

Abilify Mycite - sCORE

Products Affected

- ABILIFY MYCITE TABLET 10 MG ORAL
- ABILIFY MYCITE TABLET 15 MG ORAL
- ABILIFY MYCITE TABLET 2 MG ORAL
- ABILIFY MYCITE TABLET 20 MG ORAL
- ABILIFY MYCITE TABLET 30 MG ORAL
- ABILIFY MYCITE TABLET 5 MG ORAL

Details

Criteria	Trial of generic aripiprazole
----------	-------------------------------

Antidepressants - sCORE

Products Affected

- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL
- desvenlafaxine er tablet extended release 24 hour 100 mg oral
- desvenlafaxine er tablet extended release 24 hour 50 mg oral
- DESVENLAFAXINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL
- DESVENLAFAXINE FUMARATE ER TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL
- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- 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
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL

Details

Criteria	Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.
-----------------	--

Step Therapy Criteria
EON CSNP 6 Tier Formulary
Date Effective: May 1, 2019

Antigout -sCORE

Products Affected

- ULORIC TABLET 40 MG ORAL
- ULORIC TABLET 80 MG ORAL

Details

Details	
Criteria	Trial of allopurinol

Atypical Antipsychotics - sCORE

Products Affected

- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- VRAYLAR CAPSULE 1.5 MG ORAL
- VRAYLAR CAPSULE 3 MG ORAL
- VRAYLAR CAPSULE 4.5 MG ORAL
- VRAYLAR CAPSULE 6 MG ORAL
- VRAYLAR CAPSULE THERAPY PACK 1.5 & 3 MG ORAL

Details

Details	
Criteria	Trial of two generic formulary atypical antipsychotic agents

Step Therapy Criteria
EON CSNP 6 Tier Formulary
Date Effective: May 1, 2019

Bisphosphonates -sCORE

Products Affected

- FOSAMAX PLUS D TABLET 70-2800
MG-UNIT ORAL
- FOSAMAX PLUS D TABLET 70-5600
MG-UNIT ORAL

Details

Details	
Criteria	Trial of one generic formulary oral bisphosphonate agent

DPP4 inhibitors - sCORE

Products Affected

- JANUMET TABLET 50-1000 MG ORAL
- JANUMET TABLET 50-500 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
- JANUVIA TABLET 100 MG ORAL
- JANUVIA TABLET 25 MG ORAL
- JANUVIA TABLET 50 MG ORAL
- JENTADUETO TABLET 2.5-1000 MG ORAL
- JENTADUETO TABLET 2.5-500 MG ORAL
- JENTADUETO TABLET 2.5-850 MG ORAL
- JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- TRADJENTA TABLET 5 MG ORAL

Details

Details	
Criteria	Trial of one generic formulary metformin or metformin combination

DPP4 INHIBITORS NON-PREFERRED - sCORE

Products Affected

- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL
- ONGLYZA TABLET 2.5 MG ORAL
- ONGLYZA TABLET 5 MG ORAL

Details

Details	
Criteria	Trial of one of the following: Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta

Epinephrine -sCORE

Products Affected

- epinephrine solution 0.3 mg/0.3ml injection
- epinephrine solution auto-injector 0.15 mg/0.15ml injection

Details

Criteria	Trial of one of the following: generic epinephrine (generic EpiPen or generic EpiPen Jr, by manufacturer: Mylan, NDCs 495020101** and 495020102**), brand EpiPen, brand EpiPen Jr
----------	---

FILGRASTIM - sCORE

Products Affected

- GRANIX SOLUTION 300 MCG/ML SUBCUTANEOUS
- GRANIX SOLUTION 480 MCG/1.6ML SUBCUTANEOUS
- GRANIX SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML SUBCUTANEOUS
- GRANIX SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML SUBCUTANEOUS
- NEUPOGEN SOLUTION 300 MCG/ML INJECTION
- NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION
- NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION
- NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION
- NIVESTYM SOLUTION 300 MCG/ML INJECTION
- NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION
- NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION
- NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION

Details

Criteria	Trial of Zarxio
----------	-----------------

GLP1 Agonist - sCORE

Products Affected

- BYDUREON BCISE AUTO-INJECTOR 2 MG/0.85ML SUBCUTANEOUS
- BYDUREON PEN-INJECTOR 2 MG SUBCUTANEOUS
- BYDUREON SUSPENSION RECONSTITUTED ER 2 MG SUBCUTANEOUS
- 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	
	Trial of one generic formulary metformin or metformin combination

LAMA - sCORE

Products Affected

- TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION
- TUDORZA PRESSAIR AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT INHALATION (30 ACTUATE)

Details

Criteria	Trial of Spiriva or Incruse Ellipta
-----------------	-------------------------------------

Leukotriene modifiers - sCORE

Products Affected

- zileuton er tablet extended release 12 hour 600 mg oral
- ZYFLO TABLET 600 MG ORAL

Details

Criteria	
	Trial of generic montelukast or generic zafirlukast

Long-Acting Opioid_1 - sCORE

Products Affected

- ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 15 MG ORAL
- ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 30 MG ORAL
- ARYMO ER TABLET EXTENDED RELEASE ABUSE-DETERRENT 60 MG ORAL
- XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG ORAL
- XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 18 MG ORAL
- XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG ORAL
- XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ORAL
- XTAMPZA ER CAPSULE ER 12 HOUR ABUSE-DETERRENT 9 MG ORAL

Details

Criteria	Trial of Embeda
----------	-----------------

PD agents - sCORE

Products Affected

- NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL

Details

Details	
Criteria	Trial of one generic formulary dopamine agonist agent

Step Therapy Criteria
EON CSNP 6 Tier Formulary
Date Effective: May 1, 2019

RHOPRESSA -sCORE

Products Affected

- RHOPRESSA SOLUTION 0.02 %
OPHTHALMIC

Details

Criteria	Trial of one of the following ophthalmic solutions: generic latanoprost, generic bimatoprost, Lumigan, Travatan Z, Alphagan P, Azopt, Combigan, Simbrinza, timolol, betaxolol, carteolol, levobunolol, dorzolamide/timolol, dorzolamide, brimonidine
-----------------	--

RYTARY - sCORE

Products Affected

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

Details

Details	
Criteria	Trial of any generic antiparkinson agent

SGLT2 - sSCORE

Products Affected

- INVOKAMET TABLET 150-1000 MG ORAL
- INVOKAMET TABLET 150-500 MG ORAL
- INVOKAMET TABLET 50-1000 MG ORAL
- INVOKAMET TABLET 50-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL
- INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL
- INVOKANA TABLET 100 MG ORAL
- INVOKANA TABLET 300 MG ORAL
- JARDIANCE TABLET 10 MG ORAL
- JARDIANCE TABLET 25 MG ORAL
- SYNJARDY TABLET 12.5-1000 MG ORAL
- SYNJARDY TABLET 12.5-500 MG ORAL
- SYNJARDY TABLET 5-1000 MG ORAL
- SYNJARDY TABLET 5-500 MG ORAL
- SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL
- SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL
- SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL
- SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL

Details

Details	
Criteria	Trial of one generic formulary metformin or metformin combination

Step Therapy Criteria
EON CSNP 6 Tier Formulary
Date Effective: May 1, 2019

SGLT2 DPP4 Combo Therapy - sCORE

Products Affected

- GLYXAMBI TABLET 10-5 MG ORAL
- GLYXAMBI TABLET 25-5 MG ORAL

Details

Details	
Criteria	Trial of one generic formulary metformin or metformin combination

Step Therapy Criteria
EON CSNP 6 Tier Formulary
Date Effective: May 1, 2019

Statins - sCORE

Products Affected

- LIVALO TABLET 1 MG ORAL
- LIVALO TABLET 2 MG ORAL
- LIVALO TABLET 4 MG ORAL

Details

Criteria	
	Trial of any one generic formulary HMG-CoA reductase inhibitor (statin)

Index of Drugs

A

ABILIFY MYCITE TABLET 10 MG ORAL... 1
 ABILIFY MYCITE TABLET 15 MG ORAL... 1
 ABILIFY MYCITE TABLET 2 MG ORAL.... 1
 ABILIFY MYCITE TABLET 20 MG ORAL... 1
 ABILIFY MYCITE TABLET 30 MG ORAL... 1
 ABILIFY MYCITE TABLET 5 MG ORAL.... 1
 APLENZIN TABLET EXTENDED RELEASE
 24 HOUR 174 MG ORAL2
 APLENZIN TABLET EXTENDED RELEASE
 24 HOUR 348 MG ORAL2
 APLENZIN TABLET EXTENDED RELEASE
 24 HOUR 522 MG ORAL2
 ARYMO ER TABLET EXTENDED
 RELEASE ABUSE-DETERRENT 15 MG
 ORAL 13
 ARYMO ER TABLET EXTENDED
 RELEASE ABUSE-DETERRENT 30 MG
 ORAL 13
 ARYMO ER TABLET EXTENDED
 RELEASE ABUSE-DETERRENT 60 MG
 ORAL 13

B

BYDUREON BCISE AUTO-INJECTOR 2
 MG/0.85ML SUBCUTANEOUS 10
 BYDUREON PEN-INJECTOR 2 MG
 SUBCUTANEOUS 10
 BYDUREON SUSPENSION
 RECONSTITUTED ER 2 MG
 SUBCUTANEOUS 10

D

desvenlafaxine er tablet extended release
 24 hour 100 mg oral2
 desvenlafaxine er tablet extended release
 24 hour 50 mg oral2
 DESVENLAFAXINE FUMARATE ER
 TABLET EXTENDED RELEASE 24
 HOUR 100 MG ORAL2
 DESVENLAFAXINE FUMARATE ER
 TABLET EXTENDED RELEASE 24
 HOUR 50 MG ORAL2

E

EMSAM PATCH 24 HOUR 12 MG/24HR
 TRANSDERMAL2
 EMSAM PATCH 24 HOUR 6 MG/24HR
 TRANSDERMAL2
 EMSAM PATCH 24 HOUR 9 MG/24HR
 TRANSDERMAL2

epinephrine solution 0.3 mg/0.3ml injection 8
 epinephrine solution auto-injector 0.15
 mg/0.15ml injection 8

F

FANAPT TABLET 1 MG ORAL 4
 FANAPT TABLET 10 MG ORAL 4
 FANAPT TABLET 12 MG ORAL 4
 FANAPT TABLET 2 MG ORAL 4
 FANAPT TABLET 4 MG ORAL 4
 FANAPT TABLET 6 MG ORAL 4
 FANAPT TABLET 8 MG ORAL 4
 FANAPT TITRATION PACK TABLET 1 & 2
 & 4 & 6 MG ORAL 4
 FETZIMA CAPSULE EXTENDED
 RELEASE 24 HOUR 120 MG ORAL 2
 FETZIMA CAPSULE EXTENDED
 RELEASE 24 HOUR 20 MG ORAL 2
 FETZIMA CAPSULE EXTENDED
 RELEASE 24 HOUR 40 MG ORAL 2
 FETZIMA CAPSULE EXTENDED
 RELEASE 24 HOUR 80 MG ORAL 2
 FETZIMA TITRATION CAPSULE ER 24
 HOUR THERAPY PACK 20 & 40 MG
 ORAL 2
 FOSAMAX PLUS D TABLET 70-2800 MG-
 UNIT ORAL 5
 FOSAMAX PLUS D TABLET 70-5600 MG-
 UNIT ORAL 5

G

GLYXAMBI TABLET 10-5 MG ORAL18
 GLYXAMBI TABLET 25-5 MG ORAL18
 GRANIX SOLUTION 300 MCG/ML
 SUBCUTANEOUS 9
 GRANIX SOLUTION 480 MCG/1.6ML
 SUBCUTANEOUS 9
 GRANIX SOLUTION PREFILLED
 SYRINGE 300 MCG/0.5ML
 SUBCUTANEOUS 9
 GRANIX SOLUTION PREFILLED
 SYRINGE 480 MCG/0.8ML
 SUBCUTANEOUS 9

I

INVOKAMET TABLET 150-1000 MG ORAL
17
 INVOKAMET TABLET 150-500 MG ORAL
17
 INVOKAMET TABLET 50-1000 MG ORAL
17

Step Therapy Criteria

EON CSNP 6 Tier Formulary

Date Effective: May 1, 2019

INVOKAMET TABLET 50-500 MG ORAL	17
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL	17
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL	17
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	17
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	17
INVOKANA TABLET 100 MG ORAL	17
INVOKANA TABLET 300 MG ORAL	17
J	
JANUMET TABLET 50-1000 MG ORAL	6
JANUMET TABLET 50-500 MG ORAL	6
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ORAL	6
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	6
JANUMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	6
JANUVIA TABLET 100 MG ORAL	6
JANUVIA TABLET 25 MG ORAL	6
JANUVIA TABLET 50 MG ORAL	6
JARDIANCE TABLET 10 MG ORAL	17
JARDIANCE TABLET 25 MG ORAL	17
JENTADUETO TABLET 2.5-1000 MG ORAL	6
JENTADUETO TABLET 2.5-500 MG ORAL	6
JENTADUETO TABLET 2.5-850 MG ORAL	6
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	6
JENTADUETO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	6
K	
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	7
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	7
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL	7

L	
LIVALO TABLET 1 MG ORAL	19
LIVALO TABLET 2 MG ORAL	19
LIVALO TABLET 4 MG ORAL	19
N	
NEUPOGEN SOLUTION 300 MCG/ML INJECTION	9
NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION	9
NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	9
NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	9
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL	14
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL	14
NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL	14
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL	14
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL	14
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL	14
NIVESTYM SOLUTION 300 MCG/ML INJECTION	9
NIVESTYM SOLUTION 480 MCG/1.6ML INJECTION	9
NIVESTYM SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	9
NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	9
O	
ONGLYZA TABLET 2.5 MG ORAL	7
ONGLYZA TABLET 5 MG ORAL	7
R	
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC	15
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	16
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	16
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	16
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	16
S	
SYNJARDY TABLET 12.5-1000 MG ORAL	17

Step Therapy Criteria

EON CSNP 6 Tier Formulary

Date Effective: May 1, 2019

SYNJARDY TABLET 12.5-500 MG ORAL 17
SYNJARDY TABLET 5-1000 MG ORAL .. 17
SYNJARDY TABLET 5-500 MG ORAL 17
SYNJARDY XR TABLET EXTENDED
RELEASE 24 HOUR 10-1000 MG ORAL
..... 17
SYNJARDY XR TABLET EXTENDED
RELEASE 24 HOUR 12.5-1000 MG
ORAL 17
SYNJARDY XR TABLET EXTENDED
RELEASE 24 HOUR 25-1000 MG ORAL
..... 17
SYNJARDY XR TABLET EXTENDED
RELEASE 24 HOUR 5-1000 MG ORAL
..... 17

T
TRADJENTA TABLET 5 MG ORAL 6
TRULICITY SOLUTION PEN-INJECTOR
0.75 MG/0.5ML SUBCUTANEOUS 10
TRULICITY SOLUTION PEN-INJECTOR
1.5 MG/0.5ML SUBCUTANEOUS 10
TUDORZA PRESSAIR AEROSOL
POWDER BREATH ACTIVATED 400
MCG/ACT INHALATION 11
TUDORZA PRESSAIR AEROSOL
POWDER BREATH ACTIVATED 400
MCG/ACT INHALATION (30 ACTUATE)
..... 11

U
ULORIC TABLET 40 MG ORAL 3
ULORIC TABLET 80 MG ORAL 3

V
VICTOZA SOLUTION PEN-INJECTOR 18
MG/3ML SUBCUTANEOUS 10
VRAYLAR CAPSULE 1.5 MG ORAL 4
VRAYLAR CAPSULE 3 MG ORAL 4
VRAYLAR CAPSULE 4.5 MG ORAL 4
VRAYLAR CAPSULE 6 MG ORAL 4
VRAYLAR CAPSULE THERAPY PACK 1.5
& 3 MG ORAL 4

X
XTAMPZA ER CAPSULE ER 12 HOUR
ABUSE-DETERRENT 13.5 MG ORAL .13
XTAMPZA ER CAPSULE ER 12 HOUR
ABUSE-DETERRENT 18 MG ORAL13
XTAMPZA ER CAPSULE ER 12 HOUR
ABUSE-DETERRENT 27 MG ORAL13
XTAMPZA ER CAPSULE ER 12 HOUR
ABUSE-DETERRENT 36 MG ORAL13
XTAMPZA ER CAPSULE ER 12 HOUR
ABUSE-DETERRENT 9 MG ORAL13

Z
zileuton er tablet extended release 12 hour
600 mg oral12
ZYFLO TABLET 600 MG ORAL12