

Step Therapy Criteria  
South Carolina MAPD  
Effective: 02/01/2025

## **ACTINIC KERATOSIS - SCORE**

---

### **Products Affected**

- Diclofenac Sodium GEL 3%

### **Details**

---

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

---

# ANTIDEPRESSANTS - SCORE

---

## Products Affected

- Auvelity
- Emsam
- Fetzima
- Fetzima Titration Pack

## Details

<b>Criteria</b>	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 hydrochloride. Approve for continuation of prior therapy.
-----------------	--

# ATYPICAL ANTIPSYCHOTICS - SCORE

---

## Products Affected

- Fanapt
- Fanapt Titration Pack
- Lybalvi
- Secuado

## 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.
-----------------	---

# INVEGA HAFYERA THERAPY - SCORE

---

## 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.
-----------------	--

# NAMZARIC - SCORE

---

## Products Affected

- Namzarin CP24

## Details

---

<b>Criteria</b>	Trial of generic memantine extended-release
-----------------	---

---

# RELISTOR - SCORE

---

## Products Affected

- Relistor

## Details

<b>Criteria</b>	Trial of lubiprostone, Constulose, Enulose, Generlac, or lactulose
-----------------	--

# **RYTARY - SCORE**

---

## **Products Affected**

- Rytary

## **Details**

<b>Criteria</b>	Trial of one generic carbidopa/levodopa containing formulation
-----------------	--

# ZONISADE SUSPENSION - SCORE

---

## Products Affected

- Zonisade

## Details

<b>Criteria</b>	Trial of generic zonisamide capsule. Step applies to new starts only. Approve for continuation of prior therapy.
-----------------	---



## Index Of Drugs

<b>A</b>	
Actinic Keratosis - Score.....	1
Antidepressants - Score.....	2
Atypical Antipsychotics - Score.....	3
Auvelity.....	2
<b>D</b>	
Diclofenac Sodium.....	1
<b>E</b>	
Emsam.....	2
<b>F</b>	
Fanapt.....	3
Fanapt Titration Pack.....	3
Fetzima.....	2
Fetzima Titration Pack.....	2
<b>I</b>	
Invega Hafyera.....	4
Invega Hafyera Therapy - Score.....	4
<b>L</b>	
Lybalvi.....	3
<b>N</b>	
Namzaric.....	5
Namzaric - Score.....	5
<b>R</b>	
Relistor.....	6
Relistor - Score.....	6
Rytary.....	7
Rytary - Score.....	7
<b>S</b>	
Secuado.....	3
<b>Z</b>	
Zonisade.....	8
Zonisade Suspension - Score.....	8