

Step Therapy

The ClearScript Step Therapy program promotes the cost-effective use of medications when more than one drug is available to treat a medical condition.

What is Step Therapy?

If you are taking a medication in the Step Therapy program, you are required to try one or more first step drugs before a second step drug is considered for coverage. Talk with your physician about which first step medication might be a good choice for you. A review may be required before a second step drug is covered.

If you have questions about the Step Therapy Program, contact ClearScript Member Services at the number on the back of your ID Card.

Important Note: The drugs included on this list may not be covered by all benefit plans. Your benefit plan determines coverage for all medications. Additional coverage restrictions may apply for the medications included on this list. This list is subject to change throughout the year.

Condition / Drug Class	First Step Drugs	Second Step Drugs
Asthma/COPD - Long-Acting Combo Inhalers	History of TWO of the following generics or preferred brands: ADVAIR DISKUS/HFA, BREO ELLIPTA, fluticasone-salmeterol OR SYMBICORT. Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.	AIRDUO DIGIHALER AIRDUO RESPICLICK
	Patient is 5 years of age with a trial and failure or intolerance to ONE fluticasone-salmeterol containing product OR patient is 6 years of age or older with a trial and failure or intolerance to any TWO of the following generics or preferred brands: ADVAIR DISKUS/HFA, BREO ELLIPTA, fluticasone-salmeterol OR SYMBICORT. Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.	DULERA
Asthma/COPD - Long-Acting Inhalers	History of the following preferred brand: SPIRIVA	INCRUSE ELLIPTA SEEBRI NEOHALER TUDORZA PRESSAIR

Step Therapy Medications

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Asthma/COPD - Steroid Inhalers	<p>History of TWO of the following: ARNUITY ELLIPTA, FLOVENT DISKUS/HFA, PULMICORT FLEXHALER, QVAR, OR QVAR REDIHALER</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>ALVESCO ARMONAIR DIGIHALER ARMONAIR RESPICLICK ASMANEX ASMANEX HFA</p>
Attention Disorder - Stimulants	<p>History of TWO of the following: amphetamine-dextroamphetamine, dexamethylphenidate, dextroamphetamine, methylphenidate, OR VYVANSE.</p>	<p>ADDERALL ADDERALL XR ADHANSIA XR ADZENYS ER amphetamine amphetamine sulfate APTENSIO XR AZSTARYS CONCERTA DAYTRANA DESOXYN DYANAVEL XR EVEKEO EVEKEO ODT FOCALIN FOCALIN XR JORNAY PM KAPVAY methamphetamine hcl METHYLIN methylphenidate er MYDAYIS procentra QUILLICHEW ER QUILLIVANT XR RITALIN RITALIN LA ZENZEDI zenzedi</p>
	<p>History of ONE of the following: amphetamine-dextroamphetamine, dexamethylphenidate, dextroamphetamine, methylphenidate, OR VYVANSE.</p>	<p>ADZENYS XR-ODT COTEMPLA XR-ODT</p>
Custom UM - Diabetes - Short Acting Insulin	<p>History of TWO of the following: HUMALOG (insulin lispro), NOVOLOG (insulin aspart), or LYUMJEV (insulin lispro).</p>	<p>ADMELOG ADMELOG SOLOSTAR APIDRA APIDRA SOLOSTAR FIASP FIASP FLEXTOUCH FIASP PENFILL</p>

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Diabetes - Blood Glucose Meters	<p>History of one of the following preferred brand of blood glucose meters: CONTOUR NEXT EZ METER, CONTOUR NEXT LINK METER, CONTOUR NEXT LINK 2.4 METER, CONTOUR NEXT GLUCOSE METER KIT.</p> <p>Note: Exceptions may apply. Please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	All non-preferred brands and generics of blood glucose meters.
Diabetes - Blood Glucose Test Strips	<p>History of the following preferred brand of blood glucose test strips: CONTOUR.</p> <p>Note: Exceptions may apply. Please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	All non-preferred brands and generics of blood glucose test strips.
Diabetic Medications	<p>History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, or pioglitazone-metformin AND ONE of the following: BYETTA, BYDUREON OR BYDUREON BCISE AND ONE of the following: OZEMPIC, RYBELSUS, TRULICITY OR VICTOZA</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	ADLYXIN
	<p>History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin AND ONE of the following: JANUMET, JANUMET XR, JANUVIA AND ONE of the following preferred brands: JENTADUETO, JENTADUETO XR, OR TRADJENTA.</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	alogliptin alogliptin-metformin alogliptin-pioglitazone KAZANO KOMBIGLYZE XR NESINA ONGLYZA OSENI
	<p>History of TWO of the following: LANTUS, LEVEMIR, TRESIBA AND TOUJEO.</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	BASAGLAR KWIKPEN U-100 SEMGLEE SEMGLEE PEN

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Diabetic Medications	<p>Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>BYDUREON BYDUREON BCISE BYDUREON PEN BYETTA OZEMPIC RYBELSUS TRULICITY VICTOZA 2-PAK VICTOZA 3-PAK</p>
	<p>History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin OR ONE of the following: captopril, enalapril, lisinopril, quinapril, ramipril, fosinopril, trandolapril, perindopril, candesartan, valsartan, losartan, bisoprolol, carvedilol, carvedilol ER, metoprolol ER, spironolactone, OR eplerenone</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>FARXIGA</p>
	<p>History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>GLYXAMBI JARDIANCE SYNJARDY SYNJARDY XR TRIJARDY XR XIGDUO XR</p>
	<p>History of TWO of the following: HUMALOG (insulin lispro), NOVOLOG (insulin aspart), or LYUMJEV (insulin lispro).</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>INSULIN ASPART INSULIN ASPART FLEXPEN INSULIN ASPART PENFILL INSULIN ASPART PROT MIX 70-30 INSULIN LISPRO INSULIN LISPRO JUNIOR KWIKPEN INSULIN LISPRO KWIKPEN U-100 INSULIN LISPRO PROTAMINE MIX NOVOLOG NOVOLOG FLEXPEN NOVOLOG MIX 70-30 NOVOLOG MIX 70-30 FLEXPEN</p>

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Diabetic Medications	<p>History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin AND ONE of the following: FARXIGA, XIGDUO XR AND ONE of the following: GLYXAMBI, SYNJARDY, SYNJARDY XR, TRIJARDY XR OR JARDIANCE.</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>INVOKAMET INVOKAMET XR INVOKANA QTERN SEGLUROMET STEGLATRO STEGLUJAN</p>
	<p>History of ONE of the following: metformin, metformin ER, glipizide-metformin, glyburide-metformin, OR pioglitazone-metformin.</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>JANUMET JANUMET XR JANUVIA JENTADUETO JENTADUETO XR TRADJENTA</p>
Epinephrine Auto-Injectors	<p>Trial and failure or intolerance to generic epinephrine</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>AUVI-Q EPIPEN 2-PAK EPIPEN JR 2-PAK</p>
Mental Health - Depression	<p>History of any TWO of the following: bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, OR venlafaxine ER.</p>	<p>desvenlafaxine er KHEDEZLA PAXIL TRINTELLIX</p>
Mental Health - Mood Stabilizers	<p>History of ONE of the following: aripiprazole, olanzapine, quetiapine, risperidone, asenapine OR SAPHRIS</p>	<p>CAPLYTA FANAPT VRAYLAR</p>
Stomach Medications - IBS Constipation	<p>Requires any ONE of the following generics: lactulose, polyethylene glycol AND any ONE of the following preferred brands: Linzess, Movantik, or Symproic</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>AMITIZA lubiprostone</p>
	<p>History of ONE of the following: lactulose OR polyethylene glycol (PEG)</p> <p>Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>LINZESS</p>

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Stomach Medications - IBS Constipation	History of ONE of the following: lactulose OR polyethylene glycol (PEG) AND LINZESS. Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.	MOTEGRITY TRULANCE
	History of ONE of the following generics: lactulose, polyethylene glycol Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.	MOVANTIK SYMPROIC
	Requires any ONE of the following generics: lactulose, polyethylene glycol AND any ONE of the following preferred brands: Movantik or Symproic Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.	RELISTOR
Stomach Medications - IBS/IBD	History of the following: APRISO ER. Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.	ASACOL HD DELZICOL LIALDA
Stomach Medications - Pancreatic Enzymes	History of BOTH of the following: CREON AND ZENPEP. Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.	PANCREAZE PERTZYE VIOKACE
Topical - Acne Combinations	History of ONE of the following: EPIDUO FORTE OR ONEXTON Note: please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.	ACANYA AKTIPAK BENZAACLIN BENZAMYCIN DUAC VELTIN ZIANA
Topical - Atopic Dermatitis	History of one prescription strength topical corticosteroid.	EUCRISA
Topical - Cancer Medications	History of one of the following topical generics: fluorouracil or imiquimod.	diclofenac sodium PICATO SOLARAZE

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<p>Topical Rosacea</p>	<p>Any one of the following generic or brand products: azelaic acid gel, SOOLANTRA, or FINACEA FOAM.</p> <p>Note: Please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>FINACEA NORITATE ZILXI</p>
	<p>Any one of the following generic or brand products: metronidazole gel, SOOLANTRA, or FINACEA FOAM.</p> <p>Note: Please refer to the formulary plan for drug coverage and medication tier placement. Drug exclusions may apply.</p>	<p>METROGEL</p>