected

Step 1:

- *balsalazide 750 mg capsule*
- *mesalamine 1.2 gram tablet, delayed release*
- *mesalamine 400 mg capsule (with delayed release tablets inside)*
- *mesalamine 800 mg tablet, delayed release*
- *mesalamine er 0.375 gram capsule, extended release 24 hr*
- PENTASA 250 MG CAPSULE, CONTROLLED RELEASE
- PENTASA 500 MG CAPSULE, CONTROLLED RELEASE
- *sulfasalazine 500 mg tablet*
- *sulfasalazine 500 mg tablet, delayed release*

Step 2:

- DIPENTUM 250 MG CAPSULE

Details

Criteria	
	Step-1 Drugs: balsalazide, mesalamine DR, mesalamine ER Pentasa, and sulfasalazine. Step-2 Drug: Dipentum. 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.

DPP-4 PDP EGWP ENHANCED

Products Affected

Step 1:

- JANUMET 50 MG-1,000 MG TABLET
- JANUMET 50 MG-500 MG TABLET
- JANUMET XR 100 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-1,000 MG TABLET,EXTENDED RELEASE
- JANUMET XR 50 MG-500 MG TABLET,EXTENDED RELEASE
- JANUVIA 100 MG TABLET
- JANUVIA 25 MG TABLET
- JANUVIA 50 MG TABLET
- 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

Step 2:

- KOMBIGLYZE XR 2.5 MG-1,000 MG TABLET,EXTENDED RELEASE
- KOMBIGLYZE XR 5 MG-1,000 MG TABLET,EXTENDED RELEASE
- KOMBIGLYZE XR 5 MG-500 MG TABLET,EXTENDED RELEASE
- ONGLYZA 2.5 MG TABLET
- ONGLYZA 5 MG TABLET

Details

Criteria	Step-1 Drugs: Janumet, Janumet XR, Januvia, Jentaduetto, Jentaduetto XR and Tradjenta. Step-2 Drugs: Kombiglyze XR and Onglyza. 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.
-----------------	--

GLAUCOMA PDP EGWP ENHANCED

Products Affected

Step 1:

- ALPHAGAN P 0.1 % EYE DROPS
- *bimatoprost 0.03 % eye drops*
- *brimonidine 0.15 % eye drops*
- *brimonidine 0.2 % eye drops*
- *carteolol 1 % eye drops*
- COMBIGAN 0.2 %-0.5 % EYE DROPS
- *dorzolamide 2 % eye drops*
- *dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops*
- *dorzolamide-timolol (pf) 2 %-0.5 % eye drops in a dropperette*
- *latanoprost 0.005 % eye drops*
- *levobunolol 0.5 % eye drops*
- LUMIGAN 0.01 % EYE DROPS
- *pilocarpine 1 % eye drops*
- *pilocarpine 2 % eye drops*
- *pilocarpine 4 % eye drops*
- *timolol maleate 0.25 % eye drops*
- *timolol maleate 0.25 % eye gel forming solution*
- *timolol maleate 0.5 % eye drops*
- *timolol maleate 0.5 % eye gel forming solution*
- *timolol maleate 0.5 % once daily eye drops*
- TRAVATAN Z 0.004 % EYE DROPS
- *travoprost 0.004 % eye drops*

Step 2:

- RHOPRESSA 0.02 % EYE DROPS
- ROCKLATAN 0.02 %-0.005 % EYE DROPS

Details

Criteria	<p>Step-1 Drugs: Alphagan P, betaxolol, bimatoprost, brimonidine, carteolol, Combigan, dorzolamide, dorzolamide/timolol, dorzolamide/timolol PF, latanoprost, levobunolol, Lumigan, pilocarpine, timolol, timolol ophthalmic gel forming solution, travoprost, Travatan Z.</p> <p>Step-2 Drugs: Rocklatan, Rhopressa. 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.</p>
-----------------	--

GLUMETZA PDP EGWP ENHANCED

Products Affected

Step 1:

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

Step 2:

- GLUMETZA 1,000 MG TABLET,EXTENDED RELEASE
- GLUMETZA 500 MG TABLET,EXTENDED RELEASE
- *metformin er 1,000 mg 24 hr tablet,extended release*
- *metformin er 500 mg 24 hr tablet,extended release*

Details

Criteria	Step-1 Drugs: metformin ER 500mg, 750mg tablets (generic Glucophage XR) and metformin ER 500mg, 1000mg tablets (generic Fortamet). Step-2 Drugs: Glumetza and metformin ER 500mg, 1000mg 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.
-----------------	---

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

INHALED LONG ACTING MUSCARINIC ANTAGONISTS EGWP ENHANCED

Products Affected

Step 1:

- 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
- SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES

Details

Criteria	Step-1 Drug: Incruse Ellipta Step-2 Drugs: Spiriva and Spiriva Respimat. 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.
-----------------	--

PANCREATIC ENZYMES EGWP ENHANCED

Products Affected

Step 1:

- CREON 12,000-38,000-60,000 UNIT CAPSULE,DELAYED RELEASE
- CREON 24,000-76,000-120,000 UNIT CAPSULE,DELAYED RELEASE
- CREON 3,000 UNIT-9,500 UNIT-15,000 UNIT CAPSULE,DELAYED RELEASE
- CREON 36,000 UNIT-114,000 UNIT-180,000 UNIT CAPSULE,DELAYED RELEASE
- CREON 6,000-19,000-30,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 10,000 UNIT-32,000 UNIT-42,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 15,000 UNIT-47,000 UNIT-63,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 20,000 UNIT-63,000 UNIT-84,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 25,000 UNIT-79,000 UNIT-105,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 3,000 UNIT-10,000 UNIT-14,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 40,000 UNIT-126,000 UNIT-168,000 UNIT CAPSULE,DELAYED RELEASE
- ZENPEP 5,000 UNIT-17,000 UNIT-24,000 UNIT CAPSULE,DELAYED RELEASE

Step 2:

- PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 2,600 UNIT-8,800 UNIT-15,200 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 37,000-97,300-149,900 UNIT CAPSULE,DELAYED RELEASE
- PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE
- PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE

Details

Criteria	Step-1 Drugs: Creon, Zenpep. Step-2 Drug: Pancreaze, Pertyze. 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.
-----------------	---

RYTARY PDP 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.
-----------------	---

TRINTELLIX/VIIBRYD/CYMBALTA PDP 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 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:

- CYMBALTA 20 MG CAPSULE,DELAYED RELEASE
- CYMBALTA 30 MG CAPSULE,DELAYED RELEASE
- CYMBALTA 60 MG CAPSULE,DELAYED RELEASE
- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET
- VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET

Details

Criteria	Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: Cymbalta, Trintellix and Viibryd. 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 365days 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 may receive authorization without trials of step 1 drugs. For patients with suicidal ideation, step 1 drugs do not need to be tried.
-----------------	--

TRIPTAN PDP EGWP ENHANCED

Products Affected

Step 1:

- *naratriptan 1 mg tablet*
- *naratriptan 2.5 mg tablet*
- *rizatriptan 10 mg disintegrating tablet*
- *rizatriptan 10 mg tablet*
- *rizatriptan 5 mg disintegrating tablet*
- *rizatriptan 5 mg tablet*
- *sumatriptan 100 mg tablet*
- *sumatriptan 20 mg/actuation nasal spray*
- *sumatriptan 25 mg tablet*
- *sumatriptan 4 mg/0.5 ml subcutaneous cartridge (refill)*
- *sumatriptan 4 mg/0.5 ml subcutaneous pen injector*
- *sumatriptan 5 mg/actuation nasal spray*
- *sumatriptan 50 mg tablet*
- *sumatriptan 6 mg/0.5 ml subcutaneous cartridge (refill)*
- *sumatriptan 6 mg/0.5 ml subcutaneous pen injector*
- *sumatriptan 6 mg/0.5 ml subcutaneous solution*
- *sumatriptan 6 mg/0.5 ml subcutaneous syringe*

Step 2:

- *almotriptan malate 12.5 mg tablet*
- *almotriptan malate 6.25 mg tablet*
- *eletriptan 20 mg tablet*
- *eletriptan 40 mg tablet*
- **FROVA 2.5 MG TABLET**
- *frovatriptan 2.5 mg tablet*

Details

Criteria	Step-1 Drugs: naratriptan hcl, rizatriptan benzoate and sumatriptan. Step-2 Drugs: almotriptan malate, eletriptan, frovatriptan and Frova. 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 drugs are not covered unless the above step therapy criteria are met.
-----------------	---

ULORIC PDP EGWP ENHANCED

Products Affected

Step 1:

- *allopurinol 100 mg tablet*
- *allopurinol 300 mg tablet*

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*
- ULORIC 40 MG TABLET
- ULORIC 80 MG TABLET

Details

Criteria	PENDING CMS REVIEW
----------	--------------------

XHANCE PDP 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 Drugs: fluticasone propionate nasal spray. Step-2 Drugs: Xhance. The member must have tried a 30 day supply or more of one 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.
-----------------	--

Index

A

ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION.....	3
ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION.....	3
ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION.....	3
ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER.....	3
ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER.....	3
ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER.....	3
alendronate 10 mg tablet.....	6
alendronate 35 mg tablet.....	6
alendronate 70 mg tablet.....	6
alendronate 70 mg/75 ml oral solution	6
allopurinol 100 mg tablet.....	20
allopurinol 300 mg tablet.....	20
almotriptan malate 12.5 mg tablet	19
almotriptan malate 6.25 mg tablet	19
ALPHAGAN P 0.1 % EYE DROPS	10
ANORO ELLIPTA 62.5 MCG-25 MCG/ACTUATION POWDER FOR INHALATION.....	12
ARNUITY ELLIPTA 100 MCG/ACTUATION POWDER FOR INHALATION.....	4, 5
ARNUITY ELLIPTA 200 MCG/ACTUATION POWDER FOR INHALATION.....	4, 5
ARNUITY ELLIPTA 50 MCG/ACTUATION POWDER FOR INHALATION.....	4, 5
ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER.....	4, 5
ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER.....	4, 5

ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER.....	4, 5
ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR.....	4, 5
ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR	4, 5
ASMANEX TWISTHALER 220 MCG/ACTUATION(14 DOSES) BREATH ACTIVATED INHALR.....	4, 5
ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR.....	4, 5
ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR.....	4, 5
atorvastatin 10 mg tablet.....	7
atorvastatin 20 mg tablet.....	7
atorvastatin 40 mg tablet.....	7
atorvastatin 80 mg tablet.....	7
B	
balsalazide 750 mg capsule.....	8
bimatoprost 0.03 % eye drops.....	10
BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION.....	3
BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION.....	3
brimonidine 0.15 % eye drops	10
brimonidine 0.2 % eye drops	10
bupropion hcl 100 mg tablet	1, 2, 17, 18
bupropion hcl 150 mg tablet,12 hr sustained- release(smoking deterrent).....	1, 2, 17, 18
bupropion hcl 75 mg tablet	1, 2, 17, 18
bupropion hcl sr 100 mg tablet,12 hr sustained-release	1, 2, 17, 18
bupropion hcl sr 150 mg tablet,12 hr sustained-release	1, 2, 17, 18
bupropion hcl sr 200 mg tablet,12 hr sustained-release	1, 2, 17, 18
bupropion hcl xl 150 mg 24 hr tablet, extended release	1, 2, 17, 18

bupropion hcl xl 300 mg 24 hr tablet,
extended release 1, 2, 17, 18

C

carbidopa 10 mg-levodopa 100 mg
disintegrating tablet..... 16
carbidopa 10 mg-levodopa 100 mg tablet. 16
carbidopa 12.5 mg-levodopa 50 mg-
entacapone 200 mg tablet..... 16
carbidopa 18.75 mg-levodopa 75 mg-
entacapone 200 mg tablet..... 16
carbidopa 25 mg-levodopa 100 mg
disintegrating tablet..... 16
carbidopa 25 mg-levodopa 100 mg tablet. 16
carbidopa 25 mg-levodopa 100 mg-
entacapone 200 mg tablet..... 16
carbidopa 25 mg-levodopa 250 mg
disintegrating tablet..... 16
carbidopa 25 mg-levodopa 250 mg tablet. 16
carbidopa 31.25 mg-levodopa 125 mg-
entacapone 200 mg tablet..... 16
carbidopa 37.5 mg-levodopa 150 mg-
entacapone 200 mg tablet..... 16
carbidopa 50 mg-levodopa 200 mg-
entacapone 200 mg tablet..... 16
carbidopa er 25 mg-levodopa 100 mg
tablet,extended release 16
carbidopa er 50 mg-levodopa 200 mg
tablet,extended release 16
carteolol 1 % eye drops..... 10
citalopram 10 mg tablet 1, 2, 17, 18
citalopram 10 mg/5 ml oral solution 1, 2, 17,
18
citalopram 20 mg tablet 1, 2, 17, 18
citalopram 40 mg tablet 1, 2, 17, 18
COMBIGAN 0.2 %-0.5 % EYE DROPS . 10
CREON 12,000-38,000-60,000 UNIT
CAPSULE,DELAYED RELEASE 14, 15
CREON 24,000-76,000-120,000 UNIT
CAPSULE,DELAYED RELEASE 14, 15
CREON 3,000 UNIT-9,500 UNIT-15,000
UNIT CAPSULE,DELAYED RELEASE
..... 14, 15
CREON 36,000 UNIT-114,000 UNIT-
180,000 UNIT CAPSULE,DELAYED
RELEASE..... 14, 15

CREON 6,000-19,000-30,000 UNIT
CAPSULE,DELAYED RELEASE 14, 15
CRESTOR 10 MG TABLET 7
CRESTOR 20 MG TABLET 7
CRESTOR 40 MG TABLET 7
CRESTOR 5 MG TABLET 7
CYMBALTA 20 MG
CAPSULE,DELAYED RELEASE 18
CYMBALTA 30 MG
CAPSULE,DELAYED RELEASE 18
CYMBALTA 60 MG
CAPSULE,DELAYED RELEASE 18
D
DIPENTUM 250 MG CAPSULE..... 8
dorzolamide 2 % eye drops..... 10
dorzolamide 22.3 mg-timolol 6.8 mg/ml eye
drops..... 10
dorzolamide-timolol (pf) 2 %-0.5 % eye
drops in a dropperette..... 10
DULERA 100 MCG-5 MCG/ACTUATION
HFA AEROSOL INHALER..... 3
DULERA 200 MCG-5 MCG/ACTUATION
HFA AEROSOL INHALER..... 3
DULERA 50 MCG-5 MCG/ACTUATION
HFA AEROSOL INHALER..... 3
duloxetine 20 mg capsule,delayed release . 1,
2, 17, 18
duloxetine 30 mg capsule,delayed release . 1,
2, 17, 18
duloxetine 40 mg capsule,delayed release . 1,
2, 17, 18
duloxetine 60 mg capsule,delayed release . 1,
2, 17, 18
E
eletriptan 20 mg tablet 19
eletriptan 40 mg tablet 19
escitalopram 10 mg tablet 1, 2, 17, 18
escitalopram 20 mg tablet 1, 2, 17, 18
escitalopram 5 mg tablet 1, 2, 17, 18
escitalopram 5 mg/5 ml oral solution1, 2, 17,
18
F
febuxostat 40 mg tablet..... 20
febuxostat 80 mg tablet..... 20
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
 FLOVENT DISKUS 100
 MCG/ACTUATION POWDER FOR
 INHALATION..... 4, 5
 FLOVENT DISKUS 250
 MCG/ACTUATION POWDER FOR
 INHALATION..... 4, 5
 FLOVENT DISKUS 50
 MCG/ACTUATION POWDER FOR
 INHALATION..... 4, 5
 FLOVENT HFA 110 MCG/ACTUATION
 AEROSOL INHALER..... 4, 5
 FLOVENT HFA 220 MCG/ACTUATION
 AEROSOL INHALER..... 4, 5
 FLOVENT HFA 44 MCG/ACTUATION
 AEROSOL INHALER..... 4, 5
 fluoxetine (pmd) 10 mg tablet... 1, 2, 17, 18
 fluoxetine (pmd) 20 mg tablet... 1, 2, 17, 18
 fluoxetine 10 mg capsule 1, 2, 17, 18
 fluoxetine 10 mg tablet 1, 2, 17, 18
 fluoxetine 20 mg capsule 1, 2, 17, 18
 fluoxetine 20 mg tablet 1, 2, 17, 18
 fluoxetine 20 mg/5 ml (4 mg/ml) oral
 solution..... 1, 2, 17, 18
 fluoxetine 40 mg capsule 1, 2, 17, 18
 fluoxetine 60 mg tablet 1, 2, 17, 18
 fluoxetine 90 mg capsule,delayed release.. 1,
 2, 17, 18
 fluticasone 100 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3
 fluticasone 250 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3
 fluticasone 500 mcg-salmeterol 50 mcg/dose
 blistr powdr for inhalation 3
 fluticasone propionate 50 mcg/actuation
 nasal spray,suspension 21
 fluvastatin 20 mg capsule..... 7
 fluvastatin 40 mg capsule..... 7

fluvastatin er 80 mg tablet,extended release
 24 hr 7
 fluvoxamine 100 mg tablet 1, 2, 17, 18
 fluvoxamine 25 mg tablet 1, 2, 17, 18
 fluvoxamine 50 mg tablet 1, 2, 17, 18
 fluvoxamine er 100 mg capsule,extended
 release 24 hr 1, 2, 17, 18
 fluvoxamine er 150 mg capsule,extended
 release 24 hr 1, 2, 17, 18
 FOSAMAX PLUS D 70 MG-2,800 UNIT
 TABLET 6
 FOSAMAX PLUS D 70 MG-5,600 UNIT
 TABLET 6
 FROVA 2.5 MG TABLET 19
 frovatriptan 2.5 mg tablet..... 19
G
 GLUMETZA 1,000 MG
 TABLET,EXTENDED RELEASE 11
 GLUMETZA 500 MG
 TABLET,EXTENDED RELEASE 11
I
 ibandronate 150 mg tablet..... 6
 INCRUSE ELLIPTA 62.5
 MCG/ACTUATION POWDER FOR
 INHALATION..... 13
J
 JANUMET 50 MG-1,000 MG TABLET ... 9
 JANUMET 50 MG-500 MG TABLET 9
 JANUMET XR 100 MG-1,000 MG
 TABLET,EXTENDED RELEASE 9
 JANUMET XR 50 MG-1,000 MG
 TABLET,EXTENDED RELEASE 9
 JANUMET XR 50 MG-500 MG
 TABLET,EXTENDED RELEASE 9
 JANUVIA 100 MG TABLET 9
 JANUVIA 25 MG TABLET 9
 JANUVIA 50 MG TABLET 9
 JENTADUETO 2.5 MG-1,000 MG
 TABLET 9
 JENTADUETO 2.5 MG-500 MG TABLET
 9
 JENTADUETO 2.5 MG-850 MG TABLET
 9
 JENTADUETO XR 2.5 MG-1,000 MG
 TABLET, EXTENDED RELEASE 9

JENTADUETO XR 5 MG-1,000 MG
TABLET, EXTENDED RELEASE 9

K

KOMBIGLYZE XR 2.5 MG-1,000 MG
TABLET,EXTENDED RELEASE 9

KOMBIGLYZE XR 5 MG-1,000 MG
TABLET,EXTENDED RELEASE 9

KOMBIGLYZE XR 5 MG-500 MG
TABLET,EXTENDED RELEASE 9

L

latanoprost 0.005 % eye drops 10

levobunolol 0.5 % eye drops..... 10

lovastatin 10 mg tablet 7

lovastatin 20 mg tablet 7

lovastatin 40 mg tablet 7

LUMIGAN 0.01 % EYE DROPS..... 10

M

mesalamine 1.2 gram tablet,delayed release8

mesalamine 400 mg capsule (with delayed
release tablets inside) 8

mesalamine 800 mg tablet,delayed release. 8

mesalamine er 0.375 gram capsule,extended
release 24 hr 8

metformin er 1,000 mg 24 hr tablet,extended
release 11

metformin er 1,000 mg tablet,extended
release 24hr 11

metformin er 500 mg 24 hr tablet,extended
release 11

metformin er 500 mg tablet,extended release
24 hr 11

metformin er 500 mg tablet,extended release
24hr 11

metformin er 750 mg tablet,extended release
24 hr 11

mirtazapine 15 mg disintegrating tablet. 1, 2,
17, 18

mirtazapine 15 mg tablet..... 1, 2, 17, 18

mirtazapine 30 mg disintegrating tablet. 1, 2,
17, 18

mirtazapine 30 mg tablet..... 1, 2, 17, 18

mirtazapine 45 mg disintegrating tablet. 1, 2,
17, 18

mirtazapine 45 mg tablet..... 1, 2, 17, 18

mirtazapine 7.5 mg tablet..... 1, 2, 17, 18

N

naratriptan 1 mg tablet 19

naratriptan 2.5 mg tablet 19

O

ONGLYZA 2.5 MG TABLET 9

ONGLYZA 5 MG TABLET 9

P

PANCREAZE 10,500 UNIT-35,500 UNIT-
61,500 UNIT CAPSULE,DELAYED
RELEASE 14, 15

PANCREAZE 16,800 UNIT-56,800 UNIT-
98,400 UNIT CAPSULE,DELAYED
RELEASE 14, 15

PANCREAZE 2,600 UNIT-8,800 UNIT-
15,200 UNIT CAPSULE,DELAYED
RELEASE 14, 15

PANCREAZE 21,000 UNIT-54,700 UNIT-
83,900 UNIT CAPSULE,DELAYED
RELEASE 14, 15

PANCREAZE 37,000-97,300-149,900
UNIT CAPSULE,DELAYED RELEASE
..... 14, 15

PANCREAZE 4,200 UNIT-14,200 UNIT-
24,600 UNIT CAPSULE,DELAYED
RELEASE 14, 15

paroxetine 10 mg tablet..... 1, 2, 17, 18

paroxetine 20 mg tablet..... 1, 2, 17, 18

paroxetine 30 mg tablet..... 1, 2, 17, 18

paroxetine 40 mg tablet..... 1, 2, 17, 18

paroxetine er 12.5 mg tablet,extended
release 24 hr 1, 2, 17, 18

paroxetine er 25 mg tablet,extended release
24 hr 1, 2, 17, 18

paroxetine er 37.5 mg tablet,extended
release 24 hr 1, 2, 17, 18

PAXIL 10 MG/5 ML ORAL SUSPENSION
..... 2

PENTASA 250 MG
CAPSULE,CONTROLLED RELEASE. 8

PENTASA 500 MG
CAPSULE,CONTROLLED RELEASE. 8

PERTZYE 16,000 UNIT-57,500 UNIT-
60,500 UNIT CAPSULE,DELAYED
RELEASE 14, 15

PERTZYE 24,000-86,250-90,750 UNIT
CAPSULE,DELAYED RELEASE 14, 15

PERTZYE 4,000 UNIT-14,375 UNIT- 15,125 UNIT CAPSULE,DELAYED RELEASE	14, 15
PERTZYE 8,000 UNIT-28,750 UNIT- 30,250 UNIT CAPSULE,DELAYED RELEASE	14, 15
pilocarpine 1 % eye drops.....	10
pilocarpine 2 % eye drops.....	10
pilocarpine 4 % eye drops.....	10
pravastatin 10 mg tablet.....	7
pravastatin 20 mg tablet.....	7
pravastatin 40 mg tablet.....	7
pravastatin 80 mg tablet.....	7
PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED.....	4, 5
PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED.....	4, 5
Q	
QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	4, 5
QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL	4, 5
R	
RHOPRESSA 0.02 % EYE DROPS	10
risedronate 150 mg tablet.....	6
risedronate 30 mg tablet.....	6
risedronate 35 mg tablet.....	6
risedronate 35 mg tablet (12 pack).....	6
risedronate 35 mg tablet (4 pack).....	6
risedronate 35 mg tablet,delayed release	6
risedronate 5 mg tablet.....	6
rizatriptan 10 mg disintegrating tablet	19
rizatriptan 10 mg tablet	19
rizatriptan 5 mg disintegrating tablet	19
rizatriptan 5 mg tablet	19
ROCKLATAN 0.02 %-0.005 % EYE DROPS.....	10
rosuvastatin 10 mg tablet	7
rosuvastatin 20 mg tablet	7
rosuvastatin 40 mg tablet	7
rosuvastatin 5 mg tablet	7

RYTARY 23.75 MG-95 MG CAPSULE,EXTENDED RELEASE....	16
RYTARY 36.25 MG-145 MG CAPSULE,EXTENDED RELEASE....	16
RYTARY 48.75 MG-195 MG CAPSULE,EXTENDED RELEASE....	16
RYTARY 61.25 MG-245 MG CAPSULE,EXTENDED RELEASE....	16
S	
sertraline 100 mg tablet.....	1, 2, 17, 18
sertraline 20 mg/ml oral concentrate	1, 2, 17, 18
sertraline 25 mg tablet.....	1, 2, 17, 18
sertraline 50 mg tablet.....	1, 2, 17, 18
simvastatin 10 mg tablet	7
simvastatin 20 mg tablet	7
simvastatin 40 mg tablet	7
simvastatin 5 mg tablet	7
simvastatin 80 mg tablet	7
SPIRIVA RESPIMAT 1.25 MCG/ACTUATION SOLUTION FOR INHALATION.....	13
SPIRIVA RESPIMAT 2.5 MCG/ACTUATION SOLUTION FOR INHALATION.....	13
SPIRIVA WITH HANDIHALER 18 MCG AND INHALATION CAPSULES	13
STIOLTO RESPIMAT 2.5 MCG-2.5 MCG/ACTUATION SOLUTION FOR INHALATION.....	12
sulfasalazine 500 mg tablet.....	8
sulfasalazine 500 mg tablet,delayed release	8
sumatriptan 100 mg tablet.....	19
sumatriptan 20 mg/actuation nasal spray ..	19
sumatriptan 25 mg tablet.....	19
sumatriptan 4 mg/0.5 ml subcutaneous cartridge (refill).....	19
sumatriptan 4 mg/0.5 ml subcutaneous pen injector	19
sumatriptan 5 mg/actuation nasal spray	19
sumatriptan 50 mg tablet.....	19
sumatriptan 6 mg/0.5 ml subcutaneous cartridge (refill).....	19
sumatriptan 6 mg/0.5 ml subcutaneous pen injector	19

sumatriptan 6 mg/0.5 ml subcutaneous
 solution..... 19
 sumatriptan 6 mg/0.5 ml subcutaneous
 syringe..... 19

T

timolol maleate 0.25 % eye drops..... 10
 timolol maleate 0.25 % eye gel forming
 solution..... 10
 timolol maleate 0.5 % eye drops..... 10
 timolol maleate 0.5 % eye gel forming
 solution..... 10
 timolol maleate 0.5 % once daily eye drops
 10

TRADJENTA 5 MG TABLET..... 9
 TRAVATAN Z 0.004 % EYE DROPS 10
 travoprost 0.004 % eye drops..... 10
 trazodone 100 mg tablet..... 1, 2, 17, 18
 trazodone 150 mg tablet..... 1, 2, 17, 18
 trazodone 300 mg tablet..... 1, 2, 17, 18
 trazodone 50 mg tablet..... 1, 2, 17, 18
 TRINTELLIX 10 MG TABLET 18
 TRINTELLIX 20 MG TABLET 18
 TRINTELLIX 5 MG TABLET 18

U

ULORIC 40 MG TABLET..... 20
 ULORIC 80 MG TABLET..... 20

V

venlafaxine 100 mg tablet..... 1, 2, 17, 18
 venlafaxine 25 mg tablet..... 1, 2, 17, 18
 venlafaxine 37.5 mg tablet..... 1, 2, 17, 18
 venlafaxine 50 mg tablet..... 1, 2, 17, 18
 venlafaxine 75 mg tablet..... 1, 2, 17, 18
 venlafaxine er 150 mg capsule,extended
 release 24 hr 1, 2, 17, 18
 venlafaxine er 150 mg tablet,extended
 release 24 hr 2, 17, 18
 venlafaxine er 225 mg tablet,extended
 release 24 hr 2, 17, 18
 venlafaxine er 37.5 mg capsule,extended
 release 24 hr 2, 18
 venlafaxine er 37.5 mg tablet,extended
 release 24 hr 2, 18

venlafaxine er 75 mg capsule,extended
 release 24 hr 2, 18
 venlafaxine er 75 mg tablet,extended release
 24 hr 2, 18

VIIBRYD 10 MG (7)-20 MG (23)

TABLETS IN A DOSE PACK..... 18
 VIIBRYD 10 MG TABLET 2, 18
 VIIBRYD 20 MG TABLET 2, 18
 VIIBRYD 40 MG TABLET 2, 18

W

wixela inhub 100 mcg-50 mcg/dose powder
 for inhalation..... 3
 wixela inhub 250 mcg-50 mcg/dose powder
 for inhalation..... 3
 wixela inhub 500 mcg-50 mcg/dose powder
 for inhalation..... 3

X

XHANCE 93 MCG/ACTUATION
 BREATH ACTIVATED AEROSOL ... 21

Z

ZENPEP 10,000 UNIT-32,000 UNIT-
 42,000 UNIT CAPSULE,DELAYED
 RELEASE 14, 15
 ZENPEP 15,000 UNIT-47,000 UNIT-
 63,000 UNIT CAPSULE,DELAYED
 RELEASE 14, 15
 ZENPEP 20,000 UNIT-63,000 UNIT-
 84,000 UNIT CAPSULE,DELAYED
 RELEASE 14, 15
 ZENPEP 25,000 UNIT-79,000 UNIT-
 105,000 UNIT CAPSULE,DELAYED
 RELEASE 14, 15
 ZENPEP 3,000 UNIT-10,000 UNIT-14,000
 UNIT CAPSULE,DELAYED RELEASE
 14, 15
 ZENPEP 40,000 UNIT-126,000 UNIT-
 168,000 UNIT CAPSULE,DELAYED
 RELEASE 14, 15
 ZENPEP 5,000 UNIT-17,000 UNIT-24,000
 UNIT CAPSULE,DELAYED RELEASE
 14, 15