

Step therapy – Premium Formulary

Utilization management
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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 Optum Rx 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: clindamycin 2% vaginal cream, metronidazole 0.75% vaginal gel	VANDAZOLE
	Any one of the following generics: clindamycin 2% vaginal cream, metronidazole tablet, metronidazole 0.75% vaginal gel, tinidazole tablet	SOLOSEC
Oral Brand Tetracyclines	Any one of the following generics: doxycycline, minocycline	AVIDOXY, MONDOXYNE NL, VIBRAMYCIN
	Both of the following generics: doxycycline AND minocycline	SEYSARA
Otic Agents	Generic ofloxacin	CETRAXAL
Cardiovascular		
Antilipemic	Any one of the following generics: atorvastatin, fluvastatin IR/ER, lovastatin, pravastatin, rosuvastatin, simvastatin	ALTOPREV, EZALLOR, FLOLIPID
	Any one of the following: atorvastatin, ezetimibe/rosuvastatin, rosuvastatin	REPATHA²
Fibric Acid Derivatives	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND preferred brand LIPOFEN or fenofibrate cap	FENOGLIDE, FIBRICOR
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, TEKTURN HCT
Central Nervous System		
ADHD Agents	Any one of the following generics: amphetamine-dextroamphetamine IR/ER, dexamethylphenidate IR/ER, dextroamphetamine IR/SR, methylphenidate IR/ER, lisdexamfetamine	APTENSIO XR², AZSTARYS², DESOXYN², DEXEDRINE², EVEKEO-ODT², JORNAY PM², METHYLIN², METHYLPHENIDATE ER², PROCENTRA², RELEXXII²
	Any two of the following generics: atomoxetine, guanfacine ER, clonidine ER	KAPVAY, ONYDA XR²
Anticonvulsants ³	Any one of the following generics: lamotrigine IR, levetiracetam IR/ER, oxcarbazepine IR, topiramate IR	BRIVIACT, XCOPRI
	Generic lacosamide IR	MOTPOLY XR
	Generic oxcarbazepine IR	oxcarbazepine ER
	Any one of the following generics: topiramate IR, topiramate IR sprinkle	topiramate ER

Bold type = Brand-name drug

Plain type = Generic drug

Condition	Step 1	Step 2
Antidepressants ³	Generic bupropion ER	APLENZIN²
	Any two of the following generics: desvenlafaxine ER, duloxetine, venlafaxine IR/ER	FETZIMA²
	Any two of the following generics: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine IR/ER, sertraline, venlafaxine IR/ER	DESVENLAFAXINE ER², DRIZALMA², PAXIL SUSPENSION, TRINTELLIX²
Antidepressants	Generic vilazodone	VIIBRYD²
Antipsychotics ³	Any two of the following generics: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone	CAPLYTA², COBENFY², FANAPT², OPIPZA²
	Any one of the following preferred brands: INVEGA SUSTENNA, INVEGA TRINZA	INVEGA HAFYERA
Insomnia Agents	Generic zolpidem IR/ER	EDLUAR²
Migraine Agents	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	sumatriptan/naproxen ² , ZOMIG NASAL², ZOLMITRIPTAN SPRAY²
Neurologic Agents	Generic gabapentin IR	gabapentin (once-daily) ² , GRALISE²
	Any one of the following generics: amitriptyline, cyclobenzaprine, duloxetine, gabapentin IR, pregabalin	pregabalin ER ² , SAVELLA²
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 capsule, diclofenac powder, INDOCIN SUPPOSITORY, INDOCIN SUSPENSION , indomethacin suppository, indomethacin suspension, LOFENA, MELOXICAM SUSPENSION
Opioid Withdrawal	Generic clonidine	LUCEMYRA²
Parkinson's Disease	Generic carbidopa-levodopa IR/ER	RYTARY, CREXONT
	Generic entacapone	ONGENTYS
	Both of the following generics: rasagiline AND selegiline	XADAGO²
Dermatology		
Rosacea	Any one of the following generic or preferred brands: azelaic acid gel, FINACEA FOAM, SOOLANTRA	FINACEA GEL, ZILXI
Topical Immunomodulators	Generic tacrolimus ointment	pimecrolimus ²
	Any one of the following topical generics: alclometasone, amcinonide, betamethasone, clobetasol, clo cortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus	EUCRISA, OPZELURA², ZORYVE CREAM 0.15%

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Condition	Step 1	Step 2
	Any one of the following topical generics: alclometasone, amcinonide, betamethasone, clobetasol, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus, calcipotrine, calcitrol, tazarotene	VTAMA, ZORYVE CREAM 0.3%
	Any three of the following topical generics or preferred 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, TACLONEX SUSPENSION, ENSTILAR FOAM	SERNIVO
Topical Miscellaneous Agents	Both of the following generics: fluorouracil AND imiquimod 5%	KLISYRI
	Generic imiquimod 5%	imiquimod 3.75%
Endocrinology		
Diabetic Agents	Any one of the following generics: metformin IR/ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	CYCLOSET, RIOMET
Gastroenterology		
Constipation Agents	Any one of the following generics: lactulose, polyethylene glycol	LINZESS² , prucalopride tab ² , SYMPROIC²
	Any one of the following generics: lactulose, polyethylene glycol AND preferred brand LINZESS¹ AND generic prucalopride ¹	MOTEGRITY²
Proton Pump Inhibitors	Any two of the following generics: dextlansoprazole, esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole	FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, LANSOPRAZOLE SUSPENSION, PRILOSEC PACKET², PROTONIX PACKET²
Miscellaneous		
Antigout Agents	Generic allopurinol	febuxostat, ULORIC
Iron Replacement	Any one of the following generics: ferrous fumarate, ferrous gluconate, ferrous sulfate	FERAHEME , ferumoxytol, INJECTAFER, MONOFERRIC
Phosphate Binders	Any two of the following generics: calcium acetate, calcium carbonate, sevelamer carbonate, sevelamer HCl	FOSRENOL
Obstetrics and Gynecology		
Contraceptives	Any one of the following generics: norethindrone/ethinyl estradiol or norethindrone/ethinyl estradiol/fe	FEMLYV
Hormone Replacement	Any one of the following preferred brands: IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM	FEMRING²
	Any two of the following preferred brands: IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM	INTRAROSA
	Generic estradiol patch	ALORA, MENOSTAR, MINIVELLE

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Condition	Step 1	Step 2
Ophthalmology		
Antiglaucoma Agents	All of the following generics and preferred brand: latanoprost AND travoprost AND LUMIGAN	XELPROS²
Ophthalmic Antihistamines	Both of the following generics: azelastine AND olopatadine	bepotastine
Ophthalmic Anti-inflammatory Agents	Any one of the following generic ophthalmic solutions: diclofenac, flurbiprofen, ketorolac	bromfenac 0.07% ² , bromfenac 0.075% ²
Respiratory		
Epinephrine Auto Injectors	Generic epinephrine	EPIPEN
Long-Acting Bronchodilator Combinations	Any one of the following preferred brands: ADVAIR HFA, BREO ELLIPTA, SYMBICORT	fluticasone/salmeterol diskus ² , WIXELA INHUB ²
Urology		
Benign prostatic hyperplasia (BPH) Agents	Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin	CARDURA XL
	Any one of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin, AND any one of the following generics: dutasteride, finasteride, tadalafil 5 mg	ENTADFI²
Overactive Bladder Agents	Any two of the following generics or preferred brand: darifenacin ER, fesoterodine, oxybutynin IR/ER, solifenacin, tolterodine IR/ER, trospium IR/ER, MYRBETRIQ TABLET	GELNIQUE, OXYTROL²
Generic First		
Generic First Program	Generic equivalent	RISPERDAL CONSTA

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Step therapy requirements are effective as of Jan. 1, 2026. 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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