2023 SummaCare Marketplace Step Therapy Drug List

This is a list of Drugs that require Step Therapy on the 2023 SummaCare Marketplace Formulary. The Step Therapy Guidelines can be found on the SummaCare website at www.summacare.com, using the "Find a Document" icon. Step Therapy exception requests can be made using the Provider Individual and Group MedImpact Medication Request Form found under "Find a Document", calling MedImpact Healthcare Systems, Inc., at Phone: 800-788-2949 or via ePA. This list is subject to change.

Name of Guideline	Drug Name	Step Therapy Requirement
ANTISPASMODICS	DARIFENACIN ER	Trial of oxybutynin or oxybutynin ER
	FESOTERODINE FUMARATE ER	Trial of oxybutynin or oxybutynin ER
	MYRBETRIQ	Trial of oxybutynin or oxybutynin ER
	TOLTERODINE TARTRATE ER	Trial of oxybutynin or oxybutynin ER
ATYPICAL ANTIPSYCHOTIC	ASENAPINE MALEATE	ST REQ of two agents, aripiprazole, olanzapine, quetiapine immediate release, clozapine risperidone, or ziprasidone
CLOZAPINE ODT	CLOZAPINE ODT	ST REQ TRIAL TWO OF THE FOLLOWING ARIPIPRAZOLE, ARIPIPRAZOLE ODT, Clozapine, Olanzapine, RISPERIDONE ODT, RISPERIDONE, QUETIAPINE, QUETIAPINE ER, ZIPRASIDONE
AVANDAMET, AVANDARYL, AVANDIA	AVANDIA	Must have tried and failed pioglitazone
AZELEX	AZELEX	TRIAL OF 1 OF THE FOLLOWING GENERIC TOPICALS:SULFACETAMIDE+/- SULFUR,CLINDAMYCIN+/- BENZOYL PEROXIDE,ERYTHROMYCIN+/- BENZOYL PEROXIDE,ADAPALENE+/- BENZOYL PEROXIDE,OR TRETINOIN IN THE PAST 120 DAYS.
BASAGLAR	BASAGLAR KWIKPEN U-100	ST REQ TRIAL OF LANTUS OR TOUJEO
BOWEL DISEASE	DIPENTUM	ST REQ TRIAL OF BALSALAZIDE, LIALDA, PENTASA OR APRISO
CORLANOR 2023	CORLANOR	Approval requires T/F or patient is currently on max tolerated doses or have a CI to an ARB OR ACE-I AND at least one of the following: bisoprolol, carvedilol, metoprolol, or digoxin.
DHE ST	DIHYDROERGOTAMINE MESYLATE	ST REQ OF TRIPTAN OR TOPIRAMATE, VALPROIC ACID, DIVALPROEX, OR PROPRANOLOL
DHE ST / MIGRAINE	ALMOTRIPTAN MALATE	ST REQ OF TRIPTAN OR TOPIRAMATE, VALPROIC ACID, DIVALPROEX, OR PROPRANOLOL / ST REQ TRIAL OF GENERIC sumatriptan tablet/spray/vial/cartridge/pen injectors or Relpax or rizatriptan tab/MLT
	FROVATRIPTAN SUCCINATE	ST REQ OF TRIPTAN OR TOPIRAMATE, VALPROIC ACID, DIVALPROEX, OR PROPRANOLOL / ST REQ TRIAL OF GENERIC sumatriptan tablet/spray/vial/cartridge/pen injectors or Relpax or rizatriptan tab/MLT
DIFICID	DIFICID	ST REQ TRIAL OF METRONIDAZOLE OR VANCOMYCIN
ELIDEL	PIMECROLIMUS	ST REQ TRIAL OF TOPICAL CORTICOSTEROID
EMSAM	EMSAM	Trial of citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, quetiapine, sertraline, tranylcypromine, or venlafaxine
FETZIMA	FETZIMA	ST REQ of 2 of the following, paroxetine, fluoxetine, sertraline, escitalopram, mirtazapine, bupropion, citalopram, or venlafaxine IR/IE
GLP-1 ANALOG	BYDUREON BCISE	TRIAL OF METFORMIN, SU, OR TZD
	BYDUREON PEN	TRIAL OF METFORMIN, SU, OR TZD
	BYETTA	TRIAL OF METFORMIN, SU, OR TZD
	MOUNJARO	TRIAL OF METFORMIN, SU, OR TZD
	OZEMPIC	TRIAL OF METFORMIN, SU, OR TZD
	RYBELSUS	TRIAL OF METFORMIN, SU, OR TZD
	TRULICITY	TRIAL OF METFORMIN, SU, OR TZD
	VICTOZA 3-PAK	TRIAL OF METFORMIN, SU, OR TZD
GLP-1 ANALOG / INVOKANA / SOLIQUA	SYNJARDY	TRIAL OF METFORMIN, SU, OR TZD / Trial of generic formulary, oral anti-diabetic agent required. / ST REQ TRIAL OF METFORMIN IR/ER, SULFONYLUREA, PIOGLITAZONE, OR PREFERRED COMBINATION CONTAINING ANY OF THE AFOREMENTIONED AGENTS.
	SYNJARDY XR	TRIAL OF METFORMIN, SU, OR TZD / Trial of generic formulary, oral anti-diabetic agent required. / ST REQ TRIAL OF METFORMIN IR/ER, SULFONYLUREA, PIOGLITAZONE, OR PREFERRED COMBINATION CONTAINING ANY OF THE AFOREMENTIONED AGENTS.
	XIGDUO XR	TRIAL OF METFORMIN, SU, OR TZD / Trial of generic formulary, oral anti-diabetic agent required. / ST REQ TRIAL OF METFORMIN IR/ER, SULFONYLUREA, PIOGLITAZONE, OR PREFERRED COMBINATION CONTAINING ANY OF THE AFOREMENTIONED AGENTS.
HMG COA INH	ZYPITAMAG	REQUIRE TRIAL OF 2 GENERIC FORMULARY STATINS
HYPNOTICS	BELSOMRA	ST REQ TRIAL OF ZALEPLON, AMBIEN, OR ZOLPDIEM
	ZOLPIDEM TARTRATE ER	ST REQ TRIAL OF ZALEPLON, AMBIEN, OR ZOLPDIEM
HYPNOTICS / SILENOR	ESZOPICLONE	ST REQ TRIAL OF ZALEPLON, AMBIEN, OR ZOLPDIEM / ST REQ Trial of zolpidem IR, zaleplon, or eszopiclone
INVOKANA	FARXIGA	Trial of generic formulary, oral anti-diabetic agent required.
	GLYXAMBI	Trial of generic formulary, oral anti-diabetic agent required.
	JARDIANCE	Trial of generic formulary, oral anti-diabetic agent required.
LABA INHALER	ARCAPTA NEOHALER	ST REQ TRIAL OF SEREVENT
LUMIGAN	LUMIGAN	ST REQ TRIAL OF LATANOPROST OR TRAVATAN Z
LUZU	LULICONAZOLE	ST TRIAL OF KETOCONAZOLE AND CLOTRIMAZOLE CREAM
MIGRAINE	ZOLMITRIPTAN	ST REQ TRIAL OF GENERIC sumatriptan tablet/spray/vial/cartridge/pen injectors or Relpax or rizatriptan tab/MLT
NASAL STEROIDS	AZELASTINE-FLUTICASONE	ST REQ Trial of generic fluticasone, Flunisolide or triamcinolone NS
	QNASL	ST REQ Trial of generic fluticasone, Flunisolide or triamcinolone NS
	QNASL CHILDREN	ST REQ Trial of generic fluticasone, Flunisolide or triamcinolone NS
NEOSYNALAR	NEO-SYNALAR	ST REQ TRIAL OF FLUOCINOLONE AND BACITRACIN
NEUPRO PATCH QL	NEUPRO	TRIAL OF IR ROPINIROLE OR IR PRAMIPEXOLE
NON-SEDATING ANTIHISTAMINES	DESLORATADINE	ST REQ TRIAL OF CETIRIZINE, OTC FEXOFENADINE, OTC LORATADINE
	LEVOCETIRIZINE DIHYDROCHLORIDE	ST REQ TRIAL OF CETIRIZINE, OTC FEXOFENADINE, OTC LORATADINE
NUCYNTA ER	NUCYNTA ER	Trial of acetaminophen with codeine, hydromorphone, hydromorphone er, morphine, morphine er, oxycodone, oxycodone er, tramadol, or tramadol er
PROTON PUMP INHIBITORS	DEXLANSOPRAZOLE DR	ST REQ TRIAL OF OMEPRAZOLE OR PANTOPRAZOLE
	LANSOPRAZOLE	ST REQ TRIAL OF OMEPRAZOLE OR PANTOPRAZOLE
	PANTOPRAZOLE SODIUM	ST REQ TRIAL OF OMEPRAZOLE OR PANTOPRAZOLE
	RABEPRAZOLE SODIUM	ST REQ TRIAL OF OMEPRAZOLE OR PANTOPRAZOLE
REXULTI	REXULTI	Trial of aripiprazole, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, olanzapine, paroxetine, quetiapine, risperidone, sertraline, venlafaxine, or ziprasidone
SAVELLA	SAVELLA	ST REQ TRIAL OF duloxetine, gabapentin, pregabalin or amitriptyline
SILENOR	DOXEPIN HCL	ST REQ Trial of zolpidem IR, zaleplon, or eszopiclone
SOLIQUA	SOLIQUA 100-33	ST REQ TRIAL OF METFORMIN IR/ER, SULFONYLUREA, PIOGLITAZONE, OR PREFERRED COMBINATION CONTAINING ANY OF THE AFOREMENTIONED AGENTS.
SOOLANTRA	SOOLANTRA	ST REQ TRIAL OF AZELAIC ACID GEL.
TACLONEX	CALCIPOTRIENE-BETAMETHASONE	ST REQ TRIAL OF FORMULARY TOPICAL CORTICOSTEROID
ULORIC	FEBUXOSTAT	Must have tried and failed Zyloprim
VIIBRYD	VIIBRYD	ST REQ TRIAL OF TWO OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, OXALATAE, MIRTAZEPINE, PAROXETINE, SERTRALINE, VENLAFAXINE

Name of Guideline	Drug Name	Step Therapy Requirement
	VILAZODONE HCL	ST REQ TRIAL OF TWO OF THE FOLLOWING: BUPROPION, CITALOPRAM, ESCITALOPRAM, OXALATAE, MIRTAZEPINE, PAROXETINE, SERTRALINE, VENLAFAXINE
VORTIOXETINE	**DESVENLAFAXINE SUCCINATE ER**	ST REQ of venlafaxine IR/ER AND 1 of the following paroxetine, sertraline, citalopram, fluoxetine, escitalopram, bupropion, or mirtazapine
	TRINTELLIX	ST REQ of venlafaxine IR/ER AND 1 of the following paroxetine, sertraline, citalopram, fluoxetine, escitalopram, bupropion, or mirtazapine
XCOPRI	**XCOPRI**	Trial of carbamazepine, divalproex, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, pregabalin, toprimate, valproic acid, or zonisamide