

ANTIDEPRESSANTS

Products Affected

Step 2:

- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL
- MARPLAN TABLET 10 MG ORAL
- PAXIL SUSPENSION 10 MG/5ML ORAL
- PEXEVA TABLET 10 MG ORAL
- PEXEVA TABLET 20 MG ORAL
- PEXEVA TABLET 30 MG ORAL
- PEXEVA TABLET 40 MG ORAL
- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL

Details

Criteria	
	<p>Claim will pay automatically for MARPLAN, EMSAM, TRINTELLIX, PAXIL, PEXEVA, FETZIMA, or FETZIMA TITRATION PACK if enrollee has a paid claim for at least a 21 days' supply of MIRTAZAPINE, MIRTAZAPINE ODT, PHENELZINE SULFATE, TRAZODONE HCL, CITALOPRAM HYDROBROMIDE, ESCITALOPRAM OXALATE, FLUOXETINE HCL, FLUVOXAMINE MALEATE, FLUVOXAMINE MALEATE ER, PAROXETINE HCL, PAROXETINE HCL ER, SERTRALINE HCL, DULOXETINE HCL, VENLAFAXINE HCL, VENLAFAXINE HCL ER, AMITRIPTYLINE HCL, AMOXAPINE, DOXEPIN HCL, IMIPRAMINE HCL, NORTRIPTYLINE HCL, PROTRIPTYLINE HCL, BUPROPION HCL, or BUPROPION HCL SR in the past 365 days. Otherwise, Step 2 medications require a step therapy exception request indicating: (1) history of inadequate treatment response with Step 1 Antidepressant, OR (2) history of adverse event with Step 1 Antidepressant, OR (3) Step 1 Antidepressant is contraindicated.</p>

ATOPIC DERMATITIS

Products Affected

Step 2:

- ELIDEL CREAM 1 % EXTERNAL
- *tacrolimus ointment 0.03 % external*
- *tacrolimus ointment 0.1 % external*

Details

Criteria	Patient needs to have a paid claim for at least a 21 days' supply each of at least TWO formulary topical corticosteroids
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ATYPICALS

Products Affected

Step 2:

- *clozapine tablet dispersible 100 mg oral*
- *clozapine tablet dispersible 12.5 mg oral*
- *clozapine tablet dispersible 150 mg oral*
- *clozapine tablet dispersible 200 mg oral*
- *clozapine tablet dispersible 25 mg oral*
- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 117 MG/0.75ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 156 MG/ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 234 MG/1.5ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 39 MG/0.25ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 78 MG/0.5ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 273 MG/0.875ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 410 MG/1.315ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 546 MG/1.75ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 819 MG/2.625ML INTRAMUSCULAR
- *paliperidone er tablet extended release 24 hour 1.5 mg oral*
- *paliperidone er tablet extended release 24 hour 3 mg oral*
- *paliperidone er tablet extended release 24 hour 6 mg oral*
- *paliperidone er tablet extended release 24 hour 9 mg oral*
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 12.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 25 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 37.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 50 MG INTRAMUSCULAR
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- VERSACLOZ SUSPENSION 50 MG/ML ORAL

Details

Details

Criteria	Claim will pay automatically for FANAPT, FANAPT TITRATION PACK, PALIPERIDONE, INVEGA SUSTENNA, INVEGA TRINZA, RISPERDAL CONSTA, VERSACLOZ, CLOZAPINE ODT, SAPHRIS, or GEODON if enrollee has a paid claim for at least a 21 days' supply of a Latuda in the past 365 days. Otherwise, Step 2 Antipsychotics require a step therapy exception request indicating any ONE of the following: (1) diagnosis that is not covered by Latuda (i.e. Acute treatment of agitation for Geodon injection),OR (2) history of inadequate treatment response with Latuda, OR (3) history of adverse event with Latuda, OR (4) Latuda is contraindicated.
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FENTANYL

Products Affected

Step 2:

- *fentanyl patch 72 hour 100 mcg/hr transdermal*
- *fentanyl patch 72 hour 12 mcg/hr transdermal*
- *fentanyl patch 72 hour 25 mcg/hr transdermal*
- *fentanyl patch 72 hour 37.5 mcg/hr transdermal*
- *fentanyl patch 72 hour 50 mcg/hr transdermal*
- *fentanyl patch 72 hour 62.5 mcg/hr transdermal*
- *fentanyl patch 72 hour 75 mcg/hr transdermal*
- *fentanyl patch 72 hour 87.5 mcg/hr transdermal*

Details

Criteria	Claim will pay automatically for Fentanyl patches if enrollee has paid claims history of 21 days' supply in the past 365 days of Morphine ER tablets (MS Contin generic only), Methadone, or Oxycodone ER. Otherwise, the drug requires a step therapy exception request indicating any ONE of the following: (1) history of inadequate treatment response to Morphine ER tablets (MS Contin generic only), Methadone, or Oxycodone ER OR (2) history of adverse event with Morphine ER tablets (MS Contin generic only), Methadone, or Oxycodone ER OR (3) Morphine ER, Methadone, or Oxycodone ER are contraindicated.
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IMMUNOMODULATORS

Products Affected

Step 2:

- ACTEMRA SOLUTION 200 MG/10ML INTRAVENOUS
- ACTEMRA SOLUTION 400 MG/20ML INTRAVENOUS
- ACTEMRA SOLUTION 80 MG/4ML INTRAVENOUS
- ACTEMRA SOLUTION PREFILLED SYRINGE 162 MG/0.9ML SUBCUTANEOUS
- CIMZIA KIT 2 X 200 MG SUBCUTANEOUS
- CIMZIA PREFILLED KIT 2 X 200 MG/ML SUBCUTANEOUS
- COSENTYX 300 DOSE SOLUTION PREFILLED SYRINGE 150 MG/ML SUBCUTANEOUS
- COSENTYX SENSOREADY 300 DOSE SOLUTION AUTO-INJECTOR 150 MG/ML SUBCUTANEOUS
- KINERET SOLUTION PREFILLED SYRINGE 100 MG/0.67ML SUBCUTANEOUS
- ORENCIA CLICKJECT SOLUTION AUTO-INJECTOR 125 MG/ML SUBCUTANEOUS
- ORENCIA SOLUTION PREFILLED SYRINGE 125 MG/ML SUBCUTANEOUS
- ORENCIA SOLUTION PREFILLED SYRINGE 50 MG/0.4ML SUBCUTANEOUS
- ORENCIA SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML SUBCUTANEOUS
- ORENCIA SOLUTION RECONSTITUTED 250 MG INTRAVENOUS
- OTEZLA TABLET 30 MG ORAL
- SIMPONI ARIA SOLUTION 50 MG/4ML INTRAVENOUS
- SIMPONI SOLUTION AUTO-INJECTOR 100 MG/ML SUBCUTANEOUS
- SIMPONI SOLUTION AUTO-INJECTOR 50 MG/0.5ML SUBCUTANEOUS
- SIMPONI SOLUTION PREFILLED SYRINGE 100 MG/ML SUBCUTANEOUS
- SIMPONI SOLUTION PREFILLED SYRINGE 50 MG/0.5ML SUBCUTANEOUS
- STELARA SOLUTION 45 MG/0.5ML SUBCUTANEOUS
- STELARA SOLUTION PREFILLED SYRINGE 45 MG/0.5ML SUBCUTANEOUS
- STELARA SOLUTION PREFILLED SYRINGE 90 MG/ML SUBCUTANEOUS
- XELJANZ TABLET 10 MG ORAL
- XELJANZ TABLET 5 MG ORAL

Details

Details

Criteria	<p>Claim will pay automatically for Actemra, Cimzia, Kineret, Orencia, Otezla, Simponi, Stelara, Cosentyx or Xeljanz if enrollee has a paid claim for at least a 21 days' supply of Enbrel AND Humira in the past 365 days. Enrollee does NOT need history of Humira prior to Actemra, Cimzia, Kineret, Orencia, Otezla, Simponi, Stelara, Cosentyx or Xeljanz if diagnosed with Polyarticular Juvenile Idiopathic Arthritis (PJIA). Enrollee does NOT need history of Enbrel prior to Actemra, Cimzia, Kineret, Orencia, Otezla, Simponi, Stelara, Cosentyx or Xeljanz if diagnosed with Crohns Disease (CD), Ulcerative Colitis (UC), Juvenile Idiopathic arthritis (JIA) or Systemic Juvenile Idiopathic arthritis (SJIA). Otherwise, Actemra, Cimzia, Kineret, Orencia, Otezla, Simponi, Stelara, Cosentyx or Xeljanz requires a step therapy exception request indicating: (1) history of inadequate treatment response with Enbrel AND Humira, OR (2) history of adverse event with Enbrel AND Humira, OR (3) Enbrel AND Humira is contraindicated. For diagnosis cryopyrin-associated periodic syndromes, Kineret will be approved. For Giant Cell Arteritis, Actemra will be approved.</p>
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IMMUNOSUPPRESSANTS

Products Affected

Step 2:

- ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG ORAL
- ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 1 MG ORAL
- ASTAGRAF XL CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- AZASAN TABLET 100 MG ORAL
- AZASAN TABLET 75 MG ORAL
- NULOJIX SOLUTION RECONSTITUTED 250 MG INTRAVENOUS
- ZORTRESS TABLET 0.25 MG ORAL
- ZORTRESS TABLET 0.5 MG ORAL
- ZORTRESS TABLET 0.75 MG ORAL

Details

Criteria	<p>Claim will pay automatically for Non-Preferred Brand Immunosuppressants (i.e. Astagraf, Azasan, Nulojix, or Zortress) if enrollee has a paid claim for at least a 21 days' supply of a CYCLOSPORINE, CYCLOSPORINE MODIFIED, GENGRAF, MYCOPHENOLATE MOFETIL, MYCOPHENOLIC ACID DR, TACROLIMUS, or AZATHIOPRINE in the past 365 days. Otherwise, Non-Preferred Brand Immunosuppressants require a step therapy exception request indicating: (1) history of inadequate treatment response with Step 1 Immunosuppressants, OR (2) history of adverse event with Step 1 Immunosuppressants, OR (3) Step 1 Immunosuppressants is contraindicated.</p>
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LIVALO

Products Affected

Step 2:

- LIVALO TABLET 1 MG ORAL
- LIVALO TABLET 2 MG ORAL
- LIVALO TABLET 4 MG ORAL

Details

Criteria	Claim will pay automatically for Livalo if enrollee has a paid claim for at least a 21 days' supply of atorvastatin or simvastatin in the past 365 days. Otherwise Livalo requires a step therapy exception request indicating: (1) history of inadequate treatment response with step 1 statins OR (2) history of adverse event with step 1 statins OR (3) step 1 statins are contraindicated.
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MS THERAPY

Products Affected

Step 2:

- AMPYRA TABLET EXTENDED
RELEASE 12 HOUR 10 MG ORAL

Details

Criteria	Claim will pay automatically for Ampyra if enrollee has a paid claim for at least a 21 days' supply of glatiramer acetate, Betaseron, or Gilenya in the past 365 days. Otherwise, Ampyra requires a step therapy exception request indicating: (1) history of inadequate treatment response with glatiramer acetate, Betaseron, or Gilenya OR (2) history of adverse event with glatiramer acetate, Betaseron, or Gilenya OR (3) glatiramer acetate, Betaseron, or Gilenya are contraindicated.
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OXYCODONE ER

Products Affected

Step 2:

- *oxycodone hcl er tablet er 12 hour abuse-deterrent 10 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 15 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 20 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 30 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 40 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral*
- *oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral*

Details

Criteria	
	Claim will pay automatically for oxycodone ER if enrollee has paid claims history of 21 days' supply in the past 365 days of Morphine ER tablets (MS Contin generic only) or Methadone. Otherwise, the drug requires a step therapy exception request indicating any ONE of the following: (1) history of inadequate treatment response to Morphine ER tablets (MS Contin generic only) or Methadone OR (2) history of adverse event with Morphine ER tablets (MS Contin generic only) or Methadone OR (3) Morphine ER (MS Contin generic only) or Methadone are contraindicated.

PRADAXA

Products Affected

Step 2:

- PRADAXA CAPSULE 110 MG ORAL
- PRADAXA CAPSULE 150 MG ORAL
- PRADAXA CAPSULE 75 MG ORAL

Details

Criteria	Claim will pay automatically for Pradaxa if enrollee has a paid claim for at least a 21 days' supply of Xarelto or Eliquis in the past 365 days. Otherwise, Pradaxa requires a step therapy exception request indicating: (1) History of inadequate treatment response with Xarelto or Eliquis, OR (2) History of adverse event with Xarelto or Eliquis, OR (3) Xarelto or Eliquis is contraindicated.
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PROLIA

Products Affected

Step 2:

- PROLIA SOLUTION 60 MG/ML
SUBCUTANEOUS

Details

Criteria	Patient needs to have a paid claim for at least a 21 days' supply of one Step 1 drug (alendronate, ibandronate, pamidronate, risedronate, or zoledronic acid) prior to filling a Prolia. For osteoporosis prophylaxis in men at high risk for bone fractures after receiving androgen deprivation therapy for nonmetastatic prostate cancer and in women at high risk for bone fractures after receiving adjuvant aromatase inhibitor therapy for breast cancer, Prolia will be approved.
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RELISTOR

Products Affected

Step 2:

- MOVANTIK TABLET 12.5 MG ORAL
- MOVANTIK TABLET 25 MG ORAL
- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS
- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS (0.6ML SYRINGE)
- RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS

Details

Criteria	Claim will pay automatically for Relistor OR Movantik if enrollee has a paid claim for at least a 21 days' supply of Amitiza in the past 365 days. Otherwise, Relistor OR Movantik requires a step therapy exception request indicating: (1) history of inadequate treatment response with Amitiza, OR (2) history of adverse event with Amitiza, OR (3) Amitiza is contraindicated. For patients with advanced illness who are receiving palliative care, Relistor will be approved.
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UCERIS

Products Affected

Step 2:

- UCERIS FOAM 2 MG/ACT RECTAL
- UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL

Details

Criteria	Claim will pay automatically for Uceris if enrollee has a paid claim for at least a 21 days' supply of any formulary corticosteroid used to treat ulcerative colitis in the past 365 days. Otherwise, Uceris requires a step therapy exception request indicating: (1) history of inadequate treatment response with formulary corticosteroid used to treat ulcerative colitis, OR (2) history of adverse event with formulary corticosteroid used to treat ulcerative colitis, OR (3) formulary corticosteroid used to treat ulcerative colitis is contraindicated.
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ULORIC

Products Affected

Step 2:

- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

Details

Criteria	Claim will pay automatically for Uloric if enrollee has a paid claim for at least a 21 days' supply of Allopurinol in the past 365 days. Otherwise, Uloric requires a step therapy exception request indicating: (1) history of inadequate treatment response with Allopurinol, OR (2) history of adverse event with Allopurinol, OR (3) Allopurinol is contraindicated.
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XTANDI

Products Affected

Step 2:

- XTANDI CAPSULE 40 MG ORAL

Details

Criteria	Claim will pay automatically for Xtandi if enrollee has a paid claim for at least a 21 days' supply of Zytiga in the past 365 days. Otherwise, Xtandi requires a step therapy exception request indicating: (1) history of inadequate treatment response with Zytiga OR (2) history of adverse event with Zytiga OR (3) Zytiga is contraindicated.
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Alphabetical Listing

A

ACTEMRA SOLUTION 200 MG/10ML
 INTRAVENOUS 6, 7
 ACTEMRA SOLUTION 400 MG/20ML
 INTRAVENOUS 6, 7
 ACTEMRA SOLUTION 80 MG/4ML
 INTRAVENOUS 6, 7
 ACTEMRA SOLUTION PREFILLED
 SYRINGE 162 MG/0.9ML
 SUBCUTANEOUS..... 6, 7
 AMPYRA TABLET EXTENDED
 RELEASE 12 HOUR 10 MG ORAL ... 10
 ASTAGRAF XL CAPSULE EXTENDED
 RELEASE 24 HOUR 0.5 MG ORAL 8
 ASTAGRAF XL CAPSULE EXTENDED
 RELEASE 24 HOUR 1 MG ORAL 8
 ASTAGRAF XL CAPSULE EXTENDED
 RELEASE 24 HOUR 5 MG ORAL 8
 AZASAN TABLET 100 MG ORAL..... 8
 AZASAN TABLET 75 MG ORAL..... 8

C

CIMZIA KIT 2 X 200 MG
 SUBCUTANEOUS..... 6, 7
 CIMZIA PREFILLED KIT 2 X 200
 MG/ML SUBCUTANEOUS 6, 7
 clozapine tablet dispersible 100 mg oral. 3, 4
 clozapine tablet dispersible 12.5 mg oral 3, 4
 clozapine tablet dispersible 150 mg oral. 3, 4
 clozapine tablet dispersible 200 mg oral. 3, 4
 clozapine tablet dispersible 25 mg oral... 3, 4
 COSENTYX 300 DOSE SOLUTION
 PREFILLED SYRINGE 150 MG/ML
 SUBCUTANEOUS..... 6, 7
 COSENTYX SENSOREADY 300 DOSE
 SOLUTION AUTO-INJECTOR 150
 MG/ML SUBCUTANEOUS 6, 7

E

ELIDEL CREAM 1 % EXTERNAL..... 2
 EMSAM PATCH 24 HOUR 12 MG/24HR
 TRANSDERMAL..... 1
 EMSAM PATCH 24 HOUR 6 MG/24HR
 TRANSDERMAL..... 1
 EMSAM PATCH 24 HOUR 9 MG/24HR
 TRANSDERMAL..... 1

F

FANAPT TABLET 1 MG ORAL 3, 4
 FANAPT TABLET 10 MG ORAL 3, 4
 FANAPT TABLET 12 MG ORAL 3, 4
 FANAPT TABLET 2 MG ORAL 3, 4
 FANAPT TABLET 4 MG ORAL 3, 4
 FANAPT TABLET 6 MG ORAL 3, 4
 FANAPT TABLET 8 MG ORAL 3, 4
 FANAPT TITRATION PACK TABLET 1
 & 2 & 4 & 6 MG ORAL..... 3, 4
 fentanyl patch 72 hour 100 mcg/hr
 transdermal..... 5
 fentanyl patch 72 hour 12 mcg/hr
 transdermal..... 5
 fentanyl patch 72 hour 25 mcg/hr
 transdermal..... 5
 fentanyl patch 72 hour 37.5 mcg/hr
 transdermal..... 5
 fentanyl patch 72 hour 50 mcg/hr
 transdermal..... 5
 fentanyl patch 72 hour 62.5 mcg/hr
 transdermal..... 5
 fentanyl patch 72 hour 75 mcg/hr
 transdermal..... 5
 fentanyl patch 72 hour 87.5 mcg/hr
 transdermal..... 5
 FETZIMA CAPSULE EXTENDED
 RELEASE 24 HOUR 120 MG ORAL ... 1
 FETZIMA CAPSULE EXTENDED
 RELEASE 24 HOUR 20 MG ORAL 1
 FETZIMA CAPSULE EXTENDED
 RELEASE 24 HOUR 40 MG ORAL 1
 FETZIMA CAPSULE EXTENDED
 RELEASE 24 HOUR 80 MG ORAL 1
 FETZIMA TITRATION CAPSULE ER 24
 HOUR THERAPY PACK 20 & 40 MG
 ORAL..... 1

G

GEODON SOLUTION RECONSTITUTED
 20 MG INTRAMUSCULAR..... 3, 4

I

INVEGA SUSTENNA SUSPENSION 117
 MG/0.75ML INTRAMUSCULAR 3, 4
 INVEGA SUSTENNA SUSPENSION 156
 MG/ML INTRAMUSCULAR..... 3, 4

INVEGA SUSTENNA SUSPENSION 234
 MG/1.5ML INTRAMUSCULAR..... 3, 4
 INVEGA SUSTENNA SUSPENSION 39
 MG/0.25ML INTRAMUSCULAR 3, 4
 INVEGA SUSTENNA SUSPENSION 78
 MG/0.5ML INTRAMUSCULAR..... 3, 4
 INVEGA TRINZA SUSPENSION 273
 MG/0.875ML INTRAMUSCULAR... 3, 4
 INVEGA TRINZA SUSPENSION 410
 MG/1.315ML INTRAMUSCULAR... 3, 4
 INVEGA TRINZA SUSPENSION 546
 MG/1.75ML INTRAMUSCULAR 3, 4
 INVEGA TRINZA SUSPENSION 819
 MG/2.625ML INTRAMUSCULAR... 3, 4

K

KINERET SOLUTION PREFILLED
 SYRINGE 100 MG/0.67ML
 SUBCUTANEOUS..... 6, 7

L

LIVALO TABLET 1 MG ORAL 9
 LIVALO TABLET 2 MG ORAL 9
 LIVALO TABLET 4 MG ORAL 9

M

MARPLAN TABLET 10 MG ORAL 1
 MOVANTIK TABLET 12.5 MG ORAL . 14
 MOVANTIK TABLET 25 MG ORAL 14

N

NULOJIX SOLUTION RECONSTITUTED
 250 MG INTRAVENOUS..... 8

O

ORENCIA CLICKJECT SOLUTION
 AUTO-INJECTOR 125 MG/ML
 SUBCUTANEOUS..... 6, 7
 ORENCIA SOLUTION PREFILLED
 SYRINGE 125 MG/ML
 SUBCUTANEOUS..... 6, 7
 ORENCIA SOLUTION PREFILLED
 SYRINGE 50 MG/0.4ML
 SUBCUTANEOUS..... 6, 7
 ORENCIA SOLUTION PREFILLED
 SYRINGE 87.5 MG/0.7ML
 SUBCUTANEOUS..... 6, 7
 ORENCIA SOLUTION
 RECONSTITUTED 250 MG
 INTRAVENOUS 6, 7
 OTEZLA TABLET 30 MG ORAL 6, 7

oxycodone hcl er tablet er 12 hour abuse-
 deterrent 10 mg oral 11
 oxycodone hcl er tablet er 12 hour abuse-
 deterrent 15 mg oral 11
 oxycodone hcl er tablet er 12 hour abuse-
 deterrent 20 mg oral 11
 oxycodone hcl er tablet er 12 hour abuse-
 deterrent 30 mg oral 11
 oxycodone hcl er tablet er 12 hour abuse-
 deterrent 40 mg oral 11
 oxycodone hcl er tablet er 12 hour abuse-
 deterrent 60 mg oral 11
 oxycodone hcl er tablet er 12 hour abuse-
 deterrent 80 mg oral 11

P

paliperidone er tablet extended release 24
 hour 1.5 mg oral 3, 4
 paliperidone er tablet extended release 24
 hour 3 mg oral 3, 4
 paliperidone er tablet extended release 24
 hour 6 mg oral 3, 4
 paliperidone er tablet extended release 24
 hour 9 mg oral 3, 4
 PAXIL SUSPENSION 10 MG/5ML ORAL
 1
 PEKEVA TABLET 10 MG ORAL 1
 PEKEVA TABLET 20 MG ORAL 1
 PEKEVA TABLET 30 MG ORAL 1
 PEKEVA TABLET 40 MG ORAL 1
 PRADAXA CAPSULE 110 MG ORAL .. 12
 PRADAXA CAPSULE 150 MG ORAL .. 12
 PRADAXA CAPSULE 75 MG ORAL 12
 PROLIA SOLUTION 60 MG/ML
 SUBCUTANEOUS..... 13

R

RELISTOR SOLUTION 12 MG/0.6ML
 SUBCUTANEOUS..... 14
 RELISTOR SOLUTION 12 MG/0.6ML
 SUBCUTANEOUS (0.6ML SYRINGE)
 14
 RELISTOR SOLUTION 8 MG/0.4ML
 SUBCUTANEOUS..... 14
 RISPERDAL CONSTA SUSPENSION
 RECONSTITUTED 12.5 MG
 INTRAMUSCULAR 3, 4

RISPERDAL CONSTA SUSPENSION
 RECONSTITUTED 25 MG
 INTRAMUSCULAR 3, 4

RISPERDAL CONSTA SUSPENSION
 RECONSTITUTED 37.5 MG
 INTRAMUSCULAR 3, 4

RISPERDAL CONSTA SUSPENSION
 RECONSTITUTED 50 MG
 INTRAMUSCULAR 3, 4

S

SAPHRIS TABLET SUBLINGUAL 10 MG
 SUBLINGUAL 3, 4

SAPHRIS TABLET SUBLINGUAL 2.5
 MG SUBLINGUAL 3, 4

SAPHRIS TABLET SUBLINGUAL 5 MG
 SUBLINGUAL 3, 4

SIMPONI ARIA SOLUTION 50 MG/4ML
 INTRAVENOUS 6, 7

SIMPONI SOLUTION AUTO-INJECTOR
 100 MG/ML SUBCUTANEOUS 6, 7

SIMPONI SOLUTION AUTO-INJECTOR
 50 MG/0.5ML SUBCUTANEOUS 6, 7

SIMPONI SOLUTION PREFILLED
 SYRINGE 100 MG/ML
 SUBCUTANEOUS 6, 7

SIMPONI SOLUTION PREFILLED
 SYRINGE 50 MG/0.5ML
 SUBCUTANEOUS 6, 7

STELARA SOLUTION 45 MG/0.5ML
 SUBCUTANEOUS 6, 7

STELARA SOLUTION PREFILLED
 SYRINGE 45 MG/0.5ML
 SUBCUTANEOUS 6, 7

STELARA SOLUTION PREFILLED
 SYRINGE 90 MG/ML
 SUBCUTANEOUS 6, 7

T

tacrolimus ointment 0.03 % external 2

tacrolimus ointment 0.1 % external 2

TRINTELLIX TABLET 10 MG ORAL 1

TRINTELLIX TABLET 20 MG ORAL 1

TRINTELLIX TABLET 5 MG ORAL 1

U

UCERIS FOAM 2 MG/ACT RECTAL 15

UCERIS TABLET EXTENDED RELEASE
 24 HOUR 9 MG ORAL 15

ULORIC TABLET 40 MG ORAL 16

ULORIC TABLET 80 MG ORAL 16

V

VERSACLOZ SUSPENSION 50 MG/ML
 ORAL 3, 4

X

XELJANZ TABLET 10 MG ORAL 6, 7

XELJANZ TABLET 5 MG ORAL 6, 7

XTANDI CAPSULE 40 MG ORAL 17

Z

ZORTRESS TABLET 0.25 MG ORAL 8

ZORTRESS TABLET 0.5 MG ORAL 8

ZORTRESS TABLET 0.75 MG ORAL 8