

# Step therapy – Premium Value

Utilization management updates  
Jan. 1, 2024



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
<b>Cardiovascular</b>		
Loop diuretics	Any two of the following generics: bumetanide, furosemide, torsemide	ethacrynic acid
<b>Central Nervous System</b>		
Anticonvulsants <sup>3</sup>	lamotrigine IR	lamotrigine ODT
	topiramate IR	topiramate ER
	Any two of the following generics: carbamazepine, lacosamide, lamotrigine IR, levetiracetam IR/ER, oxcarbazepine IR, topiramate IR	<b>BRIVIACT, FYCOMPA</b>
Antidementia agents	memantine tablets	memantine oral solution
Antipsychotics <sup>3</sup>	Any two of the following generics: aripiprazole, olanzapine, quetiapine IR/ER, risperidone	aripiprazole ODT <sup>2</sup> , <b>FANAPT<sup>2</sup></b> , paliperidone ER <sup>2</sup>
	Any one of the following brands: <b>INVEGA SUSTENNA</b> or <b>INVEGA TRINZA</b>	<b>INVEGA HAYFERA</b>
Migraine agents	Any two of the following generics: eletriptan, naratriptan, rizatriptan, sumatriptan tablets, zolmitriptan	sumatriptan injection <sup>2</sup> , sumatriptan nasal spray <sup>2</sup>
Parkinson's disease	pramipexole IR	pramipexole ER
	entacapone	tolcapone
<b>Dermatology</b>		
Topical immuno-modulators	Any one of the following generics: acclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus	<b>EUCRISA</b>
	tacrolimus ointment	pimecrolimus <sup>2</sup>
Skin cancer agents	imiquimod 5%	imiquimod 3.75%
<b>Endocrinology</b>		
DPP4 inhibitors	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	<b>KAZANO, NESINA, OSENI</b>
GLP-1 agonist combinations	One metformin-containing agent	<b>SOLIQUA<sup>2</sup></b>
<b>Gastroenterology</b>		
Antiemetics	metoclopramide tablets	<b>METOCLOPRAMIDE ODT</b>
Constipation agents	Any one of the following generics: lactulose, polyethylene glycol	<b>LINZESS<sup>2</sup>, SYMPROIC<sup>2</sup></b>
<b>Oncology</b>		
Antimetabolites	methotrexate tablets	<b>XATMEP</b>
<b>Respiratory</b>		
Antimuscarinics	Any one of the following: <b>INCRUSE ELLIPTA, SPIRIVA</b>	<b>ATROVENT HFA<sup>2</sup>, YUPELRI<sup>2</sup></b>
Long-acting bronchodilator combinations	Any one of the following preferred brands: <b>ADVAIR HFA, BREO ELLIPTA, SYMBICORT</b>	fluticasone/salmeterol diskus <sup>2</sup>
<b>Urology</b>		
Overactive bladder agents	Any two of the following generics: darifenacin ER, oxybutynin IR/ER, solifenacin, tolterodine IR/ER, trospium IR/ER	<b>GELNIQUE</b>

**Bold type = Brand-name drug**

Plain type = Generic drug

Step therapy requirements are effective as of Jan. 1, 2024. 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 Value Quantity Limits document.

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



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