

Abilify Mycrite - 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. Step applies to new starts only. Approve for continuation of prior therapy.
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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 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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Antigout -sCORE

Products Affected

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

Details

Criteria	Trial of allopurinol
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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 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.

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 of the following generic formulary oral bisphosphonate agents: alendronate, ibandronate, risedronate
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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

Criteria	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

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

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
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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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Gloperba - sCORE

Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML
ORAL

Details

Criteria	Trial of generic colchicine
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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

Details

Criteria	Trial of Embeda
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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

Criteria	
	Trial of one of the following generic formulary dopamine agonist agent: pramipexole, ropinirole

RELISTOR - sCORE

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

Products Affected

- RHOPRESSA SOLUTION 0.02 %
OPHTHALMIC

Details

Criteria	Trial of one of the following ophthalmic solutions: generic latanoprost, generic bimatoprost, Lumigan
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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

Criteria	
	Trial of one generic carbidopa/levodopa containing formulation

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 of the following generic formulary metformin or metformin combinations: metformin, glipizide-metformin, glyburide-metformin, pioglitazone-metformin

SGLT2 DPP4 Combo Therapy - sCORE

Products Affected

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

Details

Criteria	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

Products Affected

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

Details

Criteria	Trial of any one of the following generic formulary HMG-CoA reductase inhibitors (statin): atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
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 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
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desvenlafaxine er tablet extended release
 24 hour 100 mg oral2
 desvenlafaxine er tablet extended release
 24 hour 50 mg oral2
 DESVENLAFAXINE FUMARATE ER
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 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
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 mg/0.15ml injection8

F

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 FANAPT TABLET 10 MG ORAL4
 FANAPT TABLET 12 MG ORAL4
 FANAPT TABLET 2 MG ORAL4
 FANAPT TABLET 4 MG ORAL4

FANAPT TABLET 6 MG ORAL 4
 FANAPT TABLET 8 MG ORAL 4
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 & 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
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 UNIT ORAL 5
 FOSAMAX PLUS D TABLET 70-5600 MG-
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G

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 SUBCUTANEOUS 9
 GRANIX SOLUTION PREFILLED
 SYRINGE 300 MCG/0.5ML
 SUBCUTANEOUS 9
 GRANIX SOLUTION PREFILLED
 SYRINGE 480 MCG/0.8ML
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I

INVOKAMET TABLET 150-1000 MG ORAL
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 INVOKAMET TABLET 150-500 MG ORAL
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 RELEASE 24 HOUR 150-500 MG ORAL
18

Step Therapy Criteria

EON MAPD 5 Tier Formulary

Date Effective: March 1, 2020

INVOKAMET XR TABLET EXTENDED
RELEASE 24 HOUR 50-1000 MG ORAL
..... 18

INVOKAMET XR TABLET EXTENDED
RELEASE 24 HOUR 50-500 MG ORAL
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INVOKANA TABLET 100 MG ORAL..... 18

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J

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JANUMET XR TABLET EXTENDED
RELEASE 24 HOUR 50-1000 MG ORAL
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JANUMET XR TABLET EXTENDED
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JANUVIA TABLET 100 MG ORAL6

JANUVIA TABLET 25 MG ORAL6

JANUVIA TABLET 50 MG ORAL6

JARDIANCE TABLET 10 MG ORAL 18

JARDIANCE TABLET 25 MG ORAL 18

JENTADUETO TABLET 2.5-1000 MG
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JENTADUETO TABLET 2.5-500 MG ORAL
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JENTADUETO TABLET 2.5-850 MG ORAL
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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

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RELEASE 24 HOUR 2.5-1000 MG ORAL
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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.....20

LIVALO TABLET 2 MG ORAL.....20

LIVALO TABLET 4 MG ORAL.....20

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
TRANSDERMAL14

NEUPRO PATCH 24 HOUR 2 MG/24HR
TRANSDERMAL14

NEUPRO PATCH 24 HOUR 3 MG/24HR
TRANSDERMAL14

NEUPRO PATCH 24 HOUR 4 MG/24HR
TRANSDERMAL14

NEUPRO PATCH 24 HOUR 6 MG/24HR
TRANSDERMAL14

NEUPRO PATCH 24 HOUR 8 MG/24HR
TRANSDERMAL14

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

RELISTOR SOLUTION 12 MG/0.6ML
SUBCUTANEOUS15

RELISTOR SOLUTION 12 MG/0.6ML
SUBCUTANEOUS (0.6ML SYRINGE) .15

RELISTOR SOLUTION 8 MG/0.4ML
SUBCUTANEOUS15

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RHOPRESSA SOLUTION 0.02 %
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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

Step Therapy Criteria

EON MAPD 5 Tier Formulary

Date Effective: March 1, 2020

RYTARY CAPSULE EXTENDED RELEASE
61.25-245 MG ORAL 17

S

SYNJARDY TABLET 12.5-1000 MG ORAL
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SYNJARDY TABLET 5-500 MG ORAL 18

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