

2026 Step Therapy Criteria

Updated 05/01/2026

ANTIDEPRESSANTS

Products Affected

Step 1:

- bupropion HCl SR 100 mg tablet, 12 hr sustained-release
- bupropion HCl SR 150 mg tablet, 12 hr sustained-release
- bupropion HCl SR 200 mg tablet, 12 hr sustained-release
- bupropion HCl XL 150 mg 24 hr tablet, extended release
- bupropion HCl XL 300 mg 24 hr tablet, extended release
- citalopram 10 mg tablet
- citalopram 10 mg/5 mL oral solution
- citalopram 20 mg tablet
- citalopram 40 mg tablet
- duloxetine 20 mg capsule, delayed release
- duloxetine 30 mg capsule, delayed release
- duloxetine 60 mg capsule, delayed release
- escitalopram 10 mg tablet
- escitalopram 20 mg tablet
- escitalopram 5 mg tablet
- fluoxetine 10 mg capsule
- fluoxetine 20 mg capsule
- fluoxetine 20 mg/5 mL (4 mg/mL) oral solution
- fluoxetine 40 mg capsule
- fluvoxamine 100 mg tablet
- fluvoxamine 25 mg tablet
- fluvoxamine 50 mg tablet
- paroxetine 10 mg tablet
- paroxetine 20 mg tablet
- paroxetine 30 mg tablet
- paroxetine 40 mg tablet
- sertraline 100 mg tablet
- sertraline 20 mg/mL oral concentrate
- sertraline 25 mg tablet
- sertraline 50 mg tablet
- venlafaxine 100 mg tablet
- venlafaxine 25 mg tablet
- venlafaxine 37.5 mg tablet
- venlafaxine 50 mg tablet
- venlafaxine 75 mg tablet
- venlafaxine ER 150 mg capsule, extended release 24 hr
- venlafaxine ER 37.5 mg capsule, extended release 24 hr
- venlafaxine ER 75 mg capsule, extended release 24 hr

Step 2:

- Exxua 18.2 mg (32 tabs) tablet, ER 24 hr dose pack
- Exxua 18.2 mg tablet, extended release
- Exxua 36.3 mg tablet, extended release
- Exxua 54.5 mg tablet, extended release
- Exxua 72.6 mg tablet, extended release

Details

Criteria	Coverage will be provided if one Step 1 drug has been tried (at least a 1-day supply in the prior 180 days.) Step 1 drugs include Bupropion SR/XL, Citalopram, Duloxetine, Escitalopram, Fluoxetine, Fluvoxamine, Paroxetine, Sertraline, or Venlafaxine IR/ER. Approve Exxua if the patient has suicidal ideation without a trial of prerequisite drugs. Approve Exxua if the patient is currently taking Exxua or has taken Exxua in the past.
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ANTIPSYCHOTICS (ORAL) - PST

Products Affected

Step 1:

- aripiprazole 1 mg/mL oral solution
- aripiprazole 10 mg disintegrating tablet
- aripiprazole 10 mg tablet
- aripiprazole 15 mg disintegrating tablet
- aripiprazole 15 mg tablet
- aripiprazole 2 mg tablet
- aripiprazole 20 mg tablet
- aripiprazole 30 mg tablet
- aripiprazole 5 mg tablet
- asenapine 10 mg sublingual tablet
- asenapine 2.5 mg sublingual tablet
- asenapine 5 mg sublingual tablet
- Caplyta 10.5 mg capsule
- Caplyta 21 mg capsule
- Caplyta 42 mg capsule
- Cobenfy 100 mg-20 mg capsule
- Cobenfy 125 mg-30 mg capsule
- Cobenfy 50 mg-20 mg capsule
- Cobenfy Starter Pack 50 mg-20 mg/100 mg-20 mg capsules in a dose pack
- lurasidone 120 mg tablet
- lurasidone 20 mg tablet
- lurasidone 40 mg tablet
- lurasidone 60 mg tablet
- lurasidone 80 mg tablet
- olanzapine 10 mg disintegrating tablet
- olanzapine 10 mg tablet
- olanzapine 15 mg disintegrating tablet
- olanzapine 15 mg tablet
- olanzapine 2.5 mg tablet
- olanzapine 20 mg disintegrating tablet
- olanzapine 20 mg tablet
- olanzapine 5 mg disintegrating tablet
- olanzapine 5 mg tablet
- olanzapine 7.5 mg tablet
- paliperidone ER 1.5 mg tablet,extended release 24 hr
- paliperidone ER 3 mg tablet,extended release 24 hr
- paliperidone ER 6 mg tablet,extended release 24 hr
- paliperidone ER 9 mg tablet,extended release 24 hr
- quetiapine 100 mg tablet
- quetiapine 150 mg tablet
- quetiapine 200 mg tablet
- quetiapine 25 mg tablet
- quetiapine 300 mg tablet
- quetiapine 400 mg tablet
- quetiapine 50 mg tablet
- quetiapine ER 150 mg tablet,extended release 24 hr
- quetiapine ER 200 mg tablet,extended release 24 hr
- quetiapine ER 300 mg tablet,extended release 24 hr
- quetiapine ER 400 mg tablet,extended release 24 hr
- quetiapine ER 50 mg tablet,extended release 24 hr
- Rexulti 0.25 mg tablet
- Rexulti 0.5 mg tablet
- Rexulti 1 mg tablet
- Rexulti 2 mg tablet
- Rexulti 3 mg tablet
- Rexulti 4 mg tablet
- risperidone 0.25 mg disintegrating tablet
- risperidone 0.25 mg tablet
- risperidone 0.5 mg disintegrating tablet
- risperidone 0.5 mg tablet
- risperidone 1 mg disintegrating tablet
- risperidone 1 mg tablet
- risperidone 1 mg/mL oral solution
- risperidone 2 mg disintegrating tablet
- risperidone 2 mg tablet
- risperidone 3 mg disintegrating tablet
- risperidone 3 mg tablet
- risperidone 4 mg disintegrating tablet
- risperidone 4 mg tablet
- Vraylar 0.5 mg capsule
- Vraylar 0.75 mg capsule
- Vraylar 1.5 mg capsule
- Vraylar 3 mg capsule
- Vraylar 4.5 mg capsule

- Vraylar 6 mg capsule
- ziprasidone 20 mg capsule
- ziprasidone 40 mg capsule

- ziprasidone 60 mg capsule
- ziprasidone 80 mg capsule

Step 2:

- Fanapt 1 mg tablet
- Fanapt 10 mg tablet
- Fanapt 12 mg tablet
- Fanapt 2 mg tablet
- Fanapt 4 mg tablet
- Fanapt 6 mg tablet
- Fanapt 8 mg tablet

- Fanapt Titration Pack A 1 mg (2)-2 mg (2)-4 mg (2)-6 mg (2) tablets
- Fanapt Titration Pack B 1 mg (6)-2 mg (2)-6 mg (2)-8 mg (2) tablets
- Fanapt Titration Pack C 1 mg (4)-2 mg (2)-6 mg (2) tablets

Details

Criteria	Coverage will be provided if two Step 1 drugs have been tried (at least a 1-day supply in the prior 180 days.) Step 1 drugs include oral formulations of Aripiprazole, Asenapine Maleate, Brexpiprazole, Cariprazine HCl, Lumateperone Tosylate, Lurasidone HCl, Olanzapine, Paliperidone, Quetiapine Fumarate, Risperidone, Xanomeline/Trospium Chloride, or Ziprasidone HCl. [Note: A trial of the brand name equivalent of a generic step 1 product will also count towards this requirement.] Approve if the patient is currently taking Fanapt or has taken Fanapt in the past.
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DEXTROMETHORPHAN/BUPROPION

Products Affected

Step 1:

- bupropion HCl 100 mg tablet
- bupropion HCl 75 mg tablet
- bupropion HCl SR 100 mg tablet, 12 hr sustained-release
- bupropion HCl SR 150 mg tablet, 12 hr sustained-release
- bupropion HCl SR 200 mg tablet, 12 hr sustained-release
- bupropion HCl XL 150 mg 24 hr tablet, extended release
- bupropion HCl XL 300 mg 24 hr tablet, extended release
- citalopram 10 mg tablet
- citalopram 10 mg/5 mL oral solution
- citalopram 20 mg tablet
- citalopram 40 mg tablet
- desvenlafaxine succinate ER 100 mg tablet, extended release 24 hr
- desvenlafaxine succinate ER 25 mg tablet, extended release 24 hr
- desvenlafaxine succinate ER 50 mg tablet, extended release 24 hr
- duloxetine 20 mg capsule, delayed release
- duloxetine 30 mg capsule, delayed release
- duloxetine 40 mg capsule, delayed release
- duloxetine 60 mg capsule, delayed release
- escitalopram 10 mg tablet
- escitalopram 20 mg tablet
- escitalopram 5 mg tablet
- escitalopram 5 mg/5 mL oral solution
- fluoxetine 10 mg capsule
- fluoxetine 20 mg capsule
- fluoxetine 20 mg/5 mL (4 mg/mL) oral solution
- fluoxetine 40 mg capsule
- fluvoxamine 100 mg tablet
- fluvoxamine 25 mg tablet
- fluvoxamine 50 mg tablet
- nefazodone 100 mg tablet
- nefazodone 150 mg tablet
- nefazodone 200 mg tablet
- nefazodone 250 mg tablet
- nefazodone 50 mg tablet
- paroxetine 10 mg tablet
- paroxetine 10 mg/5 mL oral suspension
- paroxetine 20 mg tablet
- paroxetine 30 mg tablet
- paroxetine 40 mg tablet
- paroxetine ER 12.5 mg tablet, extended release 24 hr
- paroxetine ER 25 mg tablet, extended release 24 hr
- paroxetine ER 37.5 mg tablet, extended release 24 hr
- sertraline 100 mg tablet
- sertraline 20 mg/mL oral concentrate
- sertraline 25 mg tablet
- sertraline 50 mg tablet
- venlafaxine 100 mg tablet
- venlafaxine 25 mg tablet
- venlafaxine 37.5 mg tablet
- venlafaxine 50 mg tablet
- venlafaxine 75 mg tablet
- venlafaxine ER 150 mg capsule, extended release 24 hr
- venlafaxine ER 37.5 mg capsule, extended release 24 hr
- venlafaxine ER 75 mg capsule, extended release 24 hr
- vilazodone 10 mg tablet
- vilazodone 20 mg tablet
- vilazodone 40 mg tablet

Step 2:

- Auvelity 45 mg-105 mg tablet, extended release

Details

Criteria	Coverage will be provided if the patient has tried 1) a generic selective serotonin reuptake inhibitor (SSRI) or serotonin-norepinephrine reuptake inhibitor (SNRI) AND 2) bupropion (at least a 1-day supply in the prior 180 days.) Approve Auvelity if the patient has suicidal ideation without a trial of prerequisite drugs. Approve Auvelity if the patient is currently taking Auvelity or has taken Auvelity in the past.
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TRAZODONE

Products Affected

Step 1:

- trazodone 100 mg tablet
- trazodone 150 mg tablet
- trazodone 50 mg tablet

Step 2:

- Raldesy 10 mg/mL oral solution

Details

Criteria	Coverage will be provided if the patient has tried a tablet dosage form of generic Trazodone (at least a 1-day supply in the prior 180 days.) Approve Raldesy if the patient has difficulty swallowing tablets or cannot swallow tablets. Approve if the patient is currently taking Raldesy or has taken Raldesy at any time in the past.
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