



Formulary 2 Step Therapy Drug List

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

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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 September 13, 2023

Target Drug	Prerequisite Drug(s)	Required Days	Look-Back Period (Days)
Adapalene - Benzoyl Peroxide gel 0.3%-2.5%	Formulary Benzoyl peroxide product AND either formulary adapalene product or tretinoin product	30	180
Cardura XL	Alfuzosin, doxazosin, Tamsulosin, or terazosin	30	365
Dexlansoprazole	A trial on 3 of the following: Omeprazole, lansoprazole, pantoprazole, esomeprazole	30 each	365
Difucid/Difucid suspension	Vancomycin	10 each	120
Doxycycline Monohydrate 75mg and 150mg	Doxycycline 50 or 100mg	7	90
Edarbi	Formulary generic ARB or generic ARB comb (excluding Eprosartan)	30	180
Eprosartan Mesylate	Generic ARB or generic ARB combo	30	180
Fetzima	At least 1 formulary SSRI and 1 formulary SNRI	30	365
Frovatriptan	At least 2 of the following: Sumatriptan, Rizatriptan, Zolmitriptan or Naratriptan	30 each	120
Livalo	Pravastatin, simvastatin, Atorvastatin, rosuvastatin 40mg	90 each	365
Malathion	Permethrin	7	60
Penciclovir	Acyclovir ointment	30	180
Rituxan (if obtained at the pharmacy)	Humira (for rheumatoid arthritis only)	30	365

Target Drug	Prerequisite Drug(s)	Required Days	Look-Back Period (Days)
Tazorac 0.05 % cream	2 topical formulary retinoid products: tretinoin cream or gel, adapalene cream or gel, avita cream or gel	21	180
Topiramate ER (generic for Trokendi XR)	1 formulary topiramate product	30	365
Trintellix	At least 1 formulary SSRI or formulary SNRI	30 days	365
Velphoro	At Least one of the following: calcium acetate, sevelamer carbonate packets or tablets, fosrenal powder, lanthanaum carbonate tablets, Renagel tablet	30	180

Updated:

9/2023- removed vilazodone