



**Step Therapy Programs for Members on the
2019 Drug List for Metallic Plans (Health Insurance Exchange)
(Individuals or Employer-Offered Small Groups)**

| Drug Category* | Prescription Drugs within the Category* | |
|---|--|---|
| <i>Non-Specialty Step Therapy</i> | | |
| Atopic Dermatitis | Elidel/ pimecrolimus Eucrisa | Protopic/ tacrolimus |
| Atypical Antipsychotics | Abilify Abilify Discmelt Abilify Maintena Abilify Mycite Aristada Aristada Initio Clozaril Fanapt FazaClo/ clozapine ODT Geodon Invega Invega Sustenna Invega Trinza Latuda | Perseris Rexulti Risperdal Risperdal M-tab Risperdal Consta Risperidone ODT Saphris Seroquel Seroquel XR Versacloz Vraylar Zyprexa Zyprexa Relprevv Zyprexa Zydys |
| Depression | Celexa Cymbalta Desvenlafaxine ER Desvenlafaxine fumarate Duloxetine Effexor Effexor XR Fetzima Fluoxetine 60 mg Fluvoxamine ER Forfivo XL Irenka Khedezla Lexapro Oleptro | Paxil Paxil CR Pexeva Pristiq Prozac Prozac Weekly Remeron Remeron SolTab Trintellix Venlafaxine ER Viibryd Viibryd Starter Kit Wellbutrin Wellbutrin SR Zoloft |
| Diabetes (GLP-1 Receptor Agonists) | Adlyxin Bydureon Bydureon Bcise Byetta | Ozempic Tanzeum Trulicity Victoza |

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|--|--|---|
| Fibrates | Antara Fenoglide Fibricor Lipofen | Lofibra Tricor Triglide Trilipix |
| Gabapentin ER | Gralise | Horizant |
| Glaucoma (formerly Ophthalmic Prostaglandins) | Lumigan Rescula Rocklatan Travatan Z Travoprost | Vyzulta Xalatan Xelpros Zioptan |
| Hypertension | Amturnide Atacand Atacand HCT Avalide Avapro Azor Benicar Benicar HCT Byvalson Cozaar Diovan Diovan HCT Edarbi Edarbyclor eprosartan | Exforge Exforge HCT Hyzaar Micardis Micardis HCT Tekamlo Tekturna Tekturna HCT Teveten Teveten HCT Tribenzor Twynsta |
| Insomnia | Ambien Ambien CR Belsomra Edluar Intermezzo/ zolpidem | Lunesta Rozerem Silenor Sonata Zolpimist |
| Insulin Combination Agents | Soliqua | Xultophy |
| Lipid Management (Cholesterol) | Advicor Altoprev Crestor Flolipid Lescol Lescol XL Lipitor Liptruzet | Livalo Mevacor Pravachol Simcor Vytorin Zocor Zypitamag |
| Methotrexate Injectable | Otrexup | Rasuvo |
| Oral NSAID | Anaprox Anaprox DS Arthrotec Cataflam Celebrex Clinoril Daypro | Indocin Ketoprofen Meclofenamate Mobic Nalfon Naprosyn Ponstel |

| | | |
|---|---|---|
| | EC-Naprosyn Feldene Fenoprofen Fenortho | Qmiiiz ODT Tolmetin Voltaren XR |
| Phosphate Binder | Auryxia Fosrenol/lanthanum carbonate Renagel | Renvela/sevelamer carbonate Velphoro |
| Proton Pump Inhibitors (PPIs) | Aciphex Dexilant Nexium | Prevacid Prilosec Protonix |
| Topical Non-Steroidal Anti-Inflammatory Drug (NSAID) | Flector Pennsaid | Voltaren |
| <i>Specialty Step Therapy</i> | | |
| Infertility | Bravelle Gonal F | Gonal F RFF |
| Multiple Sclerosis | Extavia | |

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

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