

Step Therapy Medications

OPEN Drug List & Premium PDL Closed Formulary

Step therapy is a limitation that requires you to try preferred medications before the plan will pay for another medication for the same medical condition that the doctor may have originally prescribed. An automated, electronic review of your medication history is performed to determine whether other medications have been tried first for your condition. This ensures clinically sound and cost-effective treatment options are tried. If a prescribed medication does not meet the step therapy criteria, it may not be covered. You should consult with your doctor about alternative therapy. If a medication does not meet the step therapy criteria for automatic approval, it will reject at the pharmacy; your provider may request prior authorization.

Questions?

Log in to MyBlueSM to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

Step Therapy Drug List

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Step 2 Product	Step 1 Product
Adhd/Anti-Narcolepsy/Anti-Obesity/Anorexiant	
*Adhd Agent - Selective Norepinephrine Reuptake Inhibitor***	
QELBREE	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - atomoxetine (generic for Strattera))
*Amphetamine Mixtures***	
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg</i>	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 13 Years)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 37.5 mg</i>	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 18 Years)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 50 mg</i>	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 18 Years)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 13 Years)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG, 50 MG	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - amphetamine/dextroamphetamine ER (generic Adderall XR) or Adderall XR); AL (Min 18 Years)
Analgesics - Opioid	
*Opioid Agonists***	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	QL (1 tablet per day); ST (Step Therapy required: 1 fill in the last 3 months - non-ER Tramadol tabs); AL (Min 16 Years)
Antiasthmatic And Bronchodilator Agents	
*5-Lipoxygenase Inhibitors***	
<i>zileuton er</i>	QL (2 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); AL (Min 12 Years)

Step 2 Product	Step 1 Product
ZYFLO	QL (4 tablets per day); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - montelukast AND zafirlukast); AL (Min 12 Years)
*Adrenergic Combinations***	
AIRDUO DIGIHALER	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); AL (Min 12 Years)
AIRDUO RESPICLICK 113/14	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); AL (Min 12 Years)
AIRDUO RESPICLICK 232/14	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); AL (Min 12 Years)
AIRDUO RESPICLICK 55/14	QL (1 inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort); AL (Min 12 Years)
BEVESPI AEROSPHERE	QL (1x 5.9gm or 1x 10.7gm inhaler per month); ST (Step Therapy required: both of the following in the last 12 months - Anoro Ellipta AND Stiolto Respimat); AL (Min 15 Years)
BREYNA	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort)
BREZTRI AEROSPHERE	QL (Max one 10.7gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Bevespi, Duaklir Pressair, or Lonhala Magnair); AL (Min 18 Years)
<i>budesonide-formoterol fumarate</i>	ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort)

Step 2 Product	Step 1 Product
DUAKLIR PRESSAIR	QL (1 inhaler per month); ST (Step Therapy required: BOTH of the following in the last 6 months - Anoro Ellipta AND Symbicort); AL (Min 18 Years)
DULERA	QL (1x 8.8gm or 1x 13gm inhaler per month); ST (Step Therapy required: 2 of the following for 3 months each in the last 12 months - Advair (Diskus or HFA), Breo Ellipta, Wixela, fluticasone propionate/salmaterol, or brand Symbicort)
*Beta Adrenergics***	
<i>levalbuterol tartrate</i>	QL (1gm per day); ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA)
STRIVERDI RESPIMAT	QL (4 inhalers per month); ST (Step Therapy required: ALL of the following for 3 months each in the last 12 months - Serevent, Anoro Ellipta, AND Spiriva); AL (Min 18 Years)
XOPENEX HFA	QL (1gm per day); ST (Step Therapy required: 1 fill in the last 1 month - Albuterol HFA)
*Steroid Inhalants***	
ARMONAIR DIGIHALER	QL (1 inhaler per month); ST (Step Therapy required: 1 fill in the last 3 months - Flovent); AL (Min 12 Years)
Anticonvulsants	
*Anticonvulsants - Misc.***	
APTOM ORAL TABLET 200 MG, 400 MG	QL (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide)
APTOM ORAL TABLET 600 MG, 800 MG	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - gabapentin, lamotrigine, levetiracetam, oxcarbazepine, pregabalin, topiramate, or zonisamide)
BRIVIACT ORAL SOLUTION	QL (20ml per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); AL (Min 4 Years)
BRIVIACT ORAL TABLET	QL (2 tablets per day); ST (Step Therapy required: 2 months in the last 12 months - levetiracetam tabs, levetiracetam 100mg/ml solution, or levetiracetam ER tabs (generic for Keppra)); AL (Min 4 Years)

Step 2 Product	Step 1 Product
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG	QL (3 tablets per day); ST (Step Therapy required: 3 months in the last 12 months - levetiracetam 24hr tab (generic for Keppra XR)); AL (Min 12 Years)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1500 MG	QL (2 tablets per day); ST (Step Therapy required: 3 months in the last 12 months - levetiracetam 24hr tab (generic for Keppra XR)); AL (Min 12 Years)
EPRONTIA	QL (16ml day or 473ml per 30 days); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR))
QUDEXY XR	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); AL (Min 3 Years)
<i>topiramate er oral capsule er 24 hour sprinkle</i>	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - topiramate (generic for Topamax)); AL (Min 3 Years)
<i>topiramate er oral capsule extended release 24 hour</i>	QL (1 capsule per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); AL (Min 6 Years)
TROKENDI XR	QL (1 capsule per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 12 months - topiramate (generic for Topamax) AND topiramate ER (generic for Qudexy XR)); AL (Min 6 Years)
*Carbamates***	
XCOPRI	QL (1 tablet per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)

Step 2 Product	Step 1 Product
XCOPRI (350 MG DAILY DOSE)	QL (2 tablets per day); ST (Step Therapy required: 3 of the following in the last 12 months - carbamazepine, lacosamide (generic for Vimpat), lamotrigine, levetiracetam IR, oxcarbazepine, topiramate, or valproic acid & derivatives); AL (Min 18 Years)
Antidepressants	
*Serotonin Modulators***	
TRINTELLIX ORAL TABLET 10 MG	QL (2 tablets per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); AL (Min 18 Years)
TRINTELLIX ORAL TABLET 20 MG, 5 MG	QL (1 tablet per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI)); AL (Min 18 Years)
*Serotonin-Norepinephrine Reuptake Inhibitors (Snris)***	
FETZIMA	QL (1 capsule per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI))
FETZIMA TITRATION	QL (1 capsule per day); ST (Step Therapy required: at least one drug in both classes for at least 60 days each in the last 12 months - one selective serotonin reuptake inhibitor (SSRI) AND one serotonin norepinephrine reuptake inhibitor (SNRI))
Antidiabetics	
*Diabetic Other***	
ZEGALOGUE	QL (0.6ml/day with fill limit of 2 fills/month); DS (2 day supply max); ST (Step Therapy required: 1 month in the last 12 months - generic Glucagon (NDC 00548585000)); AL (Min 6 Years)
*Dipeptidyl Peptidase-4 (Dpp-4) Inhibitors***	
<i>alogliptin benzoate</i>	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); AL (Min 18 Years)

Step 2 Product	Step 1 Product
NESINA	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); AL (Min 18 Years)
ONGLYZA	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); AL (Min 16 Years)
<i>saxagliptin hcl</i>	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta); AL (Min 16 Years)
*Dipeptidyl Peptidase-4 Inhibitor-Biguanide Combinations***	
<i>alogliptin-metformin hcl</i>	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
KAZANO	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
KOMBIGLYZE XR	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
<i>saxagliptin-metformin er</i>	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
*Dpp-4 Inhibitor-Thiazolidinedione Combinations***	
<i>alogliptin-pioglitazone oral tablet 12.5-30 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Janumet/XR or Januvia AND Jentadueto/XR or Tradjenta)

Step 2 Product	Step 1 Product
*Human Insulin***	
ADMELOG INJECTION	QL (60ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
ADMELOG SOLOSTAR	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
APIDRA	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
BASAGLAR KWIKPEN	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
BASAGLAR TEMPO PEN	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
FIASP FLEXTOUCH	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
FIASP INJECTION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
FIASP PENFILL	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
FIASP PUMPCART	QL (2 ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
HUMULIN R U-500 (CONCENTRATED)	QL (2ml per day); ST (Step Therapy required: trial of Humulin R U 100 for 3 mo in the last 6 months)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2ml per day); ST (Step Therapy required: 3 months in the last 6 months - Humulin R U 100)
<i>insulin asp prot & asp flexpen</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25)
<i>insulin aspart flexpen</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
<i>insulin aspart injection</i>	QL (2ML per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
<i>insulin aspart penfill</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)

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Step 2 Product	Step 1 Product
<i>insulin aspart prot & aspart</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25)
<i>insulin degludec</i>	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); AL (Min 1 Years)
<i>insulin degludec flextouch</i>	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); AL (Min 1 Years)
<i>insulin glargine</i>	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
<i>insulin glargine max solostar</i>	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
<i>insulin glargine solostar subcutaneous solution pen-injector 100 unit/ml</i>	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
<i>insulin glargine solostar subcutaneous solution pen-injector 300 unit/ml</i>	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
<i>insulin glargine-yfgn</i>	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
<i>insulin lispro (1 unit dial)</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
<i>insulin lispro injection</i>	QL (60ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
<i>insulin lispro junior kwikpen</i>	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
<i>insulin lispro prot & lispro</i>	QL (2 ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
LEVEMIR	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
NOVOLIN 70/30	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30)
NOVOLIN 70/30 FLEXPEN	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30)

Step 2 Product	Step 1 Product
NOVOLIN 70/30 FLEXPEN RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30)
NOVOLIN 70/30 RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin 70/30)
NOVOLIN N	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N)
NOVOLIN N FLEXPEN	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N)
NOVOLIN N FLEXPEN RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N)
NOVOLIN N RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin N)
NOVOLIN R	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R)
NOVOLIN R FLEXPEN	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R)
NOVOLIN R FLEXPEN RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R)
NOVOLIN R RELION	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humulin R)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
NOVOLOG INJECTION	QL (2ML per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
NOVOLOG MIX 70/30	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog Mix 75/25)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	QL (2ml per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)
NOVOLOG RELION INJECTION	QL (2ML per day); ST (Step Therapy required: 1 fill in the last 12 months - Humalog)

Step 2 Product	Step 1 Product
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION	QL (2ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
SEMGLEE SUBCUTANEOUS SOLUTION	QL (2 ml per day); ST (Step Therapy required: 1 month in the last 12 months - Lantus)
TRESIBA	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); AL (Min 1 Years)
TRESIBA FLEXTOUCH	QL (2 ml per day); ST (Step Therapy required: 3 months in the last 12 months - Lantus); AL (Min 1 Years)
*Insulin-Incretin Mimetic Combinations***	
XULTOPHY	QL (5 pens per month); ST (Step Therapy required: 1 month in the last 12 months - Lantus); AL (Min 18 Years)
*SglT2 Inhibitor - Dpp-4 Inhibitor Combinations***	
QTERN	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
STEGLUJAN	ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
*Sodium-Glucose Co-Transporter 2 (SglT2) Inhibitors***	
<i>dapagliflozin propanediol</i>	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
INVOKANA	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)

Step 2 Product	Step 1 Product
STEGLATRO	QL (1ml per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy)
*Sodium-Glucose Co-Transporter 2 Inhibitor-Biguanide Comb***	
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 10-1000 mg</i>	QL (1 tablet per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
<i>dapagliflozin pro-metformin er oral tablet extended release 24 hour 5-1000 mg</i>	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
INVOKAMET	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
INVOKAMET XR	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
SEGLUROMET	QL (2 tablets per day); ST (Step Therapy required: at least one of each type of drug in BOTH categories for 3 months each in the last 12 months - Farxiga or Xigduo XR AND Glyxambi, Jardiance, Synjardy/XR, or Trijardy); AL (Min 18 Years)
Antidotes And Specific Antagonists	
*Opioid Antagonists***	
ZIMHI	QL (1ml per 30 days); ST (Step Therapy required: 1 fill in the last 3 months - generic naloxone prefilled syringe); AL (Min 12 Years)
Antiemetics	
*Antiemetic Combinations***	
AKYNZEO ORAL	QL (One capsule); ST (Step Therapy required: simultaneous use of BOTH of the following in the last 3 months - ondansetron AND aprepitant); AL (Min 18 Years)

Step 2 Product	Step 1 Product
Antifungals	
*Antifungal - Glucan Synthesis Inhibitors (Triterpenoids)***	
BREXAFEMME	QL (4 tablets per day, 1 fill per month); DS (30 day supply max); ST (Step Therapy required: 1 fill in the last 3 months - Fluconazole)
*Tetrazoles***	
VIVJOA	QL (1 fill in 1 year); DS (84 day supply min / 90 day supply max); ST (Step Therapy required: 1 fill in the last 10 days - Fluconazole)
Antihistamines	
*Antihistamines - Ethanolamines***	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE	QL (4ml per day); DS (30 day supply max); ST (Step Therapy required: 1 month in the last 2 months - carbinoxamine 4mg tab); AL (Min 2 Years)
Antihyperlipidemics	
*Acl Inhib-Intestinal Cholesterol Absorption Inhib Comb***	
NEXLIZET	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); AL (Min 18 Years)
*Adenosine Triphosphate-Citrate Lyase (Acl) Inhibitors***	
NEXLETOL	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 2 months each in the last 12 months - two statins AND ezetimibe (generic for ZETIA)); AL (Min 18 Years)
*Hmg Coa Reductase Inhibitors***	
<i>pitavastatin calcium</i>	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); AL (Min 8 Years)
ZYPITAMAG ORAL TABLET 2 MG, 4 MG	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 12 months - atorvastatin, simvastatin, or rosuvastatin); AL (Min 8 Years)
Antipsychotics/Antimanic Agents	
*Antipsychotics - Misc.***	
VRAYLAR ORAL CAPSULE	QL (1 capsule per day); ST (Step Therapy required: 2 of the following in the last 12 months - aripiprazole, quetiapine, risperidone, Saphris, or ziprasidone); AL (Min 18 Years)

Step 2 Product	Step 1 Product
VRAYLAR ORAL CAPSULE THERAPY PACK	QL (1 box per 7 days); ST (Step Therapy required: 2 of the following in the last 12 months - aripiprazole, quetiapine, risperidone, Saphris, or ziprasidone); AL (Min 18 Years)
Antivirals	
*Antiretroviral Combinations***	
DESCOVY	QL (1 tablet per day); ST (Step Therapy required: 3 months in the last 6 months - emtricitabine-tenofovir disoproxil fumarate (generic for Truvada))
Beta Blockers	
*Beta Blockers Cardio-Selective***	
KAPSPARGO SPRINKLE	QL (1 capsule per day); ST (Step Therapy required: any of the following for 3 months in the last 12 months - metoprolol succinate tab ER 24HR or Toprol XL tab ER 24HR); AL (Min 6 Years)
Calcium Channel Blockers	
*Calcium Channel Blockers***	
CONJUPRI	QL (1 tablet per day); ST (Step Therapy required: 1 fill in the last 3 months - levamlodipine maleate)
Cardiovascular Agents - Misc.	
*Cardiovascular SglT2 Inhibitors**	
INPEFA	QL (1 tablet per day); ST (Step Therapy required: any of the following for 3 months in the last 6 months - Farxiga or Jardiance); AL (Min 18 Years)
*Neprilysin Inhib (Arni)-Angiotensin li Recept Antag Comb***	
ENTRESTO	QL (2 tablets per day); ST (Step Therapy required: any of the following in the last 6 months - metoprolol, bisoprolol, or carvedilol)
*Pulmonary Hypertension - Phosphodiesterase Inhibitors***	
<i>sildenafil citrate oral suspension reconstituted</i>	QL (6 ml per day); DS (30 day supply max); ST (Step Therapy required: trial of one 30 day supply fill of sildenafil citrate 20mg tablet in last 6 months); AL (Min 18 Years)
*Selective Cgmp Phosphodiesterase Type 5 Inhibitors***	
CIALIS ORAL TABLET 2.5 MG, 5 MG	QL (1 tablet per day); ST (Step Therapy required: BOTH of the following for 3 months in the last 18 months - tadalafil AND a benign prostatic hyperplasia (BPH) medication to include alfuzosin ER, tamsulosin, silodosin, finasteride 5mg, dutasteride, or dutasteride-tamsulosin (generic for Jalyn)); AL (Min 18 Years)

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Step 2 Product	Step 1 Product
Contraceptives	
*Progestin Contraceptives - Oral***	
SLYND	QL (28 tablets per month); ST (Step Therapy required: 3 months in the last 6 months - norethindrone)
Corticosteroids	
*Glucocorticosteroids***	
ORTIKOS	QL (1 capsule per day); ST (Step Therapy required: 3 months in the last 12 months - budesonide cap 3mg DR); AL (Min 8 Years)
Cough/Cold/Allergy	
*Decongestant & Antihistamine***	
CLARINEX-D 12 HOUR	QL (2 tablets per day); ST (Step Therapy required: any of the following in the last 1 month - Desloratadine 5mg tabs or 2.5mg/5mg ODT tabs)
Dermatologicals	
*Acne Antibiotics***	
AMZEEQ	QL (1gm per day); ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); AL (Min 9 Years)
*Acne Products***	
AKLIEF	QL (45gm per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 12 months - tretinoin 0.1% or 0.05% AND tazarotene 0.1%); AL (Min 9 Years)
WINLEVI	QL (1x 60gm tube per month); DS (30 day supply max); ST (Step Therapy required: 60 days trial of the following in the last 12 months - tazarotene gel 0.05%, tazarotene cream 0.1%, tretinoin cream 0.1%, or tretinoin cream 0.05%); AL (Min 12 Years)
*Antibiotics - Topical***	
XEPI	QL (1-30 gram tube/box per month); ST (Step Therapy required: 3 months in the last 12 months - mupirocin ointment 2%); AL (Min 2 Years)
*Antipruritics - Topical***	
doxepin hcl external	QL (30gm in 30 days); ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone dipropionate)

Step 2 Product	Step 1 Product
PRUDOXIN	QL (30gm in 30 days); ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone diporprionate)
ZONALON	QL (30gm in 30 days); ST (Step Therapy required: 2 of the following in the last 6 months - fluocinolone, triamcinolone, betamethasone diporprionate)
*Corticosteroids - Topical***	
CORDRAN EXTERNAL CREAM 0.05 %	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
CORDRAN EXTERNAL LOTION	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
CORDRAN EXTERNAL TAPE	QL (1 box per month); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
<i>diflorasone diacetate external</i>	QL (2gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
<i>flurandrenolide external cream</i>	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
<i>flurandrenolide external lotion</i>	QL (4gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
<i>halcinonide</i>	QL (2gm per day); DS (30 day supply max); ST (Step Therapy required: 2 of the following in the last 6 months - betamethasone, clobetasol, hydrocortisone, or triamcinolone)
*Microtubule Inhibitors - Topical***	
KLISYRI	DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 6 months - fluorouracil 5% AND imiquimod 5% (generic for Aldara)); CP (Tier 3 OR coinsurance if Cancer Parity [CP] does not apply)

Step 2 Product	Step 1 Product
*Rosacea Agents***	
<i>ivermectin external cream</i>	QL (45 gm with fill limit of 1 fill per month); DS (10 day supply max); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%)
SOOLANTRA	QL (45 gm with fill limit of 1 fill per month); DS (10 day supply max); ST (Step Therapy required: any of the following for 2 months in the last 6 months - metronidazole cream 0.75%, metronidazole gel 0.75% or 1%, or metronidazole lotion 0.75%)
ZILXI	QL (1x 30gm can per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - minocycline hcl cap 100mg AND tretinoin gel 0.04%); AL (Min 18 Years)
Diagnostic Products	
*Diagnostic Tests***	
ACCU-CHEK AVIVA PLUS IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ACCU-CHEK GUIDE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ACCU-CHEK SMARTVIEW	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ACCUTREND GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVANCE INTUITION TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVANCE MICRO-DRAW TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVOCATE REDI-CODE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
ADVOCATE REDI-CODE+ TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ADVOCATE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
AGAMATRIX AMP TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
AGAMATRIX JAZZ TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
AGAMATRIX KEYNOTE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
AGAMATRIX PRESTO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE 3 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE 4 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE II	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE II CHECK	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE PLATINUM	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ASSURE PRISM MULTI TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
ASSURE PRO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
BIOTEL CARE TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>blood glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>blood glucose test strips 333</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
BLULINK GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CAREONE BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CARESENS N GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CARETOUCH TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHEK AUTO-CODE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHEK AUTO-CODE VOICE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHEK TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE AUTO-CODE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
CLEVER CHOICE MICRO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE NO CODING	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CLEVER CHOICE TALK SYSTEM IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CONTOUR NEXT TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CONTOUR TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
COOL BLOOD GLUCOSE TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
CVS ADVANCED GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>cvs glucose meter test strips</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
D-CARE BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DIATHRIVE+ GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
<i>diatrue plus test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
DUO-CARE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>easy plus ii glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY STEP TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>easy talk blood glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>easy talk plus ii test strips</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASY TOUCH TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>easy trak blood glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>easy trak ii glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYGLUCO IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYMAX 15 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
EASYMAX TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYPRO BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EASYPRO PLUS IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>element compact test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
ELEMENT TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE EVO BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE PRO GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE TALK GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO	QL (200 per month)
<i>eq blood glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
EVOLUTION AUTOCODE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FIFTY50 GLUCOSE TEST 2.0	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
FORA 6 CONNECT IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA 6 CONNECT/GTEL TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA D15G BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA D20 BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA D40/G31 BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA G20 BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA G30/PREM V10 GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GD20 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GD50 BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA GTEL BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA TN'G ADVANCE PRO IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
FORA TN'G/TN'G VOICE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V10 BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V12 BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V20 BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORA V30A BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE GD40 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE PREMIUM V10 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORACARE TEST N GO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORTISCARE G1 TEST STRIP	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FORTISCARE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE INSULINX TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE LITE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

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Step 2 Product	Step 1 Product
FREESTYLE PRECISION NEO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
FREESTYLE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>ge100 blood glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GENULTIMATE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>ght test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCO PERFECT 3 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD 01 SENSOR PLUS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD EXPRESSION TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD SHINE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD VITAL TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCARD X-SENSOR	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GLUCOCOM TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
GLUCONAVII BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>glucose meter test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>gnp easy touch glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GNP TRUE METRIX GLUCOSE STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GNP TRUETRACK SMART SYSTEM IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GNP TRUETRACK TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GOJJI BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
GOJJI BLOOD TEST STRIP/LANCETS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>goodsense blood glucose in vitro</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
HW EMBRACE PRO GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
HW EMBRACE TALK GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
IGLUCOSE TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
IN TOUCH BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
INFINITY BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
INFINITY VOICE IN VITRO STRIP	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>kroger blood glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
KROGER HEALTHPRO GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>kroger premium glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
LIBERTY NEXT GENERATION TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>liberty test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>meijer blood glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>meijer essential glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MEIJER TRUETEST TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MEIJER TRUETRACK TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
MICRODOT TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MM BLULINK GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MM EASY TOUCH GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
MYGLUCOHEALTH TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
NEUTEK 2TEK TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
NOVA MAX GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>one drop test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
OPTIUMEZ TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PHARMACIST CHOICE AUTOCODE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>pharmacist choice no coding</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PIP BLOOD GLUCOSE TEST STRIP	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
POCKETCHEM EZ TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
POGO AUTOMATIC TEST CARTRIDGES	QL (Max #100 per 30 days); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PRECISION XTRA BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>premium blood glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>pro voice v8/v9 glucose</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PRODIGY NO CODING BLOOD GLUC IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
PTS PANELS EGLU TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUICKTEK TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUINTET AC BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
QUINTET BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
REFUAH PLUS BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION CONFIRM/MICRO TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
RELION PREMIER TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION PRIME TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION TRUE METRIX TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RELION ULTIMA TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
REXALL BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS100 BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS300 BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GS550 BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
RIGHTEST GT333 GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SMART SENSE PREMIUM TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SMART SENSE VALUE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
SMARTEST BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SOLUS V2 TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
SUPREME TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>tgt blood glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>true focus blood glucose strip</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUE METRIX BLOOD GLUCOSE TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUE METRIX PRO BLOOD GLUCOSE	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUETEST TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
TRUETRACK TEST	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
UNISTRIp1 GENERIC	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
<i>verasens blood glucose test</i>	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)
VIVAGUARD INO TEST STRIPS	QL (200 per month); DS (30 day supply max); ST (Step Therapy required: BOTH of the following in the last 3 months - 60 days insulin AND 1 fill OneTouch test strips)

Step 2 Product	Step 1 Product
Gastrointestinal Agents - Misc.	
*Cic Agents - Guanylate Cyclase-C (Gc-C) Agonists***	
TRULANCE	QL (2 tablets per day); ST (Step Therapy required: 1 fill in the last 6 months - Linzess); AL (Min 18 Years)
*Gastrointestinal Chloride Channel Activators***	
AMITIZA	QL (2 capsules per day); ST (Step Therapy required: trial of generic lubiprostone AND Linzess for at least 1 fill in the last 6 months); AL (Min 18 Years)
Gout Agents	
*Gout Agents***	
febuxostat	QL (1 tablet per day); ST (Step Therapy required: any of the following for 3 months in the last 6 months - allopurinol 100mg or 300mg tab); AL (Min 18 Years)
ULORIC	QL (1 tablet per day); ST (Step Therapy required: both of the following for 3 months each in the last 12 months - allopurinol 100mg or 300mg tab AND febuxostat 40mg or 80mg tab); AL (Min 18 Years)
Hematopoietic Agents	
*Cytotoxic Agents***	
DROXIA	QL (1 capsule per day); DS (30 day supply max); ST (Step Therapy required: BOTH of the following for 3 months each in the last 12 months - Siklos 100mg or 1000mg tab AND hydroxyurea 500mg cap); AL (Min 18 Years)
Hypnotics/Sedatives/Sleep Disorder Agents	
*Hypnotics - Tricyclic Agents***	
doxepin hcl oral tablet 6 mg	QL (1 tablet per day); ST (Step Therapy required: 3 months in the last 12 months - doxepin hcl 10mg cap); AL (Min 18 Years)
*Orexin Receptor Antagonists***	
BELSOMRA	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); AL (Min 18 Years)
DAYVIGO	QL (1 tablet per day); ST (Step Therapy required: 2 of the following in the last 6 months - eszopiclone tab, zaleplon cap, or rozerem tab); AL (Min 18 Years)
QUVIVIQ	QL (1 tablet per day); ST (Step Therapy required: 3 of the following for 1 month each in the last 12 months - eszopiclone, ramelteon, zaleplon, or zolpidem)

Step 2 Product	Step 1 Product
Migraine Products	
*Selective Serotonin Agonists 5-Ht(1)***	
<i>frovatriptan succinate</i>	QL (20 tabs per month); ST (Step Therapy required: 2 of the following in the last 12 months - almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan, or zolmitriptan)
Musculoskeletal Therapy Agents	
*Central Muscle Relaxants***	
<i>chlorzoxazone oral tablet 375 mg, 750 mg</i>	QL (4 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - chlorzoxazone 500mg tab); AL (Min 18 Years)
LORZONE	QL (4 tablets per day); ST (Step Therapy required: 1 fill in the last 3 months - chlorzoxazone 500mg tab); AL (Min 18 Years)
Ophthalmic Agents	
*Miotics - Direct Acting***	
VUITY	QL (One 2.5ml bottle); ST (Step Therapy required: 1 fill in the last 6 months - pilocarpine 1%); AL (Min 18 Years)
*Prostaglandins - Ophthalmic***	
LUMIGAN OPHTHALMIC SOLUTION 0.01 %	ST (Step Therapy through 60 days trial of bimatoprost 0.03% in the last 6 months)
VYZULTA	QL (One 2.5ml bottle); ST (Step Therapy required: through 60 days trial of either latanoprost (generic Xalatan) OR bimatoprost 0.03% in the last 6 months); AL (Min 17 Years)
Psychotherapeutic And Neurological Agents - Misc.	
*Cholinomimetics - Ache Inhibitors***	
ADLARITY	ST (Step Therapy required: 2 months in the last 3 months - donepezil)
*Postherpetic Neuralgia (Phn)/Neuropathic Pain Agents***	
LYRICA CR	QL (1 tablet per day); ST (Step Therapy required: any of the following in the last 6 months - pregabalin (generic Lyrica) or Lyrica)
<i>pregabalin er</i>	QL (1 tablet per day); ST (Step Therapy required: any of the following in the last 6 months - pregabalin (generic Lyrica) or Lyrica)

Step 2 Product	Step 1 Product
Ulcer Drugs/Antispasmodics/Anticholinergics	
*Ppi - Potassium-Competitive Acid Blockers (P-Cab)***	
VOQUEZNA	ST (Step Therapy required: 2 of the following in the last for 3 months each in last 12 months- omeprazole cap DR 10mg/20mg/40mg, lansoprazole cap DR, or esomeprazole cap DR 20mg/40mg)
*Quaternary Anticholinergics***	
DARTISLA ODT	QL (4 tablets per day); ST (Step Therapy required: 2 of the following in the last 3 months - rabeprazole sodium EC tab 20mg, omeprazole cap DR 10mg/20mg/40mg, lansoprazole cap DR 30mg, or esomeprazole cap DR 20mg/40mg); AL (Min 18 Years)
*Ulcer Anti-Infective W/ Proton Pump Inhibitors***	
TALICIA	QL (12 capsules per day); ST (Step Therapy required: ALL of the following in the last 3 months - clarithromycin, amoxicillin, AND pantoprazole); AL (Min 18 Years)

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TEST	29	NOVOLIN 70/30 RELION	12	RIGHTEST GS300 BLOOD	
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TEST	29	NOVOLIN N FLEXPEN	12	RIGHTEST GS550 BLOOD	
INFINITY VOICE	29	NOVOLIN N FLEXPEN RELION	12	GLUCOSE	32
INPEFA	16	NOVOLIN N RELION	12	RIGHTEST GT333 BLOOD	
<i>insulin asp prot & asp flexpen</i>	10	NOVOLIN R	12	GLUCOSE	32
<i>insulin aspart</i>	10	NOVOLIN R FLEXPEN	12	RIGHTEST GT333 GLUCOSE	
<i>insulin aspart flexpen</i>	10	NOVOLIN R FLEXPEN RELION	12	TEST	32
<i>insulin aspart penfill</i>	10	NOVOLIN R RELION	12	<i>saxagliptin hcl</i>	9
<i>insulin aspart prot & aspart</i>	11	NOVOLOG	12	<i>saxagliptin-metformin er</i>	9
<i>insulin degludec</i>	11	NOVOLOG FLEXPEN	12	SEGLUOMET	14
<i>insulin degludec flextouch</i>	11	NOVOLOG MIX 70/30	12	SEMGLEE	13
<i>insulin glargine</i>	11	NOVOLOG MIX 70/30 FLEXPEN	12	SEMGLEE (YFGN)	13
<i>insulin glargine max solostar</i>	11	NOVOLOG PENFILL	12	<i>sildenafil citrate</i>	16
<i>insulin glargine solostar</i>	11	NOVOLOG RELION	12	SLYND	17
<i>insulin glargine-yfgn</i>	11	<i>one drop test</i>	30	SMART SENSE PREMIUM TEST ...32	
<i>insulin lispro</i>	11	ONGLYZA	9	SMART SENSE VALUE TEST	32
<i>insulin lispro (1 unit dial)</i>	11	OPTIUMEZ TEST	30	SMARTEST BLOOD GLUCOSE	
<i>insulin lispro junior kwikpen</i>	11	ORTIKOS	17	TEST	33
<i>insulin lispro prot & lispro</i>	11	OSENI	9	SOLUS V2 TEST	33
INVOKAMET	14	PHARMACIST CHOICE		SOOLANTRA	19
INVOKAMET XR	14	AUTOCODE	30	STEGLATRO	14
INVOKANA	13	<i>pharmacist choice no coding</i>	30	STEGLUJAN	13
<i>ivermectin</i>	19	PIP BLOOD GLUCOSE TEST		STRIVERDI RESPIMAT	6
KAPSPARGO SPRINKLE	16	STRIP	30	SUPREME TEST	33
KARBINAL ER	15	<i>pitavastatin calcium</i>	15	TALICIA	36
KAZANO	9	POCKETCHEM EZ TEST	30	<i>tgt blood glucose test</i>	33
KLISYRI	18	POGO AUTOMATIC TEST		<i>topiramate er</i>	7
KOMBIGLYZE XR	9	CARTRIDGES	31	<i>tramadol hcl (er biphasic)</i>	4

TRESIBA	13
TRESIBA FLEXTOUCH	13
TRINTELLIX	8
TROKENDI XR	7
<i>true focus blood glucose strip</i>	33
TRUE METRIX BLOOD	
GLUCOSE TEST	33
TRUE METRIX PRO BLOOD	
GLUCOSE	33
TRUETEST TEST	33
TRUETRACK TEST	33
TRULANCE	34
ULORIC	34
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<i>verasens blood glucose test</i>	33
VIVAGUARD INO TEST STRIPS	33
VIVJOA	15
VOQUEZNA	36
VRAYLAR	15, 16
VUITY	35
VYZULTA	35
WINLEVI	17
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XCOPRI (250 MG DAILY DOSE)	7
XCOPRI (350 MG DAILY DOSE)	8
XEPI	17
XOPENEX HFA	6
XULTOPHY	13
ZEGALOGUE	8
<i>zileuton er</i>	4
ZILXI	19
ZIMHI	14
ZONALON	18
ZYFLO	5
ZYPITAMAG	15

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