



Freedom Formulary

STEP THERAPY LIST

Effective January 1, 2025

FREEDOM FORMULARY STEP THERAPY LIST

This is the Capital Rx list of medications that require step therapy and their prerequisite medication requirements for the Freedom formulary. Step therapy requires that you try one or more of the preferred/prerequisite drugs before coverage for a more expensive alternative is approved. It works to make sure you get the safest, most effective and reasonably-priced drug available.

This list may have medications not covered under your prescription drug benefit plan. To view the complete listing of covered products please visit www.cap-rx.com. If you have any questions about your prescription drug benefit, please call the number on your ID card.

AT A GLANCE

Additions	Removals
KERENDIA	REXULTI
OXaprozin	saxagliptin-metformin
SITAGLIPTAN-METFORMIN	VRAYLAR

TREATMENT CATEGORY	STEP THERAPY PROGRAM	PREREQUISITE MEDICATIONS	TARGET AGENT	CONTINUATION OF THERAPY LOOKBACK PERIOD	PRE-REQUISITE MEDICATION FILLS REQUIRED
Behavioral Health	Antidepressants	ONE generic antidepressant agent (SSRIs like citalopram tablet/solution, fluoxetine; SNRIs like duloxetine, venlafaxine; bupropion ER (SR); mirtazapine; vilazodone)	APLENZIN AUVELITY BUPROPION ER (XL) 450MG CELEXA CITALOPRAM 30MG CAPSULE CYMBALTA DESVENLAFAKINE ER 100MG and 50MG DRIZALMA SPRINKLE EFFEXOR XR FETZIMA FLUOXETINE 60MG TABLET	180 Days	One Fill

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Behavioral Health	Antidepressants	ONE generic antidepressant agent (SSRIs like citalopram tablet/solution, fluoxetine; SNRIs like duloxetine, venlafaxine; bupropion ER (SR); mirtazapine; vilazodone)	FLUOXETINE 90MG DR CAPSULE	180 Days	One Fill
			FORFIVO XL		
			KHEDEZLA		
			LEXAPRO		
			MAPROTILINE		
			PAXIL		
			PAXIL CR		
			PEXEVA		
			PRISTIQ		
			PROZAC		
			REMERON		
			REMERON SOLTAB		
			SERTRALINE CAPSULE		
			TRINTELLIX		
Atypical Antipsychotics	Atypical Antipsychotics	ONE generic atypical antipsychotic agent (aripiprazole, clozapine, ziprasidone, paliperidone, olanzapine, risperidone, quetiapine) OR for Tourette syndrome only, generic haloperidol or pimozide	VENLAFAXINE ER 112.5MG TABLET	180 Days	One Fill
			VIIBRYD		
			WELLBUTRIN SR		
			WELLBUTRIN XL		
			ZOLOFT		
			ABILIFY		
			ABILIFY MYCITE		
			CAPLYTA		
			CLOZAPINE 12.5MG ODT		
			CLOZARIL		

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Behavioral Health	Atypical Antipsychotics	ONE generic atypical antipsychotic agent (aripiprazole, clozapine, ziprasidone, paliperidone, olanzapine, risperidone, quetiapine) OR for Tourette syndrome only, generic haloperidol or pimozide	LYBALVI QUETIAPINE 150MG TABLET RISPERDAL RISPERIDONE 0.25MG ODT SAPRHIS SECUADO SEROQUEL SEROQUEL XR VERSACLOZ ZYPREXA ZYPREXA ZYDIS	180 Days	One Fill
Cardiovascular	Statins	ONE generic statin or statin combination agent (including atorvastatin, lovastatin, pravastatin, rosuvastatin)	ALTOPREV ATORVALIQ CRESTOR EZALLOR SPRINKLE EZETIMIBE-ROUVASTATIN FLOLIPID LESCOL XL LIPITOR PRAVACHOL ROSZET SIMVASTATIN SUSPENSION VYTORIN ZOCOR ZYPITAMAG	90 Days	One Fill
Diabetes	Continuous Glucose Monitors (CGM)	ONE insulin agent (e.g., Admelog, AfreZZA, Humalog, insulin)	DEXCOM G5 PRODUCTS DEXCOM G6 PRODUCTS	90 Days	None

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Diabetes	Continuous Glucose Monitors (CGM)	glargine)	DEXCOM G7 PRODUCTS	90 Days	None
			FREESTYLE LIBRE 14 PRODUCTS		
			FREESTYLE LIBRE 2 PRODUCTS		
			FREESTYLE LIBRE 3 PRODUCTS		
			FREESTYLE LIBRE PRODUCTS		
	DPP4s	ONE of the following agents: Januvia, Janumet, or Janumet XR	ALOGLIPTIN	None	Three Fills
			ALOGLIPTIN-METFORMIN		
			ALOGLIPTIN-PIOGLIPTIN		
			JENTADUETO		
			JENTADUETO XR		
			KAZANO		
			KOMBIGLYZE XR		
			NESINA		
			ONGLYZA		
			OSENI		
	Glucose Test Strips	ONE preferred glucose cartridge, test strips, or all-in-one glucose meter system (Including Contour)	SITAGLIPTAN-METFORMIN	90 Days	One Fill
			ACCU-CHEK PRODUCTS		
			ACCUTREND PRODUCTS		
			ADVANCE PRODUCTS		
			ADVOCATE PRODUCTS		
			AGAMATRIX PRODUCTS		
			ASSURE PRODUCTS		
			BD PRODUCTS		
			BIOSCANNER PRODUCTS		
			BIOTEL PRODUCTS		
			BLUELINK PRODUCTS		

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Diabetes	Glucose Test Strips	ONE preferred glucose cartridge, test strips, or all-in-one glucose meter system (including Contour)	CAREONE PRODUCTS CARESENS PRODUCTS CARETOUCH PRODUCTS CHOICE DM PRODUCTS CLEVER PRODUCTS COOL PRODUCTS CVS PRODUCTS DIATHRIVE PRODUCTS DIATRUE PRODUCTS DUO-CARE PRODUCTS EASY PRODUCTS ELEMENT PRODUCTS EMBRACE PRODUCTS EQ BLOOD PRODUCTS EVENCARE PRODUCTS EVOLUTION PRODUCTS EXACTECH PRODUCTS FIFTY50 PRODUCTS FORA PRODUCTS FORACARE PRODUCTS FORTISCARE PRODUCTS FREESTYLE PRODUCTS GE100 PRODUCTS GENULTIMATE PRODUCTS GHT PRODUCTS GLUCO PERFECT PRODUCTS GLUCOCARD PRODUCTS GLUCOCOM PRODUCTS GLUCONAVII PRODUCTS	90 Days	One Fill

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Diabetes	Glucose Test Strips	ONE preferred glucose cartridge, test strips, or all-in-one glucose meter system (Including Contour)	GNP PRODUCTS GOJJI PRODUCTS GOODSENSE PRODUCTS HW EMBRACE PRODUCTS IGLUCOSE PRODUCTS INFINITY PRODUCTS INTOUCH PRODUCTS KROGER PRODUCTS LIBERTY PRODUCTS MEIJER PRODUCTS MICRODOT PRODUCTS MM EASY PRODUCTS MYGLUCOHEALTH PRODUCTS NEUTEK PRODUCTS NOVA MAX PRODUCTS ON CALL PRODUCTS ONE DROP PRODUCTS OPTIUM PRODUCTS OPTUMRX PRODUCTS PHARMACIST CHOICE PRODUCTS PIP BLOOD GLUCOSE PRODUCTS POCKETCHEM EZ PRODUCTS POGO PRODUCTS PRECISION PRODUCTS PREMIUM PRODUCTS PRO VOICE PRODUCTS PRODIGY PRODUCTS	90 Days	One Fill

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Diabetes	Glucose Test Strips	ONE preferred glucose cartridge, test strips, or all-in-one glucose meter system (Including Contour)	PTS PRODUCTS QUICKTEK PRODUCTS QUINTET PRODUCTS REFUAH PRODUCTS RELION PRODUCTS REVEAL PRODUCTS REXALL PRODUCTS RIGHTTEST PRODUCTS SMART SENSE PRODUCTS SMARTEST PRODUCTS SOLUS PRODUCTS SUPREME PRODUCTS SURE EDGE PRODUCTS SURE-TEST PRODUCTS SURECHECK PRODUCTS TEMPO PRODUCTS TGT PRODUCTS TRUE FOCUS PRODUCTS TRUE METRIX PRODUCTS TRUETEST PRODUCTS TRUETRACK PRODUCTS ULTIMA PRODUCTS ULTRATRAK PRODUCTS VERASENS PRODUCTS VIVAGUARD PRODUCTS VOCAL POINT PRODUCTS WAVESENSE PRODUCTS	90 Days	One Fill
			SOLIQUA		

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Diabetes	Insulin Combinations	metformin/SGLT2, metformin/meglitinide, metformin/sulfonylurea) OR a basal insulin (insulin glargine, insulin detemir, insulin degludec)	XULTOPHY	90 Days	One Fill
	Metformin ER	ONE non-target generic metformin ER agent	FORTAMET	90 Days	One Fill
			GLUMETZA		
			metformin er modified		
			metformin er osmotic		
			RIOMET ER		
	Qtern, Steglujan	ONE of the following: Glyxambi or Trjardy XR	QTERN	None	One Fill
			STEGLUJAN		
	SGLT2 Inhibitor Combinations	ONE agent containing dapagliflozin AND ONE medication containing empagliflozin	BRENZAVVY	None	One Fill
			INPEFA		
			INVOKAMET		
			INVOKAMET XR		
			INVOKANA		
			SEGLUROMET		
			STEGLATRO		
Gastrointestinal	Pancreatic Enzymes	BOTH Creon and Zenpep	PANCREAZE PERTZYE VIOKACE	90 Days	One Fill
Infectious Disease	Topical Antibiotics	ANY TWO generic topical antibiotic agents (including topical generic clindamycin, erythromycin, metronidazole, benzoyl peroxide, sulfacetamide and combinations, azelaic acid gel)	ACANYA ACZONE AKTIPAK AMZEEQ AZELEX BENZAMYCIN CLEOCIN-T CLINDAGEL EPIDUO	90 Days	One Fill

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Infectious Disease	Topical Antibiotics	ANY TWO generic topical antibiotic agents (including topical generic clindamycin, erythromycin, metronidazole, benzoyl peroxide, sulfacetamide and combinations, azelaic acid gel)	EPIDUO FORTE EPSOLAY ERY ERYGEL EVOCLIN FINACEA KLARON METROCREAM METROGEL METROLOTION NORITATE ONEXTON VELTIN ZIANA ZILXI	90 Days	One Fill
Migraine	Ergotamine	TWO triptan agents with different active ingredients (e.g., sumatriptan, rizatriptan)	CAFERGOT D.H.E. dihydroergotamine ERGOMAR ERGOTAMINE-CAFFEINE MIGERGOT	90 Days	One Fill
	Triptans	ONE generic triptan agent (eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan)	almotriptan AMERGE FROVA frovatriptan IMITREX MAXALT MAXALT-MLT ONZETRA XSAIL	90 Days	One Fill

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Migraine	Triptans	ONE generic triptan agent (eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan)	RELPAX	90 Days	One Fill
			SUMATRIPTAN 6MG/0.5ML		
			sumatriptan-naproxen		
			TOSYMRA		
			TREXIMET		
			ZEMBRACE SYMTOUCH		
			ZOLMITRIPTAN SOLUTION		
			ZOMIG		
			ZOMIG ZMT		
Ophthalmic	Xdemvy	Ivermectin oral tablet	XDEMZY	None	One Fill
Other	Crinone	Endometrin	CRINONE 8% GEL	90 Days	One Fill
		ONE of the following: Generic micronized progesterone, generic progesterone in oil, generic medroxyprogesterone acetate tablets, generic medroxyprogesterone acetate injection, combination oral contraceptives, progesterone only oral contraceptives	CRINONE 4% GEL	90 Days	One Fill
	Heartburn (PPIs)	ONE generic proton pump inhibitor (PPI) agent (oral formulations of omeprazole, lansoprazole, pantoprazole, omeprazole-sodium bicarbonate, rabeprazole)	ACIPHEX	90 Days	One Fill
			ACIPHEX SPRINKLE		
			ESOMEPRAZOLE STRONTIUM		
			KONVOMEP		
			NEXIUM		
			PREVACID		
			PREVACID SOLUTAB		
			PRILOSEC		
			PROTONIX		
			RABEPRAZOLE SPRINKLE		
			ZEGERID		
	Insomnia	ONE generic	AMBIEN	90 Days	One Fill

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Other	Insomnia	nonbenzodiazepine hypnotic agent (including eszopiclone, zolpidem, zolpidem ER, zaleplon)	AMBIEN CR	90 Days	One Fill
			BELSOMRA		
			DAYVIGO		
			EDLUAR		
			INTERMEZZO		
			LUNESTA		
			QUVIVIQ		
			ROZEREM		
			SILENOR		
			ZOLPIDEM CAP		
Other	Kerendia	ONE ACE-inhibitor (i.e. lisinopril) or ARB (i.e. losartan) AND ONE DPP-4 inhibitor, GLP-1 antagonist, SGLT-2 inhibitor, insulin, or metformin	KERENDIA	180 Days	One Fill
	Methotrexate Injection	For Otrexup and RediTrex: ONE generic methotrexate injectable agent	OTREXUP	90 Days	One Fill
		For Rasuvo: ONE generic methotrexate injectable AND Otrexup AND RediTrex	RASUVO		
Urinary Incontinence	Urinary Incontinence	ONE generic urinary incontinence agent (including tolterodine, tolterodine ER, oxybutynin ER, darifenacin ER, solifenacin)	REDITREX		
			DETROL	90 Days	One Fill
			DETROL LA		
			DITROPAN XL		
			GELNIQUE		
			GEMTESA		
			MYRBETRIQ		
			OXYBUTYNIN 2.5MG TABLET		
			OXYTROL		
			TOVIAZ		

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Other	Urinary Incontinence	ONE generic urinary incontinence agent (including tolterodine, tolterodine ER, oxybutynin ER, darifenacin ER, solifenacin)	VESICARE VESICARE LS	90 Days	One Fill
	Fibromyalgia	ONE generics agent (duloxetine, amitriptyline, nortriptyline, desipramine, imipramine, gabapentin, pregabalin, tramadol, cyclobenzaprine, venlafaxine) OR Lyrica: any generic/ brand anticonvulsant AND Lyrica CR/pregabalin ER: generic pregabalin IR	LYRICA LYRICA CR pregabalin er SAVELLA	90 Days	One Fill
Pain	Gabapentin ER	ONE generic gabapentin immediate release agent	gabapentin (once-daily) GRALISE HORIZANT ER	90 Days	One Fill
	Oral NSAIDs	ANY TWO prescription generic oral non-steroidal anti-inflammatory drugs (NSAID) or NSAID/misoprostol combination (naproxen, naproxen ER, diclofenac/ misoprostol, celecoxib, oxaprozin, piroxicam, ketoprofen, etodolac, meloxicam, fenoprofen)	ANAPROX DS ARTHROTEC CAMBIA CELEBREX COXANTO DAYPRO DICLOFENAC 35MG CAPSULE EC-NAPROSYN 375MG AND 500MG FELDENE FENOPROFEN 200MG FENORTHO FLURBIPROFEN 50MG INDOCIN INDOMETHACIN 20MG KETOPROFEN KETOPROFEN ER	90 Days	One Fill

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Pain	Oral NSAIDs	ANY TWO prescription generic oral non-steroidal anti-inflammatory drugs (NSAID) or NSAID/misoprostol combination (naproxen, naproxen ER, diclofenac/ misoprostol, celecoxib, oxaprozin, piroxicam, ketoprofen, etodolac, me洛xicam, fenoprofen)	KIPROFEN	90 Days	One Fill
			LODINE		
			MECLOFENAMATE		
			MELOXICAM 7.5MG SUSPENSION		
			MOBIC		
			NAPRELAN ER		
			NAPROSYN		
			OXaprozin		
			QMIIZ ODT		
			RELAFEN DS		
			TIVORBEX		
			TOLMETIN		
			VIVLODEX		
			ZIPSOR		
			ZORVOLEX		
Respiratory	Penicillamine	Generic penicillamine tablets	CUPRIMINE	90 Days	One Fill
			DEPEN TITRATABS		
			penicillamine capsules		
Respiratory	Albuterol	ONE of the following: Generic albuterol HFA, Ventolin HFA	ALBUTEROL HFA	90 Days	One Fill
			PROAIR DIGIHALER		
			PROAIR HFA		
			PROAIR RESPICLICK		
			PROVENTIL HFA		
	Oral Inhalers	ONE generic fluticasone-salmeterol agent	ADVAIR DISKUS	None	One Fill
		ONE of the following: Arnuity Ellipta, Asmanex HFA, Asmanex Twihaler, Qvar HFA	ALVESCO	None	One Fill
			FLOVENT DISKUS		
			FLOVENT HFA		
			FLUTICASONE PROPIONATE DISKUS		

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Respiratory	Oral Inhalers	ONE of the following: Arnuity Ellipta, Asmanex HFA, Asmanex Twishaler, Qvar HFA	FLUTICASONE PROPIONATE HFA	None	One Fill
Topical Products	Atopic Dermatitis	ONE generic topical corticosteroid agent or a topical corticosteroid combination preparation (including hydrocortisone, clobetasone, betamethasone, clobetasol, mometasone)	ELIDEL CREAM	90 Days	One Fill
			EUCRISA OINTMENT		
			pimecrolimus cream		
			PROTOPIC OINTMENT		
			tacrolimus ointment		
	Retinoids	ONE generic topical retinoid agent (including tretinoin, tazarotene)	ADAPALENE PAD, SOLUTION	90 Days	One Fill
			AKLIEF		
			ALTRENO		
			ARAZLO		
			ATRALIN		
			CABTREO		
			DIFFERIN		
			FABIOR		
			RETIN-A		
			RETIN-A MICRO		
			TAZAROTENE FOAM		
			TAZORAC CREAM, GEL		
			TWYNEO		

