



2027 Step Therapy Criteria

MedMutual Advantage[®] HMO, HMO-POS and PPO Plans

Updated 10/2026

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C7580-MCA R6/26

ANTIDEPRESSANTS

Products Affected

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	Pending CMS Review
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ANTIPSYCHOTICS (ORAL) - PST

Products Affected

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	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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ANTIPSYCHOTICS (ORAL) - PST - BYSANTI

Products Affected

Step 2:

- BYSANTI 1 MG TABLET
- BYSANTI 10 MG TABLET
- BYSANTI 12 MG TABLET
- BYSANTI 2 MG TABLET
- BYSANTI 4 MG TABLET
- BYSANTI 6 MG TABLET
- BYSANTI 8 MG TABLET
- BYSANTI TITRATION PACK A
1MG(2)-2 MG(2)-4MG(2)-6 MG(2)
TABLET PK
- BYSANTI TITRATION PACK B
1MG(6)-2MG(2)-6MG(2)-8MG(2)
TABLET PK
- BYSANTI TITRATION PACK C 1 MG
(4)-2 MG (2)-6 MG (2) TABLET PK

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. If the patient has metabolic syndrome, approve if the patient has tried aripiprazole (brand or generic) or ziprasidone (brand or generic).
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CONSTIPATION AGENTS - OTHER - PST

Products Affected

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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PULMONARY AGENTS

Products Affected

Step 2:

- BREZTRI AEROSPHERE 160 MCG-9MCG-4.8MCG/ACTUATION HFA AEROSOL INHALER

Details

Criteria	If the patient has tried a Step 1 drug, approve the requested Step 2 drug. Approve BREZTRI if the patient is currently receiving BREZTRI or has taken BREZTRI in the past.
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PULMONARY ANTI-INFLAMMATORY - PST

Products Affected

Step 2:

- FLUTICASONE PROPIONATE 110 MCG/ACTUATION HFA AEROSOL INHALER
- FLUTICASONE PROPIONATE 220 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. If the patient is pregnant and is currently receiving the requested drug, approve without a trial of a Step 1 drug.
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SGLT2 INHIBITORS - PST

Products Affected

Step 2:

- FARXIGA 10 MG TABLET
- FARXIGA 5 MG TABLET

Details

Criteria	If the patient has tried TWO Step 1 drugs, approve the requested Step 2 drug.
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TRAZODONE

Products Affected

Step 2:

- RALDESY 10 MG/ML ORAL SOLUTION

Details

Criteria	If the patient has tried one Step 1 drug, then authorization for a Step 2 drug will be given. 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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