2025 Premium Standard Step Therapy List

Effective July 1, 2025

For the most current list of covered medications or if you have questions:

Call the number on your member ID card.

Visit your plan's website on your member ID card to:

- Find a participating retail pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.

About this drug list

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.

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		
Bacterial Vaginosis Agents	Any one of the following generics: clindamycin 2% vaginal cream, metronidazole 0.75% vaginal gel	**VANDAZOLE**
	Any one of the following generics: clindamycin 2% vaginal cream, metronidazole tablet, metronidazole 0.75% vaginal gel, tinidazole tablet	**SOLOSEC**
Oral Brand Tetracyclines	Any one of the following generics: doxycycline, minocycline	**AVIDOXY, MONDOXYNE NL, VIBRAMYCIN**
	Both of the following generics: doxycycline AND minocycline	**SEYSARA**
Otic Agents	Generic ofloxacin	**CETRAXAL**
Cardiovascular		
Antilipemic	Any one of the following generics: atorvastatin, fluvastatin IR/ER, lovastatin, pravastatin, rosuvastatin, simvastatin	**ALTOPREV, EZALLOR, FLOLIPID**
	Any one of the following: atorvastatin, ezetimibe/ rosuvastatin, rosuvastatin	**REPATHA**[2]
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**
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**

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

Condition	Step 1	Step 2
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 XR[2], APTENSIO XR[2], AZSTARYS[2], CONCERTA[2], DESOXYN[2], DEXEDRINE[2], EVEKEO-ODT[2], JORNAY PM[2], METHYLIN[2], METHYLPHENIDATE ER[2], PROCENTRA[2], RELEXXII[2], VYVANSE[2], VYVANSE CHEW[2]**
	Any two of the following generics: atomoxetine, guanfacine ER, clonidine ER	**KAPVAY, ONYDA XR[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
	Any one of the following generics: topiramate IR, topiramate IR sprinkle	topiramate ER
Antidepressants[3]	Generic bupropion ER	**APLENZIN[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	**DESVENLAFAXINE ER[2], DRIZALMA[2], PAXIL SUSPENSION, TRINTELLIX[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], FANAPT[2]**
	Any one of the following preferred brands: **INVEGA SUSTENNA, INVEGA TRINZA**	**INVEGA HAFYERA**
Insomnia Agents	Any one of the following generics: doxepin, eszopiclone, temazepam, zaleplon, zolpidem IR/ER	**BELSOMRA[2], DAYVIGO[2]**
	Generic zolpidem IR/ER	**EDLUAR[2]**
Migraine Agents	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	sumatriptan/naproxen[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	pregabalin ER[2], **SAVELLA[2]**

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Condition	Step 1	Step 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	diclofenac capsule, diclofenac powder, **DOLOBID, INDOCIN SUPPOSITORY, INDOCIN SUSPENSION,** indomethacin suppository indomethacin suspension, **LOFENA, MELOXICAM SUSPENSION**
Opioid Withdrawal	Generic clonidine	**LUCEMYRA**[2]
Parkinson's Disease	Generic carbidopa-levodopa IR/ER	**RYTARY, CREXONT**
	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**	**FINACEA GEL, ZILXI**
Topical Immunomodulators	Generic tacrolimus ointment	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%**
	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%
Endocrinology		
Diabetic Agents	Any one of the following generics: metformin IR/ ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	**CYCLOSET, RIOMET**

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Condition	Step 1	Step 2
DPP4 Inhibitors	Any one of the following generics: metformin IR/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	**JANUMET, JANUMET XR, JANUVIA, JENTADUETO, JENTADUETO XR, TRADJENTA**
	Any one of the following generics: metformin IR/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin AND any one of the preferred brands: **JANUMET[1], JANUMET XR[1], JANUVIA[1]** AND any one of the following preferred brands: **JENTADUETO[1], JENTADUETO XR[1], TRADJENTA[1]**	saxagliptin, saxagliptin/metformin
Gastroenterology		
Constipation Agents	Any one of the following generics: lactulose, polyethylene glycol	**LINZESS[2],** prucalopride tab[2], **SYMPROIC[2]**
	Any one of the following generics: lactulose, polyethylene glycol AND preferred brand **LINZESS[1]** AND generic prucalopride[1]	**MOTEGRITY[2]**
Proton Pump Inhibitors	Any two of the following generics: dexlansoprazole, esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole	**FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, LANSOPRAZOLE SUSPENSION, PRILOSEC PACKET[2], PROTONIX PACKET[2]**
Miscellaneous		
Antigout Agents	Generic allopurinol	febuxostat, **ULORIC**
Iron Replacement	Any one of the following generics: ferrous fumarate, ferrous gluconate, ferrous sulfate	**FERAHEME,** ferumoxytol, **INJECTAFER, MONOFERRIC**
Phosphate Binders	Any two of the following generics: calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer HCl	**FOSRENOL, PHOSLYRA**
Obstetrics and Gynecology		
Contraceptives	Any one of the following generics: norethindrone/ethinyl estradiol or norethindrone/ethinyl estradiol/fe	**FEMLYV**
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**
Oncology		
Chemotherapy Rescue Agents	Generic levoleucovorin	**KHAPZORY**

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Condition	Step 1	Step 2
Ophthalmology		
Antiglaucoma Agents	All of the following generics and preferred brand: latanoprost AND travoprost AND **LUMIGAN**	**XELPROS**[2]
Ophthalmic Antihistamines	Both of the following generics: azelastine AND olopatadine	bepotastine
Ophthalmic Antiinflammatory Agents	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac	bromfenac 0.07%[2], bromfenac 0.075%[2]
Respiratory		
Epinephrine Auto Injectors	Generic epinephrine	**EPIPEN**
Leukotriene Modifiers	Any one of the following generics: montelukast, zafirlukast	zileuton ER, **ZYFLO**
Long-Acting Bronchodilator Combinations	Any one of the following preferred brands: **ADVAIR HFA, BREO ELLIPTA, SYMBICORT**	fluticasone/salmeterol diskus[2], WIXELA INHUB[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]
Overactive Bladder Agents	Any two of the following generics or preferred brand: darifenacin ER, fesoterodine, oxybutynin IR/ER, solifenacin, tolterodine IR/ER, trospium IR/ER, **MYRBETRIQ TABLET**	**GELNIQUE, OXYTROL**[2]
Generic First		
Generic First Program	Generic equivalent	**RISPERDAL CONSTA**

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The company does not discriminate on the basis of race, color, national origin, sex, age, or disability in health programs and activities.

Free services are provided to help you communicate with us, such as letters in other languages or large print. You may also ask to speak with an interpreter. To ask for help, please call the toll-free phone number listed on your ID card.

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Se brindan servicios gratuitos para ayudarle a comunicarse con nosotros, como cartas en otros idiomas o en letra grande. También puede solicitar comunicarse con un intérprete. Para solicitar ayuda, llame al número de teléfono gratuito que figura en su tarjeta de identificación.

請注意 : 如果您說中文 (Chinese)，公司不会基于种族、肤色、国籍、性别、年龄或残疾而在健康计划和活动中歧视任何人。

为帮助您与我们沟通，我们提供一些免费服务，例如用其他语言书写的信件或大字体。您也可以要求与口译员对话。欲寻求帮助，请拨打您的 ID 卡上列出的免费电话号码。

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

[2] Quantity limits may also apply. Please refer to the Premium Quantity Limits document.

[3] Applies to new starts only

BlueCross BlueShield Arizona

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AZ Blue:

- Provides people with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language assistance services to people whose primary language is not English, which may include:
  - Qualified interpreters
  - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, call 602-864-4884 for Spanish and 1-877-475-4799 for all other languages and other aids and services.

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Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711
or email us at **crc@azblue.com**

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, **AZ Blue Section 1557 Coordinator** is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
This notice is available at AZ Blue's website: azblue.com/nondiscrimination-notice.

BlueCross BlueShield Arizona

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- Brinda a las personas con discapacidades modificaciones razonables y ayudas y servicios auxiliares gratuitos y apropiados para comunicarse de manera eficaz con nosotros, tales como:
  - Intérpretes de lenguaje de señas calificados.
  - Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)
- Ofrece servicios gratuitos de asistencia lingüística a personas cuyo idioma principal no es el inglés, que pueden incluir:
  - Intérpretes calificados.
  - Información escrita en otros idiomas

Si necesita modificaciones razonables, ayudas y servicios auxiliares apropiados o servicios de asistencia lingüística, llame al 602-864-4884 para español y al 1-877-475-4799 para todos los demás idiomas y otras ayudas y servicios**.**

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Section 1557 Coordinator
P.O. Box 13466
Phoenix, AZ 85002-3466; Call 602-864-2288, TTY: 711

o bien, envíenos un correo electrónico a **crc@azblue.com**

Puede presentar una queja en persona o por correo postal, fax o correo electrónico. Si necesita ayuda para presentar una queja, el **Coordinador de la Sección 1557 de AZ Blue** está disponible para ayudar.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los EE. UU. de manera electrónica a través del Portal de reclamos de la Oficina de Derechos Civiles, disponible en https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, o por correo o teléfono a:

U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Los formularios de reclamos están disponibles en http://www.hhs.gov/ocr/office/file/index.html. Este aviso está disponible en el sitio web de AZ Blue: azblue.com/nondiscrimination-notice.

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

English: Free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-877-475-4799.

Spanish: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles. Llame al 602-864-4884.

Navajo: Diné bee yáníłti'gogo, saad bee aná'awo' bee áka'anída'awo'ít'áá jiik'eh ná hóló. Bee ahił hane'go bee nida'anishí t'áá ákodaat'éhígíí dóó bee áka'anída'wo'í áko bee baa hane'í bee hadadilyaa bich'į' ahoot'i'ígíí éí t'áá jiik'eh hóló. Kohjį' 1-877-475-4799.

Chinese Simplified: 如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 1-877-475-4799 。

Chinese Traditional: 如果您說[中文]，我們可以為您提供免費語言協助服務。也可以免費提供適當的輔助工具與服務，以無障礙格式提供資訊。請致電 1-877-475-4799。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa 1-877-475-4799.

French: Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-877-475-4799.

Vietnamese: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số 1-877-475-4799.

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Entsprechende Hilfsmittel und Dienste zur Bereitstellung von Informationen in barrierefreien Formaten stehen ebenfalls kostenlos zur Verfügung. Rufen Sie 1-877-475-4799.

Korean: 한국어 를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 이용 가능한 형식으로 정보를 제공하는 적절한 보조 기구 및 서비스도 무료로 제공됩니다. 1-877-475-4799.

Russian: Если вы говорите на русский, вам доступны бесплатные услуги языковой поддержки. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по телефону 1-877-475-4799.

Arabic

تنبيه: إذا كنت تتحدث اللغة العربية، فستتوفر لك خدمات المساعدة اللغوية المجانية. كما تتوفر وسائل مساعدة وخدمات مناسبة لتوفير المعلومات بتنسيقات يمكن الوصول إليها مجانًا. اتصل على الرقم 1-877-475-4799.

Hindi: यदि आप हिंदी बोलते हैं, तो आपके लिए निःशुल्क भाषा सहायता सेवाएं उपलब्ध होती हैं। सुलभ प्रारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक साधन और सेवाएँ भी निःशुल्क उपलब्ध हैं। 1-877-475-4799 ।

Farsi (Persian)

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Thai: หมายเหตุ: หากคุณใช้ภาษา ไทย เรามีบริการความช่วยเหลือด้านภาษาฟรี นอกจากนี้ ยังมีเครื่องมือและบริการช่วยเหลือเพื่อให้ข้อมูลในรูปแบบที่เข้าถึงได้โดยไม่เสียค่าใช้จ่าย โปรดโทรติดต่อ 1-877-475-4799 หรือปรึกษาผู้ให้บริการของคุณ”

Japanese: 日本語を話される場合、無料の言語支援サービスをご利用いただけます。アクセシブル（誰もが利用できるよう配慮された）な形式で情報を提供するための適切な補助支援やサービスも無料でご利用いただけます。1-877-475-4799 。

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