

Aetna Better Health Kids

Acyclovir Ointment

Products Affected

- *acyclovir ointment 5 % external*

Details

| | |
|-----------------|--|
| Criteria | Use of oral acyclovir in the previous 130 days |
|-----------------|--|

Adcirca

Products Affected

- *tadalafil (pah) tablet 20 mg oral*

Details

| | |
|----------|----------------------------|
| Criteria | Requires use of sildenafil |
|----------|----------------------------|

Albenza

Products Affected

- *albendazole tablet 200 mg oral*

Details

| | |
|-----------------|---|
| Criteria | Use of pyrantel or ivermectin for at least 3 days. When ST therapy requirements are not met, the criteria in the PA guideline must be met for approval. |
|-----------------|---|

Auryxia

Products Affected

- **AURYXIA TABLET 1 GM 210 MG(Fe)**
ORAL

Details

| | |
|-----------------|---|
| Criteria | Requires use of sevelamer carbonate for 30 days within the previous 130 days. |
|-----------------|---|

Bimatoprost

Products Affected

- *bimatoprost solution 0.03 % external*
- *bimatoprost solution 0.03 % ophthalmic*

Details

| Criteria | Use of latanoprost for 30 days in the previous 130 days. |
|----------|--|
|----------|--|

Brinzolamide

Products Affected

- *brinzolamide suspension 1 % ophthalmic*

Details

| Criteria | Use of dorzolamide or dorzolamide/timolol in the previous 130 days |
|----------|--|
|----------|--|

Budesonide

Products Affected

- *budesonide capsule delayed release particles*
3 mg oral

Details

| | |
|-----------------|---|
| Criteria | Requires use of any two rectal steroids, intrarectal steroids, or inflammatory bowel agents for 30 days each (total of 60 days) within the previous 130 days. |
|-----------------|---|

Candesartan

Products Affected

- *candesartan cilexetil tablet 16 mg oral*
- *candesartan cilexetil tablet 32 mg oral*
- *candesartan cilexetil tablet 4 mg oral*
- *candesartan cilexetil tablet 8 mg oral*
- *candesartan cilexetil-hctz tablet 16-12.5 mg oral*
- *candesartan cilexetil-hctz tablet 32-12.5 mg oral*
- *candesartan cilexetil-hctz tablet 32-25 mg oral*

Details

| | |
|-----------------|---|
| Criteria | Requires use of two formulary angiotensin II receptor blockers (ARBs) for 30 days within the previous 130 days. |
|-----------------|---|

Celecoxib

Products Affected

- *celecoxib capsule 100 mg oral*
- *celecoxib capsule 200 mg oral*
- *celecoxib capsule 400 mg oral*
- *celecoxib capsule 50 mg oral*

Details

| | |
|-----------------|--|
| Criteria | Use of 3 different NSAID's. When ST therapy requirements are not met, the criteria in the PA guideline must be met for approval. |
|-----------------|--|

Ciclopirox Shampoo

Products Affected

- *ciclopirox shampoo 1 % external*

Details

| Criteria | Use of Ketoconazole Shampoo for 10 days within the previous 60 days. |
|----------|--|
|----------|--|

Ciclopirox Suspension/Cream

Products Affected

- *ciclopirox olamine cream 0.77 % external external*
- *ciclopirox olamine suspension 0.77 %*

Details

| | |
|-----------------|--|
| Criteria | Use of any one of the following for 10 days in the previous 60 days: OTC Clotrimazole Solution/Cream 1%, OTC Miconazole Cream/Ointment |
|-----------------|--|

Clonidine Patches

Products Affected

- *clonidine patch weekly 0.1 mg/24hr*
transdermal
- *clonidine patch weekly 0.2 mg/24hr*
transdermal
- *clonidine patch weekly 0.3 mg/24hr*
transdermal

Details

| Criteria | |
|----------|---|
| | Use of clonidine tablets for at least 30 days within the past 130 days. |

Clotrimazole (Rx)

Products Affected

- *clotrimazole cream 1 % external*

Details

| | |
|-----------------|---|
| Criteria | Use of OTC Clotrimazole Cream/Solution 1% for 10 days in the previous 60 days |
|-----------------|---|

Combigan

Products Affected

- *brimonidine tartrate-timolol solution 0.2-0.5
% ophthalmic*

Details

| | |
|-----------------|--|
| Criteria | Use of 1 of the following for at least 15 days in the previous 130 days: Brimonidine Ophth Solution, Timolol Maleate Ophth Solution |
|-----------------|--|

Dorzolamide-Timolol Ophthalmic Solution

Products Affected

- *dorzolamide hcl-timolol mal solution 22.3-6.8 mg/ml ophthalmic*

Details

| Criteria | Use of ophthalmic beta blocker for 30 days for the previous 130 days |
|----------|--|
|----------|--|

Fluvastatin

Products Affected

- *fluvastatin sodium capsule 20 mg oral*
- *fluvastatin sodium capsule 40 mg oral*

Details

| Criteria | Requires use of 2 formulary statins for 60 days in the previous 180 days. |
|----------|---|
|----------|---|

GLP-1 Receptor Agonists

Products Affected

- **OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS**
- **OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS**
- **OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS**
- **TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS**
- **TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS**
- **TRULICITY SOLUTION PEN-INJECTOR 3 MG/0.5ML SUBCUTANEOUS**
- **TRULICITY SOLUTION PEN-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS**

Details

| | |
|-----------------|--|
| Criteria | Use of metformin or combination metformin products for at least 60 days in the previous 130 days |
|-----------------|--|

Granisetron

Products Affected

- *granisetron hcl tablet 1 mg oral*

Details

| | |
|-----------------|--|
| Criteria | Use of ondansetron for 30 days in the previous 130 days. |
|-----------------|--|

Griseofulvin

Products Affected

- *griseofulvin microsize suspension 125 mg/5ml oral*
- *griseofulvin microsize tablet 500 mg oral*
- *griseofulvin ultramicrosize tablet 125 mg*
- *griseofulvin ultramicrosize tablet 250 mg oral*

Details

| | |
|-----------------|---|
| Criteria | Use of any one: terbinafine tablets, ketoconazole tablets, fluconazole tablets/suspension, itraconazole capsules/solution for at least 7 days within the last 60 days. When step therapy requirements are not met, the criteria in the PA guideline must be met for approval. |
|-----------------|---|

Isotretinoin

Products Affected

- **CLARAVIS CAPSULE 10 MG ORAL**
- **CLARAVIS CAPSULE 20 MG ORAL**
- **CLARAVIS CAPSULE 30 MG ORAL**
- *isotretinoin capsule 10 mg oral*
- *isotretinoin capsule 20 mg oral*
- *isotretinoin capsule 30 mg oral*
- **MYORISAN CAPSULE 10 MG ORAL**
- **MYORISAN CAPSULE 20 MG ORAL**
- **MYORISAN CAPSULE 30 MG ORAL**
- **MYORISAN CAPSULE 40 MG ORAL**
- **ZENATANE CAPSULE 10 MG ORAL**
- **ZENATANE CAPSULE 20 MG ORAL**
- **ZENATANE CAPSULE 30 MG ORAL**
- **ZENATANE CAPSULE 40 MG ORAL**

Details

| | |
|-----------------|---|
| Criteria | Use of doxycycline or minocycline for at least 30 days in the previous 130 days |
|-----------------|---|

Ketoconazole Cream

Products Affected

- *ketoconazole cream 2 % external*

Details

| | |
|-----------------|--|
| Criteria | Use of any one of the following for 10 days in the previous 60 days: OTC Clotrimazole Solution/Cream 1%, OTC Miconazole Cream/Ointment, OTC Tolnaftate Cream 1%, OTC Terbinafine Cream 1%, OTC Butenafine Cream 1% |
|-----------------|--|

Levalbuterol HFA

Products Affected

- *levalbuterol tartrate aerosol 45 mcg/act inhalation*

Details

| | |
|-----------------|--|
| Criteria | Use of albuterol HFA for at least 15 days in the past 130 days |
|-----------------|--|

Lice/Scabicides

Products Affected

- *ivermectin lotion 0.5 % external*
- *malathion lotion 0.5 % external*

Details

| | |
|-----------------|--|
| Criteria | Use of permethrin or pyrethrin in the previous day |
|-----------------|--|

Metronidazole Gel

Products Affected

- *metronidazole gel 1 % external*

Details

| | |
|-----------------|--|
| Criteria | Requires the use of Metronidazole 0.75% gel for 60 days in the previous 130 days |
|-----------------|--|

Naproxen Suspension

Products Affected

- *naproxen suspension 125 mg/5ml oral*

Details

| Criteria | Use of ibuprofen suspension for 15 days within the previous 130 days |
|----------|--|
|----------|--|

Norethindrone

Products Affected

- *norethindrone acetate tablet 5 mg oral*

Details

| | |
|-----------------|--|
| Criteria | Use of medroxyprogesterone acetate tablets for 30 days in the previous 130 days. |
|-----------------|--|

Ophthalmic antihistamines

Products Affected

- *azelastine hcl solution 0.05 % ophthalmic*

Details

| | |
|-----------------|---|
| Criteria | Use of ketotifen ophthalmic in the previous 90 days |
|-----------------|---|

Oxymorphone ER

Products Affected

- *oxymorphone hcl er tablet extended release 12 hour 10 mg oral*
- *oxymorphone hcl er tablet extended release 12 hour 15 mg oral*
- *oxymorphone hcl er tablet extended release 12 hour 20 mg oral*
- *oxymorphone hcl er tablet extended release 12 hour 30 mg oral*
- *oxymorphone hcl er tablet extended release 12 hour 40 mg oral*
- *oxymorphone hcl er tablet extended release 12 hour 5 mg oral*
- *oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral*

Details

| | |
|-----------------|---|
| Criteria | Use of 2 of the following agents in the previous 130 days: fentanyl, methadone, morphine, oxycodone |
|-----------------|---|

Paricalcitol

Products Affected

- *paricalcitol capsule 1 mcg oral*

Details

| | |
|-----------------|--|
| Criteria | Use of calcitriol in the previous 130 days |
|-----------------|--|

Pen Needles

Products Affected

- **BD PEN NEEDLE MICRO U/F 32G X 6 MM**
- **BD PEN NEEDLE MINI U/F 31G X 5 MM**
- **BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM**
- **BD PEN NEEDLE NANO U/F 32G X 4 MM**
- **BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM**
- **BD PEN NEEDLE SHORT U/F 31G X 8 MM**

Details

| | |
|-----------------|--|
| Criteria | Use of insulin glargine-yfgn soln pen-injector 100 unit/ml and insulin glargine injection vial 100 unit/ml for 1 day in the previous 30 days |
|-----------------|--|

Phosphate Binders

Products Affected

- *sevelamer carbonate tablet 800 mg oral*

Details

| Criteria | Use of calcium acetate for at least 30 days within the previous 130 days. |
|----------|---|
|----------|---|

Ribasphere

Products Affected

- *ribavirin capsule 200 mg oral*
- *ribavirin tablet 200 mg oral*

Details

| | |
|-----------------|---|
| Criteria | Requires a paid claim for a direct-acting antiviral for Hepatitis C or Pegasys in the previous 5 days to assure that patients are taking ribavirin with other appropriate hepatitis C medications and not as monotherapy. |
|-----------------|---|

Ropinirole ER

Products Affected

- *ropinirole hcl er tablet extended release 24 hour 12 mg oral*
- *ropinirole hcl er tablet extended release 24 hour 2 mg oral*
- *ropinirole hcl er tablet extended release 24 hour 4 mg oral*
- *ropinirole hcl er tablet extended release 24 hour 6 mg oral*
- *ropinirole hcl er tablet extended release 24 hour 8 mg oral*

Details

| | |
|-----------------|---|
| Criteria | Requires use of ropinirole IR for 30 days within the previous 130 days. |
|-----------------|---|

Rosuvastatin

Products Affected

- *rosuvastatin calcium tablet 10 mg oral*
- *rosuvastatin calcium tablet 20 mg oral*
- *rosuvastatin calcium tablet 40 mg oral*
- *rosuvastatin calcium tablet 5 mg oral*

Details

| | |
|-----------------|--|
| Criteria | Use of atorvastatin for 60 days in the previous 130 days |
|-----------------|--|

Rozerem

Products Affected

- *ramelteon tablet 8 mg oral*

Details

| | |
|-----------------|---|
| Criteria | Use of zolpidem AND zaleplon in the previous 130 days |
|-----------------|---|

Savella

Products Affected

- **SAVELLA TABLET 100 MG ORAL**
- **SAVELLA TABLET 12.5 MG ORAL**
- **SAVELLA TABLET 25 MG ORAL**
- **SAVELLA TABLET 50 MG ORAL**
- **SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL**

Details

| | |
|-----------------|--|
| Criteria | Use of duloxetine in the past 130 days for 60 day duration |
|-----------------|--|

SGLT2

Products Affected

- **SEGLUROMET TABLET 2.5-1000 MG ORAL**
- **SEGLUROMET TABLET 2.5-500 MG ORAL**
- **SEGLUROMET TABLET 7.5-1000 MG ORAL**
- **SEGLUROMET TABLET 7.5-500 MG ORAL**
- **STEGLATRO TABLET 15 MG ORAL**
- **STEGLATRO TABLET 5 MG ORAL**

Details

| | |
|-----------------|--|
| Criteria | Use of metformin or combination metformin products for at least 60 days in the previous 130 days |
|-----------------|--|

Stiolto

Products Affected

- **STIOLTO RESPIMAT AEROSOL
SOLUTION 2.5-2.5 MCG/ACT
INHALATION**

Details

| | |
|-----------------|--|
| Criteria | Use of Anoro Ellipta or Incruse Ellipta in the previous 130 days |
|-----------------|--|

Tazarotene

Products Affected

- *tazarotene cream 0.1 % external*

Details

| | |
|-----------------|---|
| Criteria | Use of a topical corticosteroid for 30 days in the previous 130 days. |
|-----------------|---|

Timolol Gel

Products Affected

- *timolol maleate gel forming solution 0.25 % ophthalmic*
- *timolol maleate gel forming solution 0.5 % ophthalmic*

Details

| Criteria | Use of Timolol Solution for 15 days in the previous 130 days |
|----------|--|
|----------|--|

Topical Calcineurin Inhibitors

Products Affected

- *tacrolimus ointment 0.03 % external*
- *tacrolimus ointment 0.1 % external*

Details

| | |
|-----------------|---|
| Criteria | Use of 2 topical corticosteroids for at least 14 days each in the previous 130 days |
|-----------------|---|

Topical Retinoids

Products Affected

- *tretinoin cream 0.025 % external*
- *tretinoin cream 0.05 % external*
- *tretinoin cream 0.1 % external*
- *tretinoin gel 0.01 % external*
- *tretinoin gel 0.025 % external*

Details

| | |
|-----------------|---|
| Criteria | Use of OTC Differin 0.1% Gel in the previous 130 days |
|-----------------|---|

Topical Steroids

Products Affected

- *clobetasol propionate cream 0.05 % external*
- *clobetasol propionate ointment 0.05 % external*
- *clobetasol propionate gel 0.05 % external*

Details

| | |
|-----------------|---|
| Criteria | Use of 1 of the following for at least 10 days within the past 60 days: AUG Betamethasone Dip Gel 0.05%, AUG Betamethasone Dip Lotion 0.05%, AUG Betamethasone Dip Ointment 0.05%, Halobetasol 0.05% Cream, Halobetasol 0.05% Ointment |
|-----------------|---|

Trelegy Ellipta

Products Affected

- **TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/INH INHALATION**
- **TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/INH INHALATION**

Details

| | |
|-----------------|--|
| Criteria | Requires use of 2 formulary combination inhalers (ICS/LABA or LABA/LAMA) for 30 days within the previous 130 days. |
|-----------------|--|

Uloric

Products Affected

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

Details

| Criteria | Use of allopurinol in the previous 130 days |
|----------|---|
|----------|---|

Index of Drugs

| | | | |
|---|----|--|----|
| <i>acyclovir ointment 5 % external</i> | 1 | <i>clobetasol propionate cream 0.05 %</i> | |
| <i>albendazole tablet 200 mg oral</i> | 3 | <i>external</i> | 43 |
| AURYXIA TABLET 1 GM 210 MG(FE) | | <i>clobetasol propionate gel 0.05 % external</i> ... | 43 |
| ORAL | 4 | <i>clobetasol propionate ointment 0.05 %</i> | |
| <i>azelastine hcl solution 0.05 % ophthalmic</i> ... | 27 | <i>external</i> | 43 |
| BD PEN NEEDLE MICRO U/F 32G X 6 | | <i>clonidine patch weekly 0.1 mg/24hr</i> | |
| MM | 30 | <i>transdermal</i> | 12 |
| BD PEN NEEDLE MINI U/F 31G X 5 | | <i>clonidine patch weekly 0.2 mg/24hr</i> | |
| MM | 30 | <i>transdermal</i> | 12 |
| BD PEN NEEDLE NANO 2ND GEN | | <i>clonidine patch weekly 0.3 mg/24hr</i> | |
| 32G X 4 MM | 30 | <i>transdermal</i> | 12 |
| BD PEN NEEDLE NANO U/F 32G X 4 | | <i>clotrimazole cream 1 % external</i> | 13 |
| MM | 30 | <i>dorzolamide hcl-timolol mal solution 22.3-</i> | |
| BD PEN NEEDLE ORIGINAL U/F 29G | | <i>6.8 mg/ml ophthalmic</i> | 15 |
| X 12.7MM | 30 | <i>febuxostat tablet 40 mg oral</i> | 45 |
| BD PEN NEEDLE SHORT U/F 31G X 8 | | <i>febuxostat tablet 80 mg oral</i> | 45 |
| MM | 30 | <i>fluvastatin sodium capsule 20 mg oral</i> | 16 |
| <i>bimatoprost solution 0.03 % external</i> | 5 | <i>fluvastatin sodium capsule 40 mg oral</i> | 16 |
| <i>bimatoprost solution 0.03 % ophthalmic</i> | 5 | <i>granisetron hcl tablet 1 mg oral</i> | 18 |
| <i>brimonidine tartrate-timolol solution 0.2-</i> | | <i>griseofulvin microsize suspension 125</i> | |
| <i>0.5 % ophthalmic</i> | 14 | <i>mg/5ml oral</i> | 19 |
| <i>brinzolamide suspension 1 % ophthalmic</i> | 6 | <i>griseofulvin microsize tablet 500 mg oral</i> ... | 19 |
| <i>budesonide capsule delayed release</i> | | <i>griseofulvin ultramicrosize tablet 125 mg</i> | |
| <i>particles 3 mg oral</i> | 7 | <i>oral</i> | 19 |
| <i>candesartan cilexetil tablet 16 mg oral</i> | 8 | <i>griseofulvin ultramicrosize tablet 250 mg</i> | |
| <i>candesartan cilexetil tablet 32 mg oral</i> | 8 | <i>oral</i> | 19 |
| <i>candesartan cilexetil tablet 4 mg oral</i> | 8 | <i>isotretinoin capsule 10 mg oral</i> | 20 |
| <i>candesartan cilexetil tablet 8 mg oral</i> | 8 | <i>isotretinoin capsule 20 mg oral</i> | 20 |
| <i>candesartan cilexetil-hctz tablet 16-12.5</i> | | <i>isotretinoin capsule 30 mg oral</i> | 20 |
| <i>mg oral</i> | 8 | <i>ivermectin lotion 0.5 % external</i> | 23 |
| <i>candesartan cilexetil-hctz tablet 32-12.5</i> | | <i>ketoconazole cream 2 % external</i> | 21 |
| <i>mg oral</i> | 8 | <i>levalbuterol tartrate aerosol 45 mcg/act</i> | |
| <i>candesartan cilexetil-hctz tablet 32-25 mg</i> | | <i>inhalation</i> | 22 |
| <i>oral</i> | 8 | <i>malathion lotion 0.5 % external</i> | 23 |
| <i>celecoxib capsule 100 mg oral</i> | 9 | <i>metronidazole gel 1 % external</i> | 24 |
| <i>celecoxib capsule 200 mg oral</i> | 9 | MYORISAN CAPSULE 10 MG ORAL ...20 | |
| <i>celecoxib capsule 400 mg oral</i> | 9 | MYORISAN CAPSULE 20 MG ORAL ...20 | |
| <i>celecoxib capsule 50 mg oral</i> | 9 | MYORISAN CAPSULE 30 MG ORAL ...20 | |
| <i>ciclopirox olamine cream 0.77 % external</i> ...11 | | MYORISAN CAPSULE 40 MG ORAL ...20 | |
| <i>ciclopirox olamine suspension 0.77 %</i> | | <i>naproxen suspension 125 mg/5ml oral</i> | 25 |
| <i>external</i> | 11 | <i>norethindrone acetate tablet 5 mg oral</i> | 26 |
| <i>ciclopirox shampoo 1 % external</i> | 10 | <i>oxymorphone hcl er tablet extended release</i> | |
| CLARAVIS CAPSULE 10 MG ORAL ...20 | | <i>12 hour 10 mg oral</i> | 28 |
| CLARAVIS CAPSULE 20 MG ORAL ...20 | | <i>oxymorphone hcl er tablet extended release</i> | |
| CLARAVIS CAPSULE 30 MG ORAL ...20 | | <i>12 hour 15 mg oral</i> | 28 |

| | | | |
|---|----|---|----|
| <i>oxymorphone hcl er tablet extended release</i> 12 hour 20 mg oral..... | 28 | SEGLUOMET TABLET 2.5-500 MG ORAL..... | 37 |
| <i>oxymorphone hcl er tablet extended release</i> 12 hour 30 mg oral..... | 28 | SEGLUOMET TABLET 7.5-1000 MG ORAL..... | 37 |
| <i>oxymorphone hcl er tablet extended release</i> 12 hour 40 mg oral..... | 28 | SEGLUOMET TABLET 7.5-500 MG ORAL..... | 37 |
| <i>oxymorphone hcl er tablet extended release</i> 12 hour 5 mg oral..... | 28 | <i>sevelamer carbonate tablet 800 mg oral.....</i> | 31 |
| <i>oxymorphone hcl er tablet extended release</i> 12 hour 7.5 mg oral..... | 28 | STEGLATRO TABLET 15 MG ORAL...37 | 37 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS..... | 17 | STEGLATRO TABLET 5 MG ORAL...37 | 37 |
| OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS..... | 17 | STIOLTO RESPIMAT AEROSOL SOLUTION 2.5-2.5 MCG/ACT INHALATION..... | 38 |
| OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS..... | 17 | <i>tacrolimus ointment 0.03 % external.....</i> | 41 |
| <i>paricalcitol capsule 1 mcg oral.....</i> | 29 | <i>tacrolimus ointment 0.1 % external.....</i> | 41 |
| <i>ramelteon tablet 8 mg oral.....</i> | 35 | <i>tadalafil (pah) tablet 20 mg oral.....</i> | 2 |
| <i>ribavirin capsule 200 mg oral.....</i> | 32 | <i>tazarotene cream 0.1 % external.....</i> | 39 |
| <i>ribavirin tablet 200 mg oral.....</i> | 32 | <i>timolol maleate gel forming solution 0.25</i> <i>% ophthalmic.....</i> | 40 |
| <i>ropinirole hcl er tablet extended release 24</i> <i>hour 12 mg oral.....</i> | 33 | <i>timolol maleate gel forming solution 0.5 %</i> <i>ophthalmic.....</i> | 40 |
| <i>ropinirole hcl er tablet extended release 24</i> <i>hour 2 mg oral.....</i> | 33 | TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 100- 62.5-25 MCG/INH INHALATION..... | 44 |
| <i>ropinirole hcl er tablet extended release 24</i> <i>hour 4 mg oral.....</i> | 33 | TRELEGY ELLIPTA AEROSOL POWDER BREATH ACTIVATED 200- 62.5-25 MCG/INH INHALATION..... | 44 |
| <i>ropinirole hcl er tablet extended release 24</i> <i>hour 6 mg oral.....</i> | 33 | <i>tretinoin cream 0.025 % external.....</i> | 42 |
| <i>ropinirole hcl er tablet extended release 24</i> <i>hour 8 mg oral.....</i> | 33 | <i>tretinoin cream 0.05 % external.....</i> | 42 |
| <i>rosuvastatin calcium tablet 10 mg oral.....</i> | 34 | <i>tretinoin cream 0.1 % external.....</i> | 42 |
| <i>rosuvastatin calcium tablet 20 mg oral.....</i> | 34 | <i>tretinoin gel 0.01 % external.....</i> | 42 |
| <i>rosuvastatin calcium tablet 40 mg oral.....</i> | 34 | <i>tretinoin gel 0.025 % external.....</i> | 42 |
| <i>rosuvastatin calcium tablet 5 mg oral.....</i> | 34 | TRULICITY SOLUTION PEN- INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS..... | 17 |
| SAVELLA TABLET 100 MG ORAL.....36 | 36 | TRULICITY SOLUTION PEN- INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS..... | 17 |
| SAVELLA TABLET 12.5 MG ORAL.....36 | 36 | TRULICITY SOLUTION PEN- INJECTOR 3 MG/0.5ML SUBCUTANEOUS..... | 17 |
| SAVELLA TABLET 25 MG ORAL.....36 | 36 | TRULICITY SOLUTION PEN- INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS..... | 17 |
| SAVELLA TABLET 50 MG ORAL.....36 | 36 | ZENATANE CAPSULE 10 MG ORAL...20 | 20 |
| SAVELLA TITRATION PACK 12.5 & 25 & 50 MG ORAL.....36 | 36 | ZENATANE CAPSULE 20 MG ORAL...20 | 20 |
| SEGLUOMET TABLET 2.5-1000 MG ORAL..... | 37 | ZENATANE CAPSULE 30 MG ORAL...20 | 20 |

ZENATANE CAPSULE 40 MG ORAL...20