

STEP THERAPY CRITERIA

This list is current as of 4/1/2025 and pertains to the following Independent Health 2025 Formularies:

Independent Health's Drug Formulary I
Independent Health's Drug Formulary II
Independent Health's Drug Formulary III
Independent Health's FEHB Drug Formulary
Independent Health's Essential Plan Formulary

In some cases, Independent Health requires that you first try certain medications to treat your medical condition before we will cover another medication for that condition. Step therapy is a way to help you get the best quality and value from your prescription medication benefit. This usually means that an equally effective generic medication is prescribed before a more expensive brand-name medication. Step therapy may also ensure that two medications are used together if they are more effective.

Medications that require Step Therapy have an "ST" in the Notes column of the formulary.

If you have any questions, please contact our Member Services Department at 1-800-501-3439 or (716) 631-8701, Monday through Friday from 8 a.m. to 8 p.m. TTY users please call 711.

The formulary may change at any time. You will receive notice when necessary.

Aczone 7.5%

Products Affected

- dapsona gel 7.5 % external

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that generic 5% dapsona was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Airsupra

Products Affected

- AIRSUPRA AEROSOL 90-80 MCG/ACT INHALATION

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that an inhaled corticosteroid or its combination (such as budesonide inhalation suspension or fluticasone-salmeterol inhaler) was filled within the previous 120 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Allergy Eye Drops

Products Affected

- ALOCRILOL SOLUTION 2 % OPHTHALMIC
- bepotastine besilate solution 1.5 % ophthalmic

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that Zaditor or Alaway OTC was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

Amitiza

Products Affected

- lubiprostone capsule 24 mcg oral
- lubiprostone capsule 8 mcg oral

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that lactulose was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. Step Therapy is not required when prescribed by a Gastroenterologist or a Colorectal Surgeon. |
|-----------------|--|

Antidiabetic GLP-1 receptor agonists

Products Affected

- MOUNJARO SOLUTION AUTO-INJECTOR 10 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 12.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 15 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 2.5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 5 MG/0.5ML SUBCUTANEOUS
- MOUNJARO SOLUTION AUTO-INJECTOR 7.5 MG/0.5ML SUBCUTANEOUS
- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/3ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS
- OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS
- RYBELSUS TABLET 14 MG ORAL
- RYBELSUS TABLET 3 MG ORAL
- RYBELSUS TABLET 7 MG ORAL
- TRULICITY SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

Details

| | |
|-----------------|--|
| Criteria | A prescription for an antidiabetic GLP-1 medication goes through online if the patient's Independent Health prescription history documents that they have type 2 diabetes or have tried any oral antidiabetic drug, excluding metformin, within the past 130 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

aprepitant/granisetron/Akynzeo/Anzemet

Products Affected

- ANZEMET TABLET 50 MG ORAL
- aprepitant capsule 125 mg oral
- aprepitant capsule 80 & 125 mg oral
- aprepitant capsule 80 mg oral
- EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL
- granisetron hcl tablet 1 mg oral

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that generic ondansetron was filled within the previous 180 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Belsomra

Products Affected

- BELSOMRA TABLET 10 MG ORAL
- BELSOMRA TABLET 15 MG ORAL
- BELSOMRA TABLET 20 MG ORAL
- BELSOMRA TABLET 5 MG ORAL

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that generic zolpidem was filled within the previous 365 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

Binosto

Products Affected

- BINOSTO TABLET EFFERVESCENT 70 MG ORAL

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that alendronate was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

bromfenac 0.07% ophthalmic solution

Products Affected

- bromfenac sodium solution 0.07 % ophthalmic

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that generic bromfenac ophthalmic solution 0.09% once daily was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Comtan

Products Affected

- entacapone tablet 200 mg oral
- ONGENTYS CAPSULE 50 MG ORAL
- ONGENTYS CAPSULE 25 MG ORAL

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of a levodopa/carbidopa product. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

diclofenac potassium (migraine) 50mg packet

Products Affected

- diclofenac potassium(migraine) packet 50 mg oral

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that a generic nonsteroidal anti-inflammatory drug (NSAID, such as naproxen, ibuprofen, celecoxib, etc) was filled within the previous 180 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

Eucrisa

Products Affected

- EUCRISA OINTMENT 2 % EXTERNAL

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that tacrolimus, pimecrolimus or topical corticosteroid product was filled within the previous 365 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
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Fetzima

Products Affected

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that venlafaxine extended-release capsule was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

glycopyrrolate oral solution (generic of Cuvposa)

Products Affected

- glycopyrrolate solution 1 mg/5ml oral

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that generic glycopyrrolate tablet was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

Gralise (gabapentin)

Products Affected

- gabapentin (once-daily) tablet 300 mg oral
- gabapentin (once-daily) tablet 600 mg oral

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that gabapentin was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Hectoral/Zemplar

Products Affected

- doxercalciferol capsule 0.5 mcg oral
- doxercalciferol capsule 1 mcg oral
- doxercalciferol capsule 2.5 mcg oral
- RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that calcitriol was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Horizant

Products Affected

- HORIZANT TABLET EXTENDED RELEASE 300 MG ORAL
- HORIZANT TABLET EXTENDED RELEASE 600 MG ORAL

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that gabapentin was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Hydrocortisone valerate

Products Affected

- hydrocortisone valerate ointment 0.2 % external

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that triamcinolone was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

Mydayis (amphetamine/dextroamphetamine ER)

Products Affected

- amphet-dextroamphet 3-bead er capsule extended release 24 hour 12.5 mg oral
- amphet-dextroamphet 3-bead er capsule extended release 24 hour 25 mg oral
- amphet-dextroamphet 3-bead er capsule extended release 24 hour 37.5 mg oral
- amphet-dextroamphet 3-bead er capsule extended release 24 hour 50 mg oral

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that amphetamine-dextroamphetamine extended-release capsule was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Namzarinic

Products Affected

- memantine hcl-donepezil hcl capsule extended release 24 hour 14-10 mg oral
- memantine hcl-donepezil hcl capsule extended release 24 hour 21-10 mg oral
- memantine hcl-donepezil hcl capsule extended release 24 hour 28-10 mg oral
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that donepezil or memantine was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Narcotic

Products Affected

- fentanyl patch 72 hour 100 mcg/hr transdermal
- fentanyl patch 72 hour 12 mcg/hr transdermal
- fentanyl patch 72 hour 25 mcg/hr transdermal
- fentanyl patch 72 hour 50 mcg/hr transdermal
- fentanyl patch 72 hour 75 mcg/hr transdermal
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 100 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 120 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 20 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 30 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 40 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 60 mg oral
- hydrocodone bitartrate er tablet er 24 hour abuse-deterrent 80 mg oral
- hydromorphone hcl er tablet extended release 24 hour 12 mg oral
- hydromorphone hcl er tablet extended release 24 hour 16 mg oral
- hydromorphone hcl er tablet extended release 24 hour 32 mg oral
- hydromorphone hcl er tablet extended release 24 hour 8 mg oral
- morphine sulfate (concentrate) solution 100 mg/5ml oral
- morphine sulfate er beads capsule extended release 24 hour 120 mg oral
- morphine sulfate er beads capsule extended release 24 hour 30 mg oral
- morphine sulfate er beads capsule extended release 24 hour 45 mg oral
- morphine sulfate er beads capsule extended release 24 hour 60 mg oral
- morphine sulfate er beads capsule extended release 24 hour 75 mg oral
- morphine sulfate er beads capsule extended release 24 hour 90 mg oral
- morphine sulfate er capsule extended release 24 hour 100 mg oral
- morphine sulfate er capsule extended release 24 hour 80 mg oral
- morphine sulfate er tablet extended release 100 mg oral
- morphine sulfate er tablet extended release 200 mg oral
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL
- NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL
- 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 | These high potency narcotics pose serious risks if started in a narcotic nave patient. Therefore, a prescription for this medication goes through online if the patient's Independent Health prescription history documents that narcotic medications was filled within the previous 120 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

Ongentys

Products Affected

- ONGENTYS CAPSULE 25 MG ORAL
- ONGENTYS CAPSULE 50 MG ORAL

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of a entacapone or levodopa-carbidopa-entacapone product in the past 180 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Oxtellar XR

Products Affected

- oxcarbazepine er tablet extended release 24 hour 150 mg oral
- oxcarbazepine er tablet extended release 24 hour 300 mg oral
- oxcarbazepine er tablet extended release 24 hour 600 mg oral

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that oxcarbazepine was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

Qelbree

Products Affected

- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL
- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL
- QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that atomoxetine capsule was filled in the past. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

Quillivant XR/Quillichew

Products Affected

- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL
- QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL
- QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that a generic methylphenidate slow-release or extended release product was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Renin-Angiotensin Inhibitor

Products Affected

- aliskiren fumarate tablet 150 mg oral
- aliskiren fumarate tablet 300 mg oral

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that an Angiotensin Converting Enzyme Inhibitor (ACE; such as lisinopril, enalapril etc), and an Angiotensin Receptor Blocker (ARB; such as losartan, irbesartan etc) were filled within the previous 180 days. Prior authorization is required when the pharmacy profile does not meet this criteria. |
|-----------------|--|

Sancuso

Products Affected

- SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that ondansetron was filled within the previous 180 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Serevent

Products Affected

- SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED
50 MCG/ACT INHALATION

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of inhaled corticosteroid or Spiriva. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

tazarotene

Products Affected

- FABIOR FOAM 0.1 % EXTERNAL
- tazarotene cream 0.05 % external
- tazarotene cream 0.1 % external
- tazarotene gel 0.05 % external
- tazarotene gel 0.1 % external

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that tretinoin or adapalene was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

tramadol er

Products Affected

- tramadol hcl (er biphasic) tablet extended release 24 hour 100 mg oral
- tramadol hcl (er biphasic) tablet extended release 24 hour 200 mg oral
- tramadol hcl (er biphasic) tablet extended release 24 hour 300 mg oral
- tramadol hcl er tablet extended release 24 hour 100 mg oral
- tramadol hcl er tablet extended release 24 hour 200 mg oral
- tramadol hcl er tablet extended release 24 hour 300 mg oral

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that immediate release tramadol was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|---|

Trintellix

Products Affected

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

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that generic SSRI antidepressant (selective serotonin reuptake inhibitor such as sertraline, fluoxetine, escitalopram etc) was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

Uloric

Products Affected

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

Details

| | |
|-----------------|--|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that allopurinol was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
|-----------------|--|

Xphozah

Products Affected

- XPHOZAH TABLET 20 MG ORAL
- XPHOZAH TABLET 30 MG ORAL

Details

| | |
|-----------------|---|
| Criteria | A prescription for Xphozah (tenapanor) goes through online if the patient's Independent Health prescription history documents concurrent (within the previous 120 days) use of a phosphate binder. The prescriber can request authorization using the standard authorization process if the Independent Health prescription history does not document concurrent use of a phosphate binder. |
|-----------------|---|

zolpidem SL

Products Affected

- zolpidem tartrate tablet sublingual 1.75 mg sublingual
- zolpidem tartrate tablet sublingual 3.5 mg sublingual

Details

| | |
|-----------------|---|
| Criteria | A prescription for this medication goes through online if the patient's Independent Health prescription history documents that generic zolpidem was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion. |
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| | | | |
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| oxcarbazepine er tablet extended release 24 hour 600 mg oral | 23 | tramadol hcl er tablet extended release 24 hour 300 mg oral | 30 |
| oxymorphone hcl er tablet extended release 12 hour 10 mg oral | 21 | TRINTELLIX TABLET 10 MG ORAL | 31 |
| oxymorphone hcl er tablet extended release 12 hour 15 mg oral | 21 | TRINTELLIX TABLET 20 MG ORAL | 31 |
| oxymorphone hcl er tablet extended release 12 hour 20 mg oral | 21 | TRINTELLIX TABLET 5 MG ORAL | 31 |
| oxymorphone hcl er tablet extended release 12 hour 30 mg oral | 21 | TRULICITY SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS | 5 |
| oxymorphone hcl er tablet extended release 12 hour 40 mg oral | 21 | TRULICITY SOLUTION AUTO-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS | 5 |
| oxymorphone hcl er tablet extended release 12 hour 5 mg oral | 21 | TRULICITY SOLUTION AUTO-INJECTOR 3 MG/0.5ML SUBCUTANEOUS | 5 |
| oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral | 21 | TRULICITY SOLUTION AUTO-INJECTOR 4.5 MG/0.5ML SUBCUTANEOUS | 5 |
| OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN- INJECTOR 2 MG/3ML SUBCUTANEOUS | 5 | VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS | 5 |
| OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 4 MG/3ML SUBCUTANEOUS | 5 | XPHOZAH TABLET 20 MG ORAL | 33 |
| OZEMPIC (2 MG/DOSE) SOLUTION PEN-INJECTOR 8 MG/3ML SUBCUTANEOUS | 5 | XPHOZAH TABLET 30 MG ORAL | 33 |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 100 MG ORAL | 24 | zolpidem tartrate tablet sublingual 1.75 mg sublingual | 34 |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 150 MG ORAL | 24 | zolpidem tartrate tablet sublingual 3.5 mg sublingual | 34 |
| QELBREE CAPSULE EXTENDED RELEASE 24 HOUR 200 MG ORAL | 24 | | |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL | 25 | | |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL | 25 | | |
| QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL | 25 | | |
| QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL | 25 | | |
| RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL | 16 | | |
| RYBELSUS TABLET 14 MG ORAL | 5 | | |
| RYBELSUS TABLET 3 MG ORAL | 5 | | |
| RYBELSUS TABLET 7 MG ORAL | 5 | | |
| SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL | 27 | | |