

Step Therapy Programs for Members on the 2024 Drug List for Metallic Plans (Health Insurance Marketplace) (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 Mycite Caplyta Clozapine ODT Clozaril Fanapt Geodon Invega Latuda Lybalvi Rexulti [§]	Risperdal Risperidone ODT Saphris Secuado Seroquel Seroquel XR Versacloz Vraylar Zyprexa Zyprexa Zydis
Depression	Auvelity Bupropion ER 450 mg Celexa Citalopram Cymbalta Desvenlafaxine ER tabs Drizalma Sprinkle Effexor Effexor XR Fetzima Fluoxetine 60 mg Fluoxetine delayed release Forfivo XL Lexapro	Paxil Paxil CR Pexeva Pristiq Prozac Remeron Remeron SolTab Sertraline Trintellix Venlafaxine ER Viibryd Wellbutrin Wellbutrin SR Zoloft
DPP-4 Inhibitors and Combinations	Alogliptin Alogliptin/ metformin Alogliptin/ pioglitazone Jentadueto Jentadueto XR Kazano	Kombiglyze XR Nesina Onglyza Oseni Tadjenta Zituvio
Gabapentin ER	Gralise	Horizant
Hypertension	Program retired 1/1/2024.	

Insomnia	Ambien Ambien CR Belsomra Dayvigo Edluar Intermezzo/ zolpidem	Lunesta Quviviq Rozerem Silenor Zolpimist
Insulin Combination Agents	Soliqua	Xultophy
Methotrexate Injectable	Otrexup Rasuvo	RediTrex
Ophthalmic Prostaglandins (formerly Glaucoma)	Iyuzeh Lumigan Travatan Z Travoprost	Vyzulta Xalatan Xelpros Zioptan
Phosphate Binder	Auryxia Fosrenol/ lanthanum carbonate Renagel	Renvela Sevelamer hydrochloride Velphoro
Proton Pump Inhibitors (PPIs)	Aciphex Aciphex Sprinkle Dexilant Dexlansoprazole Nexium Prevacid	Prevacid Solutab Prilosec Protonix Rabeprazole Sprinkle Voquezna
Topical Non-Steroidal Anti-Inflammatory Drug (NSAID)	Diclofenac epolamine patch diclofenac solution Diclofono Flector	Licart Pennsaid/diclofenac 2% solution Voltaren

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

**Third-party brand names are the property of their respective owners. These programs are subject to change from time to time and additional drugs may be added to the categories listed. These are only examples of drug categories and specific medications for which a step therapy program may be included as part of your prescription drug benefit plan. If your drug is not on the Drug List, you, or your prescribing health care provider, can ask for an exception review. As part of the review, you may have to meet the drug's step therapy program criteria before your request may be approved. To start the review process, you can call the number on your Member ID card or ask your doctor to visit bcbsmt.com/provider.*

***Does not apply to all plans.*

§ Effective on Metallic Annual 1/1/2025.