

Step therapy – Premium

Utilization management updates
July 1, 2023



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.

| Condition | Step 1 | Step 2 |
|---------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Anti-infectives | | |
| Bacterial vaginosis agents | Any one of the following generics: metronidazole 0.75% vaginal gel, clindamycin 2% vaginal cream | VANZOLE |
| | One of the following generics: metronidazole 0.75% vaginal gel, clindamycin 2% vaginal cream, metronidazole tablet, tinidazole tablet | SOLOSEC |
| Oral brand tetracyclines | Any one of the following generics: doxycycline, minocycline | VIBRAMYCIN |
| | Both of the following generics: doxycycline AND minocycline | SEYSARA |
| Otic agents | Generic ofloxacin | CETRAXAL , ciprofloxacin otic |
| Cardiovascular | | |
| 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, TEKTRINA HCT |
| Fibric acid derivatives | Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND LIPOFEN or fenofibrate cap | FENOGLIDE, FIBRICOR |
| Statins | Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin | ALTOPREV, EZALLOR, FLOLIPID |
| Central Nervous System | | |
| ADHD agents | Any one of the following generics or preferred brand: amphetamine-dextroamphetamine IR, dexamethylphenidate IR or ER, dextroamphetamine IR or SR, methylphenidate IR or ER, VYVANSE | AZSTARYS², JORNAY PM² |
| | Any three of the following generics or preferred brand: amphetamine-dextroamphetamine IR, dexamethylphenidate IR or ER, dextroamphetamine IR or SR, methylphenidate IR or ER, VYVANSE | ADZENYS ER SUSP², AMPHETAMI ER SUSP², APTENSIO XR², DESOXYN², DEXEDRINE², METHYLIN² solution, PROCENTRA², RELEXXII² |
| | Any two of the following generics: atomoxetine, guanfacine, clonidine | KAPVAY |
| Anticonvulsants ³ | Any one of the following generics: lamotrigine IR, levetiracetam IR or ER, oxcarbazepine IR, topiramate IR | BRIVIACT, XCOPRI |
| | Generic topiramate IR | TROKENDI XR , topiramate ER |
| Antidepressants ³ | Generic bupropion ER | APLENZIN² |
| | Any two of the following generics: desvenlafaxine ER, duloxetine, venlafaxine IR or ER | FETZIMA² |
| | Any two of the following generics: bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER | DESVENLAFAXINE ER², PAXIL suspension, TRINTELLIX² |
| | Generic duloxetine | DRIZALMA² |
| Antidepressants | Generic vilazodone | VIBRYD² |
| Antipsychotics ³ | Any two of the following generics: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR or ER, risperidone, ziprasidone | CAPLYTA², FANAPT² |
| | Any one of the following brands: INVEGA SUSTENNA or INVEGA TRINZA | INVEGA HAFYERA |
| Insomnia agents | Any one of the following generics: doxepin, eszopiclone, temazepam, zaleplon, zolpidem, zolpidem ER | BELSOMRA², DAYVIGO² |
| | Any one of the following generics: zolpidem, zolpidem ER | EDLUAR², ZOLPIMIST² |
| Migraine agents | Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan | sumatriptan-naproxen ² , ZOMIG NASAL², ZOLMITRIPTAN SPRAY² |

Bold type = Brand-name drug

Plain type = Generic drug

| Condition | Step 1 | Step 2 |
|--------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Neurologic agents | Generic gabapentin | GRALISE ² |
| | Any one of the following generics: amitriptyline, cyclobenzaprine, duloxetine, gabapentin, pregabalin | pregabalin ER ² , SAVELLA 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 cap, INDOCIN suppository, INDOCIN suspension, INDOMETHACIN capsules, LOFENA, MELOXICAM susp, TIVORBEX, VIVLODEX |
| Opioid withdrawal | Generic clonidine | LUCEMYRA ² |
| Parkinson's disease | Any one of the following generics: carbidopa-levodopa, carbidopa-levodopa CR | RYTARY |
| | Any one of the following generics: pramipexole IR or ER, ropinirole IR or ER | NEUPRO |
| | Generic entacapone | ONGENTYS |
| | Both of the following generics: rasagiline, selegiline | XADAGO ² |
| Dermatology | | |
| Rosacea | Any one of the following generics or preferred brands: azelaic acid gel, FINACEA FOAM, SOOLANTRA | FINACEA GEL, ZILXI |
| Skin cancer agents | Any one of the following generics: fluorouracil, imiquimod 5% | diclofenac gel 3% ² , PICATO |
| | Both of the following generics: fluorouracil, imiquimod 5% | KLISYRI |
| | Generic imiquimod 5% | imiquimod 3.75% |
| Topical immunomodulators | Generic tacrolimus ointment | pimecrolimus ² , PROTOPIC² ointment |
| | Any one of the following 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 |
| | Any three of the following generics or brands: clocortolone 0.1% cream, fluocinolone acetone 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 |
| Endocrinology | | |
| Diabetic agents | Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin | AVANDIA, CYCLOSET, RIOMET |
| DPP4 inhibitors | Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin | JANUMET, JANUMET XR, JANUVIA, JENTADUETO, JENTADUETO XR, TRADJENTA |
| GLP-1 agonists | Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin | SOLIQUA ² , XULTOPHY 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 or preferred brand: captopril, enalapril, lisinopril, quinapril, ramipril, fosinopril, trandolapril, perindopril, candesartan, valsartan, losartan, bisoprolol, carvedilol IR, carvedilol ER, metoprolol succinate, spironolactone, eplerenone, ENTRESTO | FARXIGA, JARDIANCE, XIGDUO XR |
| | Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin | GLYXAMBI, SYNJARDY, SYNJARDY XR, TRIJARDY XR |
| Gastroenterology | | |
| Constipation agents | Any one of the following generics: lactulose, polyethylene glycol | LINZESS ² , SYMPROIC ² |
| | Any one of the following generics: lactulose, polyethylene glycol AND LINZESS ¹ | MOTEGRITY ² |
| Proton pump inhibitors | Any two of the following generics: dexlansoprazole, esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole | ACIPHEX SPRINKLE ² , ESOMEPRAZOLE STRONTIUM ² , FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, PRILOSEC PACKET ² , PROTONIX PACKET ² |

Bold type = Brand-name drug

Plain type = Generic drug

| Condition | Step 1 | Step 2 |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
| Hormone Modifiers | | |
| Thyroid replacement | Generic levothyroxine | ARMOUR THYROID |
| Miscellaneous | | |
| Antigout agents | Generic allopurinol | ULORIC , febuxostat |
| Iron replacement | Any one of the following generics: ferrous sulfate, ferrous gluconate, ferrous fumarate | FERAHEME , ferumoxytol, INJECTAFER , MONOFERRIC |
| Phosphate binders | Any two of the following generics or preferred brands: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl | FOSRENOL , PHOSLYRA |
| Obstetrics and Gynecology | | |
| Contraceptives | Any one of the following generics: Gemmily, Merzee, norethindrone-ethinyl estradiol-ferrous fumarate | TAYTULLA |
| Hormone replacement | Generic estradiol patch | ALORA , MENOSTAR , MINIVELLE |
| | 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 |
| Oncology | | |
| Antifolic agent ³ | Generic pemetrexed | ALIMTA , PEMETREXED , PEMFEXY |
| Chemotherapy rescue agents | Generic levoleucovorin | KHAPZORY |
| Ophthalmology | | |
| Antiglaucoma agents | All of the following generics and preferred brand: latanoprost, travoprost, LUMIGAN | XELPROS ² |
| Ophthalmic antihistamines | Both of the following generics: azelastine AND olopatadine | bepotastine |
| Respiratory | | |
| Epinephrine auto injectors | Generic epinephrine | EPIPEN |
| Leukotriene modifiers | Any one of the following generics: montelukast, zafirlukast | zileuton ER, ZYFLO |
| Urology | | |
| BPH agents | Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin | CARDURA XL |
| | Any one of the following generics: alfuzosin, doxazosin, tamsulosin, terazosin, silodosin AND any one of the following generics: finasteride, dutasteride, tadalafil 5 mg | ENTADFI ² |
| Overactive bladder agents | Any two of the following generics or preferred brand: fesoterodine, oxybutynin IR or ER, tolterodine IR or ER, trospium IR or ER, solifenacin, darifenacin ER, MYRBETRIQ | GELNIQUE , OXYTROL ² |

Step therapy requirements are effective as of July 1, 2023. 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 Quantity Limits document.

³ Applies to new starts only



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