

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 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 Drugs: Breyna, 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. Pregnant 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.
-----------------	--

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:

- 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 REDIMALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDIMALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

Details

Criteria	Step-1 Drugs: Arnuity Ellipta, fluticasone propionate diskus, and fluticasone propionate 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 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.
----------	---

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*
- *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 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*
- *mesalamine er 500 mg capsule, extended 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, 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.
----------	--

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:

- GLUMETZA 1,000 MG
TABLET,EXTENDED RELEASE
- GLUMETZA 500 MG
TABLET,EXTENDED RELEASE
- *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: Glumetza and metformin ER 500mg, 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.
-----------------	--

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

Details

Criteria	Step-1 Drug: Incruse Ellipta. Step-2 Drugs: 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.
----------	---

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: Synjardy and Xigduo. Step-2 Drug: Invokamet. 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.
-----------------	--

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

MOTPOLY XR EGWP

Products Affected

Step 1:

- *lacosamide 10 mg/ml oral solution*
- *lacosamide 100 mg tablet*
- *lacosamide 150 mg tablet*
- *lacosamide 200 mg tablet*
- *lacosamide 200 mg/20 ml intravenous solution*
- *lacosamide 50 mg tablet*

Step 2:

- MOTPOLY XR 100 MG CAPSULE,EXTENDED RELEASE
- MOTPOLY XR 150 MG CAPSULE,EXTENDED RELEASE
- MOTPOLY XR 200 MG CAPSULE,EXTENDED RELEASE

Details

Criteria	Step-1 Drug: lacosamide. Step-2 Drug: Motpoly XR. 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 365 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.
----------	--

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

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
- ZENPEP 60,000-189,600-252,600 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 and Zenpep. Step-2 Drugs: Pancreaze and 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 drugs are not covered unless the above step therapy criteria are met.
-----------------	--

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

TRINTELLIX/CYMBALTA 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*
- *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: Cymbalta, 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.
-----------------	---

TRIPTAN 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*

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 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	Step-1 Drug: allopurinol. Step-2 Drugs: febuxostat and Uloric. 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. Authorization for febuxostat will be given if the patient is receiving concomitant medications that have significant drug-drug interactions with the Step 1 agent (allopurinol) which are not noted with febuxostat tablets (e.g., cyclosporine, chlorpropamide).
-----------------	---

VIMPAT EGWP ENHANCED

Products Affected

Step 1:

- *lacosamide 10 mg/ml oral solution*
- *lacosamide 100 mg tablet*
- *lacosamide 150 mg tablet*
- *lacosamide 200 mg tablet*
- *lacosamide 200 mg/20 ml intravenous solution*
- *lacosamide 50 mg tablet*

Step 2:

- VIMPAT 10 MG/ML ORAL SOLUTION
- VIMPAT 100 MG TABLET
- VIMPAT 150 MG TABLET
- VIMPAT 200 MG TABLET
- VIMPAT 50 MG TABLET

Details

Criteria	Step-1 Drug: lacosamide. Step-2 Drug: Vimpat. 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 365 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.
----------	--

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
alendronate 10 mg tablet..... 7
alendronate 35 mg tablet..... 7
alendronate 70 mg tablet..... 7
alendronate 70 mg/75 ml oral solution 7
allopurinol 100 mg tablet..... 28
allopurinol 300 mg tablet..... 28
almotriptan malate 12.5 mg tablet 27
almotriptan malate 6.25 mg tablet 27
ANORO ELLIPTA 62.5 MCG-25
MCG/ACTUATION POWDER FOR
INHALATION..... 13
aripiprazole 1 mg/ml oral solution... 8, 9, 19,
20
aripiprazole 10 mg disintegrating tablet 8, 9,
19, 20
aripiprazole 10 mg tablet 8, 9, 19, 20
aripiprazole 15 mg disintegrating tablet 8, 9,
19, 20
aripiprazole 15 mg tablet 8, 9, 19, 20
aripiprazole 2 mg tablet 8, 9, 19, 20
aripiprazole 20 mg tablet 8, 9, 19, 20
aripiprazole 30 mg tablet 8, 9, 19, 20
aripiprazole 5 mg tablet 8, 9, 19, 20

ARNUITY ELLIPTA 100

MCG/ACTUATION POWDER FOR
INHALATION..... 5, 6

ARNUITY ELLIPTA 200

MCG/ACTUATION POWDER FOR
INHALATION..... 5, 6

ARNUITY ELLIPTA 50

MCG/ACTUATION POWDER FOR
INHALATION..... 5, 6

asenapine 10 mg sublingual tablet... 8, 9, 19,
20

asenapine 2.5 mg sublingual tablet.. 8, 9, 19,
20

asenapine 5 mg sublingual tablet 8, 9, 19, 20

ASMANEX HFA 100 MCG/ACTUATION
AEROSOL INHALER..... 5, 6

ASMANEX HFA 200 MCG/ACTUATION
AEROSOL INHALER..... 5, 6

ASMANEX HFA 50 MCG/ACTUATION
AEROSOL INHALER..... 5, 6

ASMANEX TWISTHALER 110
MCG/ACTUATION(30 DOSES)
BREATH ACTIVATED INHALR..... 5, 6

ASMANEX TWISTHALER 220
MCG/ACTUATION(120 DOSES)
BREATH ACTIVATED INHLR 5, 6

ASMANEX TWISTHALER 220
MCG/ACTUATION(14 DOSES)
BREATH ACTIVATED INHALR..... 5, 6

ASMANEX TWISTHALER 220
MCG/ACTUATION(30 DOSES)
BREATH ACTIVATED INHALR..... 5, 6

ASMANEX TWISTHALER 220
MCG/ACTUATION(60 DOSES)
BREATH ACTIVATED INHALR..... 5, 6

atorvastatin 10 mg tablet..... 10

atorvastatin 20 mg tablet..... 10

atorvastatin 40 mg tablet..... 10

atorvastatin 80 mg tablet..... 10

AUVELITY 45 MG-105 MG TABLET,
EXTENDED RELEASE..... 2

B

balsalazide 750 mg capsule..... 11

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

breynd 160 mcg-4.5 mcg/actuation hfa
aerosol inhaler..... 3, 4

breynd 80 mcg-4.5 mcg/actuation hfa
aerosol inhaler..... 3, 4

bupropion hcl 100 mg tablet 1, 2, 25, 26

bupropion hcl 150 mg tablet,12 hr sustained-
release(smoking deterrent)..... 1, 2, 25, 26

bupropion hcl 75 mg tablet 1, 2, 25, 26

bupropion hcl sr 100 mg tablet,12 hr
sustained-release 1, 2, 25, 26

bupropion hcl sr 150 mg tablet,12 hr
sustained-release 1, 2, 25, 26

bupropion hcl sr 200 mg tablet,12 hr
sustained-release 1, 2, 25, 26

bupropion hcl xl 150 mg 24 hr tablet,
extended release 1, 2, 25, 26

bupropion hcl xl 300 mg 24 hr tablet,
extended release 1, 2, 25, 26

C

carbidopa 10 mg-levodopa 100 mg
disintegrating tablet..... 24

carbidopa 10 mg-levodopa 100 mg tablet. 24

carbidopa 12.5 mg-levodopa 50 mg-
entacapone 200 mg tablet..... 24

carbidopa 18.75 mg-levodopa 75 mg-
entacapone 200 mg tablet..... 24

carbidopa 25 mg-levodopa 100 mg
disintegrating tablet..... 24

carbidopa 25 mg-levodopa 100 mg tablet. 24

carbidopa 25 mg-levodopa 100 mg-
entacapone 200 mg tablet..... 24

carbidopa 25 mg-levodopa 250 mg
disintegrating tablet..... 24

carbidopa 25 mg-levodopa 250 mg tablet. 24

carbidopa 31.25 mg-levodopa 125 mg-
entacapone 200 mg tablet..... 24

carbidopa 37.5 mg-levodopa 150 mg-
entacapone 200 mg tablet..... 24

carbidopa 50 mg-levodopa 200 mg-
entacapone 200 mg tablet..... 24

carbidopa er 25 mg-levodopa 100 mg
tablet,extended release 24

carbidopa er 50 mg-levodopa 200 mg
tablet,extended release 24

citalopram 10 mg tablet 1, 2, 25, 26

citalopram 10 mg/5 ml oral solution 1, 2, 25,
26

citalopram 20 mg tablet 1, 2, 25, 26

citalopram 40 mg tablet 1, 2, 25, 26

COBENFY 100 MG-20 MG CAPSULE 8, 9

COBENFY 125 MG-30 MG CAPSULE 8, 9

COBENFY 50 MG-20 MG CAPSULE.. 8, 9

COBENFY STARTER PACK 50 MG-20
MG/100 MG-20 MG CAPSULES IN A
DOSE PACK 8, 9

CREON 12,000-38,000-60,000 UNIT
CAPSULE,DELAYED RELEASE 21, 22

CREON 24,000-76,000-120,000 UNIT
CAPSULE,DELAYED RELEASE 21, 22

CREON 3,000 UNIT-9,500 UNIT-15,000
UNIT CAPSULE,DELAYED RELEASE
..... 21, 22

CREON 36,000 UNIT-114,000 UNIT-
180,000 UNIT CAPSULE,DELAYED
RELEASE 21, 22

CREON 6,000-19,000-30,000 UNIT
CAPSULE,DELAYED RELEASE 21, 22

CRESTOR 10 MG TABLET..... 10

CRESTOR 20 MG TABLET..... 10

CRESTOR 40 MG TABLET..... 10

CRESTOR 5 MG TABLET..... 10

D

DIPENTUM 250 MG CAPSULE..... 11

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, 25, 26

duloxetine 30 mg capsule,delayed release . 1,
2, 25, 26

duloxetine 40 mg capsule,delayed release . 1,
2, 25, 26
duloxetine 60 mg capsule,delayed release . 1,
2, 25, 26

E

eletriptan 20 mg tablet 27
eletriptan 40 mg tablet 27
escitalopram 10 mg tablet 1, 2, 25, 26
escitalopram 20 mg tablet 1, 2, 25, 26
escitalopram 5 mg tablet 1, 2, 25, 26
escitalopram 5 mg/5 ml oral solution1, 2, 25,
26

F

FARXIGA 10 MG TABLET 16
FARXIGA 5 MG TABLET 16
febuxostat 40 mg tablet 28
febuxostat 80 mg tablet 28
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 17
fluorouracil 2 % topical solution 17
fluorouracil 5 % topical cream 17
fluorouracil 5 % topical solution 17
fluoxetine (pmdd) 10 mg tablet... 1, 2, 25, 26
fluoxetine (pmdd) 20 mg tablet... 1, 2, 25, 26
fluoxetine 10 mg capsule 1, 2, 25, 26
fluoxetine 10 mg tablet 1, 2, 25, 26
fluoxetine 20 mg capsule 1, 2, 25, 26
fluoxetine 20 mg tablet 1, 2, 25, 26
fluoxetine 20 mg/5 ml (4 mg/ml) oral
solution 1, 2, 25, 26
fluoxetine 40 mg capsule 1, 2, 25, 26
fluoxetine 60 mg tablet 1, 2, 25, 26
fluoxetine 90 mg capsule,delayed release.. 1,
2, 25, 26

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, 6
FLUTICASONE PROPIONATE 110
MCG/ACTUATION HFA AEROSOL
INHALER 5, 6
FLUTICASONE PROPIONATE 115 MCG-
SALMETEROL 21 MCG/ACTUATION
HFA INHALER 3, 4
FLUTICASONE PROPIONATE 220
MCG/ACTUATION HFA AEROSOL
INHALER 5, 6
FLUTICASONE PROPIONATE 230 MCG-
SALMETEROL 21 MCG/ACTUATION
HFA INHALER 3, 4
FLUTICASONE PROPIONATE 250
MCG/ACTUATION BLISTER
POWDER FOR INHALATION 5, 6
FLUTICASONE PROPIONATE 44
MCG/ACTUATION HFA AEROSOL
INHALER 5, 6
FLUTICASONE PROPIONATE 45 MCG-
SALMETEROL 21 MCG/ACTUATION
HFA INHALER 3, 4
FLUTICASONE PROPIONATE 50
MCG/ACTUATION BLISTER
POWDER FOR INHALATION 5, 6
FLUTICASONE PROPIONATE 50
MCG/ACTUATION NASAL
SPRAY,SUSPENSION 23, 30
fluvastatin 20 mg capsule 10
fluvastatin 40 mg capsule 10
fluvastatin er 80 mg tablet,extended release
24 hr 10
fluvoxamine 100 mg tablet 1, 2, 25, 26
fluvoxamine 25 mg tablet 1, 2, 25, 26
fluvoxamine 50 mg tablet 1, 2, 25, 26
fluvoxamine er 100 mg capsule,extended
release 24 hr 1, 2, 25, 26

fluvoxamine er 150 mg capsule,extended
release 24 hr 1, 2, 25, 26
FOSAMAX PLUS D 70 MG-2,800 UNIT
TABLET 7
FOSAMAX PLUS D 70 MG-5,600 UNIT
TABLET 7
FROVA 2.5 MG TABLET 27
frovatriptan 2.5 mg tablet..... 27

G

GLUMETZA 1,000 MG
TABLET,EXTENDED RELEASE 12
GLUMETZA 500 MG
TABLET,EXTENDED RELEASE 12

I

ibandronate 150 mg tablet..... 7
imiquimod 3.75 % topical cream in a pump
..... 17
imiquimod 3.75 % topical cream packet... 17
imiquimod 5 % topical cream packet..... 17
INCRUSE ELLIPTA 62.5

MCG/ACTUATION POWDER FOR
INHALATION..... 14

INVOKAMET 150 MG-1,000 MG
TABLET 15

INVOKAMET 150 MG-500 MG TABLET
..... 15

INVOKAMET 50 MG-1,000 MG TABLET
..... 15

INVOKAMET 50 MG-500 MG TABLET 15
INVOKAMET XR 150 MG-1,000 MG

TABLET, EXTENDED RELEASE 15
INVOKAMET XR 150 MG-500 MG

TABLET, EXTENDED RELEASE 15
INVOKAMET XR 50 MG-1,000 MG

TABLET, EXTENDED RELEASE 15
INVOKAMET XR 50 MG-500 MG

TABLET, EXTENDED RELEASE 15
INVOKANA 100 MG TABLET 16

INVOKANA 300 MG TABLET 16

J

JARDIANCE 10 MG TABLET..... 16
JARDIANCE 25 MG TABLET..... 16

K

KLISYRI 1 % (250 MG) TOPICAL
OINTMENT IN PACKET 17

KLISYRI 1 % (350 MG) TOPICAL

OINTMENT IN PACKET 17

L

lacosamide 10 mg/ml oral solution..... 18, 29

lacosamide 100 mg tablet..... 18, 29

lacosamide 150 mg tablet..... 18, 29

lacosamide 200 mg tablet..... 18, 29

lacosamide 200 mg/20 ml intravenous
solution..... 18, 29

lacosamide 50 mg tablet..... 18, 29

lovastatin 10 mg tablet..... 10

lovastatin 20 mg tablet..... 10

lovastatin 40 mg tablet..... 10

lurasidone 120 mg tablet..... 8, 9, 19, 20

lurasidone 20 mg tablet..... 8, 9, 19, 20

lurasidone 40 mg tablet..... 8, 9, 19, 20

lurasidone 60 mg tablet..... 8, 9, 19, 20

lurasidone 80 mg tablet..... 8, 9, 19, 20

M

mesalamine 1.2 gram tablet,delayed release
..... 11

mesalamine 400 mg capsule (with delayed
release tablets inside) 11

mesalamine 800 mg tablet,delayed release 11

mesalamine er 0.375 gram capsule,extended
release 24 hr 11

mesalamine er 500 mg capsule,extended
release 11

metformin er 1,000 mg 24 hr tablet,extended
release (gastric reten.) 12

metformin er 1,000 mg tablet,extended
release 24hr (osmotic)..... 12

metformin er 500 mg 24 hr tablet,extended
release (gastric retention)..... 12

metformin er 500 mg tablet,extended release
24 hr 12

metformin er 500 mg tablet,extended release
24hr (osmotic)..... 12

metformin er 750 mg tablet,extended release
24 hr 12

mirtazapine 15 mg disintegrating tablet. 1, 2,
25, 26

mirtazapine 15 mg tablet..... 1, 2, 25, 26

mirtazapine 30 mg disintegrating tablet. 1, 2,
25, 26

mirtazapine 30 mg tablet..... 1, 2, 25, 26

mirtazapine 45 mg disintegrating tablet. 1, 2, 25, 26
 mirtazapine 45 mg tablet..... 1, 2, 25, 26
 mirtazapine 7.5 mg tablet..... 1, 2, 25, 26
 MOTPOLY XR 100 MG
 CAPSULE,EXTENDED RELEASE.... 18
 MOTPOLY XR 150 MG
 CAPSULE,EXTENDED RELEASE.... 18
 MOTPOLY XR 200 MG
 CAPSULE,EXTENDED RELEASE.... 18
N
 naratriptan 1 mg tablet 27
 naratriptan 2.5 mg tablet 27
O
 olanzapine 10 mg disintegrating tablet .. 8, 9, 19, 20
 olanzapine 10 mg tablet 8, 9, 19, 20
 olanzapine 15 mg disintegrating tablet .. 8, 9, 19, 20
 olanzapine 15 mg tablet 8, 9, 19, 20
 olanzapine 2.5 mg tablet 8, 9, 19, 20
 olanzapine 20 mg disintegrating tablet .. 8, 9, 19, 20
 olanzapine 20 mg tablet 8, 9, 19, 20
 olanzapine 5 mg disintegrating tablet 8, 9, 19, 20
 olanzapine 5 mg tablet 8, 9, 19, 20
 olanzapine 7.5 mg tablet 8, 9, 19, 20
 OPIPZA 10 MG ORAL FILM..... 19, 20
 OPIPZA 2 MG ORAL FILM..... 19, 20
 OPIPZA 5 MG ORAL FILM..... 19, 20
P
 paliperidone er 1.5 mg tablet,extended release 24 hr 8, 9, 19, 20
 paliperidone er 3 mg tablet,extended release 24 hr 8, 9, 19, 20
 paliperidone er 6 mg tablet,extended release 24 hr 8, 9, 19, 20
 paliperidone er 9 mg tablet,extended release 24 hr 8, 9, 19, 20
 PANCREAZE 10,500 UNIT-35,500 UNIT-61,500 UNIT CAPSULE,DELAYED RELEASE 21, 22
 PANCREAZE 16,800 UNIT-56,800 UNIT-98,400 UNIT CAPSULE,DELAYED RELEASE 21, 22

PANCREAZE 2,600 UNIT-8,800 UNIT-15,200 UNIT CAPSULE,DELAYED RELEASE 21, 22
 PANCREAZE 21,000 UNIT-54,700 UNIT-83,900 UNIT CAPSULE,DELAYED RELEASE 21, 22
 PANCREAZE 37,000-97,300-149,900 UNIT CAPSULE,DELAYED RELEASE 21, 22
 PANCREAZE 4,200 UNIT-14,200 UNIT-24,600 UNIT CAPSULE,DELAYED RELEASE 21, 22
 paroxetine 10 mg tablet..... 1, 2, 25, 26
 paroxetine 20 mg tablet..... 1, 2, 25, 26
 paroxetine 30 mg tablet..... 1, 2, 25, 26
 paroxetine 40 mg tablet..... 1, 2, 25, 26
 paroxetine er 12.5 mg tablet,extended release 24 hr 1, 2, 25, 26
 paroxetine er 25 mg tablet,extended release 24 hr 1, 2, 25, 26
 paroxetine er 37.5 mg tablet,extended release 24 hr 1, 2, 25, 26
 PERTZYE 16,000 UNIT-57,500 UNIT-60,500 UNIT CAPSULE,DELAYED RELEASE 21, 22
 PERTZYE 24,000-86,250-90,750 UNIT CAPSULE,DELAYED RELEASE 21, 22
 PERTZYE 4,000 UNIT-14,375 UNIT-15,125 UNIT CAPSULE,DELAYED RELEASE 21, 22
 PERTZYE 8,000 UNIT-28,750 UNIT-30,250 UNIT CAPSULE,DELAYED RELEASE 21, 22
 pravastatin 10 mg tablet..... 10
 pravastatin 20 mg tablet..... 10
 pravastatin 40 mg tablet..... 10
 pravastatin 80 mg tablet..... 10
 PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED..... 5, 6
 PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED..... 5, 6
Q
 quetiapine 100 mg tablet..... 8, 9, 19, 20

QUETIAPINE 150 MG TABLET... 8, 9, 19, 20
 quetiapine 200 mg tablet..... 8, 9, 19, 20
 quetiapine 25 mg tablet..... 8, 9, 19, 20
 quetiapine 300 mg tablet..... 8, 9, 19, 20
 quetiapine 400 mg tablet..... 8, 9, 19, 20
 quetiapine 50 mg tablet..... 8, 9, 19, 20
 quetiapine er 150 mg tablet,extended release
 24 hr 8, 9, 19, 20
 quetiapine er 200 mg tablet,extended release
 24 hr 8, 9, 19, 20
 quetiapine er 300 mg tablet,extended release
 24 hr 8, 9, 19, 20
 quetiapine er 400 mg tablet,extended release
 24 hr 8, 9, 19, 20
 quetiapine er 50 mg tablet,extended release
 24 hr 8, 9, 19, 20
 QVAR REDIHALER 40
 MCG/ACTUATION HFA BREATH
 ACTIVATED AEROSOL 5, 6
 QVAR REDIHALER 80
 MCG/ACTUATION HFA BREATH
 ACTIVATED AEROSOL 5, 6
R
 risedronate 150 mg tablet..... 7
 risedronate 30 mg tablet..... 7
 risedronate 35 mg tablet..... 7
 risedronate 35 mg tablet (12 pack)..... 7
 risedronate 35 mg tablet (4 pack)..... 7
 risedronate 35 mg tablet,delayed release 7
 risedronate 5 mg tablet..... 7
 risperidone 0.25 mg disintegrating tablet8, 9,
 19, 20
 risperidone 0.25 mg tablet..... 8, 9, 19, 20
 risperidone 0.5 mg disintegrating tablet. 8, 9,
 19, 20
 risperidone 0.5 mg tablet..... 8, 9, 19, 20
 risperidone 1 mg disintegrating tablet.... 8, 9,
 19, 20
 risperidone 1 mg tablet..... 8, 9, 19, 20
 risperidone 1 mg/ml oral solution8, 9, 19, 20
 risperidone 2 mg disintegrating tablet.... 8, 9,
 19, 20
 risperidone 2 mg tablet..... 8, 9, 19, 20
 risperidone 3 mg disintegrating tablet.... 8, 9,
 19, 20

risperidone 3 mg tablet..... 8, 9, 19, 20
 risperidone 4 mg disintegrating tablet.... 8, 9,
 19, 20
 risperidone 4 mg tablet..... 8, 9, 19, 20
 rizatriptan 10 mg disintegrating tablet 27
 rizatriptan 10 mg tablet 27
 rizatriptan 5 mg disintegrating tablet 27
 rizatriptan 5 mg tablet 27
 rosuvastatin 10 mg tablet 10
 rosuvastatin 20 mg tablet 10
 rosuvastatin 40 mg tablet 10
 rosuvastatin 5 mg tablet 10
 RYALTRIS 665 MCG-25 MCG/SPRAY
 NASAL SPRAY 23
 RYTARY 23.75 MG-95 MG
 CAPSULE,EXTENDED RELEASE 24
 RYTARY 36.25 MG-145 MG
 CAPSULE,EXTENDED RELEASE 24
 RYTARY 48.75 MG-195 MG
 CAPSULE,EXTENDED RELEASE 24
 RYTARY 61.25 MG-245 MG
 CAPSULE,EXTENDED RELEASE 24
S
 sertraline 100 mg tablet..... 1, 2, 25, 26
 sertraline 20 mg/ml oral concentrate 1, 2, 25,
 26
 sertraline 25 mg tablet..... 1, 2, 25, 26
 sertraline 50 mg tablet..... 1, 2, 25, 26
 simvastatin 10 mg tablet 10
 simvastatin 20 mg tablet 10
 simvastatin 40 mg tablet 10
 simvastatin 5 mg tablet 10
 simvastatin 80 mg tablet 10
 SPIRIVA RESPIMAT 1.25
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 14
 SPIRIVA RESPIMAT 2.5
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 14
 STIOLTO RESPIMAT 2.5 MCG-2.5
 MCG/ACTUATION SOLUTION FOR
 INHALATION..... 13
 sulfasalazine 500 mg tablet..... 11
 sulfasalazine 500 mg tablet,delayed release
 11
 sumatriptan 100 mg tablet..... 27

sumatriptan 20 mg/actuation nasal spray .. 27
 sumatriptan 25 mg tablet..... 27
 sumatriptan 4 mg/0.5 ml subcutaneous
 cartridge (refill)..... 27
 sumatriptan 4 mg/0.5 ml subcutaneous pen
 injector 27
 sumatriptan 5 mg/actuation nasal spray 27
 sumatriptan 50 mg tablet..... 27
 sumatriptan 6 mg/0.5 ml subcutaneous
 cartridge (refill)..... 27
 sumatriptan 6 mg/0.5 ml subcutaneous pen
 injector 27
 sumatriptan 6 mg/0.5 ml subcutaneous
 solution..... 27
 SYNJARDY 12.5 MG-1,000 MG TABLET
 15
 SYNJARDY 12.5 MG-500 MG TABLET 15
 SYNJARDY 5 MG-1,000 MG TABLET. 15
 SYNJARDY 5 MG-500 MG TABLET 15
 SYNJARDY XR 10 MG-1,000 MG
 TABLET, EXTENDED RELEASE 15
 SYNJARDY XR 12.5 MG-1,000 MG
 TABLET, EXTENDED RELEASE 15
 SYNJARDY XR 25 MG-1,000 MG
 TABLET, EXTENDED RELEASE 15
 SYNJARDY XR 5 MG-1,000 MG
 TABLET, EXTENDED RELEASE 15
T
 trazodone 100 mg tablet..... 1, 2, 25, 26
 trazodone 150 mg tablet..... 1, 2, 25, 26
 trazodone 300 mg tablet..... 1, 2, 25, 26
 trazodone 50 mg tablet..... 1, 2, 25, 26
 TRINTELLIX 10 MG TABLET 26
 TRINTELLIX 20 MG TABLET 26
 TRINTELLIX 5 MG TABLET 26
U
 ULORIC 40 MG TABLET 28
 ULORIC 80 MG TABLET 28
V
 venlafaxine 100 mg tablet..... 1, 2, 25, 26
 venlafaxine 25 mg tablet..... 1, 2, 25, 26
 venlafaxine 37.5 mg tablet..... 1, 2, 25, 26
 venlafaxine 50 mg tablet..... 1, 2, 25, 26
 venlafaxine 75 mg tablet..... 1, 2, 25, 26
 venlafaxine er 150 mg capsule,extended
 release 24 hr 1, 2, 25, 26

venlafaxine er 150 mg tablet,extended
 release 24 hr 2, 25, 26
 venlafaxine er 225 mg tablet,extended
 release 24 hr 2, 25, 26
 venlafaxine er 37.5 mg capsule,extended
 release 24 hr 2, 26
 venlafaxine er 37.5 mg tablet,extended
 release 24 hr 2, 26
 venlafaxine er 75 mg capsule,extended
 release 24 hr 2, 26
 venlafaxine er 75 mg tablet,extended release
 24 hr 2, 26
 vilazodone 10 mg tablet 26
 vilazodone 20 mg tablet 26
 vilazodone 40 mg tablet 26
 VIMPAT 10 MG/ML ORAL SOLUTION 29
 VIMPAT 100 MG TABLET 29
 VIMPAT 150 MG TABLET 29
 VIMPAT 200 MG TABLET 29
 VIMPAT 50 MG TABLET 29
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 ... 30
 XIGDUO XR 10 MG-1,000 MG
 TABLET,EXTENDED RELEASE 15
 XIGDUO XR 10 MG-500 MG
 TABLET,EXTENDED RELEASE 15
 XIGDUO XR 2.5 MG-1,000 MG
 TABLET,EXTENDED RELEASE 15
 XIGDUO XR 5 MG-1,000 MG
 TABLET,EXTENDED RELEASE 15
 XIGDUO XR 5 MG-500 MG
 TABLET,EXTENDED RELEASE 15
Z
 ZENPEP 10,000 UNIT-32,000 UNIT-
 42,000 UNIT CAPSULE,DELAYED
 RELEASE 21, 22

ZENPEP 15,000 UNIT-47,000 UNIT-
63,000 UNIT CAPSULE,DELAYED
RELEASE 21, 22
ZENPEP 20,000 UNIT-63,000 UNIT-
84,000 UNIT CAPSULE,DELAYED
RELEASE 21, 22
ZENPEP 25,000 UNIT-79,000 UNIT-
105,000 UNIT CAPSULE,DELAYED
RELEASE 21, 22
ZENPEP 3,000 UNIT-10,000 UNIT-14,000
UNIT CAPSULE,DELAYED RELEASE
..... 21, 22

ZENPEP 40,000 UNIT-126,000 UNIT-
168,000 UNIT CAPSULE,DELAYED
RELEASE 21, 22
ZENPEP 5,000 UNIT-17,000 UNIT-24,000
UNIT CAPSULE,DELAYED RELEASE
..... 21, 22
ZENPEP 60,000-189,600-252,600 UNIT
CAPSULE,DELAYED RELEASE 21, 22
ziprasidone 20 mg capsule 8, 9, 19, 20
ziprasidone 40 mg capsule 8, 9, 19, 20
ziprasidone 60 mg capsule 8, 9, 19, 20
ziprasidone 80 mg capsule 8, 9, 19, 20