

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
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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.
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Step Therapy Criteria
EON MAPD 5 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 MAPD 5 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

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

Criteria	Trial of one of the following: Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta
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Epinephrine -sCORE

Products Affected

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

Details

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 - sSCORE

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
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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
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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
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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

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 MAPD 5 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

Criteria	
	Trial of one generic formulary metformin or metformin combination

Step Therapy Criteria
EON MAPD 5 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)
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 APLENZIN TABLET EXTENDED RELEASE
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 RELEASE ABUSE-DETERRENT 30 MG
 ORAL 13
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BYDUREON BCISE AUTO-INJECTOR 2
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 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
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 HOUR 100 MG ORAL2
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 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

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 FANAPT TABLET 10 MG ORAL 4
 FANAPT TABLET 12 MG ORAL 4
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 FANAPT TABLET 8 MG ORAL 4
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 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
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 UNIT ORAL 5
 FOSAMAX PLUS D TABLET 70-5600 MG-
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 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

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Step Therapy Criteria

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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
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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
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61.25-245 MG ORAL 16

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Step Therapy Criteria

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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)
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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