

Step Therapy Criteria  
BCBS SC PDP  
Effective: 01/01/2023

## ACTINIC KERATOSIS - SCORE

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### Products Affected

- Diclofenac Sodium GEL 3%
- Klisyri
- Picato

### Details

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<b>Criteria</b>	Trial of either topical fluorouracil or topical imiquimod
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# ANTIDEPRESSANTS - SCORE

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## Products Affected

- Emsam
- Fetzima
- Fetzima Titration Pack
- Venlafaxine Besylate Er

## 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.
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# ATYPICAL ANTIPSYCHOTICS - SCORE

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## Products Affected

- Fanapt
- Fanapt Titration Pack
- Lybalvi
- Secuado
- Vraylar

## Details

<b>Criteria</b>	Trial of two of the following oral generic formulary atypical antipsychotic agents: asenapine, aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Approve for continuation of prior therapy.
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# GLP1 AGONISTS - SCORE

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## Products Affected

- Bydureon Bcise
- Bydureon Pen
- Mounjaro
- Ozempic
- Rybelsus
- Soliqua 100/33
- Trulicity
- Victoza

## Details

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<b>Criteria</b>	Trial of one of the following generic formulary metformin or metformin combinations: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin. Ozempic (semaglutide), Trulicity (dulaglutide), Victoza (liraglutide): Step requirements do not apply to members with type 2 diabetes and multiple cardiovascular risk factors or established cardiovascular disease.
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# GLUCAGON- SCORE

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## Products Affected

- Glucagen Hypokit

## Details

<b>Criteria</b>	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

## Details

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<b>Criteria</b>	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

## 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

- Namzatic

## Details

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<b>Criteria</b>	Trial of generic memantine extended-release
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# NON-PREFERRED SGLT2s - SCORE

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## Products Affected

- Invokana

## 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

## Details

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<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

## Details

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<b>Criteria</b>	Trial of lubiprostone or lactulose
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# STATINS - SCORE

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## Products Affected

- Livalo

## 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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