

STEP THERAPY CRITERIA

This list is current as of 06/01/2021 and pertains to the following Independent Health 2021 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.
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Allergy Eye Drops

Products Affected

- ALOCRIL SOLUTION 2 % OPHTHALMIC
- ALOMIDE SOLUTION 0.1 % OPHTHALMIC
- BEPREVE SOLUTION 1.5 % OPHTHALMIC
- LASTACRAFT SOLUTION 0.25 % 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.
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Altabax

Products Affected

- ALTABAX OINTMENT 1 % EXTERNAL

Details

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

Products Affected

- LINZESS CAPSULE 145 MCG ORAL
- LINZESS CAPSULE 290 MCG ORAL
- LINZESS CAPSULE 72 MCG ORAL
- 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.
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Anzemet/granisetron/Kytril/Zuplenz/Akynzeo/Emend

Products Affected

- AKYNZEO CAPSULE 300-0.5 MG ORAL
- ANZEMET TABLET 100 MG ORAL
- 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
- ZUPLENZ FILM 4 MG ORAL
- ZUPLENZ FILM 8 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 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Apriso

Products Affected

- mesalamine er capsule extended release 24 hour 0.375 gm
oral

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that a generic mesalamine product was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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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 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Benzaclin/Benzaclin Pump/Acanya

Products Affected

- clindamycin phos-benzoyl perox gel 1-5 % external

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that clindamycin phosphate/benzoyl peroxide gel 1.2/5% was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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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.
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Carac

Products Affected

- fluorouracil cream 0.5 % external

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that fluorouracil topical was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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06.01.2021

Chorionic Gonadatropin, Ovidrel

Products Affected

- chorionic gonadotropin solution reconstituted 10000 unit intramuscular
- OVIDREL INJECTABLE 250 MCG/0.5ML SUBCUTANEOUS

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that clomiphene, letrozole, menotropin or urofollitropin was filled within the previous 20 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Comtan

Products Affected

- entacapone tablet 200 mg oral
- ONGENTYS CAPSULE 50 MG ORAL
- ONGENTYS CAPSULE 25 MG ORAL
- tolcapone tablet 100 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.
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06.01.2021

Conzip/tramadol er/Ultram 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.
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Cuvposa

Products Affected

- CUVPOSA 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 glycopyrrolate was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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06.01.2021

Desonide Ointment

Products Affected

- desonide ointment 0.05 % external

Details

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

Products Affected

- EDARBI TABLET 40 MG ORAL
- EDARBI TABLET 80 MG ORAL
- EDARBYCLOR TABLET 40-12.5 MG ORAL
- EDARBYCLOR TABLET 40-25 MG ORAL

Details

Criteria	The dispensing pharmacy in conjunction with the Independent Health Pharmacy Help Desk will screen patient profiles A prescription for this medication goes through online if the patient's Independent Health prescription history documents that irbesartan, losartan or valsartan was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Emend/ Akynzeo

Products Affected

- AKYNZEO CAPSULE 300-0.5 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

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of dexamethasone. Prior authorization is required when the pharmacy profile does not meet this criterion. Step Therapy is not required when prescribed by a Hematologist or an Oncologist.
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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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06.01.2021

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.
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Foradil/Serevent

Products Affected

- SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED
50 MCG/DOSE 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. Prior authorization is required when the pharmacy profile does not meet this criterion.
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GLP -1

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 2 MG/1.5ML SUBCUTANEOUS
- RYBELSUS TABLET 14 MG ORAL
- RYBELSUS TABLET 3 MG ORAL
- RYBELSUS TABLET 7 MG ORAL
- TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS
- TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that metformin, all metformin combination products, a sulfonylurea, a sodium-glucose cotransporter 2 (SGLT 2) inhibitor, or a thiazolidinedione (TZD) was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Gralise (gabapentin)

Products Affected

- GRALISE TABLET 300 MG ORAL
- GRALISE 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.
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Hectoral/Zemplar

Products Affected

- doxercalciferol capsule 0.5 mcg oral
- doxercalciferol capsule 1 mcg oral
- doxercalciferol capsule 2.5 mcg oral
- paricalcitol capsule 1 mcg oral
- paricalcitol capsule 2 mcg oral
- paricalcitol capsule 4 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.
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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.
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Hydrocortisone valerate

Products Affected

- hydrocortisone valerate cream 0.2 % external
- 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.
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Mydayis (amphetamine/dextroamphetamine ER)

Products Affected

- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL
- MYDAYIS 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.
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Namzarin

Products Affected

- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL
- NAMZARIC 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.
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Narcotic

Products Affected

- fentanyl citrate lozenge on a handle 1200 mcg buccal
- fentanyl citrate lozenge on a handle 1600 mcg buccal
- fentanyl citrate lozenge on a handle 200 mcg buccal
- fentanyl citrate lozenge on a handle 400 mcg buccal
- fentanyl citrate lozenge on a handle 600 mcg buccal
- fentanyl citrate lozenge on a handle 800 mcg buccal
- fentanyl citrate tablet 200 mcg buccal
- fentanyl citrate tablet 400 mcg buccal
- fentanyl citrate tablet 600 mcg buccal
- fentanyl citrate tablet 800 mcg buccal
- 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
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL
- HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL
- LAZANDA SOLUTION 100 MCG/ACT NASAL
- LAZANDA SOLUTION 400 MCG/ACT NASAL
- 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
- NUCYNТА ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL
- NUCYNТА ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL
- NUCYNТА ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL
- NUCYNТА ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL
- oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral
- oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral
- OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL
- OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 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

06.01.2021

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 180 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Nurtec ODT

Products Affected

- NURTEC TABLET DISPERSIBLE 75 MG ORAL

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that a sumatriptan, naratriptan or rizatriptan was filled within the previous 365 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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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.
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OTIC STEP

Products Affected

- CIPRO HC SUSPENSION 0.2-1 % OTIC

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that neomycin/polymyxin B/hydrocortisone 1% otic solution or suspension was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Oxtellar XR

Products Affected

- OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL
- OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL
- OXTELLAR XR 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.
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paroxetine ER

Products Affected

- paroxetine hcl er tablet extended release 24 hour 12.5 mg oral
- paroxetine hcl er tablet extended release 24 hour 25 mg oral
- paroxetine hcl er tablet extended release 24 hour 37.5 mg oral

Details

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

Products Affected

- PREZISTA SUSPENSION 100 MG/ML ORAL
- PREZISTA TABLET 150 MG ORAL
- PREZISTA TABLET 600 MG ORAL
- PREZISTA TABLET 75 MG ORAL
- PREZISTA TABLET 800 MG ORAL

Details

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

Products Affected

- PROLENSA 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 was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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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.
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Renin-Angiotensin Inhibitor

Products Affected

- aliskiren fumarate tablet 150 mg oral
- aliskiren fumarate tablet 300 mg oral
- TEKTURNA HCT TABLET 150-12.5 MG ORAL
- TEKTURNA HCT TABLET 150-25 MG ORAL
- TEKTURNA HCT TABLET 300-12.5 MG ORAL
- TEKTURNA HCT TABLET 300-25 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 90 days. Prior authorization is required when the pharmacy profile does not meet this criteria.
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Reyvow

Products Affected

- REYVOW TABLET 100 MG ORAL
- REYVOW TABLET 50 MG ORAL

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that a sumatriptan, naratriptan, or rizatriptan was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Rhopressa

Products Affected

- RHOPRESSA SOLUTION 0.02 % OPHTHALMIC
- ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that a beta-blocker (such as timolol) or prostaglandin inhibitor (such as latanoprost) ophthalmic product was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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06.01.2021

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 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Soliqua (insulin glarcine/ lixisenatide)

Products Affected

- SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML
SUBCUTANEOUS

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that basal insulin, Glucagonlike Peptide 1 (GLP-1) Receptor Agonists, metformin, all metformin combination products, a sulfonylurea, a sodium-glucose cotransporter 2 (SGLT 2) inhibitor, or a thiazolidinedione (TZD) was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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Tazorac/Fabior (tazarotene)

Products Affected

- FABIOR FOAM 0.1 % EXTERNAL
- tazarotene cream 0.1 % external
- TAZORAC CREAM 0.05 % EXTERNAL
- TAZORAC GEL 0.05 % EXTERNAL
- TAZORAC 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.
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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.
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Tybost

Products Affected

- TYBOST TABLET 150 MG ORAL

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents concurrent use of atazanavir or darunavir. Prior authorization is required when the pharmacy profile does not meet this criterion. Step Therapy is not required when prescribed by a Hematologist or an Oncologist.
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Ubrelvy

Products Affected

- REYVOW TABLET 100 MG ORAL
- UBRELVY TABLET 100 MG ORAL
- UBRELVY TABLET 50 MG ORAL

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that sumatriptan, naratriptan, or rizatriptan was filled within the previous 365 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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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.
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Vyzulta (lataoprostene)

Products Affected

- VYZULTA SOLUTION 0.024 % OPHTHALMIC

Details

Criteria	A prescription for this medication goes through online if the patient's Independent Health prescription history documents that bimatoprost ophthalmic solution was filled within the previous 90 days. Prior authorization is required when the pharmacy profile does not meet this criterion.
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06.01.2021

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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BEPREVE SOLUTION 1.5 % OPHTHALMIC.....	2	hydrocortisone valerate cream 0.2 % external.....	25
BINOSTO TABLET EFFERVESCENT 70 MG ORAL.....	9	hydrocortisone valerate ointment 0.2 % external.....	25
chorionic gonadotropin solution reconstituted 10000 unit intramuscular.....	11	hydromorphone hcl er tablet extended release 24 hour 12 mg oral.....	28
CIPRO HC SUSPENSION 0.2-1 % OTIC.....	32	hydromorphone hcl er tablet extended release 24 hour 16 mg oral.....	28
clindamycin phos-benzoyl perox gel 1-5 % external.....	8	hydromorphone hcl er tablet extended release 24 hour 32 mg oral.....	28
CUVPOSA SOLUTION 1 MG/5ML ORAL.....	14	hydromorphone hcl er tablet extended release 24 hour 8 mg oral.....	28
dapsone gel 7.5 % external.....	1	HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG ORAL.....	28
desonide ointment 0.05 % external.....	15	HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 120 MG ORAL.....	28
doxercalciferol capsule 0.5 mcg oral.....	23	HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 20 MG ORAL.....	28
doxercalciferol capsule 1 mcg oral.....	23	HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 30 MG ORAL.....	28
doxercalciferol capsule 2.5 mcg oral.....	23	HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 40 MG ORAL.....	28
EDARBI TABLET 40 MG ORAL.....	16	HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 60 MG ORAL.....	28
EDARBI TABLET 80 MG ORAL.....	16	HYSINGLA ER TABLET ER 24 HOUR ABUSE-DETERRENT 80 MG ORAL.....	28
EDARBYCLOR TABLET 40-12.5 MG ORAL.....	16	LASTACAFT SOLUTION 0.25 % OPHTHALMIC.....	2
EDARBYCLOR TABLET 40-25 MG ORAL.....	16	LAZANDA SOLUTION 100 MCG/ACT NASAL.....	28
EMEND SUSPENSION RECONSTITUTED 125 MG/5ML ORAL.....	5, 17	LAZANDA SOLUTION 400 MCG/ACT NASAL.....	28
entacapone tablet 200 mg oral.....	12	LINZESS CAPSULE 145 MCG ORAL.....	4
EUCRISA OINTMENT 2 % EXTERNAL.....	18	LINZESS CAPSULE 290 MCG ORAL.....	4
FABIOR FOAM 0.1 % EXTERNAL.....	43	LINZESS CAPSULE 72 MCG ORAL.....	4
febuxostat tablet 40 mg oral.....	47	lubiprostone capsule 24 mcg oral.....	4
febuxostat tablet 80 mg oral.....	47	lubiprostone capsule 8 mcg oral.....	4
fentanyl citrate lozenge on a handle 1200 mcg buccal.....	28		
fentanyl citrate lozenge on a handle 1600 mcg buccal.....	28		
fentanyl citrate lozenge on a handle 200 mcg buccal.....	28		
fentanyl citrate lozenge on a handle 400 mcg buccal.....	28		
fentanyl citrate lozenge on a handle 600 mcg buccal.....	28		
fentanyl citrate lozenge on a handle 800 mcg buccal.....	28		
fentanyl citrate tablet 200 mcg buccal.....	28		
fentanyl citrate tablet 400 mcg buccal.....	28		
fentanyl citrate tablet 600 mcg buccal.....	28		
fentanyl citrate tablet 800 mcg buccal.....	28		
fentanyl patch 72 hour 100 mcg/hr transdermal.....	28		
fentanyl patch 72 hour 12 mcg/hr transdermal.....	28		
fentanyl patch 72 hour 25 mcg/hr transdermal.....	28		
fentanyl patch 72 hour 50 mcg/hr transdermal.....	28		
fentanyl patch 72 hour 75 mcg/hr transdermal.....	28		
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL.....	19		
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	19		

mesalamine er capsule extended release 24 hour 0.375 gm oral.....	6	OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG ORAL.....	28
morphine sulfate (concentrate) solution 100 mg/5ml oral..	28	OXYCONTIN TABLET ER 12 HOUR ABUSE-DETERRENT 80 MG ORAL.....	28
morphine sulfate er beads capsule extended release 24 hour 120 mg oral.....	28	oxymorphone hcl er tablet extended release 12 hour 10 mg oral.....	28
morphine sulfate er beads capsule extended release 24 hour 30 mg oral.....	28	oxymorphone hcl er tablet extended release 12 hour 15 mg oral.....	28
morphine sulfate er beads capsule extended release 24 hour 45 mg oral.....	28	oxymorphone hcl er tablet extended release 12 hour 20 mg oral.....	28
morphine sulfate er beads capsule extended release 24 hour 60 mg oral.....	28	oxymorphone hcl er tablet extended release 12 hour 30 mg oral.....	28
morphine sulfate er beads capsule extended release 24 hour 75 mg oral.....	28	oxymorphone hcl er tablet extended release 12 hour 40 mg oral.....	28
morphine sulfate er beads capsule extended release 24 hour 90 mg oral.....	28	oxymorphone hcl er tablet extended release 12 hour 5 mg oral.....	28
morphine sulfate er capsule extended release 24 hour 100 mg oral.....	28	oxymorphone hcl er tablet extended release 12 hour 7.5 mg oral.....	28
morphine sulfate er capsule extended release 24 hour 80 mg oral.....	28	OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS.....	21
morphine sulfate er tablet extended release 100 mg oral...	28	OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS.....	21
morphine sulfate er tablet extended release 200 mg oral...	28	paricalcitol capsule 1 mcg oral.....	23
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG ORAL.....	26	paricalcitol capsule 2 mcg oral.....	23
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	26	paricalcitol capsule 4 mcg oral.....	23
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG ORAL.....	26	paroxetine hcl er tablet extended release 24 hour 12.5 mg oral.....	34
MYDAYIS CAPSULE EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	26	paroxetine hcl er tablet extended release 24 hour 25 mg oral.....	34
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL.....	27	paroxetine hcl er tablet extended release 24 hour 37.5 mg oral.....	34
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL.....	27	PREZISTA SUSPENSION 100 MG/ML ORAL.....	35
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL.....	27	PREZISTA TABLET 150 MG ORAL.....	35
NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL.....	27	PREZISTA TABLET 600 MG ORAL.....	35
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 100 MG ORAL.....	28	PREZISTA TABLET 75 MG ORAL.....	35
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 150 MG ORAL.....	28	PREZISTA TABLET 800 MG ORAL.....	35
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 200 MG ORAL.....	28	PROLENSA SOLUTION 0.07 % OPHTHALMIC.....	36
NUCYNTA ER TABLET EXTENDED RELEASE 12 HOUR 250 MG ORAL.....	28	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 20 MG ORAL.....	37
NURTEC TABLET DISPERSIBLE 75 MG ORAL.....	30	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 30 MG ORAL.....	37
ONGENTYS CAPSULE 25 MG ORAL.....	12, 31	QUILLICHEW ER TABLET CHEWABLE EXTENDED RELEASE 40 MG ORAL.....	37
ONGENTYS CAPSULE 50 MG ORAL.....	12, 31	QUILLIVANT XR SUSPENSION RECONSTITUTED ER 25 MG/5ML ORAL.....	37
OVIDREL INJECTABLE 250 MCG/0.5ML SUBCUTANEOUS.....	11	RAYALDEE CAPSULE EXTENDED RELEASE 30 MCG ORAL.....	23
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 150 MG ORAL.....	33	REYVOW TABLET 100 MG ORAL.....	39, 46
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 300 MG ORAL.....	33	REYVOW TABLET 50 MG ORAL.....	39
OXTELLAR XR TABLET EXTENDED RELEASE 24 HOUR 600 MG ORAL.....	33	RHOPRESSA SOLUTION 0.02 % OPHTHALMIC.....	40
oxycodone hcl er tablet er 12 hour abuse-deterrent 60 mg oral.....	28	ROCKLATAN SOLUTION 0.02-0.005 % OPHTHALMIC.....	40
oxycodone hcl er tablet er 12 hour abuse-deterrent 80 mg oral.....	28	RYBELSUS TABLET 14 MG ORAL.....	21
		RYBELSUS TABLET 3 MG ORAL.....	21
		RYBELSUS TABLET 7 MG ORAL.....	21
		SANCUSO PATCH 3.1 MG/24HR TRANSDERMAL.....	41
		SEREVENT DISKUS AEROSOL POWDER BREATH ACTIVATED 50 MCG/DOSE INHALATION.....	20
		SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS.....	42
		tazarotene cream 0.1 % external.....	43

TAZORAC CREAM 0.05 % EXTERNAL	43
TAZORAC GEL 0.05 % EXTERNAL	43
TAZORAC GEL 0.1 % EXTERNAL	43
TEKTURNA HCT TABLET 150-12.5 MG ORAL	38
TEKTURNA HCT TABLET 150-25 MG ORAL	38
TEKTURNA HCT TABLET 300-12.5 MG ORAL	38
TEKTURNA HCT TABLET 300-25 MG ORAL	38
tolcapone tablet 100 mg oral	12
tramadol hcl er (biphasic) tablet extended release 24 hour 100 mg oral	13
tramadol hcl er (biphasic) tablet extended release 24 hour 200 mg oral	13
tramadol hcl er (biphasic) tablet extended release 24 hour 300 mg oral	13
tramadol hcl er tablet extended release 24 hour 100 mg oral	13
tramadol hcl er tablet extended release 24 hour 200 mg oral	13
tramadol hcl er tablet extended release 24 hour 300 mg oral	13
TRINTELLIX TABLET 10 MG ORAL	44
TRINTELLIX TABLET 20 MG ORAL	44
TRINTELLIX TABLET 5 MG ORAL	44
TRULICITY SOLUTION PEN-INJECTOR 0.75 MG/0.5ML SUBCUTANEOUS	21
TRULICITY SOLUTION PEN-INJECTOR 1.5 MG/0.5ML SUBCUTANEOUS	21
TYBOST TABLET 150 MG ORAL	45
UBRELVY TABLET 100 MG ORAL	46
UBRELVY TABLET 50 MG ORAL	46
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS	21
VYZULTA SOLUTION 0.024 % OPHTHALMIC	48
zolpidem tartrate tablet sublingual 1.75 mg sublingual	49
zolpidem tartrate tablet sublingual 3.5 mg sublingual	49
ZUPLLENZ FILM 4 MG ORAL	5
ZUPLLENZ FILM 8 MG ORAL	5