

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. 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
- 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. Approve for continuation of prior therapy.
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Atypical Antipsychotics - sCORE

Products Affected

- CAPLYTA CAPSULE 42 MG ORAL
- 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. 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, metformin ER, 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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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
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Gimoti - sCORE

Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

Details

Criteria	Trial of generic oral metoclopramide
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Gloperba - sCORE

Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML
ORAL

Details

Criteria	
	Trial of generic colchicine

INHALED CORTICOSTEROID - sCORE

Products Affected

- QVAR REDIHALER AEROSOL BREATH ACTIVATED 40 MCG/ACT INHALATION
- QVAR REDIHALER AEROSOL BREATH ACTIVATED 80 MCG/ACT INHALATION

Details

Criteria	Trial of: Arnuity Ellipta and either Flovent Diskus or Flovent HFA
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INJECTABLE GLP1 AGONISTS - sCORE

Products Affected

- OZEMPIC (0.25 OR 0.5 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS
- OZEMPIC (1 MG/DOSE) SOLUTION PEN-INJECTOR 2 MG/1.5ML SUBCUTANEOUS
- VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS

Details

Criteria	Trial of one of the following generic formulary metformin or metformin combinations: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin. Step requirements do not apply to members with type 2 diabetes and multiple cardiovascular risk factors or established cardiovascular disease.
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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
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LONG ACTING OPIOIDS - 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 Xtampza ER
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NAMZARIC - sCORE

Products Affected

- NAMZARIC CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 28-10 MG ORAL
- NAMZARIC CAPSULE EXTENDED RELEASE 24 HOUR 7-10 MG ORAL

Details

Criteria	Trial of generic memantine extended-release
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NON-PREFERRED SGLT2S - 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

Details

Criteria	
	Trial of Farxiga or Xigduo XR, AND one of the following: Jardiance, Synjardy, Synjardy XR. Step requirements do not apply to members with type 2 diabetes and diabetic nephropathy.

ORAL GLP1 AGONIST - sCORE

Products Affected

- RYBELSUS TABLET 14 MG ORAL
- RYBELSUS TABLET 7 MG ORAL
- RYBELSUS TABLET 3 MG ORAL

Details

Criteria	Trial of one of the following generic formulary metformin or metformin combinations: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin
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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
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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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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 DPP4 Combo Therapy - sCORE

Products Affected

- GLYXAMBI TABLET 10-5 MG ORAL
- GLYXAMBI TABLET 25-5 MG ORAL
- TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG ORAL
- TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG ORAL
- TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-5-1000 MG ORAL
- TRIJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-2.5-1000 MG ORAL

Details

Criteria	Trial of one of the following generic formulary metformin or metformin combinations: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin. Step requirements do not apply to members with type 2 diabetes and multiple cardiovascular risk factors or established cardiovascular disease.
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SGLT2S - sCORE

Products Affected

- FARXIGA TABLET 10 MG ORAL
- FARXIGA TABLET 5 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
- XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL
- XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 10-500 MG ORAL
- XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL
- XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL
- XIGDUO XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL

Details

Criteria	
	<p>Farxiga, Xigduo XR (members requesting to reduce the risk of hospitalization for heart failure in adults with type 2 diabetes mellitus and established cardiovascular disease or multiple cardiovascular risk factors will not be required to undergo this step): Trial of either A) One of the following generics: captopril, enalapril, lisinopril, quinapril, ramipril, fosinopril, trandolapril, perindopril, candesartan, valsartan, losartan, bisoprolol, carvedilol IR/ER, metoprolol succinate ER/XL, spironolactone, eplerenone, or B) one of the following generic formulary metformin or metformin combinations: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin. Jardiance, Synjardy, Synjardy XR (members requesting to reduce the risk of major adverse cardiovascular events in adults with type 2 diabetes mellitus and established cardiovascular disease will not be required to undergo this step): Trial of one of the following generic formulary metformin or metformin combinations: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin.</p>

Skin Cancer Agents - sCORE

Products Affected

- KLISYRI OINTMENT 1 % EXTERNAL

Details

Criteria	Trial of any one of the following generics: fluorouracil, imiquimod
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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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 10

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