

# Step therapy — Premium

Most medical conditions have many medication options. Although their clinical effectiveness may be the same, the cost can be very different. The Step Therapy program gives you the treatment you need, usually at a lower cost.

## **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 old 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.

We encourage you to talk about your treatment and medication options with your doctor. If you have questions about the Step Therapy program, call the phone number on your member ID card.

## Step therapy medications

If you have a prescription for any of the Step 2 medications below, you are required to first try a Step 1 medication(s) for benefit coverage.

Condition	Step 1	Step 2
<b>Anti-infectives</b>		
<b>Oral Brand Tetracyclines</b>	Any one of the following generics: doxycycline, minocycline	<b>ADOXA, MONODOX, VIBRAMYCIN</b>
	Both of the following generics: doxycycline AND minocycline	<b>SEYSARA</b>
<b>Otic Agents</b>	ofloxacin	<b>CETRAXAL</b> , ciprofloxacin
<b>Cardiovascular</b>		
<b>Renin-Angiotensin System Agents</b>	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, moexipril-HCTZ, olmesartan-HCTZ, olmesartan-amlodipine-HCTZ, perindopril, quinapril, quinapril-HCTZ, ramipril, telmisartan, telmisartan-HCTZ, trandolapril, trandolapril-verapamil	<b>EDARBI, EDARBYCLOR, TEKTURN HCT</b>
<b>Statins</b>	Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin	<b>ALTOPREV, EZALLOR, FLOLIPID, SIMVASTATIN SUSP, LIVALO</b>
<b>Fibric Acid Derivatives</b>	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND <b>LIPOFEN</b>	<b>FENOGLIDE, FIBRICOR, LOFIBRA, TRIGLIDE</b>

Condition	Step 1	Step 2
<b>Central Nervous System</b>		
<b>ADHD Agents</b>	Any two of the following generics or preferred brands: amphetamine-dextroamphetamine IR or ER, dexamethylphenidate IR or ER, dextroamphetamine IR or SR, methylphenidate IR or ER <b>VYVANSE</b>	<b>ADZENYS ER<sup>2</sup>, ADZENYS XR ODT<sup>2</sup>, APTENSIO XR<sup>2</sup>, COTEMPLA XR-ODT<sup>2</sup>, DAYTRANA<sup>2</sup>, DESOXYN<sup>2</sup>, DYANAVEL XR<sup>2</sup>, JORNAY PM<sup>2</sup>, KAPVAY, METADATE CD<sup>2</sup>, METHYLIN<sup>2</sup> solution, METHYLIN Chew<sup>2</sup>, MYDAYIS<sup>2</sup>, PROCENTRA<sup>2</sup>, QUILLICHEW ER<sup>2</sup>, QUILLIVANT<sup>2</sup>, ZENZEDI<sup>2</sup></b>
<b>Anticonvulsants<sup>3</sup></b>	Any one of the following generics: lamotrigine IR, levetiracetam IR or ER, oxcarbazepine IR, topiramate IR	<b>BRIVIACT</b>
	topiramate IR	topiramate ER
<b>Antidepressants<sup>3</sup></b>	bupropion ER	<b>APLENZIN<sup>2</sup></b>
	Any two of the following generics: desvenlafaxine succinate ER, duloxetine, venlafaxine, venlafaxine ER	<b>FETZIMA<sup>2</sup></b>
	Any two of the following generics: bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER	<b>DESVENLAFAXINE ER/ KHEDEZLA<sup>2</sup>, PAXIL suspension, TRINTELLIX<sup>2</sup></b>
<b>Antipsychotics<sup>3</sup></b>	Any two of the following generics or preferred brands: aripiprazole, olanzapine, quetiapine IR or ER, risperidone <b>SAPHRIS</b>	<b>FANAPT<sup>2</sup></b>
	Any one of the following generics or preferred brands: aripiprazole, olanzapine, quetiapine IR or ER, risperidone <b>SAPHRIS</b>	<b>VRAYLAR<sup>2</sup></b>
<b>Insomnia Agents</b>	Any one of the following generics: eszopiclone, temazepam, zaleplon, zolpidem, zolpidem CR	<b>BELSOMRA<sup>2</sup></b>

Condition	Step 1	Step 2
<b>Insomnia Agents</b>	Any one of the following generics: zolpidem, zolpidem CR	<b>EDLUAR<sup>2</sup>, ZOLPIMIST<sup>2</sup></b>
<b>Migraine Agents</b>	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	<b>ZOMIG NASAL<sup>2</sup></b>
<b>Neurologic Agents</b>	gabapentin	<b>GRALISE<sup>2</sup></b>
	Any one of the following generics: amitriptyline, cyclobenzaprine, duloxetine, gabapentin, pregabalin	<b>LYRICA CR<sup>2</sup>, SAVELLA<sup>2</sup></b>
<b>Non-Narcotic Analgesics</b>	Any two of the following generics: diclofenac, diclofenac CR, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	<b>INDOCIN suppository, INDOCIN suspension, TIVORBEX, VIVLODEX</b>
<b>Opioid Antagonists</b>	<b>NARCAN</b>	<b>EVZIO</b>
<b>Opioid Withdrawal</b>	clonidine	<b>LUCEMYRA<sup>2</sup></b>
<b>Parkinson's Disease</b>	Any one of the following generics: pramipexole IR or ER, ropinirole IR or ER	<b>NEUPRO</b>
	Any one of the following generics: carbidopa-levodopa, carbidopa-levodopa CR	<b>RYTARY</b>
	Both of the following generics: rasagiline, selegiline	<b>XADAGO<sup>2</sup></b>
<b>Dermatology</b>		
<b>Rosacea</b>	Any one of the following generics or preferred brands: azelaic acid gel, <b>FINACEA FOAM, SOOLANTRA</b>	<b>FINACEA GEL</b>
<b>Skin Cancer Agents</b>	Any one of the following generics: fluorouracil, imiquimod	diclofenac gel 3% <sup>2</sup> , <b>PICATO</b>

Condition	Step 1	Step 2
<b>Topical Immuno-modulators</b>	Any one of the following generics: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone	<b>EUCRISA</b>
<b>Endocrinology</b>		
<b>Diabetic Agents</b>	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	<b>ACTOPLUS MET XR, AVANDIA, CYCLOSET, METFORMIN oral solution, RIOMET</b>
<b>Glucagon</b>	Any one of the following preferred brands: <b>GLUCAGON, GVOKE, BAQSIMI</b>	<b>GLUCAGEN HYPOKIT</b>
<b>DPP4 Inhibitors</b>	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	<b>JANUMET, JANUMET XR, JANUVIA, JENTADUETO, JENTADUETO XR, TRADJENTA</b>
<b>GLP-1 Agonists</b>	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	<b>BYDUREON<sup>2</sup>, BYDUREON BCISE<sup>2</sup>, BYETTA<sup>2</sup>, OZEMPIC<sup>2</sup>, RYBELSUS<sup>2</sup>, TRULICITY<sup>2</sup>, VICTOZA<sup>2</sup></b>
	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	<b>SOLIQUA<sup>2</sup>, XULTOPHY<sup>2</sup></b>

Condition	Step 1	Step 2
<b>SGLT2 Inhibitors</b>	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin OR any one of the following generics: captopril, enalapril, lisinopril, quinapril, ramipril, fosinopril, trandolapril, perindopril, candesartan, valsartan, losartan, bisoprolol, carvedilol IR, carvedilol ER, metoprolol succinate, spironolactone, eplerenone	<b>FARXIGA</b>
	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	<b>GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, TRIJARDY XR, XIGDUO XR</b>
<b>Gastroenterology</b>		
<b>Constipation Agents</b>	Any one of the following generics: lactulose, polyethylene glycol	<b>LINZESS<sup>2</sup>, SYMPROIC<sup>2</sup></b>
	Any one of the following generics: lactulose, polyethylene glycol AND <b>LINZESS<sup>1</sup></b>	<b>MOTEGRITY<sup>2</sup></b>
<b>Proton Pump Inhibitors</b>	Any two of the following generics or preferred brands: esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole <b>DEXILANT</b>	<b>ESOMEPRAZOLE STRONTIUM<sup>2</sup>, FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, PRILOSEC<sup>2</sup></b>
<b>Hormone Modifiers</b>		
<b>Thyroid Replacement</b>	levothyroxine	<b>ARMOUR THYROID, NATURE-THROID</b>
<b>Miscellaneous</b>		
	allopurinol	<b>DUZALLO, ULORIC, ZURAMPIC</b>
<b>Obstetrics and Gynecology</b>		
<b>Hormone Replacement</b>	estradiol patch	<b>ALORA, MENOSTAR, MINIVELLE</b>
	Any one of the following preferred brands: <b>IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM</b>	<b>FEMRING</b>

Condition	Step 1	Step 2
<b>Hormone Replacement</b>	Any two of the following preferred brands: <b>IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM</b>	<b>INTRAROSA</b>
<b>Oncology</b>		
<b>Chemotherapy Rescue Agents</b>	levoleucovorin	<b>KHAPZORY</b>
<b>Ophthalmology</b>		
<b>Antiglaucoma Agents</b>	All of the following generics and preferred brands: latanoprost, travoprost, <b>LUMIGAN</b>	<b>XELPROS<sup>2</sup></b>
<b>Ophthalmic Antihistamines</b>	Both of the following generics: azelastine AND olopatadine	<b>BEPREVE, LASTACFT, ZERVIAE</b>
<b>Respiratory</b>		
<b>Epinephrine Auto Injectors</b>	Generic epinephrine	<b>EPIPEN</b>
<b>Leukotriene Modifiers</b>	Any one of the following generics: montelukast, zafirlukast	zileuton ER, <b>ZYFLO, ZYFLO CR</b>
<b>Long-Acting Bronchodilators</b>	Any two of the following generics or preferred brands: fluticasone-salmeterol <b>ADVAIR, BREO ELLIPTA, SEREVENT, SYMBICORT</b>	<b>ARCAPTA<sup>2</sup></b>
<b>Urology</b>		
<b>BPH Agents</b>	Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin	<b>CARDURA XL</b>
<b>Overactive Bladder Agents</b>	Any one of the following generics: oxybutynin IR or ER, tolterodine IR, trospium IR	<b>GELNIQUE, OXYTROL<sup>2</sup></b>

Step therapy requirements are effective as of January 1, 2021. The list of step therapy medications is subject to change without notice. Step therapy requirements may vary by benefit plan. Additional clinical programs for the medications above may affect your prescription drug coverage. These programs may include quantity limits and prior authorization.

<sup>1</sup> These agents are also subject to additional step requirements as indicated in table.

<sup>2</sup> Quantity limits may also apply. Please refer to the Premium Quantity Limits document.

<sup>3</sup> Applies to new starts only



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