

Step Therapy Programs for Members on the Basic Drug List, Basic Annual Drug List, Enhanced Drug List or Enhanced Annual Drug List

| Drug Category* | Prescription Drugs within the Category* | |
|--|---|---|
| <i>Non-Specialty Step Therapy</i> | | |
| Atopic Dermatitis | Elidel/pimecrolimus Eucrisa | Protopic/ tacrolimus |
| Atypical Antipsychotics | Abilify Abilify Mycite Caplyta Clozapine ODT Clozaril Fanapt Geodon Invega Latuda Lybalvi Rexulti [§] | Risperdal Risperidone ODT Saphris Secuado Seroquel Seroquel XR Versacloz Vraylar Zyprexa Zyprexa Zydys |
| Depression | Auvelity Bupropion ER 450 mg Celexa Citalopram Cymbalta Desvenlafaxine ER tabs Drizalma Sprinkle Effexor Effexor XR Fetzima Fluoxetine 60 mg Fluoxetine delayed release Forfivo XL Lexapro | Paxil Paxil CR Pexeva Pristiq Prozac Remeron Remeron SolTab Sertraline Trintellix Venlafaxine ER Viibryd Wellbutrin SR Zoloft |
| DPP-4 Inhibitors and Combinations | Alogliptin Alogliptin/ metformin Alogliptin/ pioglitazone Jentadueto Jentadueto XR Kazano | Kombiglyze XR Nesina Onglyza Oseni Tradjenta Zituvio |
| Gabapentin ER | Gralise | Horizant |
| Glucose Test Strips | All non-preferred brand test strips and disks. | |

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| Insomnia | Ambien Ambien CR Belsomra Dayvigo Edluar Intermezzo/ zolpidem | Lunesta Quviviq Rozerem Silenor Zolpimist |
| Insulin Combination Agents | Soliqua | Xultophy |
| Methotrexate Injectable | Otrexup Rasuvo | RediTrex |
| Ophthalmic Prostaglandins (formerly Glaucoma) | Iyuzeh Lumigan Travatan Z Travoprost Vyzulta | Xalatan Xelpros Zioptan |
| Oral Inhalers | Advair Diskus Alvesco Flovent Diskus ⁺ | Flovent HFA ⁺ Fluticasone propionate aerosol inhalation |
| Phosphate Binder | Auryxia Fosrenol/lanthanum carbonate Renagel | Renvela Sevelamer hydrochloride Velphoro |
| Sodium-glucose Co-transporter (SGLT) Inhibitors and Combinations (formerly SGLT-2 Inhibitors and Combinations) | Brenzavvy/Bexagliflozin Inpefa Invokana Invokamet Invokamet XR | Qtern Segluromet Steglatro Steglujan |
| Topical Non-Steroidal Anti-Inflammatory Drug (NSAID) | Diclofenac epolamine patch diclofenac solution Diclofono Flector | Licart Pennsaid/diclofenac 2% solution Voltaren |
| Specialty Step Therapy | | |
| Colony Stimulating Factors | Fynetra Granix Neulasta Neupogen Nyvepria | Releuko Rolvedon Stimufend Udenyca |
| Infertility** | Chorionic Gonadotropin Gonal F | Gonal F RFF Novarel |

If you have any questions, call the number listed on your member ID card.

**Third-party brand names are the property of their respective owners. These programs are subject to change from time to time and additional drugs may be added to the categories listed.*

***Does not apply to standard HMO plans*

+ Manufacturer is discontinuing the product in early 2024.

§ Effective on Basic Annual and Enhanced Annual 1/1/2025.