

# ADLARITY PDP SECURE

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## 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

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | Step-1 Drug: Donepezil (5mg, 10mg) tablets and Donepezil ODT tablets<br>Step-2 Drug: 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. |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# ANTIDEPRESSANTS, SEROTONIN/NOREPINEPHRINE REUPTAKE INHIBITORS PDP SECURE

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## 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
- *paroxetine 10 mg/5 ml oral suspension*

## Details

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine tablets, sertraline, trazodone, and venlafaxine. Step-2 Drugs: Fetzima, Auvelity and paroxetine suspension. 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. |
|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# ANTI-INFLAMMATORY/BETA AGONIST COMBINATIONS PDP SECURE

## Products Affected

### Step 1:

- ADVAIR DISKUS 100 MCG-50 MCG/DOSE POWDER FOR INHALATION
- ADVAIR DISKUS 250 MCG-50 MCG/DOSE POWDER FOR INHALATION
- ADVAIR DISKUS 500 MCG-50 MCG/DOSE POWDER FOR INHALATION
- ADVAIR HFA 115 MCG-21 MCG/ACTUATION AEROSOL INHALER
- ADVAIR HFA 230 MCG-21 MCG/ACTUATION AEROSOL INHALER
- ADVAIR HFA 45 MCG-21 MCG/ACTUATION AEROSOL INHALER
- BREO ELLIPTA 100 MCG-25 MCG/DOSE POWDER FOR INHALATION
- BREO ELLIPTA 200 MCG-25 MCG/DOSE POWDER FOR INHALATION

### Step 2:

- DULERA 100 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 200 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER
- DULERA 50 MCG-5 MCG/ACTUATION HFA AEROSOL INHALER

## Details

|                 |                                                                                                                                                                                                                                                                                                                                                                                   |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | Step-1 Drugs: Breo Ellipta, Advair. Step-2 Drugs: Dulera. The member must have tried a 30 day supply or more of two 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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# FEBUXOSTAT PDP SECURE

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## Products Affected

### Step 1:

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

### Step 2:

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

## Details

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| 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). |

# GLAUCOMA PDP SECURE

## Products Affected

### Step 1:

- ALPHAGAN P 0.1 % EYE DROPS
- *brimonidine 0.15 % eye drops*
- *brimonidine 0.2 % eye drops*
- *carteolol 1 % eye drops*
- COMBIGAN 0.2 %-0.5 % 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*

### Step 2:

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

## Details

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | Step-1 Drugs: Alphagan P, brimonidine, carteolol, Combigan, dorzolamide, dorzolamide/timolol, latanoprost, levobunolol, Lumigan, pilocarpine, and timolol. 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. |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# GOCOVRI PDP SECURE

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## 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

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|          |                                                                                                                                                                                                                                                                                                                                                                         |
|----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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 SECURE

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## 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

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|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | 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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# OVERACTIVE BLADDER PDP SECURE

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## 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

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | Step-1 Drugs: oxybutynin IR, oxybutynin ER, oxybutynin oral solution, and tolterodine IR. Step-2 Drug: tolterodine 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. |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# RYALTRIS PDP SECURE

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## Products Affected

### Step 1:

- *fluticasone propionate 50 mcg/actuation nasal spray,suspension*

### Step 2:

- RYALTRIS 665 MCG-25 MCG/SPRAY  
NASAL SPRAY

## Details

|                 |                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | 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. |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# RYTARY PDP SECURE

## Products Affected

### Step 1:

- *carbidopa 10 mg-levodopa 100 mg disintegrating tablet*
- *carbidopa 10 mg-levodopa 100 mg tablet*
- *carbidopa 25 mg-levodopa 100 mg disintegrating tablet*
- *carbidopa 25 mg-levodopa 100 mg tablet*
- *carbidopa 25 mg-levodopa 250 mg disintegrating tablet*
- *carbidopa 25 mg-levodopa 250 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

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | Step-1 Drugs: carbidopa/levodopa, carbidopa/levodopa ER, and carbidopa/levodopa ODT. 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. |
|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# TRINTELLIX/VIIBRYD PDP SECURE

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## 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
- VIIBRYD 10 MG (7)-20 MG (23) TABLETS IN A DOSE PACK
- VIIBRYD 10 MG TABLET
- VIIBRYD 20 MG TABLET
- VIIBRYD 40 MG TABLET
- *vilazodone 10 mg tablet*
- *vilazodone 20 mg tablet*
- *vilazodone 40 mg tablet*

## Details

|                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | Step-1 Drugs: bupropion, citalopram, duloxetine, escitalopram, fluoxetine, fluvoxamine, mirtazapine, paroxetine, sertraline, trazodone, and venlafaxine. Step-2 Drugs: Trintellix, Viibryd and vilazodone. 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. |
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dorzolamide 22.3 mg-timolol 6.8 mg/ml eye  
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HFA AEROSOL INHALER..... 4  
DULERA 200 MCG-5 MCG/ACTUATION  
HFA AEROSOL INHALER..... 4

DULERA 50 MCG-5 MCG/ACTUATION  
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pilocarpine 1 % eye drops..... 6

pilocarpine 2 % eye drops..... 6

pilocarpine 4 % eye drops..... 6

**R**

RHOPRESSA 0.02 % EYE DROPS ..... 6

ROCKLATAN 0.02 %-0.005 % EYE  
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RYALTRIS 665 MCG-25 MCG/SPRAY  
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RYTARY 23.75 MG-95 MG  
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RYTARY 36.25 MG-145 MG  
 CAPSULE,EXTENDED RELEASE.... 11  
 RYTARY 48.75 MG-195 MG  
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