



CDPHP® Medicare Advantage Part D Formulary Step Therapy Drug List

Step Therapy Group	Criteria
ADLARITY	Coverage of Adlarity requires a trial of generic donepezil tablets or donepezil ODT. If the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required.
ARB STEP (Edarbi/Edarbyclor)	Coverage of certain branded Angiotensin-Receptor Blockers (ARB) and ARB combos (Edarbi and Edarbyclor) requires a trial of two generic ARB or ARB combinations. If the required drugs appear in the prescription profile in the last 365 days, then additional documentation is not required.
BEMPEDOIC ACID (Nexletol/Nexlizet)	Coverage of Nexletol or Nexlizet requires either (1) a trial of ONE of the following generic statins: atorvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, or simvastatin, or (2) documentation patient cannot tolerate statins. For (1) above, if the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required.
PENICILLAMINE	Coverage of penicillamine capsules or trientine capsules requires a trial of penicillamine tablets (generic for Depen). If the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required.
SGLT2 INHIBITORS	Coverage of Jardiance, Synjardy, dapagliflozin (authorized generic of Farxiga), and dapagliflozin/metformin (authorized generic of Xigduo) requires a trial of brand Farxiga or brand Xigduo. If the required drugs appear in the prescription profile in the last 365 days, then additional documentation is not required.