

**2026 Step Therapy Requirements**

**Effective 05/01/2026**

# arb step

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**Products Affected**

- EDARBI 40 MG TABLET
- EDARBI 80 MG TABLET
- EDARBYCLOR 40 MG-12.5 MG TABLET
- EDARBYCLOR 40 MG-25 MG TABLET

**Details**

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<b>Criteria</b>	Coverage of certain branded Angiotensin-Receptor Blockers (ARB) and ARB combos requires a trial of two generic ARB or ARB combinations. If the required drugs appear in the prescription profile in the last 365 days, then additional documentation is not required.
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# bempedoic acid step

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## Products Affected

- NEXLETOL 180 MG TABLET
- NEXLIZET 180 MG-10 MG TABLET

## Details

<b>Criteria</b>	Coverage of Nexletol or Nexlizet requires either (1) a trial of ONE of the following generic statins: atorvastatin, fluvastatin, lovastatin, pitavastatin, pravastatin, rosuvastatin, or simvastatin, or (2) documentation patient cannot tolerate statins. For (1) above, if the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required.
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# penicillamine step

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## Products Affected

- *penicillamine 250 mg capsule*
- *trientine 250 mg capsule*
- *trientine 500 mg capsule*

## Details

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<b>Criteria</b>	Coverage of penicillamine capsules or trientine capsules requires a trial of penicillamine tablets (generic for Depen). If the required drug appears in the prescription profile in the last 365 days, then additional documentation is not required.
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# sglt2 step

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## Products Affected

- *dapagliflozin 10 mg tablet*
- *dapagliflozin 10 mg-metformin er 1,000 mg tablet, ext rel 24hr*
- *dapagliflozin 5 mg tablet*
- *dapagliflozin 5 mg-metformin er 1,000 mg tablet, ext rel 24hr*
- JARDIANCE 10 MG TABLET
- JARDIANCE 25 MG TABLET
- SYNJARDY 12.5 MG-1,000 MG TABLET
- SYNJARDY 12.5 MG-500 MG TABLET
- SYNJARDY 5 MG-1,000 MG TABLET
- SYNJARDY 5 MG-500 MG TABLET
- SYNJARDY XR 10 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 12.5 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 25 MG-1,000 MG TABLET, EXTENDED RELEASE
- SYNJARDY XR 5 MG-1,000 MG TABLET, EXTENDED RELEASE

## Details

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Criteria	
	Coverage of Jardiance, Synjardy, dapagliflozin (authorized generic of Farxiga), and dapagliflozin/metformin (authorized generic of Xigduo) requires a trial of brand Farxiga or brand Xigduo. If the drug is being requested to reduce the risk of cardiovascular death in adults with type 2 diabetes mellitus and established cardiovascular disease, then the prerequisite trial is not required. If the required drugs appear in the prescription profile in the last 365 days, then additional documentation is not required.

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