

Step Therapy Criteria

SAHP SNP

Effective: 05/01/2025

ACTINIC KERATOSIS - SCORE

Products Affected

- Diclofenac Sodium GEL 3%

Details

Criteria	Trial of either topical fluorouracil or topical imiquimod
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Formulary ID: 25500, Version: 11, Effective Date: 05/01/2025

Last Updated: 04/01/2025

ANTIDEPRESSANTS - SCORE

Products Affected

- Auvelity
- Emsam
- Fetzima
- Fetzima Titration Pack
- Venlafaxine Besylate Er

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 hydrochloride. Approve for continuation of prior therapy.
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ATYPICAL ANTIPSYCHOTICS - SCORE

Products Affected

- Fanapt
- Fanapt Titration Pack
- Lybalvi
- Secuado

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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DPP4 INHIBITORS NON-PREFERRED - SCORE

Products Affected

- Saxagliptin Hydrochloride/metformin Hydrochloride Er

Details

Criteria	Trial of one of the following: Janumet, Janumet XR, Januvia, Jentadueto, Jentadueto XR, or Tradjenta
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FILGRASTIM - SCORE

Products Affected

- Granix
- Neupogen

Details

Criteria	Trial of Zarxio
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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

- Memantine/donepezil Hydrochloride Er
- Namzaric

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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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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