

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## **ACTINIC KERATOSIS - SCORE**

---

### **Products Affected**

- Diclofenac Sodium GEL 3%
- Klisyri
- Picato

### **Details**

---

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

---

Formulary ID 23384 Version #6 Effective Date: 1/01/2023

Last Updated: September 2022

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## ANTIDEPRESSANTS - SCORE

---

### 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 (tablet or solution), desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline (tablet or solution), venlafaxine. Approve for continuation of prior therapy.
-----------------	--

Formulary ID 23384 Version #6 Effective Date: 1/01/2023

Last Updated: September 2022

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## ATYPICAL ANTIPSYCHOTICS - SCORE

---

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

Formulary ID 23384 Version #6 Effective Date: 1/01/2023

Last Updated: September 2022

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## GLP1 AGONISTS - SCORE

---

### Products Affected

- Mounjaro
- Ozempic
- Rybelsus
- Soliqua 100/33
- Trulicity
- Victoza

### Details

<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.
-----------------	---

Formulary ID 23384 Version #6 Effective Date: 1/01/2023

Last Updated: September 2022

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## GLUCAGON- SCORE

---

### Products Affected

- Glucagen Hypokit

### Details

Criteria	Trial of one of the following: Gvoke, Baqsimi, or Glucagon
----------	--

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## **INHALED CORTICOSTEROID - SCORE**

---

### **Products Affected**

- Qvar Redihaler

### **Details**

<b>Criteria</b>	Trial of: Arnuity Ellipta and either Flovent Diskus or Flovent HFA
-----------------	--

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

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

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## **NAMZARIC - SCORE**

---

### **Products Affected**

- Namzaric

### **Details**

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



Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## NON-PREFERRED SGLT2s - SCORE

---

### Products Affected

- Invokamet
- Invokamet Xr
- 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.
-----------------	---

---

Formulary ID 23384 Version #6 Effective Date: 1/01/2023

Last Updated: September 2022

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## PD AGENTS - SCORE

---

### Products Affected

- Neupro

### Details

---

<b>Criteria</b>	Trial of one of the following generic formulary dopamine agonist agent: pramipexole, ropinirole
-----------------	--

---

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## RELISTOR - SCORE

---

### Products Affected

- Relistor

### Details

<b>Criteria</b>	Trial of lubiprostone or lactulose
-----------------	------------------------------------

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## **RYTARY - SCORE**

---

### **Products Affected**

- Rytary

### **Details**

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

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## STATINS - SCORE

---

### 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
-----------------	--

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

## INDEX

<b>A</b>	
Actinic Keratosis - Score .....	1
Antidepressants - Score.....	2
Atypical Antipsychotics - Score .....	3
<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>G</b>	
Glp1 Agonists - Score .....	4
Glucagen Hypokit.....	5
Glucagon- Score .....	5
<b>I</b>	
Inhaled Corticosteroid - Score .....	6
Invega Hafyera.....	7
Invega Hafyera Therapy - Score.....	7
Invokamet .....	9
Invokamet Xr .....	9
Invokana.....	9
<b>K</b>	
Klisyri.....	1
<b>L</b>	
Livalo .....	13
Lybalvi .....	3
<b>M</b>	
Mounjaro.....	4
<b>N</b>	
Namzaric.....	8
Namzaric - Score .....	8
Neupro.....	10
Non-preferred Sglt2s - Score.....	9
<b>O</b>	
Ozempic .....	4
<b>P</b>	
Pd Agents - Score .....	10
Picato.....	1
<b>Q</b>	
Qvar Redihaler .....	6
<b>R</b>	
Relistor .....	11
Relistor - Score .....	11
Rybelsus.....	4
Rytary .....	12
Rytary - Score.....	12
<b>S</b>	
Secuado.....	3
Soliqua 100/33.....	4
Statins - Score.....	13
<b>T</b>	
Trulicity .....	4
<b>V</b>	
Venlafaxine Besylate Er .....	2

Step Therapy Criteria

Blue KC

Effective: 1/1/2023

Victoza ..... 4

Vraylar .....3