

January 2024

Step Therapy Utilization Management Commercial

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
	A generic stimulant agent	
	Additional alternatives for Intuniv,	
	Kapvay, Qelbree, and Strattera only:	
ADHD Agents	a generic non-stimulant agent	ADDERALL
ADHD Agents		ADDERALL XR
ADHD Agents		ADHANSIA XR
ADHD Agents		ADZENYS XR-ODT
ADHD Agents		APTENSIO XR
ADHD Agents		AZSTARYS
ADHD Agents		CONCERTA
ADHD Agents		COTEMPLA XR-ODT
ADHD Agents		DAYTRANA
ADHD Agents		DESOXYN
ADHD Agents		DEXEDRINE
ADHD Agents		DYANAVEL XR
ADHD Agents		EVEKEO
ADHD Agents		EVEKEO ODT
ADHD Agents		FOCALIN
ADHD Agents		FOCALIN XR
ADHD Agents		INTUNIV

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."

Utilization Management Program	Prerequisites	Drug(s) in Program
ADHD Agents		JORNAY PM
ADHD Agents		KAPVAY
ADHD Agents		METHYLIN
		METHYLPHENIDATE
ADHD Agents		HYDROCHLORIDE ER
ADHD Agents		MYDAYIS
ADHD Agents		QELBREE
ADHD Agents		QUILLICHEW ER
ADHD Agents		QUILLIVANT XR
ADHD Agents		RELEXXII
ADHD Agents		RITALIN
ADHD Agents		RITALIN LA
ADHD Agents		STRATTERA
ADHD Agents		VYVANSE
ADHD Agents		XELSTRYM
ADHD Agents		ZENZEDI
ARB/Renin Inhibitors	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
·	innibitor combination (e.g. aliskiren)	
ARB/Renin Inhibitors		ATACAND HCT
ARB/Renin Inhibitors		AVALIDE
ARB/Renin Inhibitors		AVAPRO
ARB/Renin Inhibitors		AZOR
ARB/Renin Inhibitors		BENICAR
ARB/Renin Inhibitors		BENICAR HCT
ARB/Renin Inhibitors		COZAAR
ARB/Renin Inhibitors		DIOVAN
ARB/Renin Inhibitors		DIOVAN HCT
ARB/Renin Inhibitors		EDARBI

Utilization Management Program	Prerequisites	Drug(s) in Program
ARB/Renin Inhibitors		EDARBYCLOR
ARB/Renin Inhibitors		EXFORGE
ARB/Renin Inhibitors		EXFORGE HCT
ARB/Renin Inhibitors		HYZAAR
ARB/Renin Inhibitors		MICARDIS
ARB/Renin Inhibitors		MICARDIS HCT
ARB/Renin Inhibitors		TEKTURNA
ARB/Renin Inhibitors		TEKTURNA HCT
ARB/Renin Inhibitors		TELMISARTAN/AMLODIPINE
ARB/Renin Inhibitors		TRIBENZOR
ARB/Renin Inhibitors		VALSARTAN
Antidepressants	citalopram, duloxetine, escitalopram, fluoxetine, fluoxetine DR, fluvoxamine, fluvoxamine ER, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER, vilazodone. Additional alternatives for Cymbalta/brand duloxetine products only: amitriptyline, cyclobenzaprine, desipramine, gabapentin, imipramine, nortriptyline, tramadol	APLENZIN
Antidepressants		AUVELITY
Antidepressants		BUPROPION HYDROCHLORIDE ER (XL)
Antidepressants Antidepressants		CITALOPRAM HYDROBROMIDE
Antidepressants		CYMBALTA
Antidepressants		DESVENLAFAXINE ER
Antidepressants		DRIZALMA SPRINKLE
Antidepressants		EFFEXOR XR
Antidepressants		FETZIMA
Antidepressants		FETZIMA TITRATION PACK
Antidepressants		FLUOXETINE DR
Antidepressants		FLUOXETINE HYDROCHLORIDE
Antidepressants		FORFIVO XL
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Utilization Management Program	Prerequisites	Drug(s) in Program
Antidepressants		PAXIL
Antidepressants		PAXIL CR
Antidepressants		PEXEVA
Antidepressants		PRISTIQ
Antidepressants		PROZAC
Antidepressants		REMERON
Antidepressants		REMERON SOLTAB
Antidepressants		SERTRALINE HYDROCHLORIDE
Antidepressants		TRINTELLIX
Antidepressants		VENLAFAXINE BESYLATE ER
Antidepressants		VIIBRYD
Antidepressants		VIIBRYD STARTER PACK
Antidepressants		WELLBUTRIN SR
Antidepressants		WELLBUTRIN XL
Antidepressants		ZOLOFT
	A topical corticosteroid or a topical corticosteroid combination	
Atopic Dermatitis	preparation	ELIDEL
Atopic Dermatitis		EUCRISA
Atopic Dermatitis		pimecrolimus
Atopic Dermatitis		PROTOPIC
Atopic Dermatitis		tacrolimus
Atypical Antipsychotics	A generic atypical antipsychotic Additional alternatives for Abilify only: generic antidepressant, haloperidol, pimozide	ABILIFY
Atypical Antipsychotics	Additional alternatives for Abilify Mycite only: generic antidepressant	ABILIFY MYCITE
Atypical Antipsychotics	Additional alternatives for Abilify Mycite only: generic antidepressant Additional alternatives for Abilify	ABILIFY MYCITE MAINTENANCE KIT
Atypical Antipsychotics	Mycite only: generic antidepressant	ABILIFY MYCITE STARTER KIT
Atypical Antipsychotics	, ,	CAPLYTA
Atypical Antipsychotics		CLOZAPINE ODT
Atypical Antipsychotics		CLOZARIL
Atypical Antipsychotics		FANAPT
Atypical Antipsychotics		FANAPT TITRATION PACK

Utilization Management Program	Prerequisites	Drug(s) in Program
Atypical Antipsychotics		GEODON
Atypical Antipsychotics		INVEGA
Atypical Antipsychotics		LATUDA
Atypical Antipsychotics		LYBALVI
Atypical Antipsychotics		QUETIAPINE FUMARATE
	Additional alternatives for Rexulti	
Atypical Antipsychotics	only: generic antidepressant	REXULTI
Atypical Antipsychotics		RISPERDAL
Atypical Antipsychotics		RISPERIDONE ODT
Atypical Antipsychotics		SAPHRIS
Atypical Antipsychotics		SECUADO
Atypical Antipsychotics		SEROQUEL
	Additional alternatives for Seroquel	
Atypical Antipsychotics	XR only: generic antidepressant	SEROQUEL XR
Atypical Antipsychotics		VERSACLOZ
	Additional alternatives for Vraylar	
Atypical Antipsychotics	only: generic antidepressant	VRAYLAR
Atypical Antipsychotics	Additional alternative for Zyprexa only: generic fluoxetine	ZYPREXA
Atypical Antipsychotics	Additional alternative for Zyprexa	ZTPNEAA
Atypical Antipsychotics	Zydis only: generic fluoxetine	ZYPREXA ZYDIS
Gabapentin ER	Generic gabapentin	GRALISE
Gabapentin ER		HORIZANT
	Ascensia products (Contour, Bayer	
	Breeze) or Lifescan products	
Glucose Test Strips	(OneTouch)	Glucose Test Strips and Disks
	Generic nonbenzodiazepine hypnotic	
Insomnia	agent	AMBIEN
Insomnia		AMBIEN CR
Insomnia		BELSOMRA
Insomnia		DAYVIGO
Insomnia		EDLUAR
Insomnia		LUNESTA
Insomnia		QUVIVIQ
Insomnia		ROZEREM
Insomnia		SILENOR
Insomnia		ZOLPIDEM TARTRATE

Utilization Management Program	Prerequisites	Drug(s) in Program
Insomnia		ZOLPIMIST
	Generic metformin, a combination	
	product containing metformin,	
Insulin Combination	insulin	SOLIQUA 100/33
Insulin Combination		XULTOPHY 100/3.6
	Generic duloxetine, amitriptyline,	
	nortriptyline, imipramine,	
	desipramine, cyclobenzaprine,	
	venlafaxine, gabapentin,	
	pregabalin or tramadol	
	Additional alternatives for Lyrica	
Lyrica and Savella	only: an anticonvulsant agent	LYRICA
	Generic duloxetine, amitriptyline,	
	nortriptyline, imipramine,	
	desipramine, venlafaxine, or gabapentin	
Lyrica and Savella	AND pregabalin immediate release	LYRICA CR
Lyrica and Savena	Generic duloxetine, amitriptyline,	ETRICA CIT
	nortriptyline, imipramine,	
	desipramine, cyclobenzaprine,	
	venlafaxine, gabapentin,	
Lyrica and Savella	pregabalin or tramadol	SAVELLA
,	Generic duloxetine, amitriptyline,	
	nortriptyline, imipramine,	
	desipramine, cyclobenzaprine,	
	venlafaxine, gabapentin,	
Lyrica and Savella	pregabalin or tramadol	SAVELLA TITRATION PACK
	Generic methotrexate injectable	
	solution (methotrexate sodium	
Methotrexate Injection	solution)	OTREXUP
	Generic methotrexate injectable	
	solution (methotrexate sodium	
	solution)	
Mathatravata Injection	AND PadiTray	DACINO.
Methotrexate Injection	AND RediTrex Generic methotrexate injectable	RASUVO
	solution (methotrexate injectable	
Methotrexate Injection	solution)	REDITREX
Ophthalmic Prostaglandins	A generic ophthalmic prostaglandin	IYUZEH
Ophthalmic Prostaglandins	Agenerie opiitiiaiiiie prostagiaiiaiii	LATANOPROST
Ophthalmic Prostaglandins		LUMIGAN

Utilization Management Program	Prerequisites	Drug(s) in Program
Ophthalmic Prostaglandins		TRAVATAN Z
Ophthalmic Prostaglandins		VYZULTA
Ophthalmic Prostaglandins		XALATAN
Ophthalmic Prostaglandins		XELPROS
Ophthalmic Prostaglandins		ZIOPTAN
PPI	A generic oral formulation of omeprazole, lansoprazole, pantoprazole, rabeprazole, esomeprazole magnesium, dexlansoprazole	ACIPHEX
PPI	·	ACIPHEX SPRINKLE
PPI		DEXILANT
PPI		ESOMEPRAZOLE STRONTIUM
PPI		KONVOMEP
PPI		NEXIUM
PPI		PREVACID
PPI		PREVACID SOLUTAB
PPI		PRILOSEC
PPI		PROTONIX
PPI		RABEPRAZOLE SODIUM DR SPRINKLE
PPI		VOQUEZNA
PPI		ZEGERID
Retinoids	A generic topical retinoid	ADAPALENE
Retinoids		AKLIEF
Retinoids		ALTRENO
Retinoids		ATRALIN
Retinoids		DIFFERIN
Retinoids		EPIDUO
Retinoids		EPIDUO FORTE
Retinoids		FABIOR
Retinoids		RETIN-A
Retinoids		RETIN-A MICRO
Retinoids		RETIN-A MICRO PUMP
Retinoids		TAZAROTENE

Utilization Management Program	Prerequisites	Drug(s) in Program
Retinoids		TAZORAC
Retinoids		TWYNEO
	A generic statin or generic statin	
Statins	combination	ALTOPREV
Statins		ATORVALIQ
Statins		CRESTOR
Statins		EZALLOR SPRINKLE
Statins		EZETIMIBE/ROSUVASTATIN
Statins		FLOLIPID
Statins		LESCOL XL
Statins		LIPITOR
Statins		LIVALO
Statins		ROSZET
Statins		VYTORIN
Statins		ZOCOR
Statins		ZYPITAMAG
Topical Antibiotics	TWO generic topical antibiotic agents	ACANYA
Topical Antibiotics		ACZONE
Topical Antibiotics		AMZEEQ
Topical Antibiotics		AZELEX
Topical Antibiotics		BENZAC AC WASH
Topical Antibiotics		BENZACLIN
Topical Antibiotics		BENZACLIN WITH PUMP
Topical Antibiotics		BENZAMYCIN
Topical Antibiotics		BENZEPRO
Topical Antibiotics		BENZOYL PEROXIDE
Topical Antibiotics		BENZOYL PEROXIDE 8%
Topical Antibiotics		BENZOYL PEROXIDE HYDROUS
Topical Antibiotics		CLEOCIN-T
Topical Antibiotics		CLINDAGEL
Topical Antibiotics		dapsone

Utilization Management Program	Prerequisites	Drug(s) in Program
Topical Antibiotics		EPSOLAY
Topical Antibiotics		ERY
Topical Antibiotics		ERYGEL
Topical Antibiotics		EVOCLIN
Topical Antibiotics		FINACEA
Topical Antibiotics		KLARON
Topical Antibiotics		METROCREAM
Topical Antibiotics		METROGEL
Topical Antibiotics		METROLOTION
Topical Antibiotics		NORITATE
Topical Antibiotics		ONEXTON
Topical Antibiotics		PR BENZOYL PEROXIDE
Topical Antibiotics		VELTIN
Topical Antibiotics		ZACLIR CLEANSING
Topical Antibiotics		ZIANA
Topical Antibiotics		ZILXI
Topical NSAID	A generic topical NSAID	DICLOFENAC EPOLAMINE
Topical NSAID		diclofenac sodium
Topical NSAID		FLECTOR
Topical NSAID		LICART
Topical NSAID		PENNSAID
Triptans	A generic triptan	almotriptan
Triptans		almotriptan malate
Triptans		AMERGE
Triptans		FROVA
Triptans		frovatriptan succinate
Triptans		IMITREX
Triptans		IMITREX STATDOSE REFILL
Triptans		IMITREX STATDOSE SYSTEM
Triptans		MAXALT
Triptans		MAXALT-MLT
Triptans		ONZETRA XSAIL
Triptans		RELPAX
Triptans		SUMATRIPTAN SUCCINATE REFILL
Triptans		TOSYMRA
Triptans		TREXIMET

Utilization Management Program	Prerequisites	Drug(s) in Program
Triptans		ZEMBRACE SYMTOUCH
Triptans		ZOLMITRIPTAN
Triptans		zolmitriptan
Triptans		ZOMIG
Urinary Incontinence	A generic urinary incontinence agent	DETROL
Urinary Incontinence		DETROL LA
Urinary Incontinence		DITROPAN XL
Urinary Incontinence		GELNIQUE
Urinary Incontinence		GEMTESA
Urinary Incontinence		MYRBETRIQ
Urinary Incontinence		OXYBUTYNIN CHLORIDE
Urinary Incontinence		OXYTROL
Urinary Incontinence		TOVIAZ
Urinary Incontinence		VESICARE
Urinary Incontinence		VESICARE LS



In accordance with federal regulations, Blue Cross Blue Shield of North Dakota is required to provide you the following disclosure:

Blue Cross Blue Shield of North Dakota complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex. Blue Cross Blue Shield of North Dakota does not exclude people or treat them differently because of race, color, national origin, age, disability, gender identity, sexual orientation or sex.

Blue Cross Blue Shield of North Dakota:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please call Member Services at 1-844-363-8457 (toll-free) or through the North Dakota Relay at 1-800-366-6888 or 711.

If you believe that Blue Cross Blue Shield of North Dakota has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, sexual orientation or sex, you can file a grievance with:

Civil Rights Coordinator

4510 13th Ave S

Fargo, ND 58121

701-297-1638 or North Dakota Relay at 800-366-6888 or 711

701-282-1804 (fax)

CivilRightsCoordinator@bcbsnd.com (email) (Communication by unencrypted email presents a risk.)

You can file a grievance in person or by mail, fax, or email within 180 days of the date of the alleged discrimination. Grievance forms are available at http://www.bcbsnd.com/report or by calling 1-844-363-8457. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue SW.

Room 509F, HHH Building

Washington, DC 20201

800-368-1019 or 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-363-8457 (TTY: 1-800-366-6888 oder 711).

4510 13th Avenue South, Fargo, North Dakota 58121

中文 (Chinese)

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-844-363-8457 (TTY: 1-800-366-6888 或 711)。

Oroomiffa (Oromo)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-844-363-8457 (TTY: 1-800-366-6888 ykn 711).

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-363-8457 (TTY: 1-800-366-6888 hoặc 711).

Ikirundi (Bantu - Kirundi)

ICITONDERWA: Nimba uvuga Ikirundi, uzohabwa serivisi zo gufasha mu ndimi, ku buntu. Woterefona 1-844-363-8457 (TTY: 1-800-366-6888 canke 711).

(Arabic) العربية

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 8457-363-844-1 (رقم هاتف الصم والبكم: 848-360-845-1 (رقم هاتف الصم والبكم:

Kiswahili (Swahili)

KUMBUKA: Ikiwa unazungumza Kiswahili, unaweza kupata, huduma za lugha, bila malipo. Piga simu 1-844-363-8457 (TTY: 1-800-366-6888 au 711).

Русский (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-363-8457 (телетайп: 1-800-366-6888 или 711).

日本語 (Japanese)

注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。1-844-363-8457 (TTY: 1-800-366-6888 または 711) まで、お電話にてご連絡ください。

नेपाली (Nepali)

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-844-363-8457 (टिटिवाइ: 1-800-366-6888 वा 711) ।

Français (French)

ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-844-363-8457 (ATS : 1-800-366-6888 ou 711).

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-363-8457 (TTY: 1-800-366-6888 또는 711)번으로 전화해 주십시오.

Tagalog (Tagalog – Filipino)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-363-8457 (TTY: 1-800-366-6888 o 711).

Norsk (Norwegian)

MERK: Hvis du snakker norsk, er gratis språkassistansetjenester tilgjengelige for deg. Ring 1-844-363-8457 (TTY: 1-800-366-6888 eller 711).

Diné Bizaad (Navajo)

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'dę́ę́', t'áá jiik'eh, éí ná hólǫ́, kojį' hódíílnih 1-844-363-8457 (TTY: 1-800-366-6888 éí doodagó 711.)