

Horizons 2018 Formulary 2018 Step Therapy Criteria

ABILIFY M

Products Affected

Step 2:

- ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR
- ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR (1.5ML SYRINGE)
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED 400 MG INTRAMUSCULAR
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR
- ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR

Details

Criteria
Claim will pay automatically for Abilify Maintena if enrollee has a paid claim for at least a 1 days supply of generic oral ARIPiprazole in the past 365 days. Otherwise, Abilify Maintena requires a step therapy exception request indicating: (1) history of inadequate treatment response with generic oral ARIPiprazole, OR (2) history of adverse event with generic oral ARIPiprazole, OR (3) generic oral ARIPiprazole is contraindicated.

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**Horizons 2018 Formulary
2018 Step Therapy Criteria**

ANTIDEPRESSANTS

Products Affected

Step 2:

- 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
- FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL
- PEXEVA TABLET 10 MG ORAL
- PEXEVA TABLET 20 MG ORAL
- PEXEVA TABLET 30 MG ORAL
- PEXEVA TABLET 40 MG ORAL
- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL
- VIIBRYD STARTER PACK KIT 10 & 20 MG ORAL
- VIIBRYD TABLET 10 MG ORAL
- VIIBRYD TABLET 20 MG ORAL
- VIIBRYD TABLET 40 MG ORAL

Details

Criteria	Claim will pay automatically for Fetzima, Forfivo XL, Trintellix, Pexeva, or Viibryd if enrollee has a paid claim for at least a 1 days supply of any 2 generic formulary antidepressants in the past 365 days. Otherwise, Fetzima, Forfivo XL, Trintellix, Pexeva, or Viibryd requires a step therapy exception request indicating: (1) history of inadequate treatment response with any 2 generic formulary antidepressants, OR (2) history of adverse event with any 2 generic formulary antidepressants, OR (3) any 2 generic formulary antidepressants are contraindicated.
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Horizons 2018 Formulary 2018 Step Therapy Criteria

ATYPICALS

Products Affected

Step 2:

- 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
- GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 117 MG/0.75ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 156 MG/ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 234 MG/1.5ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 39 MG/0.25ML INTRAMUSCULAR
- INVEGA SUSTENNA SUSPENSION 78 MG/0.5ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 273 MG/0.875ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 410 MG/1.315ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 546 MG/1.75ML INTRAMUSCULAR
- INVEGA TRINZA SUSPENSION 819 MG/2.625ML INTRAMUSCULAR
- NUPLAZID CAPSULE 34 MG ORAL
- NUPLAZID TABLET 10 MG ORAL
- NUPLAZID TABLET 17 MG ORAL
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 12.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 25 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 37.5 MG INTRAMUSCULAR
- RISPERDAL CONSTA SUSPENSION RECONSTITUTED 50 MG INTRAMUSCULAR
- 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
- ZYPREXA RELPREVV SUSPENSION RECONSTITUTED 210 MG INTRAMUSCULAR

Details

Criteria	Claim will pay automatically for Vraylar, Fanapt, Invenga Sustenna/Trinza, Risperdal Consta, Saphris, Zyprexa Relprevv,
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Horizons 2018 Formulary 2018 Step Therapy Criteria

	Nuplazid, or Geodon IM if enrollee has a paid claim for at least a 1 days supply of any generic formulary atypical antipsychotic in the past 365 days. Otherwise, Vraylar, Fanapt, Invenga Sustenna/Trinza, Risperdal Consta, Saphris, Zyprexa Relprevv, Nuplazid, or Geodon IM requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary atypical antipsychotic, OR (2) history of adverse event with any generic formulary atypical antipsychotic, OR (3) any generic formulary atypical antipsychotic is contraindicated.
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Horizons 2018 Formulary 2018 Step Therapy Criteria

CELECOXIB

Products Affected

Step 2:

- *celecoxib capsule 100 mg oral*
- *celecoxib capsule 200 mg oral*
- *celecoxib capsule 400 mg oral*
- *celecoxib capsule 50 mg oral*

Details

Criteria
Claim will pay automatically for Celecoxib if enrollee has a paid claim for at least a 1 days supply of any generic formulary NSAID in the past 365 days. Otherwise, Celecoxib requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary NSAID, OR (2) history of adverse event with any generic formulary NSAID, OR (3) any generic formulary NSAID is contraindicated.

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Horizons 2018 Formulary 2018 Step Therapy Criteria

DIFICID

Products Affected

Step 2:

- DIFICID TABLET 200 MG ORAL

Details

Criteria	Claim will pay automatically for Dificid if enrollee has a paid claim for at least a 1 days supply of vancomycin in the past 120 days. Otherwise, Dificid requires a step therapy exception request indicating: (1) history of inadequate treatment response with Vancomycin, OR (2) history of adverse event with Vancomycin, OR (3) Vancomycin is contraindicated.
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Horizons 2018 Formulary 2018 Step Therapy Criteria

LIVALO

Products Affected

Step 2:

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

Details

Criteria
Claim will pay automatically for Livalo if enrollee has a paid claim for at least a 1 days supply of any generic formulary statin in the past 365 days. Otherwise, Livalo requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary statin, OR (2) history of adverse event with any generic formulary statin, OR (3) any generic formulary statin is contraindicated.

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Horizons 2018 Formulary 2018 Step Therapy Criteria

NEUPRO

Products Affected

Step 2:

- 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
Claim will pay automatically for neupro if enrollee has a paid claim for at least a 1 days supply of pramipexole or ropinirole in the past 365 days. Otherwise, neupro requires a step therapy exception request indicating: (1) history of inadequate treatment response with pramipexole or ropinirole, OR (2) history of adverse event with pramipexole or ropinirole, OR (3) pramipexole or ropinirole is contraindicated.

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Horizons 2018 Formulary 2018 Step Therapy Criteria

PRADAXA

Products Affected

Step 2:

- PRADAXA CAPSULE 110 MG ORAL
- PRADAXA CAPSULE 75 MG ORAL
- PRADAXA CAPSULE 150 MG ORAL

Details

Criteria
CLAIM WILL PAY AUTOMATICALLY FOR Pradaxa IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF Xarelto or Eliquis IN THE PAST 365 DAYS. OTHERWISE, Pradaxa REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH Xarelto or Eliquis, OR (2) HISTORY OF ADVERSE EVENT WITH Xarelto or Eliquis, OR (3) Xarelto or Eliquis IS CONTRAINDICATED.

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Horizons 2018 Formulary 2018 Step Therapy Criteria

PROLIA

Products Affected

Step 2:

- PROLIA SOLUTION 60 MG/ML
SUBCUTANEOUS

Details

Criteria
Claim will pay automatically for Prolia if enrollee has a paid claim for at least a 1 days supply of any generic formulary bisphosphonate in the past 180 days. Otherwise, Prolia requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary bisphosphonate, OR (2) history of adverse event with any generic formulary bisphosphonate, OR (3) any generic formulary bisphosphonate is contraindicated. For osteoporosis prophylaxis in men at high risk for bone fractures after receiving androgen deprivation therapy for nonmetastatic prostate cancer and in women at high risk for bone fractures after receiving adjuvant aromatase inhibitor therapy for breast cancer, Prolia will be approved.

H1587002_ST18

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**Horizons 2018 Formulary
2018 Step Therapy Criteria**

TOPICAL AGENTS

Products Affected

Step 2:

- CONDYLOX GEL 0.5 % EXTERNAL

Details

Criteria	Claim will pay automatically for Condyllox if enrollee has a paid claim for at least a 1 days supply of Podofilox in the past 365 days. Otherwise, Condyllox requires a step therapy exception request indicating: (1) history of inadequate treatment response with podofilox OR (2) history of adverse event with podofilox OR (3) podofilox is contraindicated.
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Horizons 2018 Formulary 2018 Step Therapy Criteria

UCERIS

Products Affected

Step 2:

- UCERIS FOAM 2 MG/ACT RECTAL
- UCERIS TABLET EXTENDED RELEASE 24 HOUR 9 MG ORAL

Details

Criteria
Claim will pay automatically for Uceris if enrollee has a paid claim for at least a 1 days supply of any formulary corticosteroid used to treat ulcerative colitis in the past 365 days. Otherwise, Uceris requires a step therapy exception request indicating: (1) history of inadequate treatment response with any formulary corticosteroid used to treat ulcerative colitis, OR (2) history of adverse event with any formulary corticosteroid used to treat ulcerative colitis, OR (3) any formulary corticosteroid used to treat ulcerative colitis is contraindicated.

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Horizons 2018 Formulary 2018 Step Therapy Criteria

ULORIC

Products Affected

Step 2:

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

Details

Criteria	Claim will pay automatically for Uloric if enrollee has a paid claim for at least a 1 days supply of Allopurinol in the past 365 days. Otherwise, Uloric requires a step therapy exception request indicating: (1) history of inadequate treatment response with Allopurinol, OR (2) history of adverse event with Allopurinol, OR (3) Allopurinol is contraindicated.
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**Horizons 2018 Formulary
2018 Step Therapy Criteria**

XTANDI

Products Affected

Step 2:

- XTANDI CAPSULE 40 MG ORAL

Details

Criteria	CLAIM WILL PAY AUTOMATICALLY FOR XTANDI IF ENROLLEE HAS A PAID CLAIM FOR AT LEAST A 1 DAYS SUPPLY OF ZYTIGA IN THE PAST 365 DAYS. OTHERWISE, XTANDI REQUIRES A STEP THERAPY EXCEPTION REQUEST INDICATING: (1) HISTORY OF INADEQUATE TREATMENT RESPONSE WITH ZYTIGA, OR (2) HISTORY OF ADVERSE EVENT WITH ZYTIGA, OR (3) ZYTIGA IS CONTRAINDICATED.
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Horizons 2018 Formulary 2018 Step Therapy Criteria

XULTOPHY

Products Affected

Step 2:

- SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS
- XULTOPHY SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML SUBCUTANEOUS

Details

Criteria
Claim will pay automatically for Xultophy or Soliqua if enrollee has a paid claim for at least a one day supply of any step level 1 agent (LANTUS, LEVEMIR, OZEMPIC, TOUJEO, TRESIBA, TRULICITY OR VICTOZA). Otherwise, Xultophy or Soliqua require a step therapy exception request indicating: (1) history of inadequate treatment response with step 1 agent, OR (2) history of adverse event with step 1 agent, OR (3) step 1 agent is contraindicated.

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Horizons 2018 Formulary 2018 Step Therapy Criteria

Alphabetical Listing

A

ABILIFY MAINTENA PREFILLED SYRINGE 300 MG INTRAMUSCULAR	1
ABILIFY MAINTENA PREFILLED SYRINGE 400 MG INTRAMUSCULAR	1
ABILIFY MAINTENA SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR	1
ABILIFY MAINTENA SUSPENSION RECONSTITUTED 300 MG INTRAMUSCULAR (1.5ML SYRINGE)	1
ABILIFY MAINTENA SUSPENSION RECONSTITUTED 400 MG INTRAMUSCULAR	1
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 300 MG INTRAMUSCULAR	1
ABILIFY MAINTENA SUSPENSION RECONSTITUTED ER 400 MG INTRAMUSCULAR	1

C

celecoxib capsule 100 mg oral.....	5
celecoxib capsule 200 mg oral.....	5
celecoxib capsule 400 mg oral.....	5
celecoxib capsule 50 mg oral.....	5
CONDYLOX GEL 0.5 % EXTERNAL... 11	

D

DIFICID TABLET 200 MG ORAL	6
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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

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FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL	3
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
FORFIVO XL TABLET EXTENDED RELEASE 24 HOUR 450 MG ORAL ...	2

G

GEODON SOLUTION RECONSTITUTED 20 MG INTRAMUSCULAR.....	3
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I

INVEGA SUSTENNA SUSPENSION 117 MG/0.75ML INTRAMUSCULAR	3
INVEGA SUSTENNA SUSPENSION 156 MG/ML INTRAMUSCULAR.....	3
INVEGA SUSTENNA SUSPENSION 234 MG/1.5ML INTRAMUSCULAR.....	3
INVEGA SUSTENNA SUSPENSION 39 MG/0.25ML INTRAMUSCULAR	3
INVEGA SUSTENNA SUSPENSION 78 MG/0.5ML INTRAMUSCULAR.....	3
INVEGA TRINZA SUSPENSION 273 MG/0.875ML INTRAMUSCULAR.....	3
INVEGA TRINZA SUSPENSION 410 MG/1.315ML INTRAMUSCULAR.....	3
INVEGA TRINZA SUSPENSION 546 MG/1.75ML INTRAMUSCULAR	3
INVEGA TRINZA SUSPENSION 819 MG/2.625ML INTRAMUSCULAR.....	3

L

LIVALO TABLET 1 MG ORAL	7
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Horizons 2018 Formulary 2018 Step Therapy Criteria

LIVALO TABLET 2 MG ORAL	7	S	SAPHRIS TABLET SUBLINGUAL 10 MG	
LIVALO TABLET 4 MG ORAL	7		SUBLINGUAL	3
N			SAPHRIS TABLET SUBLINGUAL 2.5	
NEUPRO PATCH 24 HOUR 1 MG/24HR			MG SUBLINGUAL	3
TRANSDERMAL	8		SAPHRIS TABLET SUBLINGUAL 5 MG	
NEUPRO PATCH 24 HOUR 2 MG/24HR			SUBLINGUAL	3
TRANSDERMAL	8		SOLIQUA SOLUTION PEN-INJECTOR	
NEUPRO PATCH 24 HOUR 3 MG/24HR			100-33 UNT-MCG/ML	
TRANSDERMAL	8		SUBCUTANEOUS	15
NEUPRO PATCH 24 HOUR 4 MG/24HR			T	
TRANSDERMAL	8		TRINTELLIX TABLET 10 MG ORAL	2
NEUPRO PATCH 24 HOUR 6 MG/24HR			TRINTELLIX TABLET 20 MG ORAL	2
TRANSDERMAL	8		TRINTELLIX TABLET 5 MG ORAL	2
NEUPRO PATCH 24 HOUR 8 MG/24HR			U	
TRANSDERMAL	8		UCERIS FOAM 2 MG/ACT RECTAL	12
NUPLAZID CAPSULE 34 MG ORAL	3		UCERIS TABLET EXTENDED RELEASE	
NUPLAZID TABLET 10 MG ORAL	3		24 HOUR 9 MG ORAL	12
NUPLAZID TABLET 17 MG ORAL	3		ULORIC TABLET 40 MG ORAL	13
P			ULORIC TABLET 80 MG ORAL	13
PEXEVA TABLET 10 MG ORAL	2		V	
PEXEVA TABLET 20 MG ORAL	2		VIIIBRYD STARTER PACK KIT 10 & 20	
PEXEVA TABLET 30 MG ORAL	2		MG ORAL	2
PEXEVA TABLET 40 MG ORAL	2		VIIIBRYD TABLET 10 MG ORAL	2
PRADAXA CAPSULE 110 MG ORAL	9		VIIIBRYD TABLET 20 MG ORAL	2
PRADAXA CAPSULE 150 MG ORAL	9		VIIIBRYD TABLET 40 MG ORAL	2
PRADAXA CAPSULE 75 MG ORAL	9		VRAYLAR CAPSULE 1.5 MG ORAL	3
PROLIA SOLUTION 60 MG/ML			VRAYLAR CAPSULE 3 MG ORAL	3
SUBCUTANEOUS	10		VRAYLAR CAPSULE 4.5 MG ORAL	3
R			VRAYLAR CAPSULE 6 MG ORAL	3
RISPERDAL CONSTA SUSPENSION			VRAYLAR CAPSULE THERAPY PACK	
RECONSTITUTED 12.5 MG			1.5 & 3 MG ORAL	3
INTRAMUSCULAR	3		X	
RISPERDAL CONSTA SUSPENSION			XTANDI CAPSULE 40 MG ORAL	14
RECONSTITUTED 25 MG			XULTOPHY SOLUTION PEN-INJECTOR	
INTRAMUSCULAR	3		100-3.6 UNIT-MG/ML	
RISPERDAL CONSTA SUSPENSION			SUBCUTANEOUS	15
RECONSTITUTED 37.5 MG			Z	
INTRAMUSCULAR	3		ZYPREXA RELPREVV SUSPENSION	
RISPERDAL CONSTA SUSPENSION			RECONSTITUTED 210 MG	
RECONSTITUTED 50 MG			INTRAMUSCULAR	3
INTRAMUSCULAR	3			

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