2025 SummaCare Commercial Step Therapy Drug List

This is a list of Drugs that require Step Therapy on the 2025 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	ST REQ OXYBUTYNIN OR OXYBUTYNIN ER
	FESOTERODINE FUMARATE ER	ST REQ OXYBUTYNIN OR OXYBUTYNIN ER
	TOLTERODINE TARTRATE ER	ST REQ OXYBUTYNIN OR OXYBUTYNIN ER
ARAVA	LEFLUNOMIDE	ST REQ TRIAL OF METHOTREXATE
BOWEL DISEASE	MESALAMINE	ST REQ TRIAL OF BALSALAZIDE, LIALDA, PENTASA OR APRISO
	MESALAMINE DR	ST REQ TRIAL OF BALSALAZIDE, LIALDA, PENTASA OR APRISO
BRAND ARBS (AVAPRO, BENICAR, COZAAR, DIOVAN, MICARDIS, TEVETEN)	CANDESARTAN CILEXETIL	ST REQ TRIAL OF GENERIC ARB OR ARB COMBO LOSARTAN, LORSARTAN HCT, IRBESARTAN, IRBESARTAN HCT, AMLOD/VALS, AMLOD/VALS/HCT, VALSARTAN, VALSARTAN/HCT
	CANDESARTAN-HYDROCHLOROTHIAZID	ST REQ TRIAL OF GENERIC ARB OR ARB COMBO LOSARTAN, LORSARTAN HCT, IRBESARTAN, IRBESARTAN HCT, AMLOD/VALS, AMLOD/VALS/HCT, VALSARTAN, VALSARTAN/HCT
	EPROSARTAN MESYLATE	ST REQ TRIAL OF GENERIC ARB OR ARB COMBO LOSARTAN, LORSARTAN HCT, IRBESARTAN, IRBESARTAN HCT, AMLOD/VALS, AMLOD/VALS/HCT, VALSARTAN, VALSARTAN/HCT
	TELMISARTAN	ST REQ TRIAL OF GENERIC ARB OR ARB COMBO LOSARTAN, LORSARTAN HCT, IRBESARTAN, IRBESARTAN HCT, AMLOD/VALS, AMLOD/VALS/HCT, VALSARTAN, VALSARTAN/HCT
	TELMISARTAN-AMLODIPINE	ST REQ TRIAL OF GENERIC ARB OR ARB COMBO LOSARTAN, LORSARTAN HCT, IRBESARTAN, IRBESARTAN HCT, AMLOD/VALS, AMLOD/VALS/HCT, VALSARTAN, VALSARTAN/HCT
	TELMISARTAN-HYDROCHLOROTHIAZID	ST REQ TRIAL OF GENERIC ARB OR ARB COMBO LOSARTAN, LORSARTAN HCT, IRBESARTAN, IRBESARTAN HCT, AMLOD/VALS, AMLOD/VALS/HCT, VALSARTAN, VALSARTAN/HCT
DESVENLAFAXINE ST	DESVENLAFAXINE ER	trial of venlafaxine IR/ER AND one of the following generic drugs: paroxetine, sertraline, citalopram, fluoxetine, escitalopram, bupropion or mirtazapine
	DESVENLAFAXINE SUCCINATE ER	trial of venlafaxine IR/ER AND one of the following generic drugs: paroxetine, sertraline, citalopram, fluoxetine, escitalopram, bupropion or mirtazapine
DHE	DIHYDROERGOTAMINE MESYLATE	TRIAL OF 5HT AGONISTS, TOPIRAMATE, VALPROIC, DIVALPROEX, PROPRANOLOL
DHE / MIGRAINE NON PREFERRED	ALMOTRIPTAN MALATE	TRIAL OF NARATRIPTAN, MAXALT MLT, RIZATRIPTAN, MAXALT, SUMATRIPTAN PEN/CART/TAB/SPRAY/VIAL/SYR, IMITREX PEN/VIAL, ZOLMITRIPTAN ODT, OR ZOLMITRIPTAN
	ELETRIPTAN HBR	TRIAL OF NARATRIPTAN, MAXALT MLT, RIZATRIPTAN, MAXALT, SUMATRIPTAN PEN/CART/TAB/SPRAY/VIAL/SYR, IMITREX PEN/VIAL, ZOLMITRIPTAN ODT, OR ZOLMITRIPTAN
	FROVATRIPTAN SUCCINATE	TRIAL OF NARATRIPTAN, MAXALT MLT, RIZATRIPTAN, MAXALT, SUMATRIPTAN PEN/CART/TAB/SPRAY/VIAL/SYR, IMITREX PEN/VIAL, ZOLMITRIPTAN ODT, OR ZOLMITRIPTAN
	ZOLMITRIPTAN	TRIAL OF NARATRIPTAN, MAXALT MLT, RIZATRIPTAN, MAXALT, SUMATRIPTAN PEN/CART/TAB/SPRAY/VIAL/SYR, IMITREX PEN/VIAL, ZOLMITRIPTAN ODT, OR ZOLMITRIPTAN
EPLERENONE	EPLERENONE	MUST HAVE TRIED AND FAILED ALDACTONE
FETZIMA ST	FETZIMA	ST REQ TRIAL OF 2 OF THE FOLLOWING paroxetine, fluoxetine, sertraline, escitalopram, mirtazapine, bupropion, citalopram, or venlafaxine IR/IE
GLP-1 ANALOGS	BYDUREON BCISE	TRIAL OF METFORMIN, SU, OR TZD
	BYDUREON PEN	TRIAL OF METFORMIN, SU, OR TZD
	BYETTA	TRIAL OF METFORMIN, SU, OR TZD
HYPNOTICS	BELSOMRA	TRY ZALEPLON, AMBIEN, OR ZOLPDIEM 1ST
	ZOLPIDEM TARTRATE ER	TRY ZALEPLON, AMBIEN, OR ZOLPDIEM 1ST
HYPNOTICS / SILENOR	ESZOPICLONE	TRY ZALEPLON, AMBIEN, OR ZOLPDIEM 1ST
LUZU	LULICONAZOLE	REQ trial of topical ketoconazole cream or clotrimazole cream
NASAL STEROIDS	AZELASTINE-FLUTICASONE	REQ ST. Trial of generic fluticasone, Flunisolide or triamcinolone NS
	BUDESONIDE	REQ ST. Trial of generic fluticasone, Flunisolide or triamcinolone NS
	QNASL	REQ ST. Trial of generic fluticasone, Flunisolide or triamcinolone NS
	QNASL CHILDREN	REQ ST. Trial of generic fluticasone, Flunisolide or triamcinolone NS
NEUPRO ST	NEUPRO	ST TRIAL OF PRAMIPEXOLE OR ROPINROLE
NON-SEDATING ANTIHISTAMINES	DESLORATADINE	ST REQ TRIAL OF LORATADINE, CETIRIZINE, OR FEXOFENADINE
NUCYNTA ER	NUCYNTA ER	Requires 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
	ESOMEPRAZOLE MAGNESIUM	ST REQ TRIAL OF OMEPRAZOLE OR PANTOPRAZOLE
	ESOMEPRAZOLE STRONTIUM	ST REQ TRIAL OF OMEPRAZOLE OR PANTOPRAZOLE
	LANSOPRAZOLE	ST REQ TRIAL OF OMEPRAZOLE OR PANTOPRAZOLE
	OMEPRAZOLE-SODIUM BICARBONATE	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
RANEXA ST	RANOLAZINE ER	ST REQ Trial of Calcium Channel Blocker, Beta Blocker, Nitrates
REXULTI ST	REXULTI	Requires trial of aripiprazole, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluvoxamine, olanzapine, paroxetine, quetiapine, risperidone, sertraline, venlafaxine, or ziprasidone.
SILENOR	DOXEPIN HCL	ST REQ Trial of zolpidem IR (Ambien), zaleplon (Sonata), or eszopiclone (Lunesta)
SOLIQUA	SOLIQUA 100-33	ST REQ TRIAL OF METFORMIN IR/ER, SULFONYLUREA, PIOGLITAZONE, OR PREFERRED COMBINATION CONTAINING ANY OF THE AFOREMENTIONED AGENTS.
ULORIC	FEBUXOSTAT	MUST HAVE TRIED AND FAILED ZYLOPRIM
VILAZODONE HCL ST	VILAZODONE HCL	TRIAL OF ONE OF THE FOLLOWING: PAROXETINE, FLUOXETINE, CITALOPRAM, SERTRALINE, ESCITALOPRAM, MIRTAZAPINE, BUPROPION, VENLAFAXINE IR/ER REQUIRED IN LAST 365 DAYS
VORTIOXETINE	TRINTELLIX	trial of venlafaxine IR/ER AND one of the following generic drugs: paroxetine, sertraline, citalopram, fluoxetine, escitalopram, bupropion or mirtazapine
XCOPRI ST	XCOPRI	Requires trial of carbamazepine, divalproex, felbamate, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital, phenytoin, pregabalin, toprimate, valproic acid, or zonisamide