



Step Therapy Requirements

MEDICARE ADVANTAGE | 2025

ESSENCE ADVANTAGE® (HMO) - ESSENCE ADVANTAGE® CHOICE (PPO)
ESSENCE ADVANTAGE® CHOICE PLUS (PPO) - ESSENCE ADVANTAGE® PREMIER PLUS (PPO)
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PPO plans: serving the Greater St. Louis area (Missouri and Illinois), the Greater Chicago area,
Mid-Missouri, Southwest Missouri and Northwest Arkansas

HMO and PPO plans: serving Central Arkansas, the Greater Cincinnati area (Northern Kentucky, Ohio and Indiana)
and the Greater Louisville and Lexington areas (Kentucky and Indiana)

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**
- *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 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 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 1MG(2)-2 MG(2)-4MG(2)-6 MG(2) TABLETS IN A DOSE PACK
- FANAPT 2 MG TABLET
- FANAPT 4 MG TABLET
- FANAPT 6 MG TABLET
- FANAPT 8 MG TABLET

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. [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 the requested drug. Approve if the patient has taken the requested drug at any time in the past.
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CONSTIPATION AGENTS - OTHER - PST

Products Affected

Step 1:

- SYMPROIC 0.2 MG TABLET

Step 2:

- RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SOLUTION
- RELISTOR 12 MG/0.6 ML SUBCUTANEOUS SYRINGE
- RELISTOR 8 MG/0.4 ML SUBCUTANEOUS SYRINGE

Details

Criteria	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve Relistor injection if being prescribed for the treatment of opioid-induced constipation in an adult patient with advanced illness who is receiving palliative care without a trial of a Step 1 drug.
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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 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	Approve if the patient has tried a generic SSRI OR SNRI AND separately tried bupropion. Approve Auvelity if the patient has suicidal ideation without a trial of a Step 1 drug. Approve Auvelity if the patient is currently receiving Auvelity or has taken Auvelity in the past.
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PULMONARY ANTI-INFLAMMATORY - PST

Products Affected

Step 1:

- ALVESCO 160 MCG/ACTUATION AEROSOL INHALER
- ALVESCO 80 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 100 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 200 MCG/ACTUATION AEROSOL INHALER
- ASMANEX HFA 50 MCG/ACTUATION AEROSOL INHALER
- ASMANEX TWISTHALER 110 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(120 DOSES) BREATH ACTIVATED INHLR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(30 DOSES) BREATH ACTIVATED INHALR
- ASMANEX TWISTHALER 220 MCG/ACTUATION(60 DOSES) BREATH ACTIVATED INHALR
- PULMICORT FLEXHALER 180 MCG/ACTUATION BREATH ACTIVATED
- PULMICORT FLEXHALER 90 MCG/ACTUATION BREATH ACTIVATED
- QVAR REDIHALER 40 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL
- QVAR REDIHALER 80 MCG/ACTUATION HFA BREATH ACTIVATED AEROSOL

Step 2:

- FLUTICASONE PROPIONATE 110 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 220 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 44 MCG/ACTUATION HFA AEROSOL INHALER

Details

Criteria	If the patient has tried two Step 1 drugs, approve the requested Step 2 drug. If the patient is 5 to 11 years of age and is unable to use BOTH a dry powder inhaler AND a breath-actuated metered-dose inhaler (i.e., Qvar Redihaler), approve fluticasone propionate HFA if the patient has tried Asmanex HFA. If the patient is 4 years of age or younger, approve fluticasone propionate HFA (AA to Flovent HFA) without a trial of a Step 1 drug. If the patient is being treated for eosinophilic esophagitis or chronic graft versus host disease with lung involvement (bronchiolitis obliterans syndrome), approve fluticasone propionate HFA without a trial of a Step 1 drug.
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Index

A

ALVESCO 160 MCG/ACTUATION
AEROSOL INHALER..... 6

ALVESCO 80 MCG/ACTUATION
AEROSOL INHALER..... 6

aripiprazole 1 mg/ml oral solution..... 1, 2

aripiprazole 10 mg disintegrating tablet . 1, 2

aripiprazole 10 mg tablet 1, 2

aripiprazole 15 mg disintegrating tablet . 1, 2

aripiprazole 15 mg tablet 1, 2

aripiprazole 2 mg tablet 1, 2

aripiprazole 20 mg tablet 1, 2

aripiprazole 30 mg tablet 1, 2

aripiprazole 5 mg tablet 1, 2

asenapine 10 mg sublingual tablet 1, 2

asenapine 2.5 mg sublingual tablet 1, 2

asenapine 5 mg sublingual tablet 1, 2

ASMANEX HFA 100 MCG/ACTUATION
AEROSOL INHALER..... 6

ASMANEX HFA 200 MCG/ACTUATION
AEROSOL INHALER..... 6

ASMANEX HFA 50 MCG/ACTUATION
AEROSOL INHALER..... 6

ASMANEX TWISTHALER 110
MCG/ACTUATION(30 DOSES)
BREATH ACTIVATED INHALR..... 6

ASMANEX TWISTHALER 220
MCG/ACTUATION(120 DOSES)
BREATH ACTIVATED INHLR 6

ASMANEX TWISTHALER 220
MCG/ACTUATION(30 DOSES)
BREATH ACTIVATED INHALR..... 6

ASMANEX TWISTHALER 220
MCG/ACTUATION(60 DOSES)
BREATH ACTIVATED INHALR..... 6

AUVELITY 45 MG-105 MG TABLET,
EXTENDED RELEASE..... 4, 5

B

bupropion hcl 100 mg tablet 4, 5

bupropion hcl 75 mg tablet 4, 5

bupropion hcl sr 100 mg tablet,12 hr
sustained-release 4, 5

bupropion hcl sr 150 mg tablet,12 hr
sustained-release 4, 5

bupropion hcl sr 200 mg tablet,12 hr
sustained-release 4, 5

bupropion hcl xl 150 mg 24 hr tablet,
extended release 4, 5

bupropion hcl xl 300 mg 24 hr tablet,
extended release 4, 5

C

CAPLYTA 10.5 MG CAPSULE 1, 2

CAPLYTA 21 MG CAPSULE 1, 2

CAPLYTA 42 MG CAPSULE 1, 2

citalopram 10 mg tablet 4, 5

citalopram 10 mg/5 ml oral solution..... 4, 5

citalopram 20 mg tablet 4, 5

citalopram 40 mg tablet 4, 5

D

desvenlafaxine succinate er 100 mg
tablet,extended release 24 hr 4, 5

desvenlafaxine succinate er 25 mg
tablet,extended release 24 hr 4, 5

desvenlafaxine succinate er 50 mg
tablet,extended release 24 hr 4, 5

duloxetine 20 mg capsule,delayed release . 4,
5

duloxetine 30 mg capsule,delayed release . 4,
5

duloxetine 60 mg capsule,delayed release . 4,
5

E

escitalopram 10 mg tablet 4, 5

escitalopram 20 mg tablet 4, 5

escitalopram 5 mg tablet 4, 5

escitalopram 5 mg/5 ml oral solution..... 4, 5

F

FANAPT 1 MG TABLET 2

FANAPT 10 MG TABLET 2

FANAPT 12 MG TABLET 2

FANAPT 1MG(2)-2 MG(2)-4MG(2)-6
MG(2) TABLETS IN A DOSE PACK... 2

FANAPT 2 MG TABLET 2

FANAPT 4 MG TABLET 2

FANAPT 6 MG TABLET 2

FANAPT 8 MG TABLET 2

fluoxetine 10 mg capsule 4, 5

fluoxetine 20 mg capsule 4, 5

fluoxetine 20 mg/5 ml (4 mg/ml) oral
 solution..... 4, 5
 fluoxetine 40 mg capsule 4, 5
FLUTICASONE PROPIONATE 110
 MCG/ACTUATION HFA AEROSOL
 INHALER..... 6
FLUTICASONE PROPIONATE 220
 MCG/ACTUATION HFA AEROSOL
 INHALER..... 6
FLUTICASONE PROPIONATE 44
 MCG/ACTUATION HFA AEROSOL
 INHALER..... 6
 fluvoxamine 100 mg tablet 4, 5
 fluvoxamine 25 mg tablet 4, 5
 fluvoxamine 50 mg tablet 4, 5
L
 lurasidone 120 mg tablet..... 1, 2
 lurasidone 20 mg tablet..... 1, 2
 lurasidone 40 mg tablet..... 1, 2
 lurasidone 60 mg tablet..... 1, 2
 lurasidone 80 mg tablet..... 1, 2
N
 nefazodone 100 mg tablet 4, 5
 nefazodone 150 mg tablet 4, 5
 nefazodone 200 mg tablet 4, 5
 nefazodone 250 mg tablet 4, 5
 nefazodone 50 mg tablet 4, 5
O
 olanzapine 10 mg disintegrating tablet ... 1, 2
 olanzapine 10 mg tablet 1, 2
 olanzapine 15 mg disintegrating tablet ... 1, 2
 olanzapine 15 mg tablet 1, 2
 olanzapine 2.5 mg tablet 1, 2
 olanzapine 20 mg disintegrating tablet ... 1, 2
 olanzapine 20 mg tablet 1, 2
 olanzapine 5 mg disintegrating tablet 1, 2
 olanzapine 5 mg tablet 1, 2
 olanzapine 7.5 mg tablet 1, 2
P
 paliperidone er 1.5 mg tablet,extended
 release 24 hr 1, 2
 paliperidone er 3 mg tablet,extended release
 24 hr 1, 2
 paliperidone er 6 mg tablet,extended release
 24 hr 1, 2

paliperidone er 9 mg tablet,extended release
 24 hr 1, 2
 paroxetine 10 mg tablet..... 4, 5
 paroxetine 10 mg/5 ml oral suspension .. 4, 5
 paroxetine 20 mg tablet..... 4, 5
 paroxetine 30 mg tablet..... 4, 5
 paroxetine 40 mg tablet..... 4, 5
 paroxetine er 12.5 mg tablet,extended
 release 24 hr 4, 5
 paroxetine er 25 mg tablet,extended release
 24 hr 4, 5
 paroxetine er 37.5 mg tablet,extended
 release 24 hr 4, 5
PULMICORT FLEXHALER 180
 MCG/ACTUATION BREATH
 ACTIVATED..... 6
PULMICORT FLEXHALER 90
 MCG/ACTUATION BREATH
 ACTIVATED..... 6
Q
 quetiapine 100 mg tablet..... 1, 2
 quetiapine 200 mg tablet..... 1, 2
 quetiapine 25 mg tablet..... 1, 2
 quetiapine 300 mg tablet..... 1, 2
 quetiapine 400 mg tablet..... 1, 2
 quetiapine 50 mg tablet..... 1, 2
 quetiapine er 150 mg tablet,extended release
 24 hr 1, 2
 quetiapine er 200 mg tablet,extended release
 24 hr 1, 2
 quetiapine er 300 mg tablet,extended release
 24 hr 1, 2
 quetiapine er 400 mg tablet,extended release
 24 hr 1, 2
 quetiapine er 50 mg tablet,extended release
 24 hr 1, 2
QVAR REDIHALER 40
 MCG/ACTUATION HFA BREATH
 ACTIVATED AEROSOL 6
QVAR REDIHALER 80
 MCG/ACTUATION HFA BREATH
 ACTIVATED AEROSOL 6
R
RELISTOR 12 MG/0.6 ML
 SUBCUTANEOUS SOLUTION..... 3

RELISTOR 12 MG/0.6 ML	
SUBCUTANEOUS SYRINGE	3
RELISTOR 8 MG/0.4 ML	
SUBCUTANEOUS SYRINGE	3
REXULTI 0.25 MG TABLET.....	1, 2
REXULTI 0.5 MG TABLET.....	1, 2
REXULTI 1 MG TABLET.....	1, 2
REXULTI 2 MG TABLET.....	1, 2
REXULTI 3 MG TABLET.....	1, 2
REXULTI 4 MG TABLET.....	1, 2
risperidone 0.25 mg disintegrating tablet	1, 2
risperidone 0.25 mg tablet.....	1, 2
risperidone 0.5 mg disintegrating tablet..	1, 2
risperidone 0.5 mg tablet.....	1, 2
risperidone 1 mg disintegrating tablet.....	1, 2
risperidone 1 mg tablet.....	1, 2
risperidone 1 mg/ml oral solution.....	1, 2
risperidone 2 mg disintegrating tablet.....	1, 2
risperidone 2 mg tablet.....	1, 2
risperidone 3 mg disintegrating tablet.....	1, 2
risperidone 3 mg tablet.....	1, 2
risperidone 4 mg disintegrating tablet.....	1, 2
risperidone 4 mg tablet.....	1, 2
S	
sertraline 100 mg tablet.....	4, 5
sertraline 20 mg/ml oral concentrate.....	4, 5
sertraline 25 mg tablet.....	4, 5

sertraline 50 mg tablet.....	4, 5
SYMPROIC 0.2 MG TABLET	3
V	
venlafaxine 100 mg tablet.....	4, 5
venlafaxine 25 mg tablet.....	4, 5
venlafaxine 37.5 mg tablet.....	4, 5
venlafaxine 50 mg tablet.....	4, 5
venlafaxine 75 mg tablet.....	4, 5
venlafaxine er 150 mg capsule,extended	
release 24 hr	4, 5
venlafaxine er 37.5 mg capsule,extended	
release 24 hr	4, 5
venlafaxine er 75 mg capsule,extended	
release 24 hr	4, 5
vilazodone 10 mg tablet.....	4, 5
vilazodone 20 mg tablet.....	4, 5
vilazodone 40 mg tablet.....	4, 5
VRAYLAR 1.5 MG CAPSULE.....	1, 2
VRAYLAR 3 MG CAPSULE.....	1, 2
VRAYLAR 4.5 MG CAPSULE.....	1, 2
VRAYLAR 6 MG CAPSULE.....	1, 2
Z	
ziprasidone 20 mg capsule.....	1, 2
ziprasidone 40 mg capsule.....	1, 2
ziprasidone 60 mg capsule.....	1, 2
ziprasidone 80 mg capsule.....	1, 2