

## Antidepressants - sCORE

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### 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

<b>Criteria</b>	Trial of two of the following formulary products: bupropion, mirtazapine, generic SSRI, or generic SNRI.
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Step Therapy Criteria  
EON MAPD 5 Tier Formulary  
Date Effective: January 1, 2019

## Antigout -sCORE

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### Products Affected

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

### Details

<b>Criteria</b>	Trial of allopurinol
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## Atypical Antipsychotics - sCORE

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### 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 MAPD 5 Tier Formulary  
Date Effective: January 1, 2019

# Bisphosphonates -sCORE

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## Products Affected

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

## Details

Criteria	
	Trial of one generic formulary oral bisphosphonate agent

## DPP4 inhibitors - sCORE

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### 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**

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### **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**

<b>Criteria</b>	Trial of one of the following: Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta
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# Epinephrine -sCORE

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## Products Affected

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

## Details

Details	
<b>Criteria</b>	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

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### 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 PREFILLED SYRINGE 300 MCG/0.5ML INJECTION
- NIVESTYM SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION

### Details

Criteria	Trial of Zarxio
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## GLP1 Agonist - sCORE

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### 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

Details	
<b>Criteria</b>	Trial of one generic formulary metformin or metformin combination

Step Therapy Criteria  
EON MAPD 5 Tier Formulary  
Date Effective: January 1, 2019

## LAMA - sCORE

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### 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

<b>Criteria</b>	Trial of Spiriva or Incruse Ellipta
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Step Therapy Criteria  
EON MAPD 5 Tier Formulary  
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## Leukotriene modifiers - sCORE

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### 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

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## Long-Acting Opioid\_1 - sCORE

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### 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

Details	
Criteria	Trial of Embeda

## PD agents - sCORE

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### 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	
<b>Criteria</b>	Trial of one generic formulary dopamine agonist agent

Step Therapy Criteria  
EON MAPD 5 Tier Formulary  
Date Effective: January 1, 2019

## RHOPRESSA -sCORE

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### Products Affected

- RHOPRESSA SOLUTION 0.02 %  
OPHTHALMIC

### Details

<b>Criteria</b>	Trial of one of the following ophthalmic solutions: generic latanoprost, generic bimatoprost, Lumigan, Travatan Z, Alphagan P, Azopt, Combigan, Simbrinza, timolol, betaxolol, carteolol, metipranolol, levobunolol, dorzolamide/timolol, dorzolamide, brimonidine
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# **RYTARY - sCORE**

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## **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**

<b>Details</b>	
<b>Criteria</b>	Trial of any generic antiparkinson agent

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## 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

Criteria	
	Trial of one generic formulary metformin or metformin combination



Step Therapy Criteria  
EON MAPD 5 Tier Formulary  
Date Effective: January 1, 2019

## **SGLT2 DPP4 Combo Therapy - sCORE**

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### **Products Affected**

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

### **Details**

<b>Details</b>	
<b>Criteria</b>	Trial of one generic formulary metformin or metformin combination

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Step Therapy Criteria  
EON MAPD 5 Tier Formulary  
Date Effective: January 1, 2019

## Statins - sCORE

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### 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**

APLENZIN TABLET EXTENDED RELEASE  
 24 HOUR 174 MG ORAL ..... 1  
 APLENZIN TABLET EXTENDED RELEASE  
 24 HOUR 348 MG ORAL ..... 1  
 APLENZIN TABLET EXTENDED RELEASE  
 24 HOUR 522 MG ORAL ..... 1  
 ARYMO ER TABLET EXTENDED  
 RELEASE ABUSE-DETERRENT 15 MG  
 ORAL ..... 12  
 ARYMO ER TABLET EXTENDED  
 RELEASE ABUSE-DETERRENT 30 MG  
 ORAL ..... 12  
 ARYMO ER TABLET EXTENDED  
 RELEASE ABUSE-DETERRENT 60 MG  
 ORAL ..... 12

**B**

BYDUREON BCISE AUTO-INJECTOR 2  
 MG/0.85ML SUBCUTANEOUS ..... 9  
 BYDUREON PEN-INJECTOR 2 MG  
 SUBCUTANEOUS ..... 9  
 BYDUREON SUSPENSION  
 RECONSTITUTED ER 2 MG  
 SUBCUTANEOUS ..... 9

**D**

desvenlafaxine er tablet extended release  
 24 hour 100 mg oral ..... 1  
 desvenlafaxine er tablet extended release  
 24 hour 50 mg oral ..... 1  
 DESVENLAFAXINE FUMARATE ER  
 TABLET EXTENDED RELEASE 24  
 HOUR 100 MG ORAL ..... 1  
 DESVENLAFAXINE FUMARATE ER  
 TABLET EXTENDED RELEASE 24  
 HOUR 50 MG ORAL ..... 1

**E**

EMSAM PATCH 24 HOUR 12 MG/24HR  
 TRANSDERMAL ..... 1  
 EMSAM PATCH 24 HOUR 6 MG/24HR  
 TRANSDERMAL ..... 1  
 EMSAM PATCH 24 HOUR 9 MG/24HR  
 TRANSDERMAL ..... 1  
 epinephrine solution 0.3 mg/0.3ml injection 7  
 epinephrine solution auto-injector 0.15  
 mg/0.15ml injection ..... 7

**F**

FANAPT TABLET 1 MG ORAL ..... 3  
 FANAPT TABLET 10 MG ORAL ..... 3

FANAPT TABLET 12 MG ORAL ..... 3  
 FANAPT TABLET 2 MG ORAL ..... 3  
 FANAPT TABLET 4 MG ORAL ..... 3  
 FANAPT TABLET 6 MG ORAL ..... 3  
 FANAPT TABLET 8 MG ORAL ..... 3  
 FANAPT TITRATION PACK TABLET 1 & 2  
 & 4 & 6 MG ORAL ..... 3  
 FETZIMA CAPSULE EXTENDED  
 RELEASE 24 HOUR 120 MG ORAL ..... 1  
 FETZIMA CAPSULE EXTENDED  
 RELEASE 24 HOUR 20 MG ORAL ..... 1  
 FETZIMA CAPSULE EXTENDED  
 RELEASE 24 HOUR 40 MG ORAL ..... 1  
 FETZIMA CAPSULE EXTENDED  
 RELEASE 24 HOUR 80 MG ORAL ..... 1  
 FETZIMA TITRATION CAPSULE ER 24  
 HOUR THERAPY PACK 20 & 40 MG  
 ORAL ..... 1  
 FOSAMAX PLUS D TABLET 70-2800 MG-  
 UNIT ORAL ..... 4  
 FOSAMAX PLUS D TABLET 70-5600 MG-  
 UNIT ORAL ..... 4

**G**

GLYXAMBI TABLET 10-5 MG ORAL ..... 17  
 GLYXAMBI TABLET 25-5 MG ORAL ..... 17  
 GRANIX SOLUTION 300 MCG/ML  
 SUBCUTANEOUS ..... 8  
 GRANIX SOLUTION 480 MCG/1.6ML  
 SUBCUTANEOUS ..... 8  
 GRANIX SOLUTION PREFILLED  
 SYRINGE 300 MCG/0.5ML  
 SUBCUTANEOUS ..... 8  
 GRANIX SOLUTION PREFILLED  
 SYRINGE 480 MCG/0.8ML  
 SUBCUTANEOUS ..... 8

**I**

INVOKAMET TABLET 150-1000 MG ORAL  
 ..... 16  
 INVOKAMET TABLET 150-500 MG ORAL  
 ..... 16  
 INVOKAMET TABLET 50-1000 MG ORAL  
 ..... 16  
 INVOKAMET TABLET 50-500 MG ORAL 16  
 INVOKAMET XR TABLET EXTENDED  
 RELEASE 24 HOUR 150-1000 MG  
 ORAL ..... 16

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INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 150-500 MG ORAL  
..... 16

INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 50-1000 MG ORAL  
..... 16

INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 50-500 MG ORAL  
..... 16

INVOKANA TABLET 100 MG ORAL..... 16

INVOKANA TABLET 300 MG ORAL..... 16

**J**

JANUMET TABLET 50-1000 MG ORAL .... 5

JANUMET TABLET 50-500 MG ORAL ..... 5

JANUMET XR TABLET EXTENDED  
RELEASE 24 HOUR 100-1000 MG  
ORAL..... 5

JANUMET XR TABLET EXTENDED  
RELEASE 24 HOUR 50-1000 MG ORAL  
..... 5

JANUMET XR TABLET EXTENDED  
RELEASE 24 HOUR 50-500 MG ORAL. 5

JANUVIA TABLET 100 MG ORAL ..... 5

JANUVIA TABLET 25 MG ORAL ..... 5

JANUVIA TABLET 50 MG ORAL ..... 5

JARDIANCE TABLET 10 MG ORAL ..... 16

JARDIANCE TABLET 25 MG ORAL ..... 16

JENTADUETO TABLET 2.5-1000 MG  
ORAL..... 5

JENTADUETO TABLET 2.5-500 MG ORAL  
..... 5

JENTADUETO TABLET 2.5-850 MG ORAL  
..... 5

JENTADUETO XR TABLET EXTENDED  
RELEASE 24 HOUR 2.5-1000 MG ORAL  
..... 5

JENTADUETO XR TABLET EXTENDED  
RELEASE 24 HOUR 5-1000 MG ORAL. 5

**K**

KOMBIGLYZE XR TABLET EXTENDED  
RELEASE 24 HOUR 2.5-1000 MG ORAL  
..... 6

KOMBIGLYZE XR TABLET EXTENDED  
RELEASE 24 HOUR 5-1000 MG ORAL. 6

KOMBIGLYZE XR TABLET EXTENDED  
RELEASE 24 HOUR 5-500 MG ORAL... 6

**L**

LIVALO TABLET 1 MG ORAL..... 18

LIVALO TABLET 2 MG ORAL..... 18

LIVALO TABLET 4 MG ORAL..... 18

**N**

NEUPOGEN SOLUTION 300 MCG/ML  
INJECTION ..... 8

NEUPOGEN SOLUTION 480 MCG/1.6ML  
INJECTION ..... 8

NEUPOGEN SOLUTION PREFILLED  
SYRINGE 300 MCG/0.5ML INJECTION 8

NEUPOGEN SOLUTION PREFILLED  
SYRINGE 480 MCG/0.8ML INJECTION 8

NEUPRO PATCH 24 HOUR 1 MG/24HR  
TRANSDERMAL ..... 13

NEUPRO PATCH 24 HOUR 2 MG/24HR  
TRANSDERMAL ..... 13

NEUPRO PATCH 24 HOUR 3 MG/24HR  
TRANSDERMAL ..... 13

NEUPRO PATCH 24 HOUR 4 MG/24HR  
TRANSDERMAL ..... 13

NEUPRO PATCH 24 HOUR 6 MG/24HR  
TRANSDERMAL ..... 13

NEUPRO PATCH 24 HOUR 8 MG/24HR  
TRANSDERMAL ..... 13

NIVESTYM SOLUTION PREFILLED  
SYRINGE 300 MCG/0.5ML INJECTION 8

NIVESTYM SOLUTION PREFILLED  
SYRINGE 480 MCG/0.8ML INJECTION 8

**O**

ONGLYZA TABLET 2.5 MG ORAL ..... 6

ONGLYZA TABLET 5 MG ORAL ..... 6

**R**

RHOPRESSA SOLUTION 0.02 %  
OPHTHALMIC..... 14

RYTARY CAPSULE EXTENDED RELEASE  
23.75-95 MG ORAL..... 15

RYTARY CAPSULE EXTENDED RELEASE  
36.25-145 MG ORAL..... 15

RYTARY CAPSULE EXTENDED RELEASE  
48.75-195 MG ORAL..... 15

RYTARY CAPSULE EXTENDED RELEASE  
61.25-245 MG ORAL..... 15

**S**

SYNJARDY TABLET 12.5-1000 MG ORAL  
..... 16

SYNJARDY TABLET 12.5-500 MG ORAL 16

SYNJARDY TABLET 5-1000 MG ORAL .. 16

SYNJARDY TABLET 5-500 MG ORAL .... 16

SYNJARDY XR TABLET EXTENDED  
RELEASE 24 HOUR 10-1000 MG ORAL  
..... 16

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SYNJARDY XR TABLET EXTENDED  
RELEASE 24 HOUR 12.5-1000 MG  
ORAL ..... 16

SYNJARDY XR TABLET EXTENDED  
RELEASE 24 HOUR 25-1000 MG ORAL  
..... 16

SYNJARDY XR TABLET EXTENDED  
RELEASE 24 HOUR 5-1000 MG ORAL  
..... 16

**T**

TRADJENTA TABLET 5 MG ORAL .....5

TRULICITY SOLUTION PEN-INJECTOR  
0.75 MG/0.5ML SUBCUTANEOUS .....9

TRULICITY SOLUTION PEN-INJECTOR  
1.5 MG/0.5ML SUBCUTANEOUS .....9

TUDORZA PRESSAIR AEROSOL  
POWDER BREATH ACTIVATED 400  
MCG/ACT INHALATION ..... 10

TUDORZA PRESSAIR AEROSOL  
POWDER, BREATH ACTIVATED 400  
MCG/ACT INHALATION (30 ACTUATE)  
..... 10

**U**

ULORIC TABLET 40 MG ORAL.....2

ULORIC TABLET 80 MG ORAL.....2

**V**

VICTOZA SOLUTION PEN-INJECTOR 18  
MG/3ML SUBCUTANEOUS ..... 9

VRAYLAR CAPSULE 1.5 MG ORAL..... 3

VRAYLAR CAPSULE 3 MG ORAL..... 3

VRAYLAR CAPSULE 4.5 MG ORAL..... 3

VRAYLAR CAPSULE 6 MG ORAL..... 3

VRAYLAR CAPSULE THERAPY PACK 1.5  
& 3 MG ORAL ..... 3

**X**

XTAMPZA ER CAPSULE ER 12 HOUR  
ABUSE-DETERRENT 13.5 MG ORAL .12

XTAMPZA ER CAPSULE ER 12 HOUR  
ABUSE-DETERRENT 18 MG ORAL ....12

XTAMPZA ER CAPSULE ER 12 HOUR  
ABUSE-DETERRENT 27 MG ORAL ....12

XTAMPZA ER CAPSULE ER 12 HOUR  
ABUSE-DETERRENT 36 MG ORAL ....12

XTAMPZA ER CAPSULE ER 12 HOUR  
ABUSE-DETERRENT 9 MG ORAL .....12

**Z**

zileuton er tablet extended release 12 hour  
600 mg oral .....11

ZYFLO TABLET 600 MG ORAL.....11