

# Antidepressants - sCORE

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## Products Affected

- 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
- SERTRALINE HCL CAPSULE 150 MG ORAL
- SERTRALINE HCL CAPSULE 200 MG ORAL

## Details

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 (tablet or solution), 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
- LYBALVI TABLET 10-10 MG ORAL
- LYBALVI TABLET 15-10 MG ORAL
- LYBALVI TABLET 20-10 MG ORAL
- LYBALVI TABLET 5-10 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 oral generic formulary atypical antipsychotic agents: aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Approve for continuation of prior therapy. Step requirement does not apply for Caplyta if request is for depressive episodes associated bipolar I or II disorder.

# Glucagon- sCORE

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## Products Affected

- GLUCAGEN HYPOKIT SOLUTION  
RECONSTITUTED 1 MG INJECTION

## Details

Criteria	Trial of one of the following: Gvoke, Baqsimi, or Glucagon
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# INHALED CORTICOSTEROID - sCORE

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## 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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# Invega Hafyera Therapy - sCORE

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## Products Affected

- INVEGA HAFYERA SUSPENSION  
PREFILLED SYRINGE 1092 MG/3.5ML  
INTRAMUSCULAR
- INVEGA HAFYERA SUSPENSION  
PREFILLED SYRINGE 1560 MG/5ML  
INTRAMUSCULAR

## Details

<b>Criteria</b>	Trial of one of the following: Invega Sustenna or Invega Trinza. Step applies to new starts only. Approve for continuation of prior therapy.
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# 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	
Criteria	Trial of generic memantine extended-release

# 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

<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 with either diabetic nephropathy or established cardiovascular disease.
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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

<b>Criteria</b>	Trial of lubiprostone or lactulose
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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

Criteria	
	Trial of one generic carbidopa/levodopa containing formulation

# Skin Cancer Agents - sCORE

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## Products Affected

- *diclofenac sodium gel 3 % external*
- PICATO GEL 0.015 % EXTERNAL
- PICATO GEL 0.05 % EXTERNAL

## Details

<b>Criteria</b>	Trial of fluorouracil or imiquimod
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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

<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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EMSAM PATCH 24 HOUR 6 MG/24HR  
TRANSDERMAL..... 1

EMSAM PATCH 24 HOUR 9 MG/24HR  
TRANSDERMAL..... 1

### F

FANAPT TABLET 1 MG ORAL..... 2

FANAPT TABLET 10 MG ORAL..... 2

FANAPT TABLET 12 MG ORAL..... 2

FANAPT TABLET 2 MG ORAL..... 2

FANAPT TABLET 4 MG ORAL..... 2

FANAPT TABLET 6 MG ORAL..... 2

FANAPT TABLET 8 MG ORAL..... 2

FANAPT TITRATION PACK TABLET 1 & 2  
& 4 & 6 MG ORAL..... 2

FETZIMA CAPSULE EXTENDED  
RELEASE 24 HOUR 120 MG ORAL ..... 1

FETZIMA CAPSULE EXTENDED  
RELEASE 24 HOUR 20 MG ORAL ..... 1

FETZIMA CAPSULE EXTENDED  
RELEASE 24 HOUR 40 MG ORAL ..... 1

FETZIMA CAPSULE EXTENDED  
RELEASE 24 HOUR 80 MG ORAL ..... 1

FETZIMA TITRATION CAPSULE ER 24  
HOUR THERAPY PACK 20 & 40 MG  
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### I

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INVEGA HAFYERA SUSPENSION  
PREFILLED SYRINGE 1560 MG/5ML  
INTRAMUSCULAR ..... 5

INVOKAMET TABLET 150-1000 MG ORAL  
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INVOKAMET TABLET 150-500 MG ORAL 7

INVOKAMET TABLET 50-1000 MG ORAL 7

INVOKAMET TABLET 50-500 MG ORAL . 7

INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 150-1000 MG  
ORAL .....7

INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 150-500 MG ORAL  
.....7

INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 50-1000 MG ORAL  
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INVOKAMET XR TABLET EXTENDED  
RELEASE 24 HOUR 50-500 MG ORAL.7

INVOKANA TABLET 100 MG ORAL.....7

INVOKANA TABLET 300 MG ORAL.....7

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LIVALO TABLET 4 MG ORAL..... 12

LYBALVI TABLET 10-10 MG ORAL.....2

LYBALVI TABLET 15-10 MG ORAL.....2

LYBALVI TABLET 20-10 MG ORAL.....2

LYBALVI TABLET 5-10 MG ORAL.....2

### N

NAMZARIC CAPSULE ER 24 HOUR  
THERAPY PACK 7 & 14 & 21 &28 -10  
MG ORAL .....6

NAMZARIC CAPSULE EXTENDED  
RELEASE 24 HOUR 14-10 MG ORAL...6

NAMZARIC CAPSULE EXTENDED  
RELEASE 24 HOUR 21-10 MG ORAL...6

NAMZARIC CAPSULE EXTENDED  
RELEASE 24 HOUR 28-10 MG ORAL...6

NAMZARIC CAPSULE EXTENDED  
RELEASE 24 HOUR 7-10 MG ORAL.....6

NEUPRO PATCH 24 HOUR 1 MG/24HR  
TRANSDERMAL.....8

NEUPRO PATCH 24 HOUR 2 MG/24HR  
TRANSDERMAL.....8

NEUPRO PATCH 24 HOUR 3 MG/24HR  
TRANSDERMAL.....8

NEUPRO PATCH 24 HOUR 4 MG/24HR  
TRANSDERMAL.....8

NEUPRO PATCH 24 HOUR 6 MG/24HR  
TRANSDERMAL.....8

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

### P

PICATO GEL 0.015 % EXTERNAL ..... 11

PICATO GEL 0.05 % EXTERNAL ..... 11

**Q**  
 QVAR REDIHALER AEROSOL BREATH  
 ACTIVATED 40 MCG/ACT INHALATION  
 ..... 4  
 QVAR REDIHALER AEROSOL BREATH  
 ACTIVATED 80 MCG/ACT INHALATION  
 ..... 4

**R**  
 RELISTOR SOLUTION 12 MG/0.6ML  
 SUBCUTANEOUS ..... 9  
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RYTARY CAPSULE EXTENDED RELEASE  
 36.25-145 MG ORAL ..... 10  
 RYTARY CAPSULE EXTENDED RELEASE  
 48.75-195 MG ORAL ..... 10  
 RYTARY CAPSULE EXTENDED RELEASE  
 61.25-245 MG ORAL ..... 10

**S**  
 SERTRALINE HCL CAPSULE 150 MG  
 ORAL ..... 1  
 SERTRALINE HCL CAPSULE 200 MG  
 ORAL ..... 1

**V**  
 VRAYLAR CAPSULE 1.5 MG ORAL .....2  
 VRAYLAR CAPSULE 3 MG ORAL .....2  
 VRAYLAR CAPSULE 4.5 MG ORAL .....2  
 VRAYLAR CAPSULE 6 MG ORAL .....2  
 VRAYLAR CAPSULE THERAPY PACK 1.5  
 & 3 MG ORAL .....2