MEMORIAL HERMANN Health Plan
MEMORIAL HERMANN ADVANTAGE HMO

ABILIFY M

Products Affected

Step 2:

- ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR
- ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR

Details

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

Formulary ID: 19563 Version 15
Last Updated: 10/02/2019
Effective date: 11/01/2019
Y0110_PH_StepTherapyCriteria IA 12/21/2016

ANTIDEPRESSANTS

Products Affected

Step 2:

- *bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral*
- PEXEVA TABLET 10 MG ORAL
- PEXEVA TABLET 20 MG ORAL
- PEXEVA TABLET 30 MG ORAL
- PEXEVA TABLET 40 MG ORAL

Details

Criteria	Claim will pay automatically for Pexeva or bupropion XL 450mg (generic Forfivo XL) if enrollee has a paid claim for at least a 1 days supply of any 2 generic formulary antidepressants OR Paxil oral suspension OR Marplan in the past 365 days. Otherwise, Pexeva or bupropion XL 450mg (generic Forfivo XL) requires a step therapy exception request indicating: (1) history of inadequate treatment response with any 2 generic formulary antidepressants,OR Paxil oral suspension OR Marplan, OR (2) history of adverse event with any 2 generic formulary antidepressants OR Paxil oral suspension OR Marplan, OR (3) any 2 generic formulary antidepressants OR Paxil oral suspension OR Marplan are contraindicated.

ATYPICALS

Products Affected

Step 2:

- ABILIFY MYCITE TABLET 10 MG ORAL
- ABILIFY MYCITE TABLET 15 MG ORAL
- ABILIFY MYCITE TABLET 2 MG ORAL
- ABILIFY MYCITE TABLET 20 MG ORAL
- ABILIFY MYCITE TABLET 30 MG ORAL
- ABILIFY MYCITE TABLET 5 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 SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 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
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML INTRAMUSCULAR

- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML INTRAMUSCULAR
- LATUDA TABLET 120 MG ORAL
- LATUDA TABLET 20 MG ORAL
- LATUDA TABLET 40 MG ORAL
- LATUDA TABLET 60 MG ORAL
- LATUDA TABLET 80 MG ORAL
- *nuplazid capsule 34 mg oral*
- *nuplazid tablet 10 mg oral*
- *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*
- PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS
- PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS
- REXULTI TABLET 0.25 MG ORAL
- REXULTI TABLET 0.5 MG ORAL
- REXULTI TABLET 1 MG ORAL
- REXULTI TABLET 2 MG ORAL
- REXULTI TABLET 3 MG ORAL
- REXULTI TABLET 4 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
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL
- ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR

Details

Details

Criteria	Claim will pay automatically for Abilify MyCite, Perseris, Rexulti, Paliperidone ER, Latuda, Vraylar, Fanapt, Invenga Sustenna/Trinza, Risperdal Consta, Saphris, Zyprexa Relprevv, Nuplazid, Geodon IM, or Versacloz if enrollee has a paid claim for at least a 1 days supply of any generic formulary atypical antipsychotic in the past 365 days. Otherwise Abilify MyCite, Perseris, Rexulti, Paliperidone ER, Latuda, Vraylar, Fanapt, Invenga Sustenna/Trinza, Risperdal Consta, Saphris, Zyprexa Relprevv, Nuplazid, Geodon IM, or Versacloz requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary atypical antipsychotic, OR (2) history of adverse event with any generic formulary atypical antipsychotic, OR (3) any generic formulary atypical antipsychotic is contraindicated.

MEMORIAL HERMANN Health Plan
MEMORIAL HERMANN *ADVANTAGE* HMO

COPD

Products Affected

Step 2:

- TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION

Details

Criteria	Claim will pay automatically for Trelegy if enrollee has a paid claim for at least a one day supply of any step level 1 agent (Spiriva, Serevent, Advair, Breo, or Stiolto). Otherwise, Trelegy requires a step therapy exception request indicating: (1) history of inadequate treatment response with step 1 agent, OR (2) history of adverse event with step 1 agent, OR (3) step 1 agent is contraindicated.

DHE

Products Affected

Step 2:

- *dihydroergotamine mesylate solution 4 mg/ml nasal*

Details

Criteria	Claim will pay automatically for DHE if enrollee has a paid claim for at least a 1 days supply of any generic formulary serotonin (5-HT) 1b/1d receptor agonist (i.e. triptan) in the past 365 days. Otherwise, DHE requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary triptan, OR (2) history of adverse event with any generic formulary triptan, OR (3) any generic formulary triptan is contraindicated.

DIFICID

Products Affected

Step 2:

- DIFICID TABLET 200 MG ORAL

Details

Criteria	Claim will pay automatically for Dificid if enrollee has a paid claim for at least a 1 days supply of Vancomycin in the past 120 days. Otherwise, Dificid requires a step therapy exception request indicating: (1) history of inadequate treatment response with Vancomycin, OR (2) history of adverse event with Vancomycin, OR (3) Vancomycin is contraindicated.

ESA

Products Affected

Step 2:

- EPOGEN SOLUTION 10000 UNIT/ML INJECTION
- EPOGEN SOLUTION 2000 UNIT/ML INJECTION
- EPOGEN SOLUTION 20000 UNIT/ML INJECTION
- EPOGEN SOLUTION 3000 UNIT/ML INJECTION
- EPOGEN SOLUTION 4000 UNIT/ML INJECTION

Details

Criteria	CLAIM WILL PAY AUTOMATICALLY FOR ARANESP OR EPOGEN IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF PROCRIT OR RETACRIT IN THE PAST 365 DAYS. OTHERWISE, ARANESP OR EPOGEN REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH PROCRIT OR RETACRIT, OR (2) HISTORY OF ADVERSE EVENT WITH PROCRIT OR RETACRIT, OR (3) PROCRIT OR RETACRIT IS CONTRAINDICATED.

NEUPRO

Products Affected

Step 2:

- NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL

Details

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

PPI

Products Affected

Step 2:

- DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL
- DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL

Details

Criteria	Claim will pay automatically for Dexilant if enrollee has a paid claim for at least a 1 days supply of any 1 of the following: omeprazole (Rx), lansoprazole (Rx), or pantoprazole in the past 365 days. Otherwise, Dexilant requires a step therapy exception request indicating: (1) history of inadequate treatment response with any 1 of the following: omeprazole (Rx), lansoprazole (Rx), or pantoprazole OR (2) history of adverse event with any 1 of the following: omeprazole (Rx), lansoprazole (Rx), or pantoprazole, OR (3) any 1 of the following: omeprazole (Rx), lansoprazole (Rx), or pantoprazole 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 1 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.

PROLIA

Products Affected

Step 2:

- PROLIA SOLUTION 60 MG/ML SUBCUTANEOUS
- PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS

Details

Criteria	Claim will pay automatically for Prolia if enrollee has a paid claim for at least a 1 days supply of any formulary bisphosphonate in the past 180 days. Otherwise, Prolia requires a step therapy exception request indicating: (1) history of inadequate treatment response with any formulary bisphosphonate, OR (2) history of adverse event with any formulary bisphosphonate, OR (3) any formulary bisphosphonate is contraindicated. 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.

RYTARY

Products Affected

Step 2:

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

Details

Criteria	CLAIM WILL PAY AUTOMATICALLY FOR RYTARY IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF A COMBINATION CARBIDOPA/LEVODOPA PRODUCT IN THE PAST 365 DAYS. OTHERWISE, RYTARY REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH A COMBINATION CARBIDOPA/LEVODOPA PRODUCT, OR (2) HISTORY OF ADVERSE EVENT WITH A COMBINATION CARBIDOPA/LEVODOPA PRODUCT, OR (3) A COMBINATION CARBIDOPA/LEVODOPA PRODUCT IS CONTRAINDICATED.

SGLT2

Products Affected

Step 2:

- INVOKAMET TABLET 150-1000 MG ORAL
- INVOKAMET TABLET 150-500 MG ORAL
- INVOKAMET TABLET 50-1000 MG ORAL
- INVOKAMET TABLET 50-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
- INVOKANA TABLET 100 MG ORAL
- INVOKANA TABLET 300 MG ORAL
- JARDIANCE TABLET 10 MG ORAL
- JARDIANCE TABLET 25 MG ORAL
- SYNJARDY TABLET 12.5-1000 MG ORAL
- SYNJARDY TABLET 12.5-500 MG ORAL
- SYNJARDY TABLET 5-1000 MG ORAL
- SYNJARDY TABLET 5-500 MG ORAL
- SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL
- SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL
- SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL
- SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL

Details

Details

Criteria	CLAIM WILL PAY AUTOMATICALLY FOR INVOKANA, INVOKAMET IR/XR, JARDIANCE, OR SYNJARDY IR/XR IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF GENERIC METFORMIN OR A COMBINATION GENERIC METFORMIN PRODUCT IN THE PAST 365 DAYS. OTHERWISE, INVOKANA, INVOKAMET IR/XR, JARDIANCE, OR SYNJARDY IR/XR REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH GENERIC METFORMIN OR A COMBINATION GENERIC METFORMIN PRODUCT, OR (2) HISTORY OF ADVERSE EVENT WITH GENERIC METFORMIN OR A COMBINATION GENERIC METFORMIN PRODUCT, OR (3) GENERIC METFORMIN OR A COMBINATION GENERIC METFORMIN PRODUCT IS CONTRAINDICATED.

TOPICAL AGENTS

Products Affected
Step 2:
- CONDYLOX GEL 0.5 % EXTERNAL

Details

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

TOPICAL ANTI-INFLAMMATORY

Products Affected

Step 2:

- EUCRISA OINTMENT 2 % EXTERNAL
- *pimecrolimus cream 1 % external*
- *tacrolimus ointment 0.03 % external*
- *tacrolimus ointment 0.1 % external*

Details

Criteria	Claim will pay automatically for pimecrolimus, Eucrisa, or Tacrolimus External if enrollee has a paid claim for at least a 1 days supply of any formulary topical corticosteroid in the past 365 days. Otherwise, pimecrolimus, Eucrisa, or Tacrolimus External requires a step therapy exception request indicating: (1) history of inadequate treatment response with any formulary topical corticosteroid, OR (2) history of adverse event with any formulary topical corticosteroid, OR (3) any formulary topical corticosteroid is contraindicated.

UCERIS

Products Affected

Step 2:

- *budesonide er tablet extended release 24 hour 9 mg oral*
- UCERIS FOAM 2 MG/ACT RECTAL

Details

Criteria	Claim will pay automatically for Budesonide ER 9mg or Uceris Rectal Foam if enrollee has a paid claim for at least a 1 days supply of any formulary corticosteroid used to treat ulcerative colitis in the past 365 days. Otherwise, Budesonide ER 9mg or Uceris Rectal Foam requires a step therapy exception request indicating: (1) history of inadequate treatment response with any formulary corticosteroid used to treat ulcerative colitis, OR (2) history of adverse event with any formulary corticosteroid used to treat ulcerative colitis, OR (3) any formulary corticosteroid used to treat ulcerative colitis is contraindicated.

ULORIC

Products Affected

Step 2:

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

Details

Criteria	Claim will pay automatically for Uloric or febuxostat if enrollee has a paid claim for at least a 1 days supply of Allopurinol in the past 365 days. Otherwise, Uloric or febuxostat 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.

Alphabetical Listing

A
ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR 1
ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR 1
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR 1
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR 1
ABILIFY MYCITE TABLET 10 MG ORAL 3, 4
ABILIFY MYCITE TABLET 15 MG ORAL 3, 4
ABILIFY MYCITE TABLET 2 MG ORAL 3, 4
ABILIFY MYCITE TABLET 20 MG ORAL 3, 4
ABILIFY MYCITE TABLET 30 MG ORAL 3, 4
ABILIFY MYCITE TABLET 5 MG ORAL 3, 4
B
budesonide er tablet extended release 24 hour 9 mg oral 17
bupropion hcl er (xl) tablet extended release 24 hour 450 mg oral 2
C
CONDYLOX GEL 0.5 % EXTERNAL 15
D
DEXILANT CAPSULE DELAYED RELEASE 30 MG ORAL 10
DEXILANT CAPSULE DELAYED RELEASE 60 MG ORAL 10
DIFICID TABLET 200 MG ORAL 7
dihydroergotamine mesylate solution 4 mg/ml nasal 6
E
EPOGEN SOLUTION 10000 UNIT/ML INJECTION 8
EPOGEN SOLUTION 2000 UNIT/ML INJECTION 8
EPOGEN SOLUTION 20000 UNIT/ML INJECTION 8
EPOGEN SOLUTION 3000 UNIT/ML INJECTION 8
EPOGEN SOLUTION 4000 UNIT/ML INJECTION 8
EUCRISA OINTMENT 2 % EXTERNAL 16
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
febuxostat tablet 40 mg oral 18
febuxostat tablet 80 mg oral 18
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 SUSTENNA SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML INTRAMUSCULAR..... 3, 4
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 156 MG/ML INTRAMUSCULAR 3, 4
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML INTRAMUSCULAR 3, 4
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML INTRAMUSCULAR 3, 4
INVEGA SUSTENNA SUSPENSION PREFILLED SYRINGE 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
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 273 MG/0.875ML INTRAMUSCULAR... 3, 4
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 410 MG/1.315ML INTRAMUSCULAR... 3, 4
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML INTRAMUSCULAR..... 3, 4
INVEGA TRINZA SUSPENSION PREFILLED SYRINGE 819 MG/2.625ML INTRAMUSCULAR... 3, 4
INVOKAMET TABLET 150-1000 MG ORAL.. 14
INVOKAMET TABLET 150-500 MG ORAL.. 14
INVOKAMET TABLET 50-1000 MG ORAL.. 14
INVOKAMET TABLET 50-500 MG ORAL.. 14
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL.. 14
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL.. 14
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL.. 14
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL 14
INVOKANA TABLET 100 MG ORAL .. 14
INVOKANA TABLET 300 MG ORAL .. 14

J

JARDIANCE TABLET 10 MG ORAL.... 14
JARDIANCE TABLET 25 MG ORAL.... 14

L

LATUDA TABLET 120 MG ORAL 3, 4
LATUDA TABLET 20 MG ORAL 3, 4
LATUDA TABLET 40 MG ORAL 3, 4
LATUDA TABLET 60 MG ORAL 3, 4
LATUDA TABLET 80 MG ORAL 3, 4

N

NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL.................................. 9
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL.................................. 9
NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL.................................. 9
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL.................................. 9
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL.................................. 9
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL.................................. 9
nuplazid capsule 34 mg oral 3, 4
nuplazid tablet 10 mg oral....................... 3, 4

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 4
paliperidone er tablet extended release 24 hour 9 mg oral 4
PERSERIS PREFILLED SYRINGE 120 MG SUBCUTANEOUS 4
PERSERIS PREFILLED SYRINGE 90 MG SUBCUTANEOUS................................. 4
PEXEVA TABLET 10 MG ORAL 2
PEXEVA TABLET 20 MG ORAL 2
PEXEVA TABLET 30 MG ORAL 2
PEXEVA TABLET 40 MG ORAL 2
pimecrolimus cream 1 % external............. 16
PRADAXA CAPSULE 110 MG ORAL .. 11
PRADAXA CAPSULE 150 MG ORAL .. 11
PRADAXA CAPSULE 75 MG ORAL 11
PROLIA SOLUTION 60 MG/ML SUBCUTANEOUS.............................. 12
PROLIA SOLUTION PREFILLED SYRINGE 60 MG/ML SUBCUTANEOUS.............................. 12
R
REXULTI TABLET 0.25 MG ORAL........ 4
REXULTI TABLET 0.5 MG ORAL.......... 4
REXULTI TABLET 1 MG ORAL............. 4
REXULTI TABLET 2 MG ORAL............. 4
REXULTI TABLET 3 MG ORAL............. 4
REXULTI TABLET 4 MG ORAL............. 4
RISPERDAL CONSTA SUSPENSION RECONSTITUTED 12.5 MG INTRAMUSCULAR 4
RISPERDAL CONSTA SUSPENSION RECONSTITUTED 25 MG INTRAMUSCULAR 4
RISPERDAL CONSTA SUSPENSION RECONSTITUTED 37.5 MG INTRAMUSCULAR 4
RISPERDAL CONSTA SUSPENSION RECONSTITUTED 50 MG INTRAMUSCULAR 4
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL 13
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL 13
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL 13
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL 13
S
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL 4
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL............................... 4
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL 4
SYNJARDY TABLET 12.5-1000 MG ORAL.. 14
SYNJARDY TABLET 12.5-500 MG ORAL 14
SYNJARDY TABLET 5-1000 MG ORAL 14
SYNJARDY TABLET 5-500 MG ORAL 14
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL.. 14
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL.. 14
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL.. 14
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL 14

T
tacrolimus ointment 0.03 % external 16
tacrolimus ointment 0.1 % external 16
TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION 5
U
UCERIS FOAM 2 MG/ACT RECTAL.... 17
ULORIC TABLET 40 MG ORAL 18
ULORIC TABLET 80 MG ORAL 18
V
VERSACLOZ SUSPENSION 50 MG/ML ORAL.. 4
VRAYLAR CAPSULE 1.5 MG ORAL 4
VRAYLAR CAPSULE 3 MG ORAL 4
VRAYLAR CAPSULE 4.5 MG ORAL 4
VRAYLAR CAPSULE 6 MG ORAL 4
VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL 4
Z
ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR 4