

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

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

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

*+ Manufacturer is discontinuing the product in early 2024.*

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