

## Abilify Mycite - sCORE

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### Products Affected

- ABILIFY MYCITE MAINTENANCE KIT TABLET 10 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 15 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 2 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 20 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 30 MG ORAL
- ABILIFY MYCITE MAINTENANCE KIT TABLET 5 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 10 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 15 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 2 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 20 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 30 MG ORAL
- ABILIFY MYCITE STARTER KIT TABLET 5 MG ORAL
- 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

| 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
- 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. Approve for continuation of prior therapy. |
|-----------------|--|

## Atypical Antipsychotics - sCORE

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### 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         |   |
|-----------------|---|
| <b>Criteria</b> | Trial of two of the following generic formulary atypical antipsychotic agents: aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Approve for continuation of prior therapy. |

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## 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 |
|-----------------|---|

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## 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 |

Formulary ID 21373, Version 19, Effective Date: 9/1/2021

Last Updated: August 2021

## FILGRASTIM - sSCORE

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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 |
|----------|-----------------|
|----------|-----------------|

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## Gimoti - sCORE

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### Products Affected

- GIMOTI SOLUTION 15 MG/ACT NASAL

### Details

|                 |                                      |
|-----------------|--------------------------------------|
| <b>Criteria</b> | Trial of generic oral metoclopramide |
|-----------------|--------------------------------------|

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## Gloperba - sCORE

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### Products Affected

- GLOPERBA SOLUTION 0.6 MG/5ML  
ORAL

### Details

|                 |                             |
|-----------------|-----------------------------|
| <b>Criteria</b> | Trial of generic colchicine |
|-----------------|-----------------------------|



Step Therapy Criteria

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Effective: 9/1/2021

## INHALED CORTICOSTEROID - sCORE

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### Products Affected

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

### Details

| Criteria |  |
|----------|--|
|          | Trial of: Arnuity Ellipta and either Flovent Diskus or Flovent HFA |

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## 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 |
|-----------------|-------------------------------------|

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## 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 |
|----------|---|
|----------|---|

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## LONG ACTING OPIOIDS - 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 Xtampza ER |
|----------|---------------------|
|          |                     |

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Formulary ID 21373, Version 19, Effective Date: 9/1/2021

Last Updated: August 2021

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## NAMZARIC - sCORE

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### 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

| Details         |   |
|-----------------|---|
| <b>Criteria</b> | Trial of generic memantine extended-release |

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Last Updated: August 2021

## NON-PREFERRED SGLT2S - sCORE

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### 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

| Details         |   |
|-----------------|---|
| <b>Criteria</b> | 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. |

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## 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 of the following generic formulary dopamine agonist agent: pramipexole, ropinirole |

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Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

# 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**

|                 |   |
|-----------------|---|
| <b>Criteria</b> | Trial of Amitiza/lubiprostone and lactulose |
|-----------------|---|



Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## **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>Criteria</b> |  |
|-----------------|--|
|                 | Trial of one generic carbidopa/levodopa containing formulation |

Formulary ID 21373, Version 19, Effective Date: 9/1/2021

Last Updated: August 2021

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## Skin Cancer Agents - sCORE

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### Products Affected

- KLISYRI OINTMENT 1 % EXTERNAL

### Details

|                 |   |
|-----------------|---|
| <b>Criteria</b> | Trial of any one of the following generics: fluorouracil, imiquimod |
|-----------------|---|

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

## Statins - sCORE

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### Products Affected

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

### Details

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

Step Therapy Criteria

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Effective: 9/1/2021

**Index of Drugs**

**A**

|  |    |
|--|----|
| ABILIFY MYCITE MAINTENANCE KIT<br>TABLET 10 MG ORAL.....               | 1  |
| ABILIFY MYCITE MAINTENANCE KIT<br>TABLET 15 MG ORAL.....               | 1  |
| ABILIFY MYCITE MAINTENANCE KIT<br>TABLET 2 MG ORAL.....                | 1  |
| ABILIFY MYCITE MAINTENANCE KIT<br>TABLET 20 MG ORAL.....               | 1  |
| ABILIFY MYCITE MAINTENANCE KIT<br>TABLET 30 MG ORAL.....               | 1  |
| ABILIFY MYCITE MAINTENANCE KIT<br>TABLET 5 MG ORAL.....                | 1  |
| ABILIFY MYCITE STARTER KIT TABLET<br>10 MG ORAL.....                   | 1  |
| ABILIFY MYCITE STARTER KIT TABLET<br>15 MG ORAL.....                   | 1  |
| ABILIFY MYCITE STARTER KIT TABLET<br>20 MG ORAL.....                   | 1  |
| ABILIFY MYCITE STARTER KIT TABLET<br>30 MG ORAL.....                   | 1  |
| ABILIFY MYCITE STARTER KIT TABLET<br>50 MG ORAL.....                   | 1  |
| 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<br>24 HOUR 174 MG ORAL.....           | 2  |
| APLENZIN TABLET EXTENDED RELEASE<br>24 HOUR 348 MG ORAL.....           | 2  |
| APLENZIN TABLET EXTENDED RELEASE<br>24 HOUR 522 MG ORAL.....           | 2  |
| ARYMO ER TABLET EXTENDED<br>RELEASE ABUSE-DETERRENT 15 MG<br>ORAL..... | 12 |
| ARYMO ER TABLET EXTENDED<br>RELEASE ABUSE-DETERRENT 30 MG<br>ORAL..... | 12 |
| ARYMO ER TABLET EXTENDED<br>RELEASE ABUSE-DETERRENT 60 MG<br>ORAL..... | 12 |

**C**

|                                 |   |
|---------------------------------|---|
| CAPLYTA CAPSULE 42 MG ORAL..... | 3 |
|---------------------------------|---|

**D**

|  |   |
|--|---|
| DESVENLAFAXINE ER TABLET<br>EXTENDED RELEASE 24 HOUR 100<br>MG ORAL..... | 2 |
| DESVENLAFAXINE ER TABLET<br>EXTENDED RELEASE 24 HOUR 50 MG<br>ORAL.....  | 2 |

**E**

|  |   |
|--|---|
| EMSAM PATCH 24 HOUR 12 MG/24HR<br>TRANSDERMAL..... | 2 |
| EMSAM PATCH 24 HOUR 6 MG/24HR<br>TRANSDERMAL.....  | 2 |
| EMSAM PATCH 24 HOUR 9 MG/24HR<br>TRANSDERMAL.....  | 2 |

**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<br>& 4 & 6 MG ORAL.....                   | 3 |
| FETZIMA CAPSULE EXTENDED<br>RELEASE 24 HOUR 120 MG ORAL.....                 | 2 |
| FETZIMA CAPSULE EXTENDED<br>RELEASE 24 HOUR 20 MG ORAL.....                  | 2 |
| FETZIMA CAPSULE EXTENDED<br>RELEASE 24 HOUR 40 MG ORAL.....                  | 2 |
| FETZIMA CAPSULE EXTENDED<br>RELEASE 24 HOUR 80 MG ORAL.....                  | 2 |
| FETZIMA TITRATION CAPSULE ER 24<br>HOUR THERAPY PACK 20 & 40 MG<br>ORAL..... | 2 |
| FOSAMAX PLUS D TABLET 70-2800 MG-<br>UNIT ORAL.....                          | 4 |
| FOSAMAX PLUS D TABLET 70-5600 MG-<br>UNIT ORAL.....                          | 4 |

**G**

|  |   |
|--|---|
| GIMOTI SOLUTION 15 MG/ACT NASAL..                  | 7 |
| GLOPERBA SOLUTION 0.6 MG/5ML<br>ORAL.....          | 8 |
| GRANIX SOLUTION 300 MCG/ML<br>SUBCUTANEOUS.....    | 6 |
| GRANIX SOLUTION 480 MCG/1.6ML<br>SUBCUTANEOUS..... | 6 |

Step Therapy Criteria

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Effective: 9/1/2021

GRANIX SOLUTION PREFILLED  
SYRINGE 300 MCG/0.5ML  
SUBCUTANEOUS..... 6

GRANIX SOLUTION PREFILLED  
SYRINGE 480 MCG/0.8ML  
SUBCUTANEOUS..... 6

**I**  
INVOKAMET TABLET 150-1000 MG ORAL  
..... 14

INVOKAMET TABLET 150-500 MG ORAL  
..... 14

INVOKAMET TABLET 50-1000 MG ORAL  
..... 14

INVOKAMET TABLET 50-500 MG ORAL 14

INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 150-1000 MG  
ORAL..... 14

INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 150-500 MG ORAL  
..... 14

INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 50-1000 MG ORAL  
..... 14

INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 50-500 MG ORAL  
..... 14

INVOKANA TABLET 100 MG ORAL..... 14

INVOKANA TABLET 300 MG ORAL..... 14

**K**  
KLISYRI OINTMENT 1 % EXTERNAL.... 18

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

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

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

**L**  
LIVALO TABLET 1 MG ORAL ..... 19

LIVALO TABLET 2 MG ORAL ..... 19

LIVALO TABLET 4 MG ORAL ..... 19

**N**  
NAMZARIC CAPSULE ER 24 HOUR  
THERAPY PACK 7 & 14 & 21 &28 -10  
MG ORAL..... 13

NAMZARIC CAPSULE EXTENDED  
RELEASE 24 HOUR 14-10 MG ORAL 13

NAMZARIC CAPSULE EXTENDED  
RELEASE 24 HOUR 21-10 MG ORAL 13

NAMZARIC CAPSULE EXTENDED  
RELEASE 24 HOUR 28-10 MG ORAL 13

NAMZARIC CAPSULE EXTENDED  
RELEASE 24 HOUR 7-10 MG ORAL .. 13

NEUPOGEN SOLUTION 300 MCG/ML  
INJECTION ..... 6

NEUPOGEN SOLUTION 480 MCG/1.6ML  
INJECTION ..... 6

NEUPOGEN SOLUTION PREFILLED  
SYRINGE 300 MCG/0.5ML INJECTION 6

NEUPOGEN SOLUTION PREFILLED  
SYRINGE 480 MCG/0.8ML INJECTION 6

NEUPRO PATCH 24 HOUR 1 MG/24HR  
TRANSDERMAL..... 15

NEUPRO PATCH 24 HOUR 2 MG/24HR  
TRANSDERMAL..... 15

NEUPRO PATCH 24 HOUR 3 MG/24HR  
TRANSDERMAL..... 15

NEUPRO PATCH 24 HOUR 4 MG/24HR  
TRANSDERMAL..... 15

NEUPRO PATCH 24 HOUR 6 MG/24HR  
TRANSDERMAL..... 15

NEUPRO PATCH 24 HOUR 8 MG/24HR  
TRANSDERMAL..... 15

NIVESTYM SOLUTION 300 MCG/ML  
INJECTION ..... 6

NIVESTYM SOLUTION 480 MCG/1.6ML  
INJECTION ..... 6

NIVESTYM SOLUTION PREFILLED  
SYRINGE 300 MCG/0.5ML INJECTION 6

NIVESTYM SOLUTION PREFILLED  
SYRINGE 480 MCG/0.8ML INJECTION 6

**O**  
ONGLYZA TABLET 2.5 MG ORAL ..... 5

ONGLYZA TABLET 5 MG ORAL ..... 5

**Q**  
QVAR REDHALER AEROSOL BREATH  
ACTIVATED 40 MCG/ACT INHALATION  
..... 9

QVAR REDHALER AEROSOL BREATH  
ACTIVATED 80 MCG/ACT INHALATION  
..... 9

**R**  
RELISTOR SOLUTION 12 MG/0.6ML  
SUBCUTANEOUS..... 16

RELISTOR SOLUTION 12 MG/0.6ML  
SUBCUTANEOUS (0.6ML SYRINGE). 16

RELISTOR SOLUTION 8 MG/0.4ML  
SUBCUTANEOUS..... 16

RELISTOR TABLET 150 MG ORAL..... 16

Step Therapy Criteria

BLUE KC

Effective: 9/1/2021

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

**T**

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

TUDORZA PRESSAIR AEROSOL  
POWDER BREATH ACTIVATED 400

MCG/ACT INHALATION (30 ACTUATE)  
..... 10

**V**

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

**Z**

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

ZYFLO TABLET 600 MG ORAL..... 11