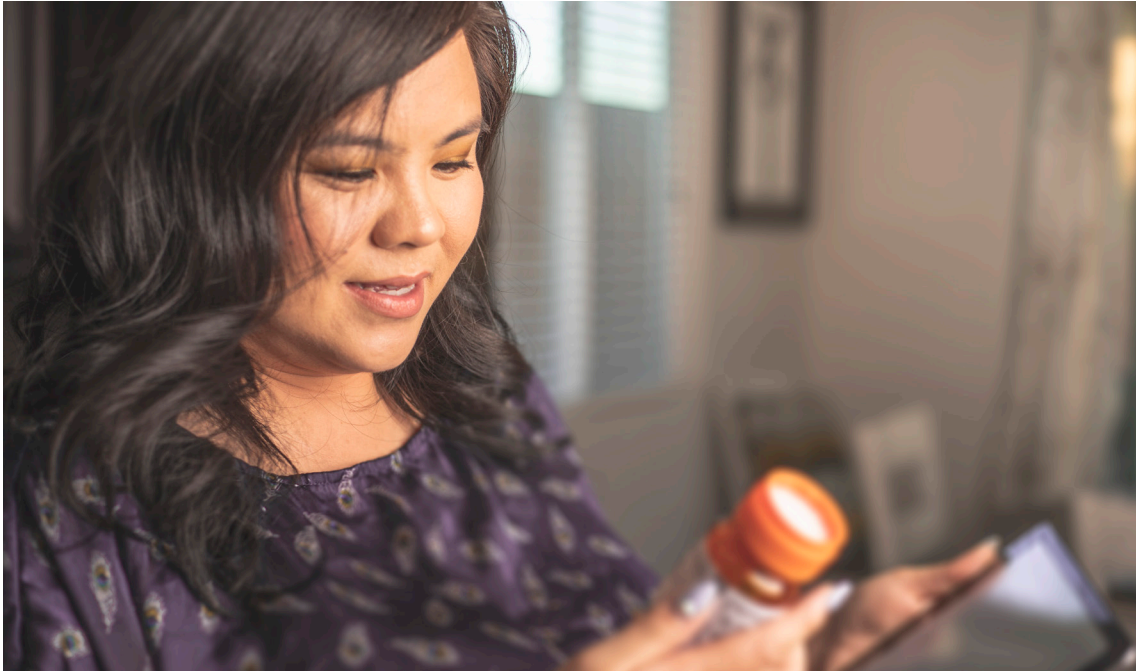


Step therapy — Premium Value

Utilization management updates — July 1, 2021



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

This is a list of medications that have been added to the Step Therapy program.

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 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.

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

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.

Therapeutic use	Step 1 medication	Step 2 medication
Cardiovascular		
Antianginal Agents	transdermal nitroglycerin	NITRO-DUR
Loop Diuretics	Any two of the following generics: bumetanide, furosemide, torsemide	ethacrynic acid
Central nervous system		
Anticonvulsants³	lamotrigine IR	lamotrigine ODT
	topiramate IR	topiramate ER
	Any two of the following generics: lamotrigine IR, levetiracetam IR/ER, oxcarbazepine IR, topiramate IR	BRIVIACT, FYCOMPA, VIMPAT
Antidementia Agents	memantine tablets	memantine oral solution
Antipsychotics³	Any two of the following generics: aripiprazole, olanzapine, quetiapine IR or ER, risperidone	aripiprazole ODT ² , FANAPT ² , LATUDA ² , paliperidone ²
	Any one of the following generics: aripiprazole, olanzapine, quetiapine IR or ER, risperidone	VRAYLAR ²
Migraine Agents	Any two of the following generics: almotriptan, eletriptan, naratriptan, rizatriptan, sumatriptan tablets, zolmitriptan	sumatriptan injection ² , sumatriptan nasal spray ²
Parkinson's Disease	pramipexole IR	pramipexole ER
	entacapone	tolcapone
Dermatology		
Topical Immuno-modulators	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	EUCRISA, pimecrolimus
Endocrinology		
DPP4 Inhibitors	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	KAZANO, NESINA, OSENI
GLP-1 Agonists	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	BYDUREON ² , BYDUREON BCISE ² , OZEMPIC ² , TRULICITY ² , VICTOZA ²
GLP-1 Agonist Combinations	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	SOLIQUA ²
SGLT2 Inhibitors	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	FARXIGA
	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	JARDIANCE, SYNJARDY, SYNJARDY XR, XIGDUO XR

Brand-name medications are shown in UPPERCASE (for example, CLOBEX) and generic medications in lowercase (for example, clobetasol).

Therapeutic use	Step 1 medication	Step 2 medication
Gastroenterology		
Antiemetics	metoclopramide	metoclopramide ODT
Constipation Agents	Any one of the following generics: lactulose, polyethylene glycol	LINZESS ² , SYMPROIC ²
Proton Pump Inhibitors	Any two of the following generics or preferred brands: omeprazole, lansoprazole capsules, pantoprazole, rabeprazole tablets	lansoprazole ODT ²
Oncology		
Antimetabolites	methotrexate	XATMEP
Miscellaneous		
Epinephrine Auto-Injectors	Generic epinephrine	EPIPEN 2-PAK
Respiratory		
Antimuscarinics	Any one of the following: INCRUSE ELLIPTA, SPIRIVA	ATROVENT HFA ² , LONHALA MAGNAIR ² , YUPELRI ²
Long-Acting Beta Agonists	STRIVERDI	BROVANA ²
Long-Acting Bronchodilators	Any two of the following generics or preferred brands: fluticasone-salmeterol, ADVAIR, BREO ELLIPTA, SEREVENT, SYMBICORT	ARCAPTA
Urology		
Overactive Bladder Agents	Any two of the following generics: oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER	GELNIQUE

Step therapy requirements are effective as of July 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, including quantity limits and prior authorization, may exist for the above medications which may affect your prescription drug coverage.

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 Value Quantity Limits document.

³ Applies to new starts only



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