TrueScripts™

List of Drugs Categories Subject to Step Therapy

All Step Therapy medications (Trigger Drug) require a trial of the first line or preferred medications (Step Drugs), approved use of another Trigger Drug in the same therapeutic class, or clinical history indicating medical necessity.

Brand Name Drug or 'Trigger Drug'	First Line Drugs or Preferred 'Step Drugs'
Acne Combinations BenzaClin Gel 1-5%, BenzaClin Pump Gel 1-5%, Benzamycin Gel 5-3%, Acanya Gel 1.2-2.5%, Onexton Gel 1.2-3.75%, Veltin Gel 1.2-0.025%, Ziana Gel 1.2-0.025%	Clindamycin/Benzoyl Peroxide Gel 1.2/3.75%, Epiduo Forte, Twyneo
Antiasthmatic and Bronchodilator Agents – Adrenergic Combinations Fluticasone Furoate-Vilanterol (generic Breo)	Breo Ellipta (brand)
Antiasthmatic and Bronchodilator Agents – Adrenergic Combinations Advair Diskus, AirDuo Digihaler, AirDuo RespiClick, Dulera, Fluticasone-Salmeterol 55-14, 113-14, and 232-14 (generic AirDuo), Symbicort	Any **two** of the following: Advair HFA, Breo Ellipta, Budesonide-Formoterol/Breyna
Bronchodilators - Anticholinergics Incruse Ellipta, Tudorza Pressair	Spiriva Respimat, or Tiotropium Inhalation Capsules
Bronchodilators – Anticholinergics Spiriva HandiHaler	Tiotropium Inhalation Capsules
Cardiovascular Agents Inpefa	Farxiga **AND** Jardiance
Diabetic Medications Alogliptin, Alogliptin-Meformin, Alogliptin-Pioglitazone, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Sitagliptin, Zituvio	Janumet, Janumet XR, or Januvia **AND** any one of the following: Jentadueto, Jentadueto XR, Tradjenta

Brand Name Drug or 'Trigger Drug'	First Line Drugs or Preferred 'Step Drugs'
Diabetic Medications Bexagliflozin, Brenzavvy, Invokamet, Invokamet XR, Invokana, Segluromet, Steglatro, Steglujan	Farxiga or Xigduo XR **AND** any one of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, or Trijardy XR
Diabetic Medications Dapagliflozin (generic Farxiga)	Farxiga
Diabetic Medications Dapagliflozin-Metformin (generic Xigduo XR)	Xigduo XR
Diabetic Medications Qtern	Glipizide-Metformin, Glyburide-Metformin, Metformin, Metformin ER, or Pioglitazone-Metformin **AND** one of the following: Farxiga or Xigduo XR **AND** one of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, or Trijardy XR
Diabetic Meters/Test Strips All products except First Line Agents or Preferred 'Step Drugs'	**Both** of the following: Contour and One Touch (excluded on Select)
Digestive Enzymes Pancreaze, Pertzye, Viokace	**Both** of the following: Creon and Zenpep
Gastrointestinal Agents Motegrity, Trulance, Zelnorm	Linzess
Gastrointestinal Agents - Chloride Channel Activators Amitiza	Linzess, Movantik, or Symproic
Gastrointestinal Agents - Inflammatory Bowel Agents Asacol HD, Delzicol, Lialda, Pentasa	Apriso
Human Insulin Insulin Glargine	Lantus
Human Insulin Insulin Asp Prot & Aspart, Insulin Aspart, Novolog ReliOn	Novolog
Human Insulin Insulin Degludec	Tresiba

Brand Name Drug or 'Trigger Drug'	First Line Drugs or Preferred 'Step Drugs'
Human Insulin Basaglar Tempo Pen, Insulin Glargine-yfgn, Levemir, Semglee (yfgn), Semglee	Any **three** of the following: Basaglar, Lantus, Rezvoglar, Toujeo, Tresiba
Human Insulin Humalog Tempo Pen, Lyumjev Tempo Pen	Any **two** of the following: Admelog, Apidra, Fiasp, Humalog, Insulin Lispro, Lyumjev, Novolog
Long-Acting Inhalants Bevespi Aerosphere, Duaklir Pressair	Anoro Ellipta or Stiolto Respimat
Opioid Agonists Nucynta ER	Hydromorphone ER, Hysingla ER, Morphine Sulfate ER, Oxycontin, Oxymorphone ER, or Xtampza ER
Rosacea Agents Epsolay Cream 5%, Finacea Gel, Noritate Cream, Zilxi Foam	Azelaic Acid Gel, Finacea Foam, or Soolantra
Rosacea Agents Metrogel External 1% Gel	Finacea Foam, Metronidazole Gel, or Soolantra
Steroid Inhalants Alvesco, ArmonAir, Asmanex, Asmanex HFA, Flovent HFA, Fluticasone Diskus, Fluticasone HFA, Pulmicort Flexhaler	**Both** of the following: Arnuity Ellipta, Qvar Redihaler

PROGRAM EFFECTIVE DATE: 1/1/2025

Revision Date: 10/18/2024

All Step Therapy medications (Trigger Drug) require a trial of the first line or preferred medications (Step Drugs), approved use of another Trigger Drug in the same therapeutic class, or clinical history indicating medical necessity.