

Step therapy – Premium Value Formulary

Utilization management updates January 1, 2025



Most medical conditions have many medication options. Although their clinical effectiveness may be the same, the costs can be very different. The step therapy program gives you the treatment you need, usually at a lower cost.

This is a list of medications that have been added to the step therapy program.

Here's how it works:

With this program, you must try a step 1 medication first, before a step 2 medication may be covered. When you bring a prescription to your pharmacy, our system will check the medication for step therapy requirements. If your pharmacy claims show you have tried a step 1 medication in the recent past, the step 2 medication may be filled. If not, the pharmacist will contact your doctor to explain next steps.

If you see your medication listed, we encourage you to talk with your doctor about your treatment and medication options. If you have questions about the step therapy program, call the phone number on your member ID card.

Step therapy medications

The following medications have been added to a step therapy program. This means you must try a lower-cost medication (step 1) before a higher-cost medication (step 2) is covered.

Condition	Step 1	Step 2
Cardiovascular		
Diuretics	Any two of the following generics: bumetanide, furosemide, torsemide	ethacrynic acid
Central Nervous System		
Anticonvulsants ³	Generic lamotrigine IR	lamotrigine ODT
	Generic topiramate IR	topiramate ER
	Any two of the following generics: carbamazepine, lacosamide, lamotrigine IR, levetiracetam IR/ER, oxcarbazepine IR, topiramate IR	BRIVIACT, FYCOMPA
Antidementia Agents	Generic memantine tablets	memantine oral solution
Antipsychotics ³	Any two of the following generics: aripiprazole, olanzapine, quetiapine IR/ER, risperidone	aripiprazole ODT ² , FANAPT² , paliperidone ER ²
	Any one of the following brands: INVEGA SUSTENNA or INVEGA TRINZA	INVEGA HAFYERA
Migraine Agents	Any two of the following generics: eletriptan, naratriptan, rizatriptan, sumatriptan tablets, zolmitriptan	sumatriptan injection ² , sumatriptan nasal spray ²
Parkinson's Disease	Generic entacapone	tolcapone
Dermatology		
Topical Immunomodulators	Any one of the following topical generics: acclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus	EUCRISA
	Generic tacrolimus ointment	pimecrolimus ²
Topical Miscellaneous Agents	Generic imiquimod 5%	imiquimod 3.75%
Endocrinology		
DPP4 Inhibitors	Any one of the following generics: metformin IR/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	KAZANO, NESINA, OSENI
Gastroenterology		
Antiemetics	Generic metoclopramide tablets	METOCLOPRAMIDE ODT
Constipation Agents	Any one of the following generics: lactulose, polyethylene glycol	LINZESS², SYMPROIC²
Oncology		
Antimetabolites	Generic methotrexate tablets	XATMEP

Bold type = Brand-name drug

Plain type = Generic drug

Condition	Step 1	Step 2
Respiratory		
Long-Acting Bronchodilators	Any one of the following: INCRUSE ELLIPTA, SPIRIVA	ATROVENT HFA², YUPELRI²
Long-Acting Bronchodilator Combinations	Any one of the following preferred brands: ADVAIR HFA, BREO ELLIPTA, SYMBICORT	fluticasone/salmeterol diskus ²
Urology		
Overactive Bladder Agents	Any two of the following generics: darifenacin ER, oxybutynin IR/ER, solifenacin, tolterodine IR/ER, trospium IR/ER	GELNIQUE

Step therapy requirements are effective as of Jan. 1, 2025. The list of step therapy medications is subject to change without notice. Step therapy requirements may vary by benefit plan. Additional clinical programs, including quantity limits and prior authorization, may exist for the above medications which may affect your prescription drug coverage.

¹ These agents are also subject to additional step requirements as indicated in table.

² Quantity limits may also apply. Please refer to the Premium Value Quantity Limits document.

³ Applies to new starts only



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