

Step Therapy Criteria
South Carolina MAPD
Effective: 01/01/2024

ACTINIC KERATOSIS - SCORE

Products Affected

- Diclofenac Sodium GEL 3%
- Klisyri

Details

Criteria	Trial of either topical fluorouracil or topical imiquimod
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ANTIDEPRESSANTS - SCORE

Products Affected

- Auvelity
- Emsam
- Fetzima
- Fetzima Titration Pack

Details

Criteria	Trial of two generics of the following formulary products: bupropion, mirtazapine, citalopram (tablet or solution), 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

Products Affected

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

Details

Criteria	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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GLUCAGON- SCORE

Products Affected

- Glucagen Hypokit

Details

Criteria	Trial of one of the following: Gvoke, Baqsimi, or Glucagon
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INVEGA HAFYERA THERAPY - SCORE

Products Affected

- Invega Hafyera

Details

Criteria	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

Products Affected

- Namzarin CP24

Details

Criteria	Trial of generic memantine extended-release
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RELISTOR - SCORE

Products Affected

- Relistor

Details

Criteria	Trial of lubiprostone, Constulose, Enulose, Generlac, or lactulose
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RYTARY - SCORE

Products Affected

- Rytary

Details

Criteria	
	Trial of one generic carbidopa/levodopa containing formulation

STATINS - SCORE

Products Affected

- Livalo

Details

Criteria	Trial of any one of the following generic formulary HMG-CoA reductase inhibitors (statin): atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
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ZONISADE SUSPENSION - SCORE

Products Affected

- Zonisade

Details

Criteria	Trial of generic zonisamide capsule. Step applies to new starts only. Approve for continuation of prior therapy.
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