

## Step therapy – Premium

Utilization management updates  
Jan. 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. Therapeutic use Step 1 medication Step 2 medication

| Condition                       | Step 1   | Step 2   |
|---------------------------------|--|--|
| <b>Anti-infectives</b>          |  |  |
| Bacterial vaginosis agents      | One of the following generics: metronidazole 0.75% vaginal gel, clindamycin 2% vaginal cream, metronidazole tablet, tinidazole tablet  | <b>SOLOSEC</b>   |
|                                 | One of the following generics: metronidazole 0.75% vaginal gel, clindamycin 2% vaginal cream   | <b>VANDAZOLE</b>   |
| Oral brand tetracyclines        | Any one of the following generics: doxycycline, minocycline  | <b>VIBRAMYCIN</b>  |
|                                 | Both of the following generics: doxycycline AND minocycline  | <b>SEYSARA</b>   |
| Otic agents                     | ofloxacin  | <b>CETRAXAL</b> , ciprofloxacin otic   |
| <b>Cardiovascular</b>           |  |  |
| 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 | <b>EDARBI, EDARBYCLOR, TEKURNA HCT</b>   |
| Fibric acid derivatives         | Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND <b>LIPOFEN</b>   | <b>FENOGLIDE, FIBRICOR, TRIGLIDE</b>   |
| Statins                         | Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin   | <b>ALTOPREV, EZALLOR, FLOLIPID</b>   |
| <b>Central nervous system</b>   |  |  |
| ADHD agents                     | Any one of the following generics or preferred brands:<br>amphetamine-dextroamphetamine IR, dextroamphetamine IR or ER, dextroamphetamine IR or SR, methylphenidate IR or ER, <b>VYVANSE</b>   | <b>AZSTARYS<sup>2</sup>, JORNAY PM<sup>2</sup></b>   |
|                                 | Any three of the following generics or preferred brands:<br>amphetamine-dextroamphetamine IR, dextroamphetamine IR or ER, dextroamphetamine IR or SR, methylphenidate IR or ER, <b>VYVANSE</b>   | <b>ADZENYS ER<sup>2</sup>, AMPHETAMI ER<sup>2</sup>, APTENSIO XR<sup>2</sup>, DESOXYN<sup>2</sup>, DEXEDRINE<sup>2</sup>, METHYLIN<sup>2</sup> solution, PROCENTRA<sup>2</sup>, RELEXXII<sup>2</sup></b> |
|                                 | Any two of the following generics: atomoxetine, guanfacine, clonidine  | <b>KAPVAY</b>  |
| Anticonvulsants <sup>3</sup>    | Any one of the following generics: lamotrigine IR, levetiracetam IR or ER, oxcarbazepine IR, topiramate IR   | <b>BRIVIACT, XCOPRI</b>  |
|                                 | topiramate IR  | <b>TROKENDI XR</b>   |
| Antidepressants <sup>3</sup>    | 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>DESVENLAFAKINE ER<sup>2</sup>, PAXIL suspension, TRINTELLIX<sup>2</sup></b>   |
|                                 | Any one of the following generics: duloxetine  | <b>DRIZALMA</b>  |
| Antidepressants                 | vilazodone   | <b>VIIBRYD<sup>2</sup></b>   |
| Antipsychotics <sup>3</sup>     | Any two of the following generics: asenapine, aripiprazole, clozapine, olanzapine, paliperidone, quetiapine IR or ER, risperidone, ziprasidone   | <b>CAPLYTA<sup>2</sup>, FANAPT<sup>2</sup></b>   |
|                                 | Any one of the following brands: Invega Sustenna or Invega Trinza  | <b>INVEGA HAFYERA</b>  |
| Insomnia agents                 | Any one of the following generics: eszopiclone, temazepam, zaleplon, zolpidem, zolpidem CR   | <b>BELSOMRA<sup>2</sup>, DAYVIGO<sup>2</sup></b>   |
|                                 | Any one of the following generics: zolpidem, zolpidem CR   | <b>EDLUAR<sup>2</sup>, ZOLPIMIST<sup>2</sup></b>   |
| Migraine agents                 | Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan  | <b>sumatriptan-naproxen<sup>2</sup>, ZOMIG NASAL<sup>2</sup></b>   |

**Bold type = Brand-name drug**

Plain type = Generic drug

| Condition                 | Step 1  | Step 2   |
|---------------------------|---|--|
| Neurologic agents         | <p><b>gabapentin</b></p> <p>Any one of the following generics:<br/>amitriptyline, cyclobenzaprine, duloxetine, gabapentin, pregabalin</p>   | <p><b>GRALISE<sup>2</sup></b></p> <p>pregabalin ER<sup>2</sup>, <b>SAVELLA<sup>2</sup></b></p>   |
| Non-narcotic analgesics   | <p>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</p>  | <p>diclofenac cap, <b>INDOCIN</b> suppository, <b>INDOCIN</b> suspension, <b>INDOMETHACIN</b> capsules, <b>LOFENA</b>, <b>TIVORBEX</b>, <b>VIVLODEX</b></p>  |
| Opioid withdrawal         | <b>clonidine</b>  | <b>LUCEMYRA<sup>2</sup></b>  |
| Parkinson's disease       | <p>Any one of the following generics: pramipexole IR or ER, ropinirole IR or ER</p> <p>Any one of the following generics: carbidopa-levodopa, carbidopa-levodopa CR</p> <p>Both of the following generics: rasagiline, selegiline</p> <p>entacapone</p>   | <p><b>NEUPRO</b></p> <p><b>RYTARY</b></p> <p><b>XADAGO<sup>2</sup></b></p> <p><b>ONGENTYS</b></p>  |
| <b>Dermatology</b>        |   |  |
| Rosacea                   | <p>Any one of the following generics or preferred brands: azelaic acid gel, <b>FINACEA FOAM</b>, <b>SOOLANTRA</b></p>   | <b>FINACEA GEL</b> , <b>ZILXI</b>  |
| Skin cancer agents        | <p>Any one of the following generics: fluorouracil, imiquimod 5%</p> <p>Both of the following generics: fluorouracil, imiquimod 5%</p> <p>imiquimod 5%</p>  | <p>diclofenac gel 3%, <b>PICATO</b></p> <p><b>KLISYRI</b></p> <p>imiquimod 3.75%</p>   |
| Topical immuno-modulators | <p><b>tacrolimus ointment</b></p> <p>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, tacrolimus, pimecrolimus</p> <p>Any three of the following generics or 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, <b>ENSTILAR</b>, <b>TACLONEX</b> suspension</p> | <p>pimecrolimus<sup>2</sup>, <b>PROTOPIC<sup>2</sup></b> ointment</p> <p><b>EUCRISA</b></p> <p><b>SERNIVO</b></p>  |
| <b>Endocrinology</b>      |   |  |
| Diabetic agents           | <p>Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin</p>   | <b>AVANDIA</b> , <b>CYCLOSET</b> , <b>RIOMET</b> , <b>RIOMET ER</b>  |
| DPP4 inhibitors           | <p>Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin</p>   | <b>JANUMET</b> , <b>JANUMET XR</b> , <b>JANUVIA</b> , <b>JENTADUETO</b> , <b>JENTADUETO XR</b> , <b>TRADJENTA</b>  |
| GLP-1 agonists            | <p>Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin</p>   | <b>SOLIQUA<sup>2</sup></b> , <b>XULTOPHY<sup>2</sup></b>   |
| SGLT2 inhibitors          | <p>Any one of the following generics or brands: 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>ENTRESTO</b></p> <p>Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin</p>   | <p><b>FARXIGA</b>, <b>JARDIANCE</b>, <b>XIGDUO XR</b></p> <p><b>GLYXAMBI</b>, <b>SYNJARDY</b>, <b>SYNJARDY XR</b>, <b>TRIJARDY XR</b></p>  |
| <b>Gastroenterology</b>   |   |  |
| Constipation agents       | <p>Any one of the following generics: lactulose, polyethylene glycol</p> <p>Any one of the following generics: lactulose, polyethylene glycol AND <b>LINZESS<sup>1</sup></b></p>  | <p><b>LINZESS<sup>2</sup></b>, <b>SYMPROIC<sup>2</sup></b></p> <p><b>MOTERGRITY<sup>2</sup></b></p>  |
| Proton pump inhibitors    | <p>Any two of the following generics or preferred brands: esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole, <b>DEXILANT</b></p>  | <p><b>ACIPHEX SPRINKLE<sup>2</sup></b>, <b>ESOMEPRAZOLE STRONTIUM<sup>2</sup></b>, <b>FIRST-LANSOPRAZOLE</b>, <b>FIRST-OMEPRAZOLE</b>, <b>PREVACID</b>, <b>PRILOSEC PACKET<sup>2</sup></b>, <b>PROTONIX PACKET<sup>2</sup></b></p> |

**Bold type = Brand-name drug**

Plain type = Generic drug

| Condition                        | Step 1  | Step 2  |
|----------------------------------|---|---|
| <b>Hormone modifiers</b>         |   |   |
| Thyroid replacement              | levothyroxine   | ARMOUR THYROID, NATURE-THROID, WESTHROID, WP THYROID            |
| <b>Miscellaneous</b>             |   |   |
| Antigout agents                  | allopurinol   | ULORIC, febuxostat  |
| Iron replacement                 | Any one of the following generics: ferrous sulfate, ferrous gluconate, ferrous fumarate   | FERAHHEME, ferumoxytol, INJECTAFER, MONOFERRIC                  |
| Phosphate Binders                | Any two of the following generics: calcium carbonate, calcium acetate, lanthanum carbonate, sevelamer carbonate, sevelamer HCl  | FOSRENOL, PHOSLYRA  |
| <b>Obstetrics and gynecology</b> |   |   |
| Contraceptives                   | Any one of the following generics: Gemmily, Merzee, norethindrone-ethynodiol-ferrous fumarate   | TAYTULLA  |
| Hormone replacement              | estradiol patch<br>Any one of the following preferred brands: IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM<br>Any two of the following preferred brands: IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM | ALORA, MENOSTAR, MINIVELLE<br>FEMRING <sup>2</sup><br>INTRAROSA |
| <b>Oncology</b>                  |   |   |
| Antifolic Agent <sup>3</sup>     | pemetrexed  | ALIMTA, PEMFEXY   |
| Chemotherapy rescue agents       | levoleucovorin  | KHAPZORY  |
| <b>Ophthalmology</b>             |   |   |
| Antiglaucoma agents              | All of the following generics and preferred brands: latanoprost, travoprost, LUMIGAN  | XELPROS <sup>2</sup>  |
| Ophthalmic antihistamines        | Both of the following generics: azelastine AND olopatadine  | bepotastine   |
| <b>Respiratory</b>               |   |   |
| Epinephrine auto injectors       | epinephrine   | EPIPEN  |
| Leukotriene modifiers            | Any one of the following generics: montelukast, zafirlukast   | zileuton ER, ZYFLO  |
| Long-acting bronchodilators      | Any two of the following preferred brands: ADVAIR, BREO ELLIPTA, SEREVENT, STRIVERDI RESPIMAT, SYMBICORT  | ARCAPTA   |
| <b>Urology</b>                   |   |   |
| BPH agents                       | Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin   | CARDURA XL  |
| Overactive bladder agents        | Any two of the following generics or preferred brand: fesoterodine, oxybutynin IR/ER, tolterodine IR/ER, trospium IR/ER, solifenacin, darifenacin ER, MYRBETRIQ                               | GELNIQUE, OXYTROL <sup>2</sup>                                  |

Step therapy requirements are effective as of Jan. 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.

<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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