Lowest Net Cost Formulary

Step Therapy Drug List

Effective July 1, 2026

Most benefit plans include the step therapy program. Check your plan materials to see if this information applies to you.

What Is Step Therapy?

Step therapy is a quality and safety program that can help you lower your medication costs. Many medical conditions can be treated using a variety of medications. In some cases, there is a very large difference in cost among the medications but only a little difference in the way the medications work. Step therapy requires members to try cost-effective “Step 1” medications before trying (or "stepping up to") more expensive “Step 2” medications. Many people find the Step 1 medications work just as well for them.

We base the step therapy program on U.S. Food and Drug Administration and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

What if My Doctor Says a Step 1 Drug Isn’t Right for Me?

If your doctor decides that a Step 1 medication is not right for you and prescribes a Step 2 medication, please have your doctor call **855-811-2218** to request an override based on medical necessity.

What Happens at the Pharmacy?

The pharmacist enters your prescription into the computer system. If your prescription is a second-choice medication, the system will check your claims history. If you have filled prescriptions for Step 1 medications within the previous 6 – 12 months, the pharmacist will fill your prescription for your Step 2 medication.

If you are required to try a Step 1 medication, you have three options:

- You or your pharmacist can call your doctor to change your prescription to a Step 1 medication.
- You can pay full price for your Step 2 medication prescription.
- You or your pharmacist can ask your doctor to request a medical necessity exception.

If your plan approves the medical necessity exception request, it will cover your prescription. If your plan does not approve the request, you can still choose another option. You and your doctor make the final decision about the medication that is right for you.

If you submit your prescription to your plan’s home delivery (mail service) pharmacy and it does not meet the requirements for a Step 2 medication, the pharmacy will not fill your prescription. It will notify you by mail.

Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed here. Check your benefit information to verify coverage or view your personal benefit information on our website. This list may contain trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with your health plan. This list can change or expand from time to time without prior notice. When we list brand-name drugs, programs can also apply to any available generic equivalents.

Drugs With a Step Therapy Requirement

Condition or Drug Class	Step 1 Drugs You must try one or more of these drugs first, or your doctor must request an override for you …	Step 2 Drugs … before you can get coverage for these drugs.
Acne (A)	generic topical tretinoin	Fabior, Tazorac *(brand and generic)*
Acne (B)	generic adapalene gel **AND** generic topical tretinoin	Adapalene solution, Adapalene-Benzoyl Peroxide Gel
Actinic keratosis	imiquimod 5%	imiquimod 3.75%
ADHD	amphetamine-dextroamphetamine IR/ER, dextroamphetamine IR/SR, methylphenidate IR/ER, dexmethylphenidate IR/ER, lisdexamfetamine	Azstarys, Jornay PM, Quillivant XR, Qelbree, Methylphenidate Pad, Xelstrym
Asthma	Qvar, Arnuity	Fluticasone HFA
Behavioral health	**TWO** of these generics: aripiprazole, clozapine/ODT, olanzapine, paliperidone, quetiapine, quetiapine ext rel, risperidone, ziprasidone	Abilify Maintena, Aristada, Asenapine, Caplyta, Fanapt, Invega, Latuda, Lurasidone, Rexulti, Risperdal Consta, Uzedy, Vraylar
Depression	desvenlafaxine ext-rel *(generic for Pristiq)*, venlafaxine, venlafaxine extended release	Fetzima, desvenlafaxine er 24hr
Fungal infections	clotrimazole 1% cream, ketoconazole 2% cream, miconazole 1% – 2% cream	oxiconazole 1% cream and lotion
Gout	allopurinol	Febuxostat
High Cholesterol	atorvastatin, fluvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin	Livalo, pitavastatin
Hypertension	generic ACE-Inhibitors, generic ARBs	Edarbi, Edarbyclor
Phosphate binders	**TWO** of these generics: calcium acetate, sevelamer carbonate, lanthanium carbonate	Auryxia, Ferric Citrate, Velphoro
Seizures	lamotrigine immediate-release (IR), levetiracetam IR, levetiracetam extended-release (ER), oxcarbazepine IR, topiramate IR	Briviact, Topiramate ER, Xcopri
Sleep Disorder	doxepin, eszopiclone, temazepam, zaleplon, zolpidem/ER	Belsomra
Thyroid Disorder	levothyroxine	Synthroid
Antihemophilic Products	Hemlibra	Qfitlia

Non-Discrimination Statement and Foreign Language Access

We do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in our health plans, when we enroll members or provide benefits.

If you or someone you're assisting is disabled and needs interpretation assistance, help is available at the contact number posted on our website or listed in the materials included with this notice (TDD: 711).

Free language interpretation support is available for those who cannot read or speak English by calling one of the appropriate numbers listed below.

If you think we have not provided these services or have discriminated in any way, you can file a grievance by emailing contact@hcrcompliance.com or by calling our Compliance area at 1-800-832-9686 or the U.S. Department of Health and Human Services, Office for Civil Rights at 1-800-368-1019 or 1-800-537-7697 (TDD).

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de este plan de salud, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 1-844-396-0183. (Spanish)

如果您，或是您正在協助的對象，有關於本健康計畫方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥 1-844-396-0188。(Chinese)

Nếu quý vị, hoặc là người mà quý vị đang giúp đỡ, có những câu hỏi quan tâm về chương trình sức khỏe này, quý vị sẽ được giúp đở với các thông tin bằng ngôn ngữ của quý vị miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 1-844-389-4838 (Vietnamese)

이 건강보험에 관하여 궁금한 사항 혹은 질문이 있으시면 1-844-396-0187로 연락해 주십시오. 귀하의 비용 부담없이 한국어로 도와드립니다. (Korean)

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa planong pangkalusugang ito, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika nang walang gastos. Upang makausap ang isang tagasalin, tumawag sa 1-844-389-4839. (Tagalog)

Если у Вас или лица, которому вы помогаете, имеются вопросы по поводу Вашего плана медицинского обслуживания, то Вы имеете право на бесплатное получение помощи и информации на русском языке. Для разговора с переводчиком позвоните по телефону 1-844-389-4840. (Russian)

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص خطة الصحة هذه، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة.للتحدث مع مترجم اتصل ب 1-844-396-0189 (Arabic)

Si ou menm oswa yon moun w ap ede gen kesyon konsènan plan sante sa a, se dwa w pou resevwa asistans ak enfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan 1-844-398-6232. (French/Haitian Creole)

Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions à propos de ce plan médical, vous avez le droit d'obtenir gratuitement de l'aide et des informations dans votre langue. Pour parler à un interprète, appelez le 1-844-396-0190. (French)

Jeśli Ty lub osoba, której pomagasz, macie pytania odnośnie planu ubezpieczenia zdrowotnego, masz prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 1-844-396-0186. (Polish)

Se você, ou alguém a quem você está ajudando, tem perguntas sobre este plano de saúde, você tem o direito de obter ajuda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para 1-844-396-0182. (Portuguese)

Se tu o qualcuno che stai aiutando avete domande su questo piano sanitario, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 1-844-396-0184. (Italian)

あなた、またはあなたがお世話をされている方が、この健康保険 についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、1-844-396-0185 までお電話ください。 (Japanese)

Falls Sie oder jemand, dem Sie helfen, Fragen zu diesem Krankenversicherungsplan haben bzw. hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-844-396-0191 an. (German)

اگر شما یا فردی که به او کمک می کنید سؤالاتی در باره‌ی این برنامه‌ی بهداشتی داشته باشید، حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت کنید. برای صحبت کردن با مترجم، لطفاً با شماره‌ی 1-844-398-6233 تماس حاصل نمایید. (Persian-Farsi)

Ni da doodago t'áá háída bíká'aná nílwo'ígíí díí Béeso Ách'ą́ąh naa'nilígi háá'ída yí na' ídíł kidgo, nihá'áhóót'i' nihí ká'a'doo wołgo kwii ha'át'íshíį́ bí na'ídołkidígi doo bik'é'azláagóó. Ata' halne'é ła' bich'į' ha desdzih nínízingo, kojį' béésh bee hólne' 1-844-516-6328. (Navajo)

Vann du adda ebbah es du am helfa bisht, ennichi questions hend veyyich *deah health plan*, hend diah's recht fa hilf un information greeya in eiyah aykni shprohch unni kosht. Fa shvetza mitt en interpreter, roof deah nummah oh 1-833-584-1829. (Pennsylvania Dutch)