

# Step therapy — Premium

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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
<b>Anti-infectives</b>		
<b>Oral Brand Tetracyclines</b>	Any one of the following generics: doxycycline, minocycline	ADOXA, MONODOX, VIBRAMYCIN
	Both of the following generics: doxycycline AND minocycline	SEYSARA
<b>Otic Agents</b>	ofloxacin	CETRAXAL, CIPROFLOXAXIN OTIC
<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, olmesartan-HCTZ, olmesartan-amlodipine-HCTZ, perindopril, quinapril, quinapril-HCTZ, ramipril, telmisartan, telmisartan-HCTZ, trandolapril, trandolapril-verapamil	EDARBI, EDARBYCLOR, TEKTRUNA HCT
<b>Statins</b>	Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin	ALTOPREV, EZALLOR, FLOLIPID, SIMVASTATIN SUSP, LIVALO
<b>Fibric Acid Derivatives</b>	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND LIPOFEN	FENOGLIDE, FIBRICOR, LOFIBRA, TRIGLIDE
<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 VYVANSE	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> , ZENZED <sup>12</sup>
<b>Anticonvulsants<sup>3</sup></b>	Any one of the following generics: lamotrigine IR, levetiracetam IR or ER, oxcarbazepine IR, topiramate IR	BRIVIACT, XCOPRI
	topiramate IR	TROKENDI XR
<b>Antidepressants<sup>3</sup></b>	bupropion ER	APLENZIN <sup>2</sup>
	Any two of the following generics: desvenlafaxine succinate ER, duloxetine, venlafaxine, venlafaxine ER	FETZIMA <sup>2</sup>
	Any two of the following generics: bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER	DESVENLAFAXINE ER/KHEDEZLA <sup>2</sup> , PAXIL suspension, TRINTELLIX <sup>2</sup>
	Any one of the following generics: duloxetine	DRIZALMA

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
<b>Antipsychotics<sup>3</sup></b>	Any two of the following generics: asenapine, aripiprazole, clozapine, olanzapine, paliperidone, quetiapine IR or ER, risperidone, ziprasidone	FANAPT <sup>2</sup> , CAPLYTA <sup>2</sup>
	Any one of the following generics: asenapine, aripiprazole, clozapine, olanzapine, paliperidone, quetiapine IR or ER, risperidone, ziprasidone	VRAYLAR <sup>2</sup>
<b>Insomnia Agents</b>	Any one of the following generics: eszopiclone, temazepam, zaleplon, zolpidem, zolpidem CR	BELSOMRA <sup>2</sup> , DAYVIGO <sup>2</sup>
	Any one of the following generics: zolpidem, zolpidem CR	EDLUAR <sup>2</sup> , ZOLPIMIST <sup>2</sup>
<b>Migraine Agents</b>	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	ZOMIG NASAL <sup>2</sup>
<b>Neurologic Agents</b>	gabapentin	GRALISE <sup>2</sup>
	Any one of the following generics: amitriptyline, cyclobenzaprine, duloxetine, gabapentin, pregabalin	LYRICA CR <sup>2</sup> , SAVELLA <sup>2</sup>
<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	INDOCIN suppository, INDOCIN suspension, INDOMETHACIN capsules, TIVORBEX, VIVLODEX
<b>Opioid Antagonists</b>	NARCAN	EVZIO
<b>Opioid Withdrawal</b>	clonidine	LUCEMYRA <sup>2</sup>
<b>Parkinson's Disease</b>	Any one of the following generics: pramipexole IR or ER, ropinirole IR or ER	NEUPRO
	Any one of the following generics: carbidopa-levodopa, carbidopa-levodopa CR	RYTARY
	Both of the following generics: rasagiline, selegiline	XADAGO <sup>2</sup>
	Any one of the following generics: entacapone	ONGENTYS
<b>Dermatology</b>		
<b>Rosacea</b>	Any one of the following generics or preferred brands: azelaic acid gel, FINACEA FOAM, SOOLANTRA	FINACEA GEL, ZILXI
<b>Skin Cancer Agents</b>	Any one of the following generics: fluorouracil, imiquimod	diclofenac gel 3% <sup>2</sup> , PICATO
<b>Topical Immuno-modulators</b>	tacrolimus ointment	pimecrolimus, PROTOPIC ointment
	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

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Therapeutic use	Step 1 medication	Step 2 medication
<b>Endocrinology</b>		
<b>Diabetic Agents</b>	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	ACTOPLUS MET XR, AVANDIA, CYCLOSET, RIOMET, RIOMET ER
<b>Glucagon</b>	Any one of the following preferred brands: GLUCAGON, GVOKE, BAQSIMI	GLUCAGEN HYPOKIT
<b>DPP4 Inhibitors</b>	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	JANUMET, JANUMET XR, JANUVIA, JENTADUETO, JENTADUETO XR, TRADJENTA
<b>GLP-1 Agonists</b>	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	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>
	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	SOLIQUA <sup>2</sup> , XULTOPHY <sup>2</sup>
<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	FARXIGA
	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	GLYXAMBI, JARDIANCE, SYNJARDY, SYNJARDY XR, TRIJARDY XR, XIGDUO XR
<b>Gastroenterology</b>		
<b>Constipation Agents</b>	Any one of the following generics: lactulose, polyethylene glycol	LINZESS <sup>2</sup> , SYMPROIC <sup>2</sup>
	Any one of the following generics: lactulose, polyethylene glycol AND LINZESS <sup>1</sup>	MOTEGRITY <sup>2</sup>
<b>Proton Pump Inhibitors</b>	Any two of the following generics or preferred brands: esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole DEXILANT	ACIPHEX SPRINKLE <sup>2</sup> , ESOMEPRAZOLE STRONTIUM <sup>2</sup> , FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, PRILOSEC <sup>2</sup> , PROTONIX PACKET <sup>2</sup>
<b>Hormone Modifiers</b>		
<b>Thyroid Replacement</b>	levothyroxine	ARMOUR THYROID, NATURE-THROID
<b>Miscellaneous</b>		
	allopurinol	DUZALLO, ULORIC, ZURAMPIC
<b>Obstetrics and Gynecology</b>		
<b>Hormone Replacement</b>	estradiol patch	ALORA, MENOSTAR, MINIVELLE
	Any one of the following preferred brands: IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM	FEMRING
	Any two of the following preferred brands: IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM	INTRAROSA

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Therapeutic use	Step 1 medication	Step 2 medication
<b>Oncology</b>		
<b>Chemotherapy Rescue Agents</b>	levoleucovorin	KHAPZORY
<b>Ophthalmology</b>		
<b>Antiglaucoma Agents</b>	All of the following generics and preferred brands: latanoprost, travoprost, LUMIGAN	XELPROS <sup>2</sup>
<b>Respiratory</b>		
<b>Epinephrine Auto Injectors</b>	Generic epinephrine	EPIPEN
<b>Leukotriene Modifiers</b>	Any one of the following generics: montelukast, zafirlukast	zileuton ER, ZYFLO, ZYFLO CR
<b>Long-Acting Bronchodilators</b>	Any two of the following generics or preferred brands: fluticasone-salmeterol, ADVAIR, BREQ, ELLIPTA, SEREVENT, STRIVERDI RESPIMAT, SYMBICORT	ARCAPTA
<b>Urology</b>		
<b>BPH Agents</b>	Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin	CARDURA XL
<b>Overactive Bladder Agents</b>	Any one of the following generics: oxybutynin IR or ER, tolterodine IR or ER, trospium IR or ER	GELNIQUE, OXYTROL <sup>2</sup>

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.

<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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