Optum Rx®

Step therapy – Select Formulary

Utilization management updates Jan. 1, 2026

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

Bold type = Brand-name drug
Plain type = Generic drug

Condition	Step 1	Step 2
Beta Blockers	Any two of the following generics: acebutolol, atenolol, betaxolol, bisoprolol, carvedilol IR/ER, labetalol, metoprolol tartrate, metoprolol succinate ER, nadolol, pindolol, propranolol IR/ER	**KAPSPARGO**
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	**EDARBI, EDARBYCLOR, TEKTURNA HCT**
	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	**EXFORGE-HCT**
Fibric Acid Derivatives	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND preferred brand **LIPOFEN** or fenofibrate cap	**FENOGLIDE, FIBRICOR**
Central Nervous System		
ADHD Agents	Any one of the following generics: amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine IR/SR, methylphenidate IR/ER, lisdexamfetamine	**ADDERALL[2], ADDERALL XR[2], ADZENYS XR ODT[2], APTENSIO XR[2], AZSTARYS[2], CONCERTA[2], COTEMPLA XR-ODT[2], DAYTRANA[2], DESOXYN[2], DEXEDRINE[2], DYANAVEL XR[2], EVEKEO[2], EVEKEO-ODT[2], FOCALIN[2], FOCALIN XR[2], JORNAY PM[2], METADATE CD[2], METHYLIN[2], METHYLPHENIDATE ER[2], MYDAYIS[2], PROCENTRA[2], QUILLICHEW ER[2], QUILLIVANT[2], RELEXXII[2], RITALIN[2], RITALIN LA[2], VYVANSE[2], VYVANSE CHEW[2], XELSTRYM[2], ZENZEDI[2]**
	Any two of the following generics: atomoxetine, guanfacine ER, clonidine ER	**INTUNIV, KAPVAY, ONYDA XR[2], STRATTERA[2]**

Condition	Step 1	Step 2
	Any one of the following generics: atomoxetine, guanfacine ER, clonidine ER, amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine SR/IR, lisdexamfetamine, methylphenidate IR/ER	**QELBREE**[2]
Alzheimer's Agents	Both of the following generics: memantine and donepezil OR generic memantine/donepezil capsule	**NAMZARIC**[2]
	Any two of the following generics: galantamine, rivastigmine, donepezil	**ZUNVEYL**[2]
Anticonvulsants[3]	Any one of the following generics: lamotrigine IR, levetiracetam IR/ER, oxcarbazepine IR, topiramate IR	**BRIVIACT, XCOPRI**
	Generic lacosamide IR	**MOTPOLY XR**
	Generic oxcarbazepine IR	oxcarbazepine ER, **OXTELLAR XR,**
	Any one of the following generics: topiramate IR, topiramate IR sprinkle	**QUDEXY XR,** topiramate ER, **TROKENDI XR**
	Generic topiramate IR sprinkle	**EPRONTIA**
	Generic levetiracetam ER	**ELEPSIA XR**
Antidepressants[3]	Generic bupropion ER	**APLENZIN**[2]**, BUPROPION XL**[2]**, FORFIVO XL**[2]
	Any two of the following generics: desvenlafaxine ER, duloxetine, venlafaxine IR/ER	**FETZIMA**[2]
	Any two of the following generics: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine IR/ER, sertraline, venlafaxine IR/ER	**CITALOPRAM CAP , DESVENLAFAXINE ER**[2]**, DRIZALMA**[2]**, PAXIL SUSPENSION, SERTRALINE CAP, TRINTELLIX**[2]**, VENLAFAXINE TAB 112.5MG**[2]
	Any three of the following generics: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine IR/ER, sertraline, venlafaxine IR/ER	**AUVELITY**[2]
Antidepressants	Generic vilazodone	**VIIBRYD**[2]
Antipsychotics[3]	Any two of the following generics: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone	**CAPLYTA**[2]**, COBENFY**[2]**, FANAPT**[2]**, LYBALVI**[2]**, OPIPZA**[2]**, SAPHRIS**[2]**, SECUADO**[2]
	Any one of the following preferred brands: **INVEGA SUSTENNA, INVEGA TRINZA**	**INVEGA HAFYERA**
Insomnia Agents	Any two of the following generics: doxepin, eszopiclone, ramelteon, temazepam, triazolam, zaleplon, zolpidem IR/ER AND preferred brand **BELSOMRA**	**DAYVIGO**[2]**, QUVIVIQ**[2]
	Generic zolpidem IR/ER	**AMBIEN**[2]**, AMBIEN CR**[2]**, EDLUAR**[2]**, ZOLPIDEM CAP**[2]

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Condition	Step 1	Step 2
Migraine Agents	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	**ONZETRA XSAIL[2],** sumatriptan/naproxen[2], **SYMBRAVO[2], TOSYMRA[2], TREXIMET[2], ZEMBRACE SYMTOUCH[2], ZOMIG NASAL[2], ZOLMITRIPTAN SPRAY[2]**
Neurologic Agents	Generic gabapentin IR	gabapentin (once-daily)[2], **GRALISE[2]**
	Any one of the following generics: amitriptyline, cyclobenzaprine, duloxetine, gabapentin IR, pregabalin	**LYRICA CR[2],** pregabalin ER[2], **SAVELLA[2]**
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	**CAMBIA, CELEBREX[2],** diclofenac capsule, diclofenac powder, **FENOPRON, INDOCIN SUPPOSITORY, INDOCIN SUSPENSION,** indomethacin suppository, indomethacin suspension, **LOFENA, MELOXICAM SUSPENSION, TOLECTIN, ZIPSOR, ZORVOLEX**
Opioid Withdrawal	Generic clonidine	**LUCEMYRA[2]**
Parkinson's Disease	Both of the following generics: carbidopa-levodopa AND carbidopa-levodopa ODT	**DHIVY**
	Generic carbidopa-levodopa IR/ER	**CREXONT, RYTARY**
	Generic entacapone	**ONGENTYS**
	Both of the following generics: rasagiline AND selegiline	**XADAGO[2]**
Dermatology		
Rosacea	Any one of the following generic or preferred brands: azelaic acid gel, **FINACEA FOAM, SOOLANTRA**	**EPSOLAY, FINACEA GEL, NORITATE, ZILXI**
	Any one of the following generic or preferred brands: metronidazole gel, **FINACEA FOAM, SOOLANTRA**	**METROGEL**
	MIRVASO	**RHOFADE**
Topical Acne Treatments	Any one of the following preferred brands or generic: **EPIDUO FORTE, TWYNEO,** clindamycin/benzoyl peroxide gel 1.2/3.75%	**ACANYA, BENZAMYCIN GEL 5-3%, ONEXTON, ZIANA**
	Any two generic single-agent topical clindamycin products	**CLINDAGEL**
Topical Anesthetics	Generic lidocaine 5% patches	**ZTLIDO**
Topical Immunomodulators	Generic tacrolimus ointment	**ELIDEL[2],** pimecrolimus[2]
	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	**EUCRISA, OPZELURA[2], ZORYVE CREAM 0.15%**

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Condition	Step 1	Step 2
	Any one of the following topical generics: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus, calcipotrine, calcitrol, tazarotene	**VTAMA, ZORYVE CREAM 0.3%**
	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, **TACLONEX SUSPENSION, ENSTILAR FOAM**	**SERNIVO**
Topical Miscellaneous Agents	Both of the following generics: fluorouracil AND imiquimod 5%	**KLISYRI**
	Generic imiquimod 5%	imiquimod 3.75%, **ZYCLARA**
Endocrinology		
Basal Insulin	Any three of the following preferred brands: **BASAGLAR, LANTUS, REZVOGLAR, TOUJEO, TRESIBA**	**BASAGLAR TEMPO, INSULIN GLARGINE-YFGN, SEMGLEE**
Blood Glucose Meters and Strips[2]	CONTOUR AND any one of the following: **FREESTYLE** OR **PRECISION**	**All other brands**
Diabetic Agents	Any one of the following generics: metformin IR/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	**CYCLOSET, RIOMET**
DPP4 Inhibitors	Any one of the following generics: metformin IR/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin AND any one of the preferred brands: J**ANUMET, JANUMET XR, JANUVIA** AND any one of the following preferred brands: **JENTADUETO, JENTADUETO XR, TRADJENTA**	**ALOGLIPTIN, ALOGLIPTIN/METFORMIN, ALOGLIPTIN/PIOGLITAZONE, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, SITAGLIPTIN, SITAGLIPTIN/METFORMIN, ZITUVIMET, ZITUVIMET XR, ZITUVIO**

Condition	Step 1	Step 2
Emergency Hypoglycemia Agents	Any one of the following generic or preferred brands: glucagon kit, **BAQSIMI, GLUCAGON KIT** (manufactured by Fresenius), **ZEGALOGUE**	**LILLY GLUCAGON KIT, NOVO GLUCAGEN HYPOKIT, GVOKE**
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: **FARXIGA, XIGDUO XR** AND any one of the following preferred brands: **GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, TRIJARDY XR**	**BEXAGLIFLOZIN, BRENZAVVY, INVOKAMET, INVOKAMET XR, INVOKANA, QTERN, SEGLUROMET, STEGLATRO, STEGLUJAN**
	Both of the following preferred brands: **FARXIGA** AND **JARDIANCE**	**INPEFA**
Short-Acting Insulin	Any two of the following preferred brands: **ADMELOG, APIDRA, FIASP, HUMALOG/ BRAND LISPRO, LYUMJEV, NOVOLOG**	**HUMALOG TEMPO, LYUMJEV TEMPO**
Thyroid Replacement	Generic levothyroxine tablets	**LEVOTHYROXINE CAPSULE, THYQUIDITY**
Gastroenterology		
Bowel Prep Agents	Any one of the following preferred brands: **CLENPIQ, SUFLAVE, SUPREP**	**MOVIPREP, PLENVU**
Constipation Agents	Any one of the following generics: lactulose, polyethylene glycol AND any one of the following preferred brands: **LINZESS**[1]**, MOVANTIK**[1]**, SYMPROIC**[1]	**AMITIZA**[2]
	Any one of the following generics: lactulose, polyethylene glycol	**LINZESS**[2]**, MOVANTIK**[2]**,** prucalopride[2], **SYMPROIC**[2]
	Any one of the following generics: lactulose, polyethylene glycol AND preferred brand **LINZESS**[1] AND generic prucalopride[1]	**MOTEGRITY**[2]
	Any one of the following generics: lactulose, polyethylene glycol AND any one of the following preferred brands: **MOVANTIK**[1]**, SYMPROIC**[1] AND generic lubiprostone	**RELISTOR**[2]
	Any one of the following generics: lactulose, polyethylene glycol AND preferred brand **LINZESS**[1] AND generic lubiprostone	**TRULANCE**[2]
Irritable Bowel Syndrome	**APRISO**	**DELZICOL, LIALDA**
	Generic mesalamine AND preferred brand **APRISO**	**PENTASA**
Pancreatic Enzymes	Both of the following preferred brands: **CREON** AND **ZENPEP**	**PANCREAZE, PERTZYE, VIOKACE**

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Condition	Step 1	Step 2
Proton Pump Inhibitors	Any two of the following generics: dexlansoprazole, esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole	**ACIPHEX[2], DEXILANT[2], FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, KONVOMEP[2], LANSOPRAZOLE SUSPENSION, PREVACID[2], PRILOSEC[2], PROTONIX[2], RABEPRAZOLE SPRINKLE[2], ZEGERID[2]**
Miscellaneous		
Antigout Agents	Generic colchicine tablets	**COLCRYS, MITIGARE**
	Generic allopurinol	febuxostat, **ULORIC**
Iron Replacement	Any one of the following generics: ferrous fumarate, ferrous gluconate, ferrous sulfate	**ACCRUFER, FERAHEME,** ferumoxytol, **INJECTAFER, MONOFERRIC**
Phosphate Binders	Any two of the following generics or preferred brand: calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer HCl, **AURYXIA**	**VELPHORO[¥], XPHOZAH[2]**
	Any two of the following generics: calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer HCl	**FOSRENOL**
Obstetrics and Gynecology		
Contraceptives	Any one of the following generics: norethindrone/ethinyl estradiol or norethindrone/ethinyl estradiol/fe	**FEMLYV**
	Generic norethindrone	**SLYND**
	Any one of the following generics: oral levonorgestrel/ethinyl estradiol or norelgestromin/ethinyl estradiol transdermal patch	**TWIRLA**
Hormone Replacement	Any one of the following preferred brands: **IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM**	**FEMRING[2]**
	Any two of the following preferred brands: **IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM**	**INTRAROSA**
	Generic estradiol patch	**ALORA, MENOSTAR, MINIVELLE, VIVELLE-DOT**
Ophthalmology		
Antiglaucoma Agents	All of the following generics and preferred brand: latanoprost AND travoprost AND **LUMIGAN**	**IYUZEH[2], VYZULTA[2], XELPROS[2]**
Ophthalmic Antihistamines	Both of the following generics: azelastine AND olopatadine	**BEPREVE,** bepotastine, **ZERVIATE**
Ophthalmic Anti-inflammatory Agents	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac	**BROMSITE[2],** bromfenac soln 0.07%[2], bromfenac soln 0.075%[2], **ILEVRO[2], NEVANAC[2], PROLENSA[2]**
Respiratory		
Allergy (Intranasal)	Any one of the following generics: mometasone nasal spray, flunisolide nasal spray	**XHANCE[2]**

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Condition	Step 1	Step 2
Cystic Fibrosis	Both of the following generics: tobramycin 300 mg/4 mL AND tobramycin 300 mg/5 mL	**BETHKIS[2], KITABIS[2], TOBI[2], TOBRAMYCIN[2]**
Epinephrine Auto Injectors	Generic epinephrine	**EPIPEN, EPIPEN-JR**
Inhaled Corticosteroids	Both of the following preferred brands: **ARNUITY ELLIPTA** AND **QVAR REDIHALER**	**ALVESCO[2], ARMONAIR[2], ASMANEX[2], FLUTICASONE DISKUS[2], FLUTICASONE HFA[2]*, PULMICORT FLEXHALER[2]**
Long-Acting Bronchodilators	Any one of the following generic or preferred brand: tiotropium inhalation caps, **SPIRIVA RESPIMAT**	**INCRUSE ELLIPTA[2], TUDORZA PRESSAIR[2]**
	Generic tiotropium inhalation caps	**SPIRIVA HANDIHALER 18 MCG[2]**
Long-Acting Bronchodilator Combinations	Any two of the following generic or preferred brands: budesonide-formoterol inhaler, **ADVAIR HFA, BREO ELLIPTA**	**ADVAIR DISKUS[2], AIRDUO[2], DULERA[2]*, FLUTICASONE/SALMETEROL[2], SYMBICORT[2]**
	Both of the following preferred brands: **ANORO ELLIPTA** AND **STIOLTO RESPIMAT**	**BEVESPI AEROSPHERE[2], DUAKLIR PRESSAIR[2]**
Urology		
Benign prostatic hyperplasia (BPH) Agents	Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin	**CARDURA XL**
	Any one of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin, AND any one of the following generics: dutasteride, finasteride, tadalafil 5 mg	**ENTADFI[2]**
Cystinuria	Generic tiopronin DR AND **THIOLA EC**	**VENXXIVA**
Overactive Bladder Agents	Any two of the following generics or preferred brand: darifenacin ER, fesoterodine ER, oxybutynin IR/ER, solifenacin, tolterodine IR/ER, trospium IR/ER, **MYRBETRIQ TABLET**	**GELNIQUE, GEMTESA, OXYTROL[2], TOVIAZ**
	Any one of the following generics: oxybutynin IR/ER or oxybutynin syrup	**VESICARE LS**

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Condition	Step 1	Step 2
Generic First		
Generic First Program	Generic equivalent	**ABILIFY[2], ACZONE GEL, ALPHAGAN P 0.1%, ALTACE, APTIOM, ARIMIDEX, ARTHROTEC, ATACAND, AVAPRO, AVODART, AZOPT, BRILINTA, BROVANA[2], BYSTOLIC, CANASA, CARBATROL, CARDIZEM LA, CARNITOR, CATAPRES-TTS, CELEXA, CIALIS[2], CLARINEX, CLIMARA, CLOBEX, COLESTID, COMBIGAN, COREG, CORTEF, COSOPT, COZAAR, DELESTROGEN, DEPAKOTE, DILANTIN SUSP, EFFEXOR XR[2], ENTRESTO[2], EPIDUO, ESTRACE, ESTROGEL, EXFORGE, FIORICET, FLOMAX, GOLYTELY, HALOG CREAM, HYZAAR, IMITREX[2], INDERAL LA, KEPPRA, KLONOPIN[2], K-TAB, LAMICTAL, LASIX, LATISSE, LATUDA[2], LOESTRIN, LOTREL, LYRICA[2], MAXALT[2], MICARDIS, MICARDIS HCT, NALFON, NATROBA, NEURONTIN, NITROSTAT, PAXIL, PLAQUENIL, PLAVIX, PRED FORTE, PREDNISOLONE P-F SUSP 1%, PRINIVIL, PROMETRIUM, PROPECIA, QUESTRAN, RANEXA, RELPAX[2], RENAGEL, RESTORIL[2], RISPERDAL[2], RISPERDAL CONSTA, SAFYRAL, SEASONIQUE[2], SEROQUEL[2], SEROQUEL XR[2], SILVADENE, SOMA, SOVUNA, SUBOXONE[2], TEGRETOL, TENORMIN, TIKOSYN, TIMOPTIC, TIMOPTIC-XE, TIMOPTIC OCUDOSE, TOPAMAX, TOPICORT SPRAY, TRAVATAN Z[2], TRICOR, TRILEPTAL, UCERIS, VALTREX[2], VANADOM, VECTICAL, VESICARE, VIGAMOX, VIMPAT, WELCHOL, XALATAN, YASMIN, ZANAFLEX, ZESTRIL, ZOLOFT, ZONEGRAN, ZOVIRAX[2], ZYPREXA[2]**

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Step therapy requirements are effective as of Jan. 1, 2026. 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.

1 These agents are also subject to additional step requirements as indicated in table.

2 Quantity limits may also apply. Please refer to the Select Quantity Limits document.

3 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

Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:**711**

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: **711**

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة .اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ៖ ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាឥតគិតថ្លៃ
និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意：如果您说**中文 (Chinese)，**我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意：如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d’assistance linguistique et des communications dans d’autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòma lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistenzdienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSION: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項：**日本語 (Japanese)** を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイアルにお電話ください。

알림 사항: **한국어(Korean)**를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: **Diné (Navajo)** saad bee yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó náánáł łahgo át'éego bee hadadilyaa bee ahxił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhólǫ. Bee atah nil'íní ninaaltsoos nitł'izí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

ВНИМАНИЕ! Если вы говорите на **русском** языке **(Russian)**, вам доступны бесплатные услуги языковой поддержки и бесплатные материалы в других форматах, например напечатанные
крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.

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