

# Step therapy – Select Formulary

Utilization management  
updates July 1, 2025



Most medical conditions have many medication options. Although their clinical effectiveness may be the same, the costs can be very different. The step therapy program gives you the treatment you need, usually at a lower cost.

**This is a list of medications that have been added to the step therapy program.**

## **Here's how it works:**

With this program, you must try a step 1 medication first, before a step 2 medication may be covered. When you bring a prescription to your pharmacy, our system will check the medication for step therapy requirements. If your pharmacy claims show you have tried a step 1 medication in the recent past, the step 2 medication may be filled. If not, the pharmacist will contact your doctor to explain next steps.

If you see your medication listed, we encourage you to talk with your doctor about your treatment and medication options. If you have questions about the step therapy program, call the phone number on your member ID card.

## Step therapy medications

The following medications have been added to a step therapy program. This means you must try a lower-cost medication (step 1) before a higher-cost medication (step 2) is covered.

| Condition                                   | Step 1                                                                                                                                                               | Step 2                                                                                                           |
|---------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| <b>Anti-infectives</b>                      |                                                                                                                                                                      |                                                                                                                  |
| Antifungals                                 | Both a generic intravaginal product (e.g., boric acid, clotrimazole, miconazole, terconazole, tioconazole,) AND generic oral fluconazole                             | <b>BREXAFEMME<sup>2</sup></b>                                                                                    |
| Bacterial Vaginosis Agents                  | Any one of the following generics: clindamycin 2% vaginal cream, metronidazole 0.75% vaginal gel                                                                     | <b>CLEOCIN SUPPOSITORY, CLEOCIN VAGINAL CREAM, NUVESSA, VANDAZOLE</b>                                            |
|                                             | Any one of the following generics: clindamycin 2% vaginal cream, metronidazole tablet, metronidazole 0.75% vaginal gel, tinidazole tablet                            | <b>SOLOSEC</b>                                                                                                   |
| Hepatitis B Virus (HBV) agents <sup>3</sup> | Any one of the following generics: entecavir, tenofovir                                                                                                              | <b>VEMLIDY</b>                                                                                                   |
| Oral Brand Tetracyclines                    | Any one of the following generics: doxycycline, minocycline                                                                                                          | <b>AVIDOXY, DORYX, DORYX MPC, EMROSI, LYMEPAK, MINOLIRA, MONDOXYNE NL, ORACEA, SOLODYN, TARGADOX, VIBRAMYCIN</b> |
|                                             | Both of the following generics: doxycycline AND minocycline                                                                                                          | <b>SEYSARA</b>                                                                                                   |
| Otic Agents                                 | Generic ofloxacin                                                                                                                                                    | <b>CETRAXAL</b>                                                                                                  |
|                                             | Both of the following generics: ciprofloxacin-dexamethasone otic suspension AND ofloxacin otic solution                                                              | <b>CIPRODEX</b>                                                                                                  |
| <b>Cardiovascular</b>                       |                                                                                                                                                                      |                                                                                                                  |
| Antilipemic                                 | Any one of the following generics: atorvastatin, fluvastatin IR/ER, lovastatin, pravastatin, rosuvastatin, simvastatin                                               | <b>ALTOPREV, EZALLOR, FLOLIPID, LESCOL XL, LIPITOR, LIVALO, ZOCOR</b>                                            |
|                                             | Generic ezetimibe and any one of the following generics: atorvastatin, fluvastatin IR/ER, lovastatin, pravastatin, rosuvastatin, simvastatin                         | <b>EZETIMIBE-ROSUVASTATIN<sup>2</sup>, ROSZET<sup>2</sup></b>                                                    |
|                                             | Any one of the following generics: atorvastatin, fluvastatin IR/ER, lovastatin, pravastatin, rosuvastatin, simvastatin AND preferred brand <b>LIVALO<sup>1</sup></b> | <b>ZYPITAMAG</b>                                                                                                 |
|                                             | Any one of the following generics: atorvastatin, rosuvastatin, ezetimibe/rosuvastatin                                                                                | <b>REPATHA<sup>2</sup></b>                                                                                       |
| Beta Blockers                               |                                                                                                                                                                      | <b>KAPSPARGO</b>                                                                                                 |

**Bold type = Brand-name drug**

Plain type = Generic drug

| Condition                       | Step 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Step 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Renin-Angiotensin System Agents | Any one of the following generics: amlodipine-benazepril, amlodipine-olmesartan, benazepril, benazepril-HCTZ, candesartan, candesartan-HCTZ, captopril, captopril-HCTZ, enalapril, enalapril-HCTZ, fosinopril, fosinopril-HCTZ, irbesartan, irbesartan-HCTZ, lisinopril, lisinopril-HCTZ, losartan, losartan-HCTZ, moexipril, olmesartan, olmesartan-HCTZ, olmesartan-amlodipine-HCTZ, perindopril, quinapril, quinapril-HCTZ, ramipril, telmisartan, telmisartan-HCTZ, trandolapril, trandolapril-verapamil | <b>EDARBI, EDARBYCLOR, TEKTURN HCT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|                                 | Any one of the following generics: amlodipine-olmesartan, amlodipine-benazepril, amlodipine-valsartan, telmisartan-amlodipine, trandolapril-verapamil, benazepril-HCTZ, candesartan-HCTZ, captopril-HCTZ, enalapril-HCTZ, fosinopril-HCTZ, lisinopril-HCTZ, losartan-HCTZ, olmesartan-HCTZ, quinapril-HCTZ, telmisartan-HCTZ, olmesartan-amlodipine-HCTZ                                                                                                                                                     | <b>EXFORGE-HCT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Fibric Acid Derivatives         | Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND preferred brand <b>LIPOFEN</b> or fenofibrate cap                                                                                                                                                                                                                                                                                                                                    | <b>FENOGLIDE, FIBRICOR</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Central Nervous System</b>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| ADHD Agents                     | Any one of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/SR, methylphenidate IR/ER, lisdexamfetamine                                                                                                                                                                                                                                                                                                                                          | <b>ADDERALL<sup>2</sup>, ADDERALL XR<sup>2</sup>, ADZENYS XR ODT<sup>2</sup>, APTENSIO XR<sup>2</sup>, AZSTARYS<sup>2</sup>, CONCERTA<sup>2</sup>, COTEMPLA XR-ODT<sup>2</sup>, DAYTRANA<sup>2</sup>, DESOXYN<sup>2</sup>, DEXEDRINE, DYANAVAL XR<sup>2</sup>, EVEKEO<sup>2</sup>, EVEKEO-ODT<sup>2</sup>, FOCALIN<sup>2</sup>, FOCALIN XR<sup>2</sup>, JORNAY PM<sup>2</sup>, METADATE CD<sup>2</sup>, METHYLIN<sup>2</sup>, METHYLPHENIDATE ER<sup>2</sup>, MYDAYIS<sup>2</sup>, PROCENTRA<sup>2</sup>, QUILLICHEW ER<sup>2</sup>, QUILLIVANT<sup>2</sup>, RELEXXII<sup>2</sup>, RITALIN<sup>2</sup>, RITALIN LA<sup>2</sup>, VYVANSE<sup>2</sup>, VYVANSE CHEW<sup>2</sup>, XELSTRYM<sup>2</sup>, ZENZEDI<sup>2</sup></b> |
|                                 | Any two of the following generics: atomoxetine, guanfacine ER, clonidine ER                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>INTUNIV, KAPVAY, ONYDA XR<sup>2</sup>, QELBREE<sup>2</sup>, STRATTERA<sup>2</sup></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |

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| Condition                    | Step 1                                                                                                                                                                                                             | Step 2                                                                                                                                                                                                |
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| Anticonvulsants <sup>3</sup> | Any one of the following generics: lamotrigine IR, levetiracetam IR/ER, oxcarbazepine IR, topiramate IR                                                                                                            | <b>BRIVIACT, XCOPRI</b>                                                                                                                                                                               |
|                              | Generic lacosamide IR                                                                                                                                                                                              | <b>MOTPOLY XR</b>                                                                                                                                                                                     |
|                              | Generic oxcarbazepine IR                                                                                                                                                                                           | oxcarbazepine ER, <b>OXTELLAR XR,</b>                                                                                                                                                                 |
|                              | Any one of the following generics: topiramate IR, topiramate IR sprinkle                                                                                                                                           | <b>QUDEXY XR,</b> topiramate ER, <b>TROKENDI XR</b>                                                                                                                                                   |
|                              | Generic topiramate IR sprinkle                                                                                                                                                                                     | <b>EPRONTIA</b>                                                                                                                                                                                       |
|                              | Generic levetiracetam ER                                                                                                                                                                                           | <b>ELEPSIA XR</b>                                                                                                                                                                                     |
| Antidepressants <sup>3</sup> | Generic bupropion ER                                                                                                                                                                                               | <b>APLENZIN<sup>2</sup>, BUPROPION XL<sup>2</sup>, FORFIVO XL<sup>2</sup></b>                                                                                                                         |
|                              | Any two of the following generics: desvenlafaxine ER, duloxetine, venlafaxine IR/ER                                                                                                                                | <b>FETZIMA<sup>2</sup></b>                                                                                                                                                                            |
|                              | Any two of the following generics: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine IR/ER, sertraline, venlafaxine IR/ER                                    | <b>CITALOPRAM CAP , DESVENLAFAXINE ER<sup>2</sup>, DRIZALMA<sup>2</sup>, PAXIL SUSPENSION, SERTRALINE CAP, TRINTELLIX<sup>2</sup>, VENLAFAXINE TAB 112.5MG<sup>2</sup></b>                            |
|                              | Any three of the following generics: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine IR/ER, sertraline, venlafaxine IR/ER                                  | <b>AUVELITY<sup>2</sup></b>                                                                                                                                                                           |
|                              | Generic vilazodone                                                                                                                                                                                                 | <b>VIIBRYD<sup>2</sup></b>                                                                                                                                                                            |
| Antipsychotics <sup>3</sup>  | Any two of the following generics: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone                                                                        | <b>CAPLYTA<sup>2</sup>, COBENFY<sup>2</sup>, FANAPT<sup>2</sup>, LYBALVI<sup>2</sup>, OPIPZA<sup>2</sup>, SAPHRIS<sup>2</sup>, SECUADO<sup>2</sup></b>                                                |
|                              | Any one of the following preferred brands: <b>INVEGA SUSTENNA, INVEGA TRINZA</b>                                                                                                                                   | <b>INVEGA HAFYERA</b>                                                                                                                                                                                 |
| Insomnia Agents              | Any one of the following generics: doxepin, eszopiclone, temazepam, zaleplon, zolpidem IR/ER                                                                                                                       | <b>BELSOMRA<sup>2</sup>, DAYVIGO<sup>2</sup></b>                                                                                                                                                      |
|                              | Any two of the following generics: doxepin, eszopiclone, ramelteon, triazolam, temazepam, zaleplon, zolpidem IR/ER AND any one of the following preferred brands: <b>BELSOMRA<sup>1</sup>, DAYVIGO<sup>1</sup></b> | <b>QUVIVIQ<sup>2</sup></b>                                                                                                                                                                            |
|                              | Generic zolpidem IR/ER                                                                                                                                                                                             | <b>AMBIEN<sup>2</sup>, AMBIEN CR<sup>2</sup>, EDLUAR<sup>2</sup>, ZOLPIDEM CAP<sup>2</sup>,</b>                                                                                                       |
| Migraine Agents              | Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan                                                                                      | <b>ONZETRA XSAIL<sup>2</sup>, TOSYMRA<sup>2</sup>, TREXIMET<sup>2</sup>, sumatriptan/naproxen<sup>2</sup>, ZEMBRACE SYMTOUCH<sup>2</sup>, ZOMIG NASAL<sup>2</sup>, ZOLMITRIPTAN SPRAY<sup>2</sup></b> |
| Neurologic Agents            | Generic gabapentin IR                                                                                                                                                                                              | gabapentin (once-daily) <sup>2</sup> , <b>GABARONE<sup>2</sup>, GRALISE<sup>2</sup></b>                                                                                                               |
|                              | Any one of the following generics: amitriptyline, cyclobenzaprine, duloxetine, gabapentin IR, pregabalin                                                                                                           | <b>LYRICA CR<sup>2</sup>, pregabalin ER<sup>2</sup>, SAVELLA<sup>2</sup></b>                                                                                                                          |

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| Condition                | Step 1                                                                                                                                                                                                                                                                                                                                                 | Step 2                                                                                                                                                                                                                                                              |
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| Non-Narcotic Analgesics  | Any two of the following generics: celecoxib, diclofenac potassium tab, diclofenac sodium, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin                                                                    | <b>CAMBIA, CELEBREX<sup>2</sup></b> , diclofenac capsule, diclofenac powder, <b>DOLOBID, FENOPRON, INDOCIN SUPPOSITORY, INDOCIN SUSPENSION</b> , indomethacin suppository, indomethacin suspension, <b>LOFENA, MELOXICAM SUSPENSION, TOLECTIN, ZIPSOR, ZORVOLEX</b> |
| Opioid Withdrawal        | Generic clonidine                                                                                                                                                                                                                                                                                                                                      | <b>LUCEMYRA<sup>2</sup></b>                                                                                                                                                                                                                                         |
| Parkinson's Disease      | Both of the following generics: carbidopa-levodopa AND carbidopa-levodopa ODT                                                                                                                                                                                                                                                                          | <b>DHIVY</b>                                                                                                                                                                                                                                                        |
|                          | Generic carbidopa-levodopa IR/ER                                                                                                                                                                                                                                                                                                                       | <b>CREXONT, RYTARY</b>                                                                                                                                                                                                                                              |
|                          | Generic entacapone                                                                                                                                                                                                                                                                                                                                     | <b>ONGENTYS</b>                                                                                                                                                                                                                                                     |
|                          | Both of the following generics: rasagiline AND selegiline                                                                                                                                                                                                                                                                                              | <b>XADAGO<sup>2</sup></b>                                                                                                                                                                                                                                           |
| <b>Dermatology</b>       |                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                     |
| Rosacea                  | Any one of the following generic or preferred brands: azelaic acid gel, <b>FINACEA FOAM, SOOLANTRA</b>                                                                                                                                                                                                                                                 | <b>EPSOLAY, FINACEA GEL, NORITATE, ZILXI</b>                                                                                                                                                                                                                        |
|                          | Any one of the following generic or preferred brands: <b>FINACEA FOAM</b> , metronidazole gel, <b>SOOLANTRA</b>                                                                                                                                                                                                                                        | <b>METROGEL</b>                                                                                                                                                                                                                                                     |
|                          | <b>MIRVASO</b>                                                                                                                                                                                                                                                                                                                                         | <b>RHOFADE</b>                                                                                                                                                                                                                                                      |
| Topical Acne Treatments  | Any one of the following preferred brands: <b>EPIDUO FORTE, ONEXTON, TWYNEO</b>                                                                                                                                                                                                                                                                        | <b>ACANYA, BENZAMYCIN GEL 5-3%, VELTIN, ZIANA</b>                                                                                                                                                                                                                   |
|                          | Any two generic single-agent topical clindamycin products                                                                                                                                                                                                                                                                                              | <b>CLINDAGEL</b>                                                                                                                                                                                                                                                    |
| Topical Anesthetics      | Generic lidocaine 5% patches                                                                                                                                                                                                                                                                                                                           | <b>ZTLIDO</b>                                                                                                                                                                                                                                                       |
| Topical Immunomodulators | Generic tacrolimus ointment                                                                                                                                                                                                                                                                                                                            | <b>ELIDEL<sup>2</sup></b> , pimecrolimus <sup>2</sup>                                                                                                                                                                                                               |
|                          | Any one of the following topical generics: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus | <b>EUCRISA, OPZELURA<sup>2</sup>, ZORYVE CREAM 0.15%</b>                                                                                                                                                                                                            |

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| Condition                                    | Step 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Step 2                                                                                                                                                                                |
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|                                              | Any three of the following topical generics or preferred brands: clocortolone 0.1% cream, fluocinolone acetonide 0.025% ointment, flurandrenolide 0.05% ointment, fluticasone propionate 0.05% cream, hydrocortisone valerate 0.2% ointment, mometasone furoate 0.1% cream/lotion/solution, triamcinolone 0.1% cream/ointment, triamcinolone 0.05% ointment, triamcinolone aerosol spray, calcipotriene-betamethasone suspension, <b>TACLONEX SUSPENSION, ENSTILAR FOAM</b> | <b>SERNIVO</b>                                                                                                                                                                        |
| Topical Miscellaneous Agents                 | Both of the following generics: fluorouracil AND imiquimod 5%                                                                                                                                                                                                                                                                                                                                                                                                               | <b>KLISYRI</b>                                                                                                                                                                        |
|                                              | Generic imiquimod 5%                                                                                                                                                                                                                                                                                                                                                                                                                                                        | imiquimod 3.75%, <b>ZYCLARA</b>                                                                                                                                                       |
| <b>Endocrinology</b>                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                       |
| Basal Insulin                                | Any three of the following preferred brands: <b>BASAGLAR, LANTUS, REZVOGLAR, TOUJEO, TRESIBA</b>                                                                                                                                                                                                                                                                                                                                                                            | <b>BASAGLAR TEMPO, INSULIN GLARGINE-YFGN, SEMGLEE</b>                                                                                                                                 |
| Blood Glucose Meters and Strips <sup>2</sup> | Both of the following: <b>CONTOUR, ONE TOUCH</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>All other brands</b>                                                                                                                                                               |
| Diabetic Agents                              | Any one of the following generics: metformin IR/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin                                                                                                                                                                                                                                                                                                                                                        | <b>CYCLOSET, RIOMET</b>                                                                                                                                                               |
| DPP4 Inhibitors                              | Any one of the following generics: metformin IR/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin AND any one of the preferred brands: <b>JANUMET, JANUMET XR, JANUVIA</b> AND any one of the following preferred brands: <b>JENTADUETO, JENTADUETO XR, TRADJENTA</b>                                                                                                                                                                                    | <b>ALOGLIPTIN, ALOGLIPTIN/METFORMIN, ALOGLIPTIN/PIOGLITAZONE, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, SITAGLIPTIN, SITAGLIPTIN/METFORMIN, ZITUVIMET, ZITUVIMET XR, ZITUVIO</b> |
| Emergency Hypoglycemia Agents                | Any one of the following generic or preferred brands: <b>BAQSIMI, GLUCAGON KIT</b> (manufactured by Fresenius), <b>ZEGALOGUE</b> , generic glucagon kit                                                                                                                                                                                                                                                                                                                     | <b>LILLY GLUCAGON KIT, NOVO GLUCAGEN HYPOKIT, GVOKE</b>                                                                                                                               |
| SGLT2 Inhibitors                             | Any one of the following generics: metformin IR/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin AND any one of the following preferred brands: <b>FARXIGA, XIGDUO XR</b> AND any one of the following preferred brands: <b>GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, TRIJARDY XR</b>                                                                                                                                                                 | <b>BEXAGLIFLOZIN, BRENZAVVY, INVOKAMET, INVOKAMET XR, INVOKANA, QTERN, SEGLUROMET, STEGLATRO, STEGLUJAN</b>                                                                           |
|                                              | Both of the following preferred brands: <b>FARXIGA AND JARDIANCE</b>                                                                                                                                                                                                                                                                                                                                                                                                        | <b>INPEFA</b>                                                                                                                                                                         |

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| Condition                | Step 1                                                                                                                                                                                      | Step 2                                                                                                                                                                                                                                                        |
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| Short-Acting Insulin     | Any two of the following preferred brands:<br><b>ADMELOG, APIDRA, FIASP, HUMALOG/<br/>BRAND LISPRO, LYUMJEV, NOVOLOG</b>                                                                    | <b>HUMALOG TEMPO, LYUMJEV TEMPO</b>                                                                                                                                                                                                                           |
| Thyroid Replacement      | Generic levothyroxine tablets                                                                                                                                                               | <b>LEVOTHYROXINE CAPSULE, THYQUIDITY</b>                                                                                                                                                                                                                      |
| <b>Gastroenterology</b>  |                                                                                                                                                                                             |                                                                                                                                                                                                                                                               |
| Bowel Prep Agents        | Any one of the following preferred brands:<br><b>CLENPIQ, SUFLAVE, SUPREP</b>                                                                                                               | <b>MOVIPREP, OSMOPREP, PLENVU</b>                                                                                                                                                                                                                             |
| Constipation Agents      | Any one of the following generics: lactulose, polyethylene glycol AND any one of the following preferred brands: <b>LINZESS<sup>1</sup>, MOVANTIK<sup>1</sup>, SYMPROIC<sup>1</sup></b>     | <b>AMITIZA<sup>2</sup></b>                                                                                                                                                                                                                                    |
|                          | Any one of the following generics: lactulose, polyethylene glycol                                                                                                                           | <b>LINZESS<sup>2</sup>, MOVANTIK<sup>2</sup>, prucalopride<sup>2</sup>, SYMPROIC<sup>2</sup></b>                                                                                                                                                              |
|                          | Any one of the following generics: lactulose, polyethylene glycol AND preferred brand <b>LINZESS<sup>1</sup></b> AND generic prucalopride <sup>1</sup>                                      | <b>MOTEGRITY<sup>2</sup></b>                                                                                                                                                                                                                                  |
|                          | Any one of the following generics: lactulose, polyethylene glycol AND any one of the following preferred brands: <b>MOVANTIK<sup>1</sup>, SYMPROIC<sup>1</sup></b> AND generic lubiprostone | <b>RELISTOR<sup>2</sup></b>                                                                                                                                                                                                                                   |
|                          | Any one of the following generics: lactulose, polyethylene glycol AND preferred brand <b>LINZESS<sup>1</sup></b> AND generic lubiprostone                                                   | <b>TRULANCE<sup>2</sup></b>                                                                                                                                                                                                                                   |
| Irritable Bowel Syndrome | <b>APRISO</b>                                                                                                                                                                               | <b>ASACOL HD, DELZICOL, LIALDA</b>                                                                                                                                                                                                                            |
|                          | Generic mesalamine AND preferred brand <b>APRISO</b>                                                                                                                                        | <b>PENTASA</b>                                                                                                                                                                                                                                                |
| Pancreatic Enzymes       | Both of the following preferred brands: <b>CREON</b> AND <b>ZENPEP</b>                                                                                                                      | <b>PANCREAZE, PERTZYE, VIOKACE</b>                                                                                                                                                                                                                            |
| Proton Pump Inhibitors   | Any two of the following generics: dexlansoprazole, esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole                                                                       | <b>ACIPHEX<sup>2</sup>, DEXILANT<sup>2</sup>, FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, KONVOME<sup>2</sup>, LANSOPRAZOLE SUSPENSION, PREVACID<sup>2</sup>, PRILOSEC<sup>2</sup>, PROTONIX<sup>2</sup>, RABEPRAZOLE SPRINKLE<sup>2</sup>, ZEGERID<sup>2</sup></b> |
| <b>Miscellaneous</b>     |                                                                                                                                                                                             |                                                                                                                                                                                                                                                               |
| Antigout Agents          | Generic colchicine tablets                                                                                                                                                                  | <b>COLCRYS, MITIGARE</b>                                                                                                                                                                                                                                      |
|                          | Generic allopurinol                                                                                                                                                                         | febuxostat, <b>ULORIC</b>                                                                                                                                                                                                                                     |
| Iron Replacement         | Any one of the following generics: ferrous fumarate, ferrous gluconate, ferrous sulfate                                                                                                     | <b>ACCRUFER, FERAHEME, ferumoxytol, INJECTAFER, MONOFERRIC</b>                                                                                                                                                                                                |
| Phosphate Binders        | Any two of the following generics or preferred brand: calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer HCl, <b>AURYXIA</b>                                                | <b>VELPHORO<sup>‡</sup>, XPHOZAH</b>                                                                                                                                                                                                                          |
|                          | Any two of the following generics: calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer HCl                                                                                   | <b>FOSRENOL, PHOSLYRA</b>                                                                                                                                                                                                                                     |

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| Condition                                     | Step 1                                                                                                                                  | Step 2                                                                                                                                                                         |
|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Obstetrics and Gynecology</b>              |                                                                                                                                         |                                                                                                                                                                                |
| Contraceptives                                | Any one of the following generics:<br>norethindrone/ethinyl estradiol or<br>norethindrone/ethinyl estradiol/fe                          | <b>FEMLYV</b>                                                                                                                                                                  |
|                                               | Generic norethindrone                                                                                                                   | <b>SLYND</b>                                                                                                                                                                   |
|                                               | Any one of the following generics: oral<br>levonorgestrel/ethinyl estradiol or<br>norelgestromin/ethinyl estradiol transdermal<br>patch | <b>TWIRLA</b>                                                                                                                                                                  |
| Hormone<br>Replacement                        | Any one of the following preferred brands:<br><b>IMVEXXY, OSPHENA, PREMARIN VAGINAL<br/>CREAM</b>                                       | <b>FEMRING<sup>2</sup></b>                                                                                                                                                     |
|                                               | Any two of the following preferred brands:<br><b>IMVEXXY, OSPHENA, PREMARIN VAGINAL<br/>CREAM</b>                                       | <b>INTRAROSA</b>                                                                                                                                                               |
|                                               | Generic estradiol patch                                                                                                                 | <b>ALORA, MENOSTAR, MINIVELLE, VIVELLE-DOT</b>                                                                                                                                 |
| <b>Ophthalmology</b>                          |                                                                                                                                         |                                                                                                                                                                                |
| Antiglaucoma Agents                           | All of the following generics and preferred<br>brand: latanoprost AND travoprost AND<br><b>LUMIGAN</b>                                  | <b>IYUZEH<sup>2</sup>, VYZULTA<sup>2</sup>, XELPROS<sup>2</sup></b>                                                                                                            |
| Ophthalmic<br>Antihistamines                  | Both of the following generics: azelastine AND<br>olopatadine                                                                           | <b>BEPREVE</b> , bepotastine, <b>ZERVIAE</b>                                                                                                                                   |
| Ophthalmic<br>Antiinflammatory<br>Agents      | Any one of the following generic ophthalmic<br>solutions: diclofenac, flurbiprofen, ketorolac                                           | <b>BROMSITE<sup>2</sup></b> , bromfenac soln 0.07% <sup>2</sup> , bromfenac soln<br>0.075% <sup>2</sup> , <b>ILEVRO<sup>2</sup>, NEVANAC<sup>2</sup>, PROLENSA<sup>2</sup></b> |
| <b>Respiratory</b>                            |                                                                                                                                         |                                                                                                                                                                                |
| Allergy (Intranasal)                          | Any one of the following generics: mometasone<br>nasal spray, flunisolide nasal spray                                                   | <b>XHANCE<sup>2</sup></b>                                                                                                                                                      |
| Cystic Fibrosis                               | Both of the following generics: tobramycin<br>300mg/4 mL AND tobramycin 300 mg/5 mL                                                     | <b>BETHKIS<sup>2</sup>, KITABIS<sup>2</sup>, TOBI<sup>2</sup>, TOBRAMYCIN<sup>2</sup></b>                                                                                      |
| Epinephrine Auto<br>Injectors                 | Generic epinephrine                                                                                                                     | <b>EPIPEN, EPIPEN-JR</b>                                                                                                                                                       |
| Inhaled<br>Corticosteroids                    | Both of the following preferred brands:<br><b>ARNUITY ELLIPTA</b> AND <b>QVAR REDHALER</b>                                              | <b>ALVESCO<sup>2</sup>, ARMONAIR<sup>2</sup>, ASMANEX<sup>2</sup>, FLUTICASONE<br/>DISKUS<sup>2</sup>, FLUTICASONE HFA<sup>2*</sup>, PULMICORT<br/>FLEXHALER<sup>2</sup></b>   |
| Long-Acting<br>Bronchodilators                | <b>SPIRIVA</b>                                                                                                                          | <b>INCRUSE ELLIPTA<sup>2</sup>, TUDORZA PRESSAIR<sup>2</sup>,</b>                                                                                                              |
| Long-Acting<br>Bronchodilator<br>Combinations | Any two of the following preferred brands:<br><b>ADVAIR HFA, BREO ELLIPTA, SYMBICORT</b>                                                | <b>ADVAIR DISKUS<sup>2</sup>, AIRDUO<sup>2</sup>, DULERA<sup>2*</sup>,<br/>FLUTICASONE/SALMETEROL<sup>2</sup></b>                                                              |
|                                               | Any one of the following preferred brands:<br><b>ADVAIR HFA, BREO ELLIPTA, SYMBICORT</b>                                                | fluticasone/salmeterol diskus <sup>2</sup> , WIXELA INHUB <sup>2</sup>                                                                                                         |
|                                               | Both of the following preferred brands: <b>ANORO<br/>ELLIPTA</b> AND <b>STIOLTO RESPIMAT</b>                                            | <b>BEVESPI AEROSPHERE<sup>2</sup>, DUAKLIR PRESSAIR<sup>2</sup></b>                                                                                                            |

**Bold type = Brand-name drug**

Plain type = Generic drug

| Condition                                    | Step 1                                                                                                                                                                           | Step 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Urology</b>                               |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Benign prostatic hyperplasia (BPH)<br>Agents | Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin                                                                                        | <b>CARDURA XL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                                              | Any one of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin, AND any one of the following generics: dutasteride, finasteride, tadalafil 5 mg       | <b>ENTADFI<sup>2</sup></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| Cystinuria                                   | Generic tiopronin DR AND <b>THIOLA EC</b>                                                                                                                                        | <b>VENXXIVA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Overactive Bladder<br>Agents                 | Any two of the following generics or preferred brand: darifenacin ER, fesoterodine ER, oxybutynin IR/ER, solifenacin, tolterodine IR/ER, trospium IR/ER, <b>MYRBETRIQ TABLET</b> | <b>GELNIQUE, GEMTESA, OXYTROL<sup>2</sup>, TOVIAZ</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                              | Any one of the following generics: oxybutynin IR/ER or oxybutynin syrup                                                                                                          | <b>VESICARE LS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>Generic First</b>                         |                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| Generic First Program                        | Generic equivalent                                                                                                                                                               | <b>ABILIFY<sup>2</sup>, ACZONE GEL, ALPHAGAN P 0.1%, ALTACE, ARIMIDEX, ARTHROTEC, ATACAND, AVAPRO, AVODART, AZOPT, BROVANA<sup>2</sup>, BYSTOLIC, CANASA, CARBATROL, CARDIZEM LA, CARNITOR, CATAPRES-TTS, CELEXA, CIALIS<sup>2</sup>, CLARINEX, CLIMARA, CLOBEX, COLESTID, COMBIGAN, COREG, CORTEF, COSOPT, COZAAR, DELESTROGEN, DEPAKOTE, DILANTIN SUSP, EFFEXOR XR<sup>2</sup>, EPIDUO, ESTRACE, EXFORGE, FIORICET, FLOMAX, GOLYTELY, HALOG CREAM, HYZAAR, IMITREX<sup>2</sup>, INDERAL LA, KEPRA, KLONOPIN<sup>2</sup>, K-TAB, LAMICTAL, LASIX, LATISSE, LATUDA<sup>2</sup>, LOESTRIN, LOTREL, LYRICA<sup>2</sup>, MAXALT<sup>2</sup>, MICARDIS, NALFON, NATROBA, NEURONTIN, NITROSTAT, PAXIL, PLAQUENIL, PLAVIX, PRED FORTE, PREDNISOLONE P-F SUSP 1%, PRINIVIL, PROMETRIUM, PROPECIA, QUESTRAN, RANEXA, RELPAX<sup>2</sup>, RENAGEL, RESTORIL<sup>2</sup>, RISPERDAL<sup>2</sup>, RISPERDAL CONSTA, SAFYRAL, SEASONIQUE<sup>2</sup>, SEROQUEL<sup>2</sup>, SEROQUEL XR<sup>2</sup>, SILVADENE, SOMA, SOVUNA, SUBOXONE<sup>2</sup>, TEGRETOL, TENORMIN, TIKOSYN, TIMOPTIC, TIMOPTIC-XE, TIMOPTIC OCUDOSE, TOPAMAX, TOPICORT SPRAY, TRAVATAN Z<sup>2</sup>, TRICOR, TRILEPTAL, UCERIS, VALTREX<sup>2</sup>, VANADOM, VECTICAL, VESICARE, VIGAMOX, VIMPAT, WELCHOL, XALATAN, YASMIN, ZANAFLEX, ZESTRIL, ZOLOFT, ZONEGRAN, ZOVIRAX<sup>2</sup>, ZYPREXA<sup>2</sup></b> |

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Step therapy requirements are effective as of July 1, 2025. The list of step therapy medications is subject to change without notice. Step therapy requirements may vary by benefit plan. Additional clinical programs, including quantity limits and prior authorization, may exist for the above medications which may affect your prescription drug coverage.

<sup>1</sup> These agents are also subject to additional step requirements as indicated in table.

<sup>2</sup> Quantity limits may also apply. Please refer to the Select Quantity Limits document.

<sup>3</sup> Applies to new starts only.

\* ST does not apply to those 5 years of age and under

¥ ST does not apply to those 12 years of age and under



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**Select**