

# Abilify Mycrite - sCORE

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## 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

<b>Criteria</b>	Trial of generic aripiprazole. Step applies to new starts only. Approve for continuation of prior therapy.
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## 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 generics of the following formulary products: bupropion, mirtazapine, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine. Step applies to new starts only. Approve for continuation of prior therapy.
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Step Therapy Criteria  
EON CSNP 6 Tier Formulary  
Date Effective: March 1, 2020

# Antigout -sCORE

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## Products Affected

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

## Details

Criteria	
	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	
<b>Criteria</b>	Trial of two of the following generic formulary atypical antipsychotic agents: aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Step applies to new starts only. Approve for continuation of prior therapy.

Step Therapy Criteria  
EON CSNP 6 Tier Formulary  
Date Effective: March 1, 2020

## 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

<b>Criteria</b>	Trial of one of the following generic formulary oral bisphosphonate agents: alendronate, ibandronate, risedronate
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## 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

<b>Criteria</b>	Trial of one of the following generic formulary metformin or metformin combinations: metformin, glipizide-metformin, glyburide-metformin, pioglitazone-metformin
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## 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

Details	
<b>Criteria</b>	Trial of one of the following: Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta

# 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

Criteria	
	Trial of one of the following: generic epinephrine (generic EpiPen or generic EpiPen Jr, by manufacturer: Mylan, NDCs 495020101** and 495020102** or Teva), 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 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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Step Therapy Criteria  
EON CSNP 6 Tier Formulary  
Date Effective: March 1, 2020

## Gloperba - sCORE

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### Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML  
ORAL

### Details

Criteria	Trial of generic colchicine
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# 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

Criteria	
	Trial of Spiriva or Incruse Ellipta

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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

## Details

Criteria	Trial of Embeda
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## 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

<b>Criteria</b>	Trial of one of the following generic formulary dopamine agonist agent: pramipexole, ropinirole
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# RELISTOR - sCORE

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## Products Affected

- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS
- RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS (0.6ML SYRINGE)
- RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS
- RELISTOR TABLET 150 MG ORAL

## Details

Criteria	Trial of Amitiza and lactulose
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## RHO KINASE INHIBITORS - 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
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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

Details	
<b>Criteria</b>	Trial of one generic carbidopa/levodopa containing formulation

## SGLT2 - sCORE

### 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	
<b>Criteria</b>	Trial of one of the following generic formulary metformin or metformin combinations: metformin, glipizide-metformin, glyburide-metformin, pioglitazone-metformin

Step Therapy Criteria  
EON CSNP 6 Tier Formulary  
Date Effective: March 1, 2020

## SGLT2 DPP4 Combo Therapy - sCORE

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### Products Affected

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

### Details

Details	
<b>Criteria</b>	Trial of one of the following generic formulary metformin or metformin combinations: metformin, glipizide-metformin, glyburide-metformin, pioglitazone-metformin

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## Statins - sCORE

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### Products Affected

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

### Details

Details	
<b>Criteria</b>	Trial of any one of the following generic formulary HMG-CoA reductase inhibitors (statin): atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin

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**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 ORAL .....2  
 APLENZIN TABLET EXTENDED RELEASE  
 24 HOUR 348 MG ORAL .....2  
 APLENZIN TABLET EXTENDED RELEASE  
 24 HOUR 522 MG ORAL .....2  
 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

**D**

desvenlafaxine er tablet extended release  
 24 hour 100 mg oral .....2  
 desvenlafaxine er tablet extended release  
 24 hour 50 mg oral .....2  
 DESVENLAFAXINE FUMARATE ER  
 TABLET EXTENDED RELEASE 24  
 HOUR 100 MG ORAL .....2  
 DESVENLAFAXINE FUMARATE ER  
 TABLET EXTENDED RELEASE 24  
 HOUR 50 MG ORAL .....2

**E**

EMSAM PATCH 24 HOUR 12 MG/24HR  
 TRANSDERMAL .....2  
 EMSAM PATCH 24 HOUR 6 MG/24HR  
 TRANSDERMAL .....2  
 EMSAM PATCH 24 HOUR 9 MG/24HR  
 TRANSDERMAL .....2  
 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**

GLOPERBA SOLUTION 0.6 MG/5ML  
 ORAL .....10  
 GLYXAMBI TABLET 10-5 MG ORAL .....19  
 GLYXAMBI TABLET 25-5 MG ORAL .....19  
 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  
 .....18  
 INVOKAMET TABLET 150-500 MG ORAL  
 .....18  
 INVOKAMET TABLET 50-1000 MG ORAL  
 .....18  
 INVOKAMET TABLET 50-500 MG ORAL 18  
 INVOKAMET XR TABLET EXTENDED  
 RELEASE 24 HOUR 150-1000 MG  
 ORAL .....18

INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL .....	18
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL .....	18
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL .....	18
INVOKANA TABLET 100 MG ORAL.....	18
INVOKANA TABLET 300 MG ORAL.....	18
<b>J</b>	
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 .....	18
JARDIANCE TABLET 25 MG ORAL .....	18
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
<b>K</b>	
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	7
<b>L</b>	
LIVALO TABLET 1 MG ORAL.....	20
LIVALO TABLET 2 MG ORAL.....	20
LIVALO TABLET 4 MG ORAL.....	20

<b>N</b>	
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
<b>O</b>	
ONGLYZA TABLET 2.5 MG ORAL .....	7
ONGLYZA TABLET 5 MG ORAL .....	7
<b>R</b>	
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS .....	15
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS (0.6ML SYRINGE) .	15
RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS .....	15
RELISTOR TABLET 150 MG ORAL.....	15
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC.....	16
RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL.....	17
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL.....	17
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL.....	17
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL.....	17

**S**

SYNJARDY TABLET 12.5-1000 MG ORAL ..... 18  
 SYNJARDY TABLET 12.5-500 MG ORAL 18  
 SYNJARDY TABLET 5-1000 MG ORAL .. 18  
 SYNJARDY TABLET 5-500 MG ORAL .... 18  
 SYNJARDY XR TABLET EXTENDED  
 RELEASE 24 HOUR 10-1000 MG ORAL  
 ..... 18  
 SYNJARDY XR TABLET EXTENDED  
 RELEASE 24 HOUR 12.5-1000 MG  
 ORAL ..... 18  
 SYNJARDY XR TABLET EXTENDED  
 RELEASE 24 HOUR 25-1000 MG ORAL  
 ..... 18  
 SYNJARDY XR TABLET EXTENDED  
 RELEASE 24 HOUR 5-1000 MG ORAL  
 ..... 18

**T**

TRADJENTA TABLET 5 MG ORAL .....6

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**

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

**Z**

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