

January 2024

BCBSAL Step Therapy Utilization Management

Step Therapy

Step therapy program is a “step” approach to providing the medications that treat your condition. This means that you may first need to try a more clinically appropriate or cost-effective medication before certain higher-cost medications will be approved. Step therapy programs can help both you and the health plan save money.

The Step Therapy form that your physician will need to complete to request an approval can be found on the MyPrime website.

Utilization Management Program	Prerequisites	Drug(s) in Program
Antidepressants	Generic bupropion, bupropion ER, citalopram, duloxetine, escitalopram, fluoxetine, fluoxetine DR, fluvoxamine, fluvoxamine ER, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER, vilazodone (TWO are required for Auvelity) Additional alternatives for Cymbalta/brand duloxetine products only: amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, tramadol	APLENZIN
		AUVELITY
		BUPROPION HYDROCHLORIDE ER (XL)
		CELEXA
		CITALOPRAM HYDROBROMIDE
		CYMBALTA
		DESVENLAFAXINE ER
		DRIZALMA SPRINKLE
		EFFEXOR XR
		FETZIMA
		FETZIMA TITRATION PACK
		FLUOXETINE DR
		FLUOXETINE HYDROCHLORIDE

This list may not be all inclusive. This list is subject to change. New-to-market products and variations of those products will not be added to the Utilization Management Program until they have been evaluated and approved by Prime Therapeutics. Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this Utilization Management information. Additional restrictions may apply. Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative. All brand names are the property of their respective owner[®]. NetResults is a trademark of Prime Therapeutics LLC.

Utilization Management Program	Prerequisites	Drug(s) in Program
		FORFIVO XL
		LEXAPRO
		PAXIL
		PAXIL CR
		PEXEVA
		PRISTIQ
		PROZAC
		REMERON
		REMERON SOLTAB
		SERTRALINE HYDROCHLORIDE
		TRINTELLIX
		VENLAFAXINE BESYLATE ER
		VIIBRYD
		VIIBRYD STARTER PACK
		WELLBUTRIN SR
		WELLBUTRIN XL
		ZOLOFT
ARB Renin Inhibitors	A generic ACE Inhibitor or ACE Inhibitor combination (e.g. enalapril, lisinopril, benazepril) A generic ARB or ARB combination (e.g. amlodipine-valsartan/HCTZ, candesartan, irbesartan, losartan, telmisartan, valsartan, telmisartan/amlodipine, telmisartan/HCTZ, valsartan/amlodipine) A generic renin inhibitor or renin inhibitor combination (e.g. aliskiren)	ATACAND
		ATACAND HCT
		AVALIDE
		AVAPRO
		AZOR
		BENICAR
		BENICAR HCT
		COZAAR
		DIOVAN
		DIOVAN HCT
		EDARBI
		EDARBYCLOR
		EXFORGE
		EXFORGE HCT

This list may not be all inclusive. This list is subject to change. New-to-market products and variations of those products will not be added to the Utilization Management Program until they have been evaluated and approved by Prime Therapeutics. Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this Utilization Management information. Additional restrictions may apply. Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative. All brand names are the property of their respective owner". NetResults is a trademark of Prime Therapeutics LLC.

Utilization Management Program	Prerequisites	Drug(s) in Program
		HYZAAR
		MICARDIS
		MICARDIS HCT
		TEKTURNA
		TEKTURNA HCT
		TELMISARTAN/AMLODIPINE
		TRIBENZOR
ARB/Renin Inhibitors		VALSARTAN
Atopic Dermatitis	A topical corticosteroid or a topical corticosteroid combination preparation	ELIDEL
		EUCRISA
		pimecrolimus
		PROTOPIC
		tacrolimus
Atypical Antipsychotics	A generic atypical antipsychotic	ABILIFY
	Additional alternatives for Abilify only: generic antidepressant, haloperidol, pimozide	
	Additional alternatives for Abilify Mycrite only: generic antidepressant	ABILIFY MYCITE
	Additional alternatives for Abilify Mycrite only: generic antidepressant	ABILIFY MYCITE MAINTENANCE KIT
		ABILIFY MYCITE STARTER KIT
		CAPLYTA
		CLOZAPINE ODT
		CLOZARIL
		FANAPT
		FANAPT TITRATION PACK
		GEODON
		INVEGA
		LATUDA
		LYBALVI
		QUETIAPINE FUMARATE
		REXULTI
		RISPERDAL
		RISPERIDONE ODT
		SAPHRIS
		SECUADO
		SEROQUEL
	Additional alternatives for Seroquel XR only: generic antidepressant	SEROQUEL XR

This list may not be all inclusive. This list is subject to change. New-to-market products and variations of those products will not be added to the Utilization Management Program until they have been evaluated and approved by Prime Therapeutics. Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this Utilization Management information. Additional restrictions may apply. Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative. All brand names are the property of their respective owner". NetResults is a trademark of Prime Therapeutics LLC.

Utilization Management Program	Prerequisites	Drug(s) in Program
		VERSACLOZ
	Additional alternatives for Vraylar only: generic antidepressant	VRAYLAR
	Additional alternative for Zyprexa only: generic fluoxetine	ZYPREXA
	Additional alternative for Zyprexa Zydis only: generic fluoxetine	ZYPREXA ZYDIS
Atypical Antipsychotics Extended Maintenance		ABILIFY ASIMTUFI
	An oral short-acting atypical antipsychotic agent with same active ingredient	ABILIFY MAINTENA
	An oral short-acting atypical antipsychotic agent with same active ingredient	ARISTADA
	An oral short-acting atypical antipsychotic agent with same active ingredient	ARISTADA INITIO
	Invega Sustenna, Invega Trinza	INVEGA HAFYERA
	An oral short-acting atypical antipsychotic agent with same active ingredient	INVEGA SUSTENNA
	Invega Sustenna	INVEGA TRINZA
	An oral short-acting atypical antipsychotic agent with same active ingredient	PERSERIS
	An oral short-acting atypical antipsychotic agent with same active ingredient	RISPERDAL CONSTA
	An oral short-acting atypical antipsychotic agent with same active ingredient	RYKINDO
	An oral short-acting atypical antipsychotic agent with same active ingredient	UZEDY
	An oral short-acting atypical antipsychotic agent with same active ingredient	ZYPREXA RELPREVV
Continuous Glucose Monitor	A rapid acting insulin, regular insulin	DEXCOM G5 MOBILE RECEIVERKIT
		DEXCOM G5 MOBILE TRANSMITTER KIT
		DEXCOM G5 MOBILE/G4 PLATINUM SENSOR KIT
		DEXCOM G5 RECEIVER KIT
		DEXCOM G6 RECEIVER
		DEXCOM G6 SENSOR
		DEXCOM G6 TRANSMITTER
		DEXCOM G7 RECEIVER
		DEXCOM G7 SENSOR

This list may not be all inclusive. This list is subject to change. New-to-market products and variations of those products will not be added to the Utilization Management Program until they have been evaluated and approved by Prime Therapeutics. Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this Utilization Management information. Additional restrictions may apply. Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative. All brand names are the property of their respective owner". NetResults is a trademark of Prime Therapeutics LLC.

Utilization Management Program	Prerequisites	Drug(s) in Program
		FREESTYLE LIBRE 14 DAY/READER/FLASH MONITORING SYSTEM
		FREESTYLE LIBRE 14 DAY/SENSOR/FLASH MONITORING SYSTEM
		FREESTYLE LIBRE 2/READER/FLASH GLUCOSE MONITORING SYSTEM
		FREESTYLE LIBRE 2/SENSOR/FLASH GLUCOSE MONITORING SYSTEM
		FREESTYLE LIBRE 3/SENSOR/GLUCOSE MONITORING SYSTEM
		FREESTYLE LIBRE/READER/FLASH MONITORING SYSTEM
DPP-4 Inhibitors	Januvia, Janumet, Janumet XR	ALOGLIPTIN
		ALOGLIPTIN/METFORMIN HCL
		ALOGLIPTIN/METFORMIN HYDROCHLORIDE
		ALOGLIPTIN/PIOGLITAZONE
		JENTADUETO
		JENTADUETO XR
		KAZANO
		KOMBIGLYZE XR
		NESINA
		ONGLYZA
		OSENI
		TRADJENTA
Insulin Combinations	Generic metformin, a combination product containing metformin, insulin	SOLIQUA 100/33
		XULTOPHY 100/3.6
Lyrica and Savella		LYRICA
		LYRICA CR
		pregabalin er
		SAVELLA
		SAVELLA TITRATION PACK
Metformin ER	A non-targeted generic metformin ER	GLUMETZA
		metformin hydrochloride er
Methotrexate Injectable Agents	Generic methotrexate injectable solution (methotrexate sodium solution)	OTREXUP
	Generic methotrexate injectable solution (methotrexate sodium solution)	RASUVO

This list may not be all inclusive. This list is subject to change. New-to-market products and variations of those products will not be added to the Utilization Management Program until they have been evaluated and approved by Prime Therapeutics. Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this Utilization Management information. Additional restrictions may apply. Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative. All brand names are the property of their respective owner". NetResults is a trademark of Prime Therapeutics LLC.

Utilization Management Program	Prerequisites	Drug(s) in Program
	AND Otrexup AND RediTrex	
	Generic methotrexate injectable solution (methotrexate sodium solution)	REDITREX
Multiple Sclerosis	Generic dimethyl fumarate, fingolimod, glatiramer	AUBAGIO
	Generic dimethyl fumarate, fingolimod, glatiramer	AVONEX
	Generic dimethyl fumarate, fingolimod, glatiramer	AVONEX PEN
	ONE of the following: Generic dimethyl fumarate, fingolimod, glatiramer AND ONE of the following: Aubagio, Avonex, Betaseron, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia	BAFIERTAM
	Generic dimethyl fumarate, fingolimod, glatiramer	BETASERON
	Generic glatiramer AND ONE of the following: Aubagio, Avonex, Betaseron, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia	COPAXONE
	ONE of the following: Generic dimethyl fumarate, fingolimod, glatiramer AND ONE of the following: Aubagio, Avonex, Betaseron, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia	EXTAVIA
	Generic fingolimod AND ONE of the following: Aubagio, Avonex, Betaseron, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia	GILENYA
	Generic dimethyl fumarate, fingolimod, glatiramer	KESIMPTA
	Generic dimethyl fumarate, fingolimod, glatiramer	MAVENCLAD
	Generic dimethyl fumarate, fingolimod, glatiramer	MAYZENT
	Generic dimethyl fumarate, fingolimod, glatiramer	MAYZENT STARTER PACK
	Generic dimethyl fumarate, fingolimod, glatiramer	PLEGRIDY

This list may not be all inclusive. This list is subject to change. New-to-market products and variations of those products will not be added to the Utilization Management Program until they have been evaluated and approved by Prime Therapeutics. Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this Utilization Management information. Additional restrictions may apply. Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative. All brand names are the property of their respective owner". NetResults is a trademark of Prime Therapeutics LLC.

Utilization Management Program	Prerequisites	Drug(s) in Program
	Generic dimethyl fumarate, fingolimod, glatiramer	PLEGRIDY STARTER PACK
	ONE of the following: Generic dimethyl fumarate, fingolimod, glatiramer AND ONE of the following: Aubagio, Avonex, Betaseron, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia	PONVORY
	ONE of the following: Generic dimethyl fumarate, fingolimod, glatiramer AND ONE of the following: Aubagio, Avonex, Betaseron, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia	PONVORY 14-DAY STARTER PACK
	Generic dimethyl fumarate, fingolimod, glatiramer	REBIF
	Generic dimethyl fumarate, fingolimod, glatiramer	REBIF REBIDOSE
	Generic dimethyl fumarate, fingolimod, glatiramer	REBIF REBIDOSE TITRATION PACK
	Generic dimethyl fumarate, fingolimod, glatiramer	REBIF TITRATION PACK
		TASCENSO ODT
	Generic dimethyl fumarate AND ONE of the following: Aubagio, Avonex, Betaseron, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia	TECFIDERA
	Generic dimethyl fumarate AND ONE of the following: Aubagio, Avonex, Betaseron, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia	TECFIDERA STARTER PACK
	ONE of the following: Generic dimethyl fumarate, fingolimod, glatiramer AND ONE of the following: Aubagio, Avonex, Betaseron, Gilenya, Kesimpta, Mavenclad, Mayzent, Plegridy, Rebif, Zeposia	VUMERITY
Oral Inhalers		ADVAIR DISKUS
		ALVESCO
		FLOVENT DISKUS
		FLOVENT HFA

This list may not be all inclusive. This list is subject to change. New-to-market products and variations of those products will not be added to the Utilization Management Program until they have been evaluated and approved by Prime Therapeutics. Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this Utilization Management information. Additional restrictions may apply. Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative. All brand names are the property of their respective owner". NetResults is a trademark of Prime Therapeutics LLC.

Utilization Management Program	Prerequisites	Drug(s) in Program
		FLUTICASONE PROPIONATE HFA
Oral Tetracycline Derivatives	Any one preferred generic doxycycline agent AND Any one preferred generic minocycline agent	ACTICLATE
		coremino
		DORYX
		DORYX MPC
		DOXYCYCLINE
		DOXYCYCLINE HYCLATE DR
		minocycline hydrochloride er
		MINOCYCLINE HYDROCHLORIDEER
		MINOLIRA
		ORACEA
		SEYSARA
		SOLODYN
		VIBRAMYCIN
		XIMINO
Penicillamine	A generic penicillamine tablet	CUPRIMINE
		DEPEN TITRATABS
PPI	A generic oral formulation of omeprazole, lansoprazole, pantoprazole, rabeprazole, esomeprazole magnesium, dexlansoprazole	ACIPHEX
		ACIPHEX SPRINKLE
		DEXILANT
		ESOMEPRAZOLE STRONTIUM
		KONVOMEF
		NEXIUM
		omeprazole/sodium bicarbonate
		PREVACID
		PREVACID SOLUTAB
		PRILOSEC
		PROTONIX
		RABEPRAZOLE SODIUM DR SPRINKLE
		ZEGERID
SGLT Inhibitors	ONE of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR AND ONE of the following: Farxiga, Xigduo	BRENZAVVY
	ONE of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR AND ONE of the following: Farxiga, Xigduo	INPEFA

This list may not be all inclusive. This list is subject to change. New-to-market products and variations of those products will not be added to the Utilization Management Program until they have been evaluated and approved by Prime Therapeutics. Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this Utilization Management information. Additional restrictions may apply. Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative. All brand names are the property of their respective owner". NetResults is a trademark of Prime Therapeutics LLC.

Utilization Management Program	Prerequisites	Drug(s) in Program
	ONE of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR AND ONE of the following: Farxiga, Xigduo	INVOKAMET
	ONE of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR AND ONE of the following: Farxiga, Xigduo	INVOKAMET XR
	ONE of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR AND ONE of the following: Farxiga, Xigduo	INVOKANA
	Glyxambi, Trijardy XR	QTERN
	ONE of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR AND ONE of the following: Farxiga, Xigduo	SEGLUROMET
	ONE of the following: Glyxambi, Jardiance, Synjardy, Synjardy XR, Trijardy XR AND ONE of the following: Farxiga, Xigduo	STEGLATRO
	Glyxambi, Trijardy XR	STEGLUJAN
Statins	A generic statin or generic statin combination	ALTOPREV
		CRESTOR
		EZALLOR SPRINKLE
		EZETIMIBE/ROSUVASTATIN
		ezetimibe/simvastatin
		FLOLIPID
		LESCOL XL
		LIPITOR
		LIVALO
		ROSZET
		VYTORIN
		ZOCOR
		ZYPITAMAG
Triptans	A generic triptan	almotriptan
		almotriptan malate
		FROVA
		frovatriptan succinate
		zolmitriptan
		ZOMIG
		AMERGE
		IMITREX
		IMITREX STATDOSE REFILL
		IMITREX STATDOSE SYSTEM

This list may not be all inclusive. This list is subject to change. New-to-market products and variations of those products will not be added to the Utilization Management Program until they have been evaluated and approved by Prime Therapeutics. Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this Utilization Management information. Additional restrictions may apply. Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative. All brand names are the property of their respective owner". NetResults is a trademark of Prime Therapeutics LLC.

Utilization Management Program	Prerequisites	Drug(s) in Program
		MAXALT
		MAXALT-MLT
		ONZETRA XSAIL
		RELPAX
		SUMATRIPTAN SUCCINATE REFILL
		TOSYMRA
		TREXIMET
		ZEMBRACE SYMTOUCH
		ZOMIG

This list may not be all inclusive. This list is subject to change. New-to-market products and variations of those products will not be added to the Utilization Management Program until they have been evaluated and approved by Prime Therapeutics. Please discuss with your health care provider before you switch any medications to ensure clinically appropriate use. This list is not intended to dictate to physicians how to practice medicine or intended to replace the judgment of your physician. Prime Therapeutics is not liable for any treatment administered or prescribed as a result of this Utilization Management information. Additional restrictions may apply. Neither this document, nor the successful adjudication of a pharmacy claim, is guarantee of payment. Please refer to your member guide for detailed information regarding your pharmacy benefits, including your benefit design, out-of-pocket costs, prior review and restricted access medication requests, and applicable exclusions. For more information, please contact your Prime Therapeutics representative. All brand names are the property of their respective owner". NetResults is a trademark of Prime Therapeutics LLC.