

Step Therapy Criteria

Align powered by Sanford Health Plan/Great Plains Medicare Advantage

Effective: 02/01/2025

## **ACTINIC KERATOSIS - SCORE**

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### **Products Affected**

- Diclofenac Sodium GEL 3%

### **Details**

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|-----------------|---|
| <b>Criteria</b> | Trial of either topical fluorouracil or topical imiquimod |
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Formulary ID: 25382, Version: 9, Effective Date: 02/01/2025

Last Updated: 01/10/2025

# ANTIDEPRESSANTS - SCORE

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## 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

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## 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

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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

- Namzarin CP24

## Details

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|                 |   |
|-----------------|---|
| <b>Criteria</b> | Trial of generic memantine extended-release |
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# RELISTOR - SCORE

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## Products Affected

- Relistor

## Details

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|-----------------|--|
| <b>Criteria</b> | Trial of lubiprostone, Constulose, Enulose, Generlac, or lactulose |
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# **RYTARY - SCORE**

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## **Products Affected**

- Rytary

## **Details**

|                 |  |
|-----------------|--|
| <b>Criteria</b> | Trial of one generic carbidopa/levodopa containing formulation |
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# ZONISADE SUSPENSION - SCORE

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## Products Affected

- Zonisade

## Details

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



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