

Step Therapy Criteria  
BCBS AZ PDP  
Effective: 05/01/2024

## ACTINIC KERATOSIS - SCORE

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### Products Affected

- Diclofenac Sodium GEL 3%
- Klisyri

### 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

- 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. 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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# 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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# 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

<b>Criteria</b>	Trial of lubiprostone, Constulose, Enulose, Generlac, 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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# 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. Approve for continuation of prior therapy.
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