

Drugs requiring step therapy

2025 Generic Step Therapy



The drugs on this list require step therapy. If you have a medical need for one of these drugs, your doctor can ask for an exception.

Brand Medications Requiring Use of Generics First

You can save money by using safe, effective generic medications when possible. According to your prescription benefit plan, you may have to try generic medication(s) first before certain brand-name medications will be covered. The chart below shows you which drugs require the use of generics first. This chart only provides a sample list of generic drug options and may not include all drugs available.

Key

| | |
|--------------------------|---------------------|
| UPPERCASE | Brand-name medicine |
| <i>lowercase italics</i> | Generic medicine |

| Drug class | Step 1: You will have to try generic medication first: | | Step 2: Before you can try one of these brand drugs: | |
|--|--|---|--|----------------------|
| Antipsychotics | <i>aripiprazole</i> <i>asenapine SL</i> <i>clozapine</i> <i>lurasidone</i> <i>olanzapine</i> | <i>paliperidone ext-rel</i> <i>quetiapine/quetiapine ext-rel</i> <i>risperidone</i> <i>ziprasidone</i> | CAPLYTA FANAPT LYBALVI REXULTI SECUADO | VERSACLOZ VRAYLAR |
| Migraine, Selective Serotonin Agonists/Combinations | <i>almotriptan</i> <i>eletriptan</i> <i>frovatriptan</i> <i>naratriptan</i> | <i>rizatriptan</i> <i>sumatriptan</i> <i>sumatriptan/naproxen</i> <i>zolmitriptan</i> | ONZETRA XSAIL ZEMBRACE SYMTOUCH TOSYMRA | |
| Prostaglandin Analogues and Combinations | <i>bimatoprost 0.03%</i> <i>latanoprost</i> <i>tafluprost</i> <i>travoprost</i> | | IYUZEH LUMIGAN ROCKLATAN VYZULTA | XELPROS |
| Selective Serotonin Reuptake Inhibitors (SSRIs) | <i>citalopram</i> <i>escitalopram</i> <i>fluoxetine</i> (except <i>fluoxetine 60 mg tablet</i>) <i>fluvoxamine/fluvoxamine ext-rel</i> | <i>olanzapine/fluoxetine</i> <i>paroxetine HCl/paroxetine HCl ext-rel</i> <i>sertraline</i> | TRINTELLIX | |
| Sleeping Agents | <i>doxepin tabs</i> <i>eszopiclone</i> <i>ramelteon</i> | <i>zaleplon</i> <i>zolpidem/zolpidem ext rel</i> | BELSOMRA DAYVIGO EDLUAR | QUVIVIQ |
| Urinary Antispasmodics | <i>darifenacin ext-rel</i> <i>fesoterodine</i> <i>oxybutynin/oxybutynin ext-rel</i> <i>solifenacin</i> | <i>tolterodine/tolterodine ext-rel</i> <i>trospium/trospium ext-rel</i> | GELNIQUE GEMTESA MYRBETRIQ GRANULES OXYTROL | |

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This is not an inclusive list.

Products may be subject to plan-specific copayment or coinsurance. Some prescription benefit plan designs may not cover certain categories, regardless of their appearance in this document.

Information is believed to be accurate as of the production date; however, it is subject to change.

To check coverage and copay information for a specific medicine, log into your member website. For questions, please call the toll free number on your member ID card.