

ADLARITY PDP SAVER

Products Affected

Step 1:

- *donepezil 10 mg disintegrating tablet*
- *donepezil 10 mg tablet*
- *donepezil 5 mg disintegrating tablet*
- *donepezil 5 mg tablet*

Step 2:

- ADLARITY 10 MG/24 HOUR WEEKLY TRANSDERMAL PATCH
- ADLARITY 5 MG/24 HOUR WEEKLY TRANSDERMAL PATCH

Details

Criteria	Step-1 Drugs: Donepezil (5mg, 10mg) tablets and Donepezil ODT tablets. Step-2 Drugs: Adlarity. 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.
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ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP SAVER

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 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 10 mg capsule*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *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*
- *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 37.5 mg capsule,extended release 24 hr*
- *venlafaxine er 75 mg capsule,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	<p>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.</p>
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FEBUXOSTAT PDP SAVER

Products Affected

Step 1:

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

Step 2:

- *febuxostat 40 mg tablet*
- *febuxostat 80 mg tablet*

Details

Criteria	Step-1 Drug: allopurinol. Step-2 Drug: febuxostat. 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. 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).
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FESOTERODINE PDP SAVER

Products Affected

Step 1:

- GEMTESA 75 MG TABLET
- MYRBETRIQ 25 MG TABLET,EXTENDED RELEASE
- MYRBETRIQ 50 MG TABLET,EXTENDED RELEASE

Step 2:

- *fesoterodine er 4 mg tablet,extended release 24 hr*
- *fesoterodine er 8 mg tablet,extended release 24 hr*

Details

Criteria	Step-1 Drugs: Myrbetriq and Gemtesa. Step-2 Drugs: fesoterodine. 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.
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GLAUCOMA PDP SAVER

Products Affected

Step 1:

- ALPHAGAN P 0.1 % EYE DROPS
- *brimonidine 0.1 % eye drops*
- *brimonidine 0.15 % eye drops*
- *brimonidine 0.2 % eye drops*
- *brimonidine 0.2 %-timolol 0.5 % eye drops*
- *carteolol 1 % eye drops*
- *dorzolamide 2 % eye drops*
- *dorzolamide 22.3 mg-timolol 6.8 mg/ml eye drops*
- *latanoprost 0.005 % eye drops*
- *levobunolol 0.5 % eye drops*
- LUMIGAN 0.01 % EYE DROPS
- *pilocarpine 1 % eye drops*
- *pilocarpine 2 % eye drops*
- *pilocarpine 4 % eye drops*
- *timolol maleate 0.25 % eye drops*
- *timolol maleate 0.25 % eye gel forming solution*
- *timolol maleate 0.5 % eye drops*
- *timolol maleate 0.5 % eye gel forming solution*
- *travoprost 0.004 % eye drops*

Step 2:

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

Details

Criteria	Step-1 Drugs: Alphagan P, brimonidine, brimonidine/timolol, carteolol, dorzolamide, dorzolamide/timolol, latanoprost, levobunolol, Lumigan, pilocarpine, timolol, and travoprost. Step-2 Drugs: Rocklatan and Rhopressa. The member must have tried a 30-day supply or more of at least one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met.
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GOCOVRI PDP SAVER

Products Affected

Step 1:

- *amantadine hcl 100 mg capsule*
- *amantadine hcl 100 mg tablet*
- *amantadine hcl 50 mg/5 ml oral solution*

Step 2:

- GOCOVRI 137 MG
CAPSULE,EXTENDED RELEASE
- GOCOVRI 68.5 MG
CAPSULE,EXTENDED RELEASE

Details

Criteria	Step-1 Drugs: amantadine. Step-2 Drugs: Gocovri. The member must have tried a 30-day supply or more of one Step-1 drugs within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
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KLISYRI PDP SAVER

Products Affected

Step 1:

- *fluorouracil 2 % topical solution*
- *fluorouracil 5 % topical cream*
- *fluorouracil 5 % topical solution*
- *imiquimod 5 % topical cream packet*

Step 2:

- KLISYRI 1 % TOPICAL OINTMENT IN PACKET

Details

Criteria	Step-1 Drugs: imiquimod 5% cream, fluorouracil 5% solution, fluorouracil 2% solution, and 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.
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METFORMIN ER PDP SAVER

Products Affected

Step 1:

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

Step 2:

- *metformin er 1,000 mg 24 hr tablet, extended release (gastric reten.)*
- *metformin er 1,000 mg tablet, extended release 24hr (osmotic)*
- *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 osmotic tablets (generic Fortamet). Step-2 Drugs: metformin ER 500mg and 1000mg gastric release tablets (generic Glumetza) and metformin ER 1000mg osmotic tablets (generic Fortamet). The member must have tried a 30-day supply or more of both generic Glucophage XR AND generic 500mg 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.

OVERACTIVE BLADDER PDP SAVER

Products Affected

Step 1:

- *oxybutynin chloride 5 mg tablet*
- *oxybutynin chloride 5 mg/5 ml oral syrup*
- *oxybutynin chloride er 10 mg tablet,extended release 24 hr*
- *oxybutynin chloride er 15 mg tablet,extended release 24 hr*
- *oxybutynin chloride er 5 mg tablet,extended release 24 hr*
- *tolterodine 1 mg tablet*
- *tolterodine 2 mg tablet*

Step 2:

- *tolterodine er 2 mg capsule,extended release 24 hr*
- *tolterodine er 4 mg capsule,extended release 24 hr*

Details

Criteria	Step-1 Drugs: oxybutynin IR, oxybutynin ER, oxybutynin oral solution, and tolderodine IR. Step-2 Drug: tolderodine ER. The member must have tried a 30-day supply or more of one Step-1 drug within the same step therapy group within the previous 180 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drug is not covered unless the above step therapy criteria are met.
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PRADAXA PDP SAVER

Products Affected

Step 1:

- ELIQUIS 2.5 MG TABLET
- ELIQUIS 5 MG TABLET
- ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN DOSE PACK
- XARELTO 1 MG/ML ORAL SUSPENSION
- XARELTO 10 MG TABLET
- XARELTO 15 MG TABLET
- XARELTO 2.5 MG TABLET
- XARELTO 20 MG TABLET
- XARELTO DVT-PE TREATMENT 30-DAY STARTER 15 MG(42)-20 MG(9) TABLET PACK

Step 2:

- *dabigatran etexilate 150 mg capsule*
- *dabigatran etexilate 75 mg capsule*
- PRADAXA 110 MG CAPSULE

Details

Criteria	Step-1 Drugs: Eliquis and Xarelto. Step-2 Drugs: dabigatran and Pradaxa. 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. If used for the treatment or risk reduction of venous thromboembolism in pediatric patients, only previous use of Xarelto is required. Step-2 drugs are not covered unless the above step therapy criteria are met.
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PROTON PUMP INHIBITORS PDP SAVER

Products Affected

Step 1:

- *esomeprazole magnesium 20 mg capsule, delayed release*
- *esomeprazole magnesium 40 mg capsule, delayed release*
- *lansoprazole 15 mg capsule, delayed release*
- *lansoprazole 30 mg capsule, delayed release*
- *omeprazole 10 mg capsule, delayed release*
- *omeprazole 20 mg capsule, delayed release*
- *omeprazole 40 mg capsule, delayed release*
- *pantoprazole 20 mg tablet, delayed release*
- *pantoprazole 40 mg tablet, delayed release*

Step 2:

- *DEXILANT 30 MG CAPSULE, DELAYED RELEASE*
- *DEXILANT 60 MG CAPSULE, DELAYED RELEASE*
- *dexlansoprazole 30 mg capsule, biphasic delayed release*
- *dexlansoprazole 60 mg capsule, biphasic delayed release*
- *omeprazole 20 mg-sodium bicarbonate 1,680 mg oral packet*
- *omeprazole 20 mg-sodium bicarbonate 1.1 gram capsule*
- *omeprazole 40 mg-sodium bicarbonate 1,680 mg oral packet*
- *omeprazole 40 mg-sodium bicarbonate 1.1 gram capsule*

Details

Criteria	Step-1 Drugs: esomeprazole magnesium, lansoprazole, Rx omeprazole, pantoprazole. Step-2 Drugs: Dexilant, dexlansoprazole, and omeprazole-sodium bicarbonate. 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.
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RYALTRIS PDP SAVER

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.
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RYTARY PDP SAVER

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.
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TRINTELLIX/VIIBRYD PDP SAVER

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 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 10 mg capsule*
- *fluoxetine 20 mg capsule*
- *fluoxetine 20 mg/5 ml (4 mg/ml) oral solution*
- *fluoxetine 40 mg capsule*
- *fluvoxamine 100 mg tablet*
- *fluvoxamine 25 mg tablet*
- *fluvoxamine 50 mg tablet*
- *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*
- *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 37.5 mg capsule,extended release 24 hr*
- *venlafaxine er 75 mg capsule,extended release 24 hr*

Step 2:

- TRINTELLIX 10 MG TABLET
- TRINTELLIX 20 MG TABLET
- TRINTELLIX 5 MG TABLET

Details

Criteria	<p>Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone and venlafaxine. Step-2 Drugs: Trintellix. The member must have tried a 30-day supply or more of one Step-1 drug within the same step therapy group within the previous 365 days as evidenced by a previous paid claim under the prescription benefit or by physician documented use. Step-2 drugs are not covered unless the above step therapy criteria are met. Patients who are currently taking or who have taken a step 2 drug at any time in the past and discontinued their use will receive authorization without trials of step 1 drugs. For patients with suicidal ideation, step 1 drugs do not need to be tried.</p>
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bupropion hcl sr 200 mg tablet,12 hr
sustained-release 2, 3, 15, 16
bupropion hcl xl 150 mg 24 hr tablet,
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extended release 2, 3, 15, 16

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citalopram 20 mg tablet 2, 3, 15, 16
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donepezil 10 mg tablet 1
donepezil 5 mg disintegrating tablet 1
donepezil 5 mg tablet 1
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E

ELIQUIS 2.5 MG TABLET 11

ELIQUIS 5 MG TABLET 11

ELIQUIS DVT-PE TREATMENT 30-DAY STARTER 5 MG (74 TABLETS) IN

DOSE PACK 11

escitalopram 10 mg tablet 2, 3, 15, 16

escitalopram 20 mg tablet 2, 3, 15, 16

escitalopram 5 mg tablet 2, 3, 15, 16

escitalopram 5 mg/5 ml oral solution 2, 3, 15, 16

esomeprazole magnesium 20 mg

capsule, delayed release 12

esomeprazole magnesium 40 mg

capsule, delayed release 12

F

febuxostat 40 mg tablet 4

febuxostat 80 mg tablet 4

fesoterodine er 4 mg tablet, extended release 24 hr 5

fesoterodine er 8 mg tablet, extended release 24 hr 5

FETZIMA 120 MG

CAPSULE, EXTENDED RELEASE.. 2, 3

FETZIMA 20 MG (2)-40 MG (26)

CAPSULE, EXTENDED RELEASE, 24 HR, DOSE PACK 2, 3

FETZIMA 20 MG CAPSULE, EXTENDED RELEASE 2, 3

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FETZIMA 80 MG CAPSULE, EXTENDED RELEASE 3

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fluorouracil 5 % topical cream 8

fluorouracil 5 % topical solution 8

fluoxetine 10 mg capsule 2, 3, 15, 16

fluoxetine 20 mg capsule 2, 3, 15, 16

fluoxetine 20 mg/5 ml (4 mg/ml) oral solution 2, 3, 15, 16

fluoxetine 40 mg capsule 2, 3, 15, 16

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fluvoxamine 25 mg tablet 2, 3, 15, 16

fluvoxamine 50 mg tablet 2, 3, 15, 16

G

GEMTESA 75 MG TABLET 5

GOCOVRI 137 MG

CAPSULE, EXTENDED RELEASE 7

GOCOVRI 68.5 MG

CAPSULE, EXTENDED RELEASE 7

I

imiquimod 5 % topical cream packet 8

K

KLISYRI 1 % TOPICAL OINTMENT IN PACKET 8

L

lansoprazole 15 mg capsule, delayed release 12

lansoprazole 30 mg capsule, delayed release 12

latanoprost 0.005 % eye drops 6

levobunolol 0.5 % eye drops 6

LUMIGAN 0.01 % EYE DROPS 6

M

metformin er 1,000 mg 24 hr tablet, extended release (gastric reten.) 9

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metformin er 500 mg tablet, extended release 24 hr 9

metformin er 500 mg tablet, extended release 24hr (osmotic) 9

metformin er 750 mg tablet, extended release 24 hr 9

mirtazapine 15 mg disintegrating tablet. 2, 3, 15, 16

mirtazapine 15 mg tablet 2, 3, 15, 16

mirtazapine 30 mg disintegrating tablet. 2, 3, 15, 16

mirtazapine 30 mg tablet 2, 3, 15, 16

mirtazapine 45 mg disintegrating tablet. 2, 3, 15, 16

mirtazapine 45 mg tablet 2, 3, 15, 16

mirtazapine 7.5 mg tablet 2, 3, 15, 16

MYRBETRIQ 25 MG TABLET, EXTENDED RELEASE 5

MYRBETRIQ 50 MG
 TABLET,EXTENDED RELEASE 5
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 oxybutynin chloride er 15 mg
 tablet,extended release 24 hr..... 10
 oxybutynin chloride er 5 mg tablet,extended
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P
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 pantoprazole 40 mg tablet,delayed release 12
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 paroxetine 20 mg tablet..... 2, 3, 15, 16
 paroxetine 30 mg tablet..... 2, 3, 15, 16
 paroxetine 40 mg tablet..... 2, 3, 15, 16
 pilocarpine 1 % eye drops..... 6
 pilocarpine 2 % eye drops..... 6
 pilocarpine 4 % eye drops..... 6
PRADAXA 110 MG CAPSULE..... 11
R
RHOPRESSA 0.02 % EYE DROPS 6
ROCKLATAN 0.02 %-0.005 % EYE
DROPS..... 6
RYALTRIS 665 MCG-25 MCG/SPRAY
NASAL SPRAY 13
RYTARY 23.75 MG-95 MG
CAPSULE,EXTENDED RELEASE.... 14
RYTARY 36.25 MG-145 MG
CAPSULE,EXTENDED RELEASE.... 14

RYTARY 48.75 MG-195 MG
CAPSULE,EXTENDED RELEASE.... 14
RYTARY 61.25 MG-245 MG
CAPSULE,EXTENDED RELEASE.... 14
S
 sertraline 100 mg tablet..... 2, 3, 15, 16
 sertraline 20 mg/ml oral concentrate 2, 3, 15,
 16
 sertraline 25 mg tablet..... 2, 3, 15, 16
 sertraline 50 mg tablet..... 2, 3, 15, 16
T
 timolol maleate 0.25 % eye drops..... 6
 timolol maleate 0.25 % eye gel forming
 solution..... 6
 timolol maleate 0.5 % eye drops..... 6
 timolol maleate 0.5 % eye gel forming
 solution..... 6
 tolterodine 1 mg tablet 10
 tolterodine 2 mg tablet 10
 tolterodine er 2 mg capsule,extended release
 24 hr 10
 tolterodine er 4 mg capsule,extended release
 24 hr 10
 travoprost 0.004 % eye drops..... 6
 trazodone 100 mg tablet..... 2, 3, 15, 16
 trazodone 150 mg tablet..... 2, 3, 15, 16
 trazodone 300 mg tablet..... 2, 3, 15, 16
 trazodone 50 mg tablet..... 2, 3, 15, 16
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TRINTELLIX 20 MG TABLET 15, 16
TRINTELLIX 5 MG TABLET 15, 16
V
 venlafaxine 100 mg tablet..... 2, 3, 15, 16
 venlafaxine 25 mg tablet..... 2, 3, 15, 16
 venlafaxine 37.5 mg tablet..... 2, 3, 15, 16
 venlafaxine 50 mg tablet..... 2, 3, 15, 16
 venlafaxine 75 mg tablet..... 2, 3, 15, 16
 venlafaxine er 150 mg capsule,extended
 release 24 hr 2, 3, 15, 16
 venlafaxine er 37.5 mg capsule,extended
 release 24 hr 2, 3, 15, 16
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 release 24 hr 2, 3, 15, 16
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SUSPENSION 11

XARELTO 10 MG TABLET 11
XARELTO 15 MG TABLET 11
XARELTO 2.5 MG TABLET 11
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XARELTO DVT-PE TREATMENT 30-
DAY STARTER 15 MG(42)-20 MG(9)
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