

2024 Step Therapy Criteria

Select the drug for quick access to the step therapy criteria.

Abilify®	Farxiga®	Omnaris®	Seroquel® XR
Ajovy®	Fortesa®	Ozempic®	Soliqua®
Androgel®	Fycompa®	Pancreaze®	Testim®
Apretude®	Gemtesa®	Pertzye®	Travatan Z®
Aptensio® XR	Geodon®	Protopic®	Trintellix®
Beconase® AQ	Glyxambi®	Qbrexza®	Trulicity®
Briviact®	Invega®	Quillivant® XR	Ubrelyv®
Caplyta®	Janumet®	Qulipta®	Victoza®
Contrave®	Janumet® XR	Rexulti®	Viibryd®
Cotempla® XL-ODT	Januvia®	Rhopressa®	Vraylar®
Daytrana® Patch	Jardiance®	Rocklatan®	Xcopri®
Diacomit®	Kombiglyze® XR	Rybelsus®	Xigduo®
Elidel®	Latuda®	Saphris®	Xultophy®
Emgality®	Mounjaro®	Secuado®	Zetonna®
Eucrisa®	Natesto®	Seroquel®	Zioptan®
Fanapt®	Nurtec®		

Drug name	Step Therapy Criteria
Abilify® aripiprazole Brand only: Applies to oral solution, orally disintegrating tablet, and tablet	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> • 30-day trial in the last 180 days
Ajovy® fremanezumab	Metoprolol, metoprolol tartrate, atenolol, propranolol, amitriptyline, venlafaxine, verapamil, valproic acid, topiramate, zonisamide <ul style="list-style-type: none"> • 90-day trials of 2 preferred preventives from 2 different drug classes, each in the last 365 days
Androgel® testosterone *step therapy required for brand product only	At least one generic equivalent product such as testosterone gel and/or testosterone solution <ul style="list-style-type: none"> • 30-day trial in the last 365 days
Apretude® cabotegravir	Truvada (emtricitabine-tenofovir disoproxil fumarate) <ul style="list-style-type: none"> • 90-day trial in the last 365 days
Aptensio® XR methylphenidate XR	At least one generic equivalent product such as methylphenidate immediate release tablet or methylphenidate extended release tablet <ul style="list-style-type: none"> • Coverage will be provided after a trial of generic methylphenidate
Beconase® AQ beclomethasone dipropionate	Flunisolide, fluticasone, azelastine-fluticasone, mometasone, and/or triamcinolone nasal sprays <ul style="list-style-type: none"> • 30-day trial in the last 365 days
Briviact® brivaracetam	Levetiracetam, lacosamide, lamotrigine <ul style="list-style-type: none"> • 30-day trial in the last 180 days
Caplyta® lumateperone tosylate	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> • 30-day trial in the last 180 days
Contrave® naltrexone-bupropion ER	Phentermine and topiramate tablets and/or Qsymia <ul style="list-style-type: none"> • 90-day trial in the last 365 days
Cotempla® XLODT methylphenidate extended-release ODT	At least one generic equivalent product such as methylphenidate immediate release tablet or methylphenidate extended release tablet <ul style="list-style-type: none"> • Coverage will be provided after a trial of generic methylphenidate
Daytrana® Patch methylphenidate patch	At least one generic equivalent product such as methylphenidate immediate release tablet or methylphenidate extended release tablet <ul style="list-style-type: none"> • Coverage will be provided after a trial of generic methylphenidate

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Diacomit® stiripentol	Levetiracetam, lacosamide, lamotrigine <ul style="list-style-type: none"> • 30-day trial in the last 180 days
Elidel® pimecrolimus	Trial of at least one high-potency topical corticosteroid product such as triamcinolone, betamethasone, clobetasol, hydrocortisone, mometasone, etc. <ul style="list-style-type: none"> • 30-day trial in the last 365 days
Emgality® galcanezumab	Metoprolol, metoprolol tartrate, atenolol, propranolol, amitriptyline, venlafaxine, verapamil, valproic acid, topiramate, zonisamide <ul style="list-style-type: none"> • 90-day trials of 2 preferred preventives from 2 different drug classes each in the last 365 days
Eucrisa® crisaborole	Protopic (tacrolimus) and/or Elidel (pimecrolimus) <ul style="list-style-type: none"> • 30-day trial in the last 365 days
Fanapt® iloperidone	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> • 30-day trial in the last 180 days
Farxiga® dapagliflozin	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> • 90-day trial in the last 365 days
Fortesta® testosterone *step therapy required for brand product only	At least one generic equivalent product such as testosterone gel and/or testosterone solution <ul style="list-style-type: none"> • 30-day trial in the last 365 days
Fycompa® perampanel	Levetiracetam, lacosamide, lamotrigine <ul style="list-style-type: none"> • 30-day trial in the last 180 days
Gemtesa® vibegron	Myrbetriq (mirabegron) <ul style="list-style-type: none"> • 90-day trial in the last 365 days
Geodon® ziprasidone *step therapy required for brand product only	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> • 30-day trial in the last 180 days
Glyxambi® empagliflozin-linagliptan	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> • 90-day trial in the last 365 days
Invega® paliperidone	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> • 30-day trial in the last 180 days
Janumet® sitagliptin-metformin	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> • 90-day trial in the last 365 days

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Janumet® XR sitagliptin-metformin XR	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> 90-day trial in the last 365 days
Januvia® sitagliptin	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> 90-day trial in the last 365 days
Jardiance® empagliflozin	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> 90-day trial in the last 365 days
Kombiglyze® XR saxagliptin and metformin XR *generic only	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> 90-day trial in the last 365 days
Latuda® lurasidone *step therapy required for brand product only	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> 30-day trial in the last 180 days
Mounjaro®	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> 90-day trial in the last 365 days
Natesto® testosterone *step therapy required for brand product only	At least one generic equivalent product such as testosterone gel and/or testosterone solution <ul style="list-style-type: none"> 30-day trial in the last 365 days
Nurtec® rimegepant	Almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan <ul style="list-style-type: none"> 30-day trials of 2 different triptans in the last 365 days QL (Quantity Limits): Nurtec: #10/28 days, Ubrelvy: #10/28 days—or—a combined total of both not to exceed #30/84 days
Omnanis® ciclesonide	Flunisolide, fluticasone, azelastine-fluticasone, mometasone, and/or triamcinolone nasal sprays <ul style="list-style-type: none"> 30-day trial in the last 365 days
Ozempic® semaglutide	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> 90-day trial in the last 365 days
Pancreaze® pancrelipase	At least one preferred brand product such as Creon® (pancrelipase) and/or Zenpep® (pancrelipase) <ul style="list-style-type: none"> 30-day trial in the last 365 days

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Drug name	Step Therapy Criteria
Pertzye® pancrelipase	At least one preferred brand product such as Creon® (pancrelipase) and/or Zenpep® (pancrelipase) <ul style="list-style-type: none"> 30-day trial in the last 365 days
Protopic® tacrolimus	Trial of at least one high-potency topical corticosteroid product such as triamcinolone, betamethasone, clobetasol, hydrocortisone, mometasone, etc. <ul style="list-style-type: none"> 30-day trial in the last 365 days
Qbrexza®	Drysol (aluminum chloride hexahydrate), glycopyrronium <ul style="list-style-type: none"> 90-day trial in the last 365 days
Quillivant® XR methylphenidate XR liquid	At least one generic equivalent product such as methylphenidate immediate release tablet, methylphenidate extended release tablet <ul style="list-style-type: none"> Coverage provided after trial
Qulipta® atogepant	Metoprolol, metoprolol tartrate, atenolol, propranolol, amitriptyline, venlafaxine, verapamil, valproic acid, topiramate, zonisamide <ul style="list-style-type: none"> 90-day trials of 2 preferred preventives from 2 different drug classes each in the last 365 days
Rexulti® brexpiprazole	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> 30-day trial in the last 180 days
Rhopressa® netarsudil dimesylate	At least one preferred product such as bimatoprost, latanoprost, and/or travoprost <ul style="list-style-type: none"> 30-day trial in the last 180 days
Rocklatan® netarsudil dimesylate-latanoprost	At least one preferred product such as bimatoprost, latanoprost, and/or travoprost <ul style="list-style-type: none"> 30-day trial in the last 180 days
Rybelsus® semaglutide	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> 90-day trial in the last 365 days
Saphris® asenapine	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> 30-day trial in the last 180 days
Secuado® asenapine	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> 30-day trial in the last 180 days
Seroquel® quetiapine fumarate	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> 30-day trial in the last 180 days
*step therapy required for brand product only	

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Drug name	Step Therapy Criteria
Seroquel® XR quetiapine ER *step therapy required for brand and generic products	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> 30-day trial in the last 180 days
Soliqua® insulin glargine-lixisenatide	Lantus® (glargine), or Tresiba® (degludec) <ul style="list-style-type: none"> 90-day trial in the last 180 days
Testim® testosterone *step therapy required for brand product only	At least one generic equivalent product such as testosterone gel and/or testosterone solution <ul style="list-style-type: none"> 30-day trial in the last 365 days
Travatan Z® travoprost	At least one preferred product such as bimatoprost, latanoprost, and/or travoprost <ul style="list-style-type: none"> 30-day trial in the last 180 days
Trintellix® vortioxetine	fluoxetine, paroxetine, escitalopram, citalopram, fluvoxamine, and/or sertraline <ul style="list-style-type: none"> 30-day trial in the last 180 days
Trulicity® dulaglutide	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> 90-day trial in the last 365 days
Ubrelvy® ubrogepant	Almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan <ul style="list-style-type: none"> 30-day trials of 2 different triptans in the last 365 days QL (Quantity Limits): Nurtec: #10/28 days, Ubrelvy: #10/28 days—or— a combined total of both not to exceed #30/84 days
Victoza® liraglutide	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> 90-day trial in the last 365 days
Viibryd® vilazodone *step therapy required for brand product only	At least one preferred product such as fluoxetine, paroxetine, escitalopram, citalopram, fluvoxamine, and/or sertraline <ul style="list-style-type: none"> 30-day trial in the last 180 days
Vraylar® cariprazine	Olanzapine, Lybalvi®, risperidone, quetiapine, aripiprazole, and/or ziprasidone <ul style="list-style-type: none"> 30-day trial in the last 180 days
Xcopri® cenobamate	Levetiracetam, lacosamide, lamotrigine <ul style="list-style-type: none"> 30-day trial in the last 180 days

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Drug name	Step Therapy Criteria
Xigduo® dapagliflozin-metformin	Metformin, glipizide, glyburide, glimepiride, and/or pioglitazone <ul style="list-style-type: none"> 90-day trial in the last 365 days
Xultophy® insulin degludec-liraglutide	Lantus® (glargine), or Tresiba® (degludec) <ul style="list-style-type: none"> 90-day trial in the last 180 days
Zetonna® ciclesonide aerosol	Flunisolide, fluticasone, azelastine-fluticasone, mometasone, and/or triamcinolone nasal sprays <ul style="list-style-type: none"> 30-day trial in the last 365 days
Zioptan® tafluprost *step therapy required for brand product only	At least one preferred product such as bimatoprost, latanoprost, and/or travoprost <ul style="list-style-type: none"> 30-day trial in the last 180 days

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