



Formulary 2 Step Therapy Drug List

Capital District Physicians' Health Plan, Inc. • CDPHP Universal Benefits,[®] Inc. •
Capital District Physicians' Healthcare Network, Inc.

6 Wellness Way Latham, NY 12110

The step therapy (ST) program is a form of prior authorization. It uses a standard protocol to determine if members qualify for a drug that otherwise would not be covered. Certain drugs are not covered unless members have tried one or more "prerequisite therapy" medication(s) first.

If it is medically necessary for a member to use a step therapy medication as initial therapy without trying the prerequisite drug, the practitioner can request coverage by submitting a CDPHP Medical Exception Form for approval.

The list of drugs below that require step therapy is subject to change and may not be all-inclusive.

Effective June 5, 2024

Target Drug	Prerequisite Drug(s)	Required Days	Look-Back Period (Days)
Trintellix	At least 1 formulary SSRI or formulary SNRI	30 days	365

Updated:

9/2023- removed vilazodone

4/2024 – removed adapalene -benzoyl peroxide 0.3%-2.5% topical gel

6/2024- removed Cardura XL, dextansopraxole, Difficid/Diffcid suspension, Doxycycline monohydrate 75mg & 150mg, Edarbi, Eprosartan, Fetzima, Frovatriptan, Livalo/Pitavastatin, Malathion, Penciclovir, Rituxan, Tazorac, Topiramate ER, Velphoro

6/2024 – updated company address

