

Step Therapy Criteria
SAM 1-Tier SNP (2020) – Formulary ID: 20479 – Version 9
Effective Date: 04/01/2020
Last Updated: 03/01/2020

Abilify Mycite - (s)

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.
-----------------	--

Antidepressants - (s)

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
- KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL
- KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL

Details	
Criteria	Trial of two of the following formulary products: bupropion, mirtazapine, citalopram, desvenlafaxine ER (ANDA generic), duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine. Step applies to new starts only. Approve for continuation of prior therapy.

Antigout -(s)

Products Affected

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

Details	
Criteria	Trial of allopurinol

Atypical Antipsychotics - (s)

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
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL
- 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	
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 - (s)

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

DPP4 inhibitors - (s)

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
- 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
- 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

EPINEPHRINE - (s)

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)

FILGRASTIM - (s)

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

Details	
Criteria	Trial or intolerance to Zarxio

Leukotriene modifiers - (s)

Products Affected

- zileuton er tablet extended release 12 hour 600 mg oral

Details	
Criteria	Trial of generic montelukast or generic zafirlukast

PD agents -(s)

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-(s)

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

RHO KINASE INHIBITORS - s

Products Affected

- RHOPRESSA SOLUTION 0.02 %
OPHTHALMIC

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

SGLT2 - (s)

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

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

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	7
epinephrine solution auto-injector 0.15 mg/0.15ml injection.....	7

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

GRANIX SOLUTION 300 MCG/ML SUBCUTANEOUS	8
GRANIX SOLUTION 480 MCG/1.6ML SUBCUTANEOUS	8
GRANIX SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML SUBCUTANEOUS	8
GRANIX SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML SUBCUTANEOUS	8

I

INVOKAMET TABLET 150-1000 MG ORAL	13
INVOKAMET TABLET 150-500 MG ORAL	13
INVOKAMET TABLET 50-1000 MG ORAL	13
INVOKAMET TABLET 50-500 MG ORAL	13
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG ORAL	13
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 150-500 MG ORAL	13
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG ORAL	13
INVOKAMET XR TABLET EXTENDED RELEASE 24 HOUR 50-500 MG ORAL	13
INVOKANA TABLET 100 MG ORAL	13
INVOKANA TABLET 300 MG ORAL	13

J

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.....	13
JARDIANCE TABLET 25 MG ORAL.....	13
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
K	
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 100 MG ORAL.....	2
KHEDEZLA TABLET EXTENDED RELEASE 24 HOUR 50 MG ORAL.....	2
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ORAL	6
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	6
KOMBIGLYZE XR TABLET EXTENDED RELEASE 24 HOUR 5-500 MG ORAL..	6
N	
NEUPOGEN SOLUTION 300 MCG/ML INJECTION.....	8
NEUPOGEN SOLUTION 480 MCG/1.6ML INJECTION.....	8
NEUPOGEN SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML INJECTION	8
NEUPOGEN SOLUTION PREFILLED SYRINGE 480 MCG/0.8ML INJECTION	8
NEUPRO PATCH 24 HOUR 1 MG/24HR TRANSDERMAL.....	10
NEUPRO PATCH 24 HOUR 2 MG/24HR TRANSDERMAL.....	10

NEUPRO PATCH 24 HOUR 3 MG/24HR TRANSDERMAL.....	10
NEUPRO PATCH 24 HOUR 4 MG/24HR TRANSDERMAL.....	10
NEUPRO PATCH 24 HOUR 6 MG/24HR TRANSDERMAL.....	10
NEUPRO PATCH 24 HOUR 8 MG/24HR TRANSDERMAL.....	10
O	
ONGLYZA TABLET 2.5 MG ORAL.....	6
ONGLYZA TABLET 5 MG ORAL.....	6
R	
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS.....	11
RELISTOR SOLUTION 12 MG/0.6ML SUBCUTANEOUS (0.6ML SYRINGE)..	11
RELISTOR SOLUTION 8 MG/0.4ML SUBCUTANEOUS.....	11
RELISTOR TABLET 150 MG ORAL.....	11
RHOPRESSA SOLUTION 0.02 % OPHTHALMIC.....	12
S	
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL.....	4
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL.....	4
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL.....	4
SYNJARDY TABLET 12.5-1000 MG ORAL	13
SYNJARDY TABLET 12.5-500 MG ORAL	13
SYNJARDY TABLET 5-1000 MG ORAL..	13
SYNJARDY TABLET 5-500 MG ORAL....	13
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG ORAL	13
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG ORAL.....	13
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG ORAL	13
SYNJARDY XR TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ORAL	13
T	
TRADJENTA TABLET 5 MG ORAL.....	6
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 9

