Capital Rx

NOVANT HEALTH

Liberty Formulary
STEP THERAPY LIST

Effective January 1, 2026

LIBERTY FORMULARY STEP THERAPY LIST

The is the Capital Rx list of medications that require step therapy and their prerequisite medication requirements for the Liberty 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.

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)	CITALOPRAM 30MG CAPSULE	180 Days	One Fill
			DESVENLAFAXINE ER		
			FETZIMA		
			FLUOXETINE 90MG DR		
			KHEDEZLA		
			MAPROTILINE		
			PEXEVA		
			SERTRALINE CAPSULE		
			TRINTELLIX		
			VIIBRYD		
	Atypical Antipsychotics	ONE generic atypical antipsychotic agent (aripiprazole, clozapine, ziprasidone, paliperidone, olanzapine, risperidone, quetiapine)	CLOZAPINE 200MG and 12.5MG ODT	180 Days	One Fill
			FANAPT		
			QUETIAPINE 150MG TABLET		
			RISPERIDONE 0.25 ODT		
			SECUADO		
			VERSACLOZ		
Diabetes	Continuous Glucose Monitors (CGM)	ONE insulin agent (e.g., Admelog, Afrezza, Humalog, insulin glargine)	DEXCOM G5 PRODUCTS	90 Days	None
			DEXCOM G6 PRODUCTS		
			DEXCOM G7 PRODUCTS		
	Metformin ER	ONE non-target generic	metformin er modified	90 Days	One Fill

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Diabetes	Metformin ER	metformin ER agent	metformin er osmotic	90 Days	One Fill
			RIOMET ER		
Migraine	Ergotamine	TWO triptan medications with different active ingredients (e.g., sumatriptan, rizatriptan)	dihydroergotamine	90 Days	One Fill
			ERGOMAR		
			ERGOTAMINE-CAFFEINE		
			MIGERGOT		
	Triptans	ONE generic triptan agent (eletriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan)	almotriptan	90 Days	One Fill
			frovatriptan		
			IMITREX		
			ONZETRA XSAIL		
			SUMATRIPTAN 6MG/0.5ML		
			sumatriptan-naproxen		
			TOSYMRA		
			ZEMBRACE SYMTOUCH		
			ZOLMITRIPTAN SOLUTION		
			ZOMIG 2.5MG		
Ophthalmic	Xdemvy	Ivermectin oral tablet	XDEMVY	None	One Fill
Other	Insomnia	ONE generic nonbenzodiazepine hypnotic agent (including eszopiclone, zolpidem, zolpidem ER, zaleplon)	BELSOMRA	90 Days	One Fill
			EDLUAR		
			ZOLPIDEM SL		
			ZOLPIMIST		
	Kerendia	ONE ACE-inhibtor (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
Pain	Gabapentin ER	ONE generic gabapentin	GRALISE	90 Days	One Fill
			HORIZANT ER		