

Triple-S Optimo PSHB

2025 Enhanced Formulary

This formulary was updated on March 14, 2025. For more recent information or other questions, please contact us, Triple-S Optimo PSHB Customer Service at 833-201-9256 (TTY users should call 1-866-215-1999), Monday to Friday: 7:30am to 8:00pm (AST), Saturday 9:00am to 6:00pm (AST), Sunday 11:00am to 5:00pm (AST) or visit www.ssspr.com/postal.

When this Drug List (Formulary) refers to “we,” “us,” or “our,” it means Triple-S Optimo PSHB. When it refers to “plan” or “our plan,” it means Triple-S Optimo PSHB.

Introduction: Triple-S Optimo PSHB Enhanced Formulary is a useful reference for drug product selection. Triple-S Optimo PSHB Enhanced Formulary has been reviewed by the Triple-S Salud Pharmacy and Therapeutics Committee.

Triple-S Optimo PSHB Enhanced Formulary is provided as a reference for drug therapy selection. Specific drug selection for an individual patient rests solely with the prescriber.

Preface: The formulary is organized by sections, which refer to either a drug class or disease state. Unless exceptions are noted, all dosage forms and strengths of the drug cited are included in the formulary.

The Triple-S Salud Pharmacy and Therapeutics Committee may impose restrictions or not reimburse for specific drug products or types of products. For example, certain drugs and supplies for hair removal and hair growth are excluded from the pharmacy benefit. In addition, over-the-counter (OTC) products, with the exception of diabetes monitoring products, are generally not included in the pharmacy benefit.

The formulary is separated by Tiers in the following manner:

Tier 1	Generic Drug
Tier 2	Preferred Brand Drug
Tier 3	Non-Preferred Drug
Tier 4	Specialty Tier

All drugs that are preferred are noted in their respective tiers of the drug lists throughout this formulary. Drugs may be reviewed by the Pharmacy and Therapeutics Committee and designated non-preferred. The Pharmacy and Therapeutics Committee may designate certain drugs as non-preferred, typically if the cost-effectiveness is less than other similar drugs.

Restrictions to coverage: Some covered drugs may have additional requirements or limits on coverage. These requirements and limits may include:

- **Prior Authorization:** Triple-S Optimo PSHB requires you or your prescriber to get prior authorization for certain drugs. This means that you will need to get approval from Triple-S Optimo PSHB before you fill your prescriptions. If you don't get approval, The plan may not cover the drug.
- **Quantity Limits:** For certain drugs, Triple-S Optimo PSHB limits the amount of the drug that the plan will cover.

Pharmacy And Medical Policy Committee: The role of the Triple-S Salud Pharmacy and Therapeutics Committee includes evaluating new medications and making recommendations for the designation of preferred or non-preferred status on Triple-S Optimo PSHB Enhanced Formulary. The Pharmacy and Therapeutics Committee is made up of physicians and pharmacists who are not employees or agents of, nor have financial interest in Triple-S Salud.

Product Selection Criteria: The Pharmacy and Therapeutics Committee will consider U.S. Food and Drug Administration (FDA) approved drugs for preferred status designation. The evaluation includes a literature review; expert opinion may also be sought. Formal reviews are prepared that typically address the following information:

- Safety
- Efficacy
- Comparison studies
- Drug interactions
- Approved indications
- Formulation and administration
- Adverse effects
- Contraindications
- Pharmacokinetics
- Patient compliance considerations

- Medical outcome and pharmacoeconomic studies

When a new drug is considered for preferred status, an attempt will be made to examine the drug relative to similar drugs currently preferred. In addition, entire therapeutic classes are periodically reviewed. The class review process may result in a designation of non-preferred status to drug(s) in a particular therapeutic class, in an effort to continually promote the most clinically useful and cost-effective agents.

Drugs evaluated by the Pharmacy and Therapeutics Committee and not classified as preferred receive a non-preferred designation on Triple-S Optimo PSHB Enhanced Formulary. This designation indicates the Pharmacy and Therapeutics Committee's belief that the drug offers no important clinical or cost advantage over comparable preferred drugs, or that there is currently insufficient information to determine its appropriate clinical role, or that questions remain regarding safety and effectiveness. Non-preferred drugs may be covered under Triple-S Optimo PSHB Enhanced Formulary. However, there may be additional costs incurred by the patient to receive a non-preferred medication. Physicians are encouraged to prescribe preferred drugs.

All the information in Triple-S Optimo PSHB Enhanced Formulary is provided as a reference for drug therapy selection. The final choice of a specific drug selection for an individual patient rests solely with the prescriber.

Generic Substitution: One way to reduce out-of-pocket cost is by requesting a generic drug.

What are Generic Drugs?

A generic drug has the same active ingredients in the same amounts as the brand-name drugs. They cost less and are approved by the FDA.

The generic medications from the following therapeutic categories have \$0 copay, if prescribed by participating providers:

- Generic antihypertensives: Angiotensin converting enzyme inhibitors (ACEIs), Angiotensin II receptor blockers (ARBs), Direct renin inhibitor;
- Generic Oral Antidiabetics (excludes injectables);
- Generic statins;
- Naloxone

Notice: The information contained in this Triple-S Optimo PSHB Enhanced Formulary, and any associated appendices is provided by Triple-S Optimo PSHB, solely for the convenience of medical providers. We do not warrant or assure accuracy of such information nor is it intended to be comprehensive in nature. Triple-S Optimo PSHB Enhanced Formulary is not a complete list of all covered medications. This Formulary is not intended to be a substitute for the knowledge, expertise, skill and judgment of the medical provider in his or her choice of prescription drugs. Triple-S Salud assumes

no responsibility for the actions or omissions of any medical provider based upon reliance, in whole or in part, on the information contained herein. The medical provider should consult the drug manufacturer's product literature or standard references for more detailed information.

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If viewing this formulary via Internet, please be advised that the formulary is updated periodically, and changes may appear prior to their effective date.

Triple-S Salud is an independent licensee of BlueCross BlueShield Association. Medicare prescription drug benefits under the Triple-S Optimo PSHB plan are sponsored by the BlueCross BlueShield Association under its Medicare contract S2135.

Legend: The information in the Requirements/Limits column tells you if Triple-S Optimo PSHB Enhanced Formulary has any special requirements for coverage of your drug.

You can find information on what the symbols and abbreviations on this table mean at the beginning of this table.

OTC	Over-The-Counter
PA	Prior Authorization (approval): you must have approval from the plan before you can get this drug
QL	Quantity Limit: there is a limit to how much of the medicine we will cover

Triple-S Optimo PSHB ENH Effective 04/01/2025

Drug Name	Drug Tier	Requirements/Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS		
ANOREXIANTS NON-AMPHETAMINE		
<i>phentermine hcl caps 15mg, 30mg, 37.5mg; tabs 37.5mg</i>	1	PA, QL
PLENITY CAP	3	
PLENITY CAP WELCOME	3	
QSYMIA CAP 3.75-23	3	PA, QL
QSYMIA CAP 7.5-46MG	3	PA, QL
QSYMIA CAP 11.25-69	3	PA, QL
QSYMIA CAP 15-92MG	3	PA, QL
ANTI-OBESITY AGENTS		
CONTRAVE TAB 8-90MG	3	PA, QL
IMCIVREE SOLN 10MG/ML	4	PA, QL
SAXENDA SOPN 18MG/3ML	3	PA, QL
XENICAL CAPS 120MG	3	PA, QL
ANALGESICS - ANTI-INFLAMMATORY		
NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)		
<i>flurbiprofen tabs 50mg</i>	1	
ANORECTAL AND RELATED PRODUCTS		
RECTAL COMBINATIONS		
<i>Ana-Lex Kit</i>	1	
ANALPRAM-HC LOT 2.5%	3	
<i>hydrocortisone acetate w/ pramoxine perianal cream 2.5-1%</i>	1	
<i>lidocaine-hydrocortisone acetate perianal cream 3-0.5%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-0.5%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 3-1%</i>	1	
<i>lidocaine-hydrocortisone acetate rectal gel kit 3-2.5%</i>	1	
<i>Lidocort Cre 3-0.5%</i>	1	
PROCORT CRE	3	
RECTAL STEROIDS		
<i>Anucort-Hc Supp 25mg</i>	1	
<i>Anusol-Hc Supp 25mg</i>	1	
<i>Hemmorex-Hc Supp 25mg, 30mg</i>	1	
<i>hydrocortisone acetate (rectal) supp 25mg, 30mg</i>	1	

Drug Name	Drug Tier	Requirements/Limits
ANTI-INFECTIVE AGENTS - MISC.		
ANTI-INFECTIVE MISC. - COMBINATIONS		
Uretron D/s Tab	1	
Urin D/s Tab	1	
Uro-Mp Cap 118mg	1	
Vilamit Mb Cap 118mg	1	
ANTIANGINAL AGENTS		
NITRATES		
Nitro-Time Cpcr 2.5mg, 6.5mg, 9mg	3	
ANTIHYPERTENSIVES		
ANTIADRENERGIC ANTIHYPERTENSIVES		
methyldopa tabs 250mg, 500mg	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES		
ALKYLATING AGENTS		
temozolomide caps 5mg, 20mg, 100mg, 140mg, 180mg, 250mg	4	PA
ANTIMETABOLITES		
capecitabine tabs 150mg, 500mg	4	PA
MITOTIC INHIBITORS		
etoposide caps 50mg	4	
ANTIVIRALS		
RESPIRATORY SYNCYTIAL VIRUS (RSV) AGENTS		
ribavirin solr 6gm	4	
CARDIOVASCULAR AGENTS - MISC.		
IMPOTENCE AGENTS		
sildenafil citrate tabs 25mg, 50mg, 100mg	1	QL
tadalafil tabs 10mg, 20mg	1	QL
vardeafil hcl tabs 2.5mg, 5mg, 10mg, 20mg; tbdp 10mg	1	QL
COUGH/COLD/ALLERGY		
ANTITUSSIVES		
benzonatate caps 100mg, 200mg	1	
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	
promethazine-dm syrup 6.25-15 mg/5ml	1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
MISC. RESPIRATORY INHALANTS		
sodium chloride (inhalant) nebu .9%	1	

Drug Name	Drug Tier	Requirements/Limits
DERMATOLOGICALS		
ACNE PRODUCTS		
<i>Avar Cleanse Liq 10-5%</i>	1	
<i>Avar-E Emoll Cre 10-5%</i>	1	
<i>Bp 10-1 Emu</i>	1	
<i>Sss Cre 10%-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-2%</i>	1	
<i>sulfacetamide sodium w/ sulfur cleanser 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	1	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	1	
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	1	
<i>Sulfamez Emu 10-1%</i>	1	
ANTIFUNGALS - TOPICAL		
<i>EXODERM LOT 25-1%</i>	3	
<i>iodoquinol-hydrocortisone-aloe polysaccharide gel 1-2-1%</i>	1	
CORTICOSTEROIDS - TOPICAL		
<i>PRAMOSONE CRE 1-1%</i>	3	
<i>PRAMOSONE LOT 1%</i>	3	
<i>PRAMOSONE LOT 2.5%</i>	3	
<i>PRAMOSONE OIN 1%</i>	3	
<i>PRAMOSONE OIN 2.5%</i>	3	
<i>pramoxine-hc cream 1-2.5%</i>	1	
EMOLLIENT/KERATOLYTIC AGENTS		
<i>CEM-UREA SOLN 45%</i>	3	
<i>urea crea 39%, 40%; lotn 40%</i>	1	
<i>Urea Nail Gel 45%</i>	1	
<i>Uredeb Crea 39%</i>	1	
<i>Uremez-40 Crea 40%</i>	1	
<i>Xurea Crea 39%</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC.		
FERTILITY REGULATORS		
<i>FOLLISTIM AQ SOLN 300UNT/0.36ML, 600UNT/0.72ML, 900UNT/1.08ML</i>	4	
<i>MENOPUR SOLR 75UNIT</i>	4	
<i>OVIDREL SOSY 250MCG/0.5ML</i>	4	
GNRH/LHRH ANTAGONISTS		
<i>Fyremadel Sosy 250mcg/0.5ml</i>	4	
<i>ganirelix acetate sosy 250mcg/0.5ml</i>	4	
<i>GANIRELIX ACETATE SOSY 250MCG/0.5ML</i>	4	

Drug Name	Drug Tier	Requirements/Limits
ESTROGENS		
ESTROGEN COMBINATIONS		
<i>Covaryx Hs Tab</i>	1	
<i>Covaryx Tab 1.25-2.5</i>	1	
<i>Eemt Hs Tab</i>	1	
<i>Eemt Tab 1.25-2.5</i>	1	
<i>Est Estrogen Tab Mtest Hs</i>	1	
<i>esterified estrogens & methyltestosterone tab</i>	1	
<i>1.25-2.5 mg</i>		
<i>Estratest Fs Tab 1.25-2.5</i>	1	
<i>Estratest Hs Tab</i>	1	
<i>Estrog/mtest Tab 1.25-2.5</i>	1	
GENITOURINARY AGENTS - MISCELLANEOUS		
ACIDIFIERS		
<i>K-PHOS TAB NO 2</i>	3	
URINARY ANALGESICS		
<i>phenazopyridine hcl tabs 100mg, 200mg</i>	1	
<i>phenazopyridine hcl tab 100 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC.		
ANTIHEMOPHILIC PRODUCTS		
<i>ADVATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT</i>	4	
<i>ADYNOVATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT</i>	4	
<i>AFSTYLA KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT</i>	4	
<i>ALPHANATE SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT</i>	4	
<i>ALPHANINE SD SOLR 500UNIT, 1000UNIT, 1500UNIT</i>	4	
<i>ALPROLIX SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT, 4000UNIT</i>	4	
<i>BENEFIX KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT</i>	4	
<i>COAGADEX SOLR 250UNIT, 500UNIT</i>	4	
<i>ELOCTATE SOLR 250UNIT, 500UNIT, 750UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT, 4000UNIT, 5000UNIT, 6000UNIT</i>	4	
<i>FEIBA SOLR 500UNIT, 1000UNIT, 2500UNIT</i>	4	
<i>HEMLIBRA SOLN 12MG/0.4ML, 30MG/ML, 60MG/0.4ML, 105MG/0.7ML, 150MG/ML, 300MG/2ML</i>	4	
<i>HEMOFIL M SOLR 250UNIT, 500UNIT, 1000UNIT, 1700UNIT</i>	4	

Drug Name	Drug Tier	Requirements/Limits
HUMATE-P SOL 250-600	4	
HUMATE-P SOL 500-1200	4	
HUMATE-P SOL 2400UNIT	4	
IDELVION SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	4	
IXINITY SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	
JIVI SOLR 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
KOATE SOLR 250UNIT, 500UNIT, 1000UNIT	4	
KOATE-DVI SOLR 500UNIT, 1000UNIT	4	
KOGENATE FS KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
KOVALTRY SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
NOVOEIGHT SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 3000UNIT	4	
NOVOSEVEN RT SOLR 1MG, 2MG, 5MG, 8MG	4	
NUWIQ KIT 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT; SOLR 250UNIT, 500UNIT, 1000UNIT, 1500UNIT, 2000UNIT, 2500UNIT, 3000UNIT, 4000UNIT	4	
OBIZUR SOLR 500UNIT	4	
PROFILNINE SOLR 500UNIT, 1000UNIT, 1500UNIT	4	
REBINYN SOLR 500UNIT, 1000UNIT, 2000UNIT	4	
RECOMBINATE SOLR 220-400UNIT, 401-800UNIT, 801-1240UNIT, 1241-1800UNIT, 1801-2400UNIT	4	
RIXUBIS SOLR 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	
VONVENDI SOLR 650UNIT, 1300UNIT	4	
WILATE INJ	4	
XYNTHA KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT	4	
XYNTHA SOLOFUSE KIT 250UNIT, 500UNIT, 1000UNIT, 2000UNIT, 3000UNIT	4	

HEMATOPOIETIC AGENTS

COBALAMINS

<i>cyanocobalamin soln 1000mcg/ml</i>	1
<i>hydroxocobalamin acetate soln 1000mcg/ml</i>	1

FOLIC ACID/FOLATES

<i>folic acid tabs 1mg</i>	1
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Drug Name	Drug Tier	Requirements/Limits
HEMATOPOIETIC GROWTH FACTORS		
JESDUVROQ TABS 1MG, 2MG, 4MG, 6MG, 8MG	3	
HEMATOPOIETIC MIXTURES		
<i>Abaneu-SI Sub</i>	1	
<i>Airavite Tab</i>	1	
CENTRATEX CAP	3	
<i>Ferotrinsic Cap</i>	1	
<i>Folbee Tab</i>	1	
FOLIVANE-F CAP	3	
FOLIVANE-PLS CAP	3	
<i>Foltrin Cap</i>	1	
FUSION PLUS CAP	3	
HEMATINIC PL TAB VIT/MIN	1	
HEMATINIC/FA TAB	3	
HEMOCYTE PLS CAP	3	
INTEGRA F CAP	3	
INTEGRA PLUS CAP	3	
IRON FOLATE CAP -F	3	
IRON FOLATE CAP PLUS	3	
<i>K-Tan Plus Cap</i>	1	
MULTIGEN PLS TAB	3	
MULTIGEN TAB	3	
<i>Nufol Tab</i>	1	
<i>Poly-Iron Cap 150 Fort</i>	1	
<i>Polysacchari Cap Iron</i>	1	
<i>Purevit Dual Cap Fe Plus</i>	1	
<i>Se-Tan Plus Cap</i>	1	
<i>Tandem Plus Cap</i>	1	
<i>Tricon Cap</i>	1	
IRON		
INFED SOLN 50MG/ML	3	
sodium ferric gluconate complex in sucrose soln 12.5mg/ml	1	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS		
NON-BARBITURATE HYPNOTICS		
dexmedetomidine hcl soln 200mcg/2ml	1	
MINERALS & ELECTROLYTES		
PHOSPHATE		
<i>Phospha 250 Tab Neutral</i>	1	
<i>Phospho-Trin Tab 250 Neut</i>	1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg	1	
<i>Wes-Phos 250 Tab Neutral</i>	1	

Drug Name	Drug Tier	Requirements/Limits
POTASSIUM		
<i>Effer-K Tbef 25meq</i>	1	
<i>K-Prime Tbef 25meq</i>	1	
<i>Klor-Con/ef Tbef 25meq</i>	1	
MULTIVITAMINS		
PRENATAL VITAMINS		
ATABEX EC TAB 29-1MG	3	
ATABEX OB TAB 29-1MG	3	
CO-NATAL FA TAB 29-1MG	3	
COMPLETE NAT PAK DHA	3	
COMPLETENATE CHW	3	
CONCEPT DHA CAP	3	
CONCEPT OB CAP	3	
FOLIVANE-OB CAP	3	
NATALVIT TAB 75-1MG	3	
OBSTETRIX EC TAB	3	OTC
OBSTETRIX MIS DHA	3	OTC
OBTREX DHA PAK	3	OTC
<i>Prenatabs Rx Tab</i>	3	OTC
PRENATAL 19 CHW 29-1MG	3	
PRENATAL 19 TAB 29-1MG	3	
PRENATAL PLS MIS MV + DHA	3	
PROVIDA OB CAP	3	
SE-NATAL 19 CHW	3	
SE-NATAL 19 TAB	3	
TARON-C DHA CAP	3	
THRIVITE RX TAB 29-1MG	3	
TRINATAL RX TAB 1	3	
WESCAP-C DHA CAP	3	
WESNATAL DHA PAK COMPLETE	3	
SPECIALTY VITAMINS PRODUCTS		
<i>Urosex Tab</i>	1	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS		
ANTISPASMODICS		
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1	
<i>hyoscyamine sulfate subl .125mg; tabs .125mg; tb12 .375mg</i>	1	
VAGINAL AND RELATED PRODUCTS		
MISCELLANEOUS VAGINAL PRODUCTS		
FEM PH GEL	3	
VITAMINS		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol caps 1.25mg, 50000unit</i>	1	

Drug Name	Drug Tier	Requirements/Limits
<i>phytonadione tabs 5mg</i>	1	
WATER SOLUBLE VITAMINS		
ASCORBIC ACID SOLN 500MG/ML	1	
<i>pyridoxine hcl soln 100mg/ml</i>	1	
<i>thiamine hcl soln 100mg/ml, 200mg/2ml</i>	1	

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A	
<i>Abaneu-Sl Sub</i>	6
ADVATE	4
ADYNOVATE	4
AFSTYLA	4
<i>Airavite Tab</i>	6
ALPHANATE	4
ALPHANINE SD	4
ALPROLIX	4
<i>Ana-Lex Kit</i>	1
ANALPRAM-HC LOT 2.5%	1
<i>Anucort-Hc</i>	1
<i>Anusol-Hc</i>	1
ASCORBIC ACID	8
ATABEX EC TAB 29-1MG	7
ATABEX OB TAB 29-1MG	7
<i>Avar Cleanse Liq 10-5%</i>	3
<i>Avar-E Emoll Cre 10-5%</i>	3
B	
BENEFIX	4
<i>benzonatate</i>	2
<i>Bp 10-1 Emu</i>	3
C	
<i>capecitabine</i>	2
CEM-UREA	3
CENTRATEX CAP	6
<i>chlordiazepoxide hcl-clidinium bromide</i> <i>cap 5-2.5 mg</i>	7
COAGADEX	4
COMPLETENATE CHW	7
COMPLETE NAT PAK DHA	7
CO-NATAL FA TAB 29-1MG	7
CONCEPT DHA CAP	7
CONCEPT OB CAP	7
CONTRACE TAB 8-90MG	1
<i>Covaryx Hs Tab</i>	4
<i>Covaryx Tab 1.25-2.5</i>	4
<i>cyanocobalamin</i>	5
D	
<i>dexmedetomidine hcl</i>	6
E	
<i>Eemt Hs Tab</i>	4
<i>Eemt Tab 1.25-2.5</i>	4
<i>Effer-K</i>	7
ELOCTATE	4
<i>ergocalciferol</i>	7
<i>esterified estrogens & methyltestosterone</i> <i>tab 1.25-2.5 mg</i>	4
<i>Est Estrogen Tab Mtest Hs</i>	4
<i>Estratest Fs Tab 1.25-2.5</i>	4
<i>Estratest Hs Tab</i>	4
<i>Estrog/mtest Tab 1.25-2.5</i>	4
<i>etoposide</i>	2
EXODERM LOT 25-1%	3
F	
FEIBA	4
FEM PH GEL	7
<i>Ferottrinsic Cap</i>	6
<i>flurbiprofen</i>	1
<i>Folbee Tab</i>	6
<i>folic acid</i>	5
FOLIVANE-F CAP	6
FOLIVANE-OB CAP	7
FOLIVANE-PLS CAP	6
FOLLISTIM AQ	3
<i>Foltrin Cap</i>	6
FUSION PLUS CAP	6
<i>Fyremadel</i>	3
G	
<i>ganirelix acetate</i>	3
GANIRELIX ACETATE	3
H	
HEMATINIC/FA TAB	6
HEMATINIC PL TAB VIT/MIN	6
HEMLIBRA	4
<i>Hemmorex-Hc</i>	1
HEMOCYTE PLS CAP	6
HEMOFIL M	4
HUMATE-P SOL 2400UNIT	5
HUMATE-P SOL 250-600	5
HUMATE-P SOL 500-1200	5
<i>hydrocod polst-chlorphen polst er susp 10-</i> <i>8 mg/5ml</i>	2
<i>hydrocortisone acetate (rectal)</i>	1
<i>hydrocortisone acetate w/ pramoxine</i> <i>perianal cream 2.5-1%</i>	1

<i>hydroxocobalamin acetate</i>	5
<i>hyoscyamine sulfate</i>	7
I	
IDELVION	5
IMCIVREE	1
INFED	6
INTEGRA F CAP	6
INTEGRA PLUS CAP	6
<i>iodoquinol-hydrocortisone-aloe</i> <i>polysaccharide gel 1-2-1%</i>	3
IRON FOLATE CAP -F	6
IRON FOLATE CAP PLUS	6
IXINITY	5
J	
JESDUVROQ	6
JIVI.....	5
K	
<i>Klor-Con/ef</i>	7
KOATE.....	5
KOATE-DVI.....	5
KOGENATE FS	5
KOVALTRY	5
K-PHOS TAB NO 2	4
<i>K-Prime</i>	7
<i>K-Tan Plus Cap</i>	6
L	
<i>lidocaine-hydrocortisone acetate perianal</i> <i>cream 3-0.5%</i>	1
<i>lidocaine-hydrocortisone acetate rectal</i> <i>cream kit 2-2%</i>	1
<i>lidocaine-hydrocortisone acetate rectal</i> <i>cream kit 3-0.5%</i>	1
<i>lidocaine-hydrocortisone acetate rectal</i> <i>cream kit 3-1%</i>	1
<i>lidocaine-hydrocortisone acetate rectal gel</i> <i>kit 3-2.5%</i>	1
<i>Lidocort Cre 3-0.5%</i>	1
M	
MENOPUR	3
<i>methyldopa</i>	2
MULTIGEN PLS TAB	6
MULTIGEN TAB	6
N	
NATALVIT TAB 75-1MG.....	7

<i>Nitro-Time</i>	2
NOVOEIGHT	5
NOVOSEVEN RT	5
<i>Nufol Tab</i>	6
NUWIQ	5
O	
OBIZUR	5
OBSTETRIX EC TAB	7
OBSTETRIX MIS DHA.....	7
OBTREX DHA PAK.....	7
OVIDREL	3
P	
<i>phenazopyridine hcl</i>	4
<i>phenazopyridine hcl tab 100 mg</i>	4
<i>phentermine hcl</i>	1
<i>Phospha 250 Tab Neutral</i>	6
<i>Phospho-Trin Tab 250 Neut</i>	6
<i>phytonadione</i>	8
PLENITY CAP	1
PLENITY CAP WELCOME	1
<i>Poly-Iron Cap 150 Fort</i>	6
<i>Polysacchari Cap Iron</i>	6
<i>pot phos monobasic w/sod phos di &</i> <i>monobas tab 155-852-130mg</i>	6
PRAMOSONE CRE 1-1%	3
PRAMOSONE LOT 1%.....	3
PRAMOSONE LOT 2.5%.....	3
PRAMOSONE OIN 1%	3
PRAMOSONE OIN 2.5%	3
<i>pramoxine-hc cream 1-2.5%</i>	3
<i>Prenatabs Rx Tab</i>	7
PRENATAL 19 CHW 29-1MG.....	7
PRENATAL 19 TAB 29-1MG.....	7
PRENATAL PLS MIS MV + DHA	7
PROCORT CRE	1
PROFILNINE	5
<i>promethazine-dm syrup 6.25-15 mg/5ml</i> ...	2
<i>promethazine w/ codeine syrup 6.25-10</i> <i>mg/5ml</i>	2
PROVIDA OB CAP	7
<i>pseudoephed-bromphen-dm syrup 30-2-10</i> <i>mg/5ml</i>	2
<i>Purevit Dual Cap Fe Plus</i>	6
<i>pyridoxine hcl</i>	8

Q		
QSYMIA CAP 11.25-69	1	
QSYMIA CAP 15-92MG	1	
QSYMIA CAP 3.75-23	1	
QSYMIA CAP 7.5-46MG.....	1	
R		
REBINYN.....	5	
RECOMBINATE.....	5	
<i>ribavirin</i>	2	
RIXUBIS.....	5	
S		
SAXENDA	1	
SE-NATAL 19 CHW.....	7	
SE-NATAL 19 TAB.....	7	
<i>Se-Tan Plus Cap</i>	6	
<i>sildenafil citrate</i>	2	
<i>sodium chloride (inhalant)</i>	2	
<i>sodium ferric gluconate complex in sucrose</i>	6	
<i>Sss Cre 10%-5%</i>	3	
<i>sulfacetamide sodium w/ sulfur cleanser</i> <i>10-2%</i>	3	
<i>sulfacetamide sodium w/ sulfur cleanser</i> <i>10-5%</i>	3	
<i>sulfacetamide sodium w/ sulfur cream 10-5%</i>	3	
<i>sulfacetamide sodium w/ sulfur lotion 10-5%</i>	3	
<i>sulfacetamide sodium w/ sulfur susp 10-5%</i>	3	
<i>sulfacetamide sodium w/ sulfur susp 8-4%</i>	3	
		<i>Sulfamez Emu 10-1%</i>
		3
T		
		<i>tadalafil</i>
		2
		<i>Tandem Plus Cap</i>
		6
		TARON-C DHA CAP
		7
		<i>temozolomide</i>
		2
		<i>thiamine hcl</i>
		8
		THRIVITE RX TAB 29-1MG
		7
		<i>Tricon Cap</i>
		6
		TRINATAL RX TAB 1
		7
U		
		<i>urea</i>
		3
		<i>Urea Nail</i>
		3
		<i>Uredeb</i>
		3
		<i>Uremez-40</i>
		3
		<i>Uretron D/s Tab</i>
		2
		<i>Urin D/s Tab</i>
		2
		<i>Uro-Mp Cap 118mg</i>
		2
		<i>Urosex Tab</i>
		7
V		
		<i>varденаfil hcl</i>
		2
		<i>Vilamit Mb Cap 118mg</i>
		2
		VONVENDI
		5
W		
		WESCAP-C DHA CAP
		7
		WESNATAL DHA PAK COMPLETE
		7
		<i>Wes-Phos 250 Tab Neutral</i>
		6
		WILATE INJ
		5
X		
		XENICAL.....
		1
		<i>Xurea</i>
		3
		XYNTHA.....
		5
		XYNTHA SOLOFUSE
		5

