



List of Drugs Categories Subject to Step Therapy

All Step Therapy medications (Trigger Drug) require a trial of the first line or preferred medications (Step Drugs), approved use of another Trigger Drug in the same therapeutic class, or clinical history indicating medical necessity.

Brand Name Drug or 'Trigger Drug'	First Line Drugs or Preferred 'Step Drugs'
<u>Antiasthmatic and Bronchodilator Agents – Adrenergic Combinations</u> Advair Diskus, AirDuo Digihaler, AirDuo RespiClick, Dulera, Fluticasone-Salmeterol 55-14, 113-14, and 232-14 (generic AirDuo), Symbicort	Any two of the following: Advair HFA, Breo Ellipta, Budesonide-Formoterol/Breyna
<u>Antiasthmatic and Bronchodilator Agents – Adrenergic Combinations</u> Bevespi Aerosphere, Duaklir Pressair, Umeclidinium-Vilanterol Aerosol (generic Anoro Ellipta)	Anoro Ellipta or Stiolto Respimat
<u>Antiasthmatic and Bronchodilator Agents – Adrenergic Combinations</u> Fluticasone-Salmeterol Aerosol 45-21, 115-21, 230-21 (generic Advair HFA)	Advair HFA
<u>Antiasthmatic and Bronchodilator Agents – Adrenergic Combinations</u> Fluticasone Furoate-Vilanterol (generic Breo)	Breo Ellipta
<u>Antiasthmatic and Bronchodilator Agents – Bronchodilators/Anticholinergics</u> Incruse Ellipta, Tudorza Pressair	Spiriva Respimat or Tiotropium Inhalation Capsules
<u>Antiasthmatic and Bronchodilator Agents – Bronchodilators/Anticholinergics</u> Spiriva HandiHaler	Tiotropium Inhalation Capsules
<u>Antiasthmatic and Bronchodilator Agents - Steroid Inhalants</u> Alvesco, ArmonAir, Asmanex, Asmanex HFA, Flovent Diskus, Flovent HFA, Fluticasone Furoate Ellipta, Fluticasone Propionate Diskus, Fluticasone Propionate HFA, Pulmicort Flexhaler	Both of the following: Arnuity Ellipta and Qvar Redihaler

Brand Name Drug or 'Trigger Drug'	First Line Drugs or Preferred 'Step Drugs'
<u>Antidiabetic Medications – DPP-4 Inhibitors and DPP-4 Inhibitor Combinations</u> Alogliptin, Alogliptin-Metformin, Alogliptin-Pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Sitagliptin, Sitagliptin Base-Metformin, Sitagliptin Base-Metformin ER, Zituvimet. Zituvimet XR, Zituvio	Janumet, Janumet XR, or Januvia AND any one of the following: Jentadueto, Jentadueto XR, Tradjenta
<u>Antidiabetic Medications - Human Insulin</u> Insulin Glargine	Lantus
<u>Antidiabetic Medications - Human Insulin</u> Insulin Asp Prot & Aspart, Insulin Aspart, Novolog ReliOn, Novolog MIX 70/30 ReliOn	Novolog
<u>Antidiabetic Medications - Human Insulin</u> Insulin Degludec	Tresiba
<u>Antidiabetic Medications - Human Insulin</u> Basaglar Tempo Pen, Insulin Glargine-yfgn, Levemir, Semglee, Semglee (yfgn)	Any three of the following: Basaglar, Lantus, Rezvoglar, Toujeo, Tresiba
<u>Antidiabetic Medications - Human Insulin</u> Humalog Tempo Pen, Lyumjev Tempo Pen	Any two of the following: Admelog, Apidra, Fiasp, Humalog, Insulin Lispro pen, Lyumjev, Novolog
<u>Antidiabetic Medications – SGLT2 Inhibitors</u> Dapagliflozin (generic Farxiga)	Farxiga
<u>Antidiabetic Medications – SGLT2 Inhibitors and SGLT2 Inhibitor Combinations</u> Dapagliflozin-Metformin (generic Xigduo XR)	Xigduo XR
<u>Antidiabetic Medications – SGLT2 Inhibitors and SGLT2 Inhibitor Combinations</u> Bexagliflozin, Brenzavvy, Invokamet, Invokamet XR, Invokana, Segluromet, Steglatro, Steglujan	Farxiga or Xigduo XR AND any one of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, or Trijardy XR
<u>Antidiabetic Medications – SGLT2 Inhibitor/DPP4 Inhibitor Combinations</u> Qtern	Glipizide-Metformin, Glyburide-Metformin, Metformin, Metformin ER, or Pioglitazone-Metformin AND one of the following: Farxiga or Xigduo XR AND one of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, or Trijardy XR
<u>Cardiovascular Agents</u> Inpefa	Farxiga AND Jardiance

Brand Name Drug or 'Trigger Drug'	First Line Drugs or Preferred 'Step Drugs'
<u>Dermatologicals - Acne Products</u> Epsolay Cream 5 %	Azelaic Acid Gel, Finacea Foam, Soolantra
<u>Dermatologicals - Acne Combinations</u> Acanya Gel 1.2-2.5%, Benzamycin Gel 5-3%, Onexton Gel 1.2-3.75%, Veltin Gel 1.2-0.025%, Ziana Gel 1.2-0.025%	Clindamycin/Benzoyl Peroxide Gel 1.2/3.75%, Epiduo Forte, Twyneo
<u>Dermatologicals - Rosacea Agents</u> Finacea Gel 15 %, Noritate Cream, Zilxi Foam	Azelaic Acid Gel, Finacea Foam, or Soolantra
<u>Dermatologicals - Rosacea Agents</u> Metrogel External 1% Gel	Finacea Foam, Metronidazole Gel, or Soolantra
<u>Diabetic Meters/Test Strips</u> All products except First Line Agents or Preferred 'Step Drugs'	<u>Both</u> of the following: Contour and Accu-Chek
<u>Gastrointestinal Agents</u> Ibsrela, Motegrity, Trulance	Linzess
<u>Gastrointestinal Agents - Chloride Channel Activators</u> Amitiza	Linzess, Movantik, or Symproic
<u>Gastrointestinal Agents – Digestive Aids</u> Pancreaze, Pertzye, Viokace	Creon or Zenpep
<u>Gastrointestinal Agents - Inflammatory Bowel Agents</u> Delzicol, Lialda, Pentasa	Apriso
<u>Gastrointestinal Agents – Peripheral Opioid Receptor Agonists</u> Relistor	Movantik or Symproic
<u>Opioid Agonists</u> Nucynta ER	Extampa ER, Hydromorphone ER, Hyslinga ER, Morphine Sulfate ER, Oxycontin, Oxymorphone ER

PROGRAM EFFECTIVE DATE: 1/1/2026

Revision Date: 11/24/2025

All Step Therapy medications (Trigger Drug) require a trial of the first line or preferred medications (Step Drugs), approved use of another Trigger Drug in the same therapeutic class, or clinical history indicating medical necessity.