

Step therapy — *Premium Formulary*

Utilization Management

July 1, 2026



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 may 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 | VANDAOZOLE |
| | 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, minocycline | SEYSARA |
| Otic Agents | Generic ofloxacin otic solution | CETRAXAL |
| Cardiovascular | | |
| Antilipemic | Any one of the following generics: atorvastatin, fluvastatin IR/ER, lovastatin, pravastatin, rosuvastatin, simvastatin | ALTOPREV, EZALLOR, FLOLIPID |
| Fibric Acid Derivatives | Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND LIPOFEN or generic 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 |
| 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, CONCERTA², DESOXYN², DEXEDRINE², JORNAY PM², METHYLIN², METHYLPHENIDATE ER², PROCENTRA², RELEXXII², VYVANSE² |
| | Any two of the following generics: atomoxetine, guanfacine ER, clonidine ER | ONYDA XR² |
| Amyotrophic Lateral Sclerosis (ALS) Agents | Generic riluzole tablets | TIGLUTIK², TEGLUTIK² |
| 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: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone, REXULTI, VRAYLAR | CAPLYTA² |
| | Any two of the following generics: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone | COBENFY², FANAPT², LYBALVI², OPIPZA² |
| | Any one of the following: 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 , ZOMIG², ZOLMITRIPTAN NASAL 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 |
| Parkinson's Disease | Generic carbidopa-levodopa IR/ER | CREXONT |
| | Generic entacapone | ONGENTYS |
| | Both of the following generics: rasagiline, selegiline | XADAGO² |
| Dermatology | | |
| Rosacea | Any one of the following: 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, clocortolone, desonide, desoximetasone, diflorasone, fluocinolone, fluocinonide, flurandrenolide, fluticasone, halcinonide, halobetasol, hydrocortisone, mometasone, prednicarbate, triamcinolone, pramoxine-HC, calcipotriene-betamethasone, tacrolimus, pimecrolimus | EUCRISA, OPZELURA², ZORYVE CREAM 0.05%, 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, clotrimazole, econazole, ketoconazole, luliconazole, miconazole, oxiconazole, sertaconazole, sulconazole, selenium sulfide | ZORYVE FOAM 0.3% |
| | 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: 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, imiquimod 5% Generic imiquimod 5% | KLISYRI imiquimod cream 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 Any one of the following generics: lactulose, polyethylene glycol AND generic prucalopride ¹ AND LINZESS¹ | LINZESS², prucalopride tab², SYMPROIC² MOTEGRITY² |
| Proton Pump Inhibitors | Any two of the following generics: dexlansoprazole, 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 |

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| Condition | Step 1 | Step 2 |
|---|---|--|
| Obstetrics and Gynecology | | |
| Contraceptives | Any one of the following generics: norethindrone/ethinyl estradiol, norethindrone/ethinyl estradiol/fe | FEMLYV |
| Hormone Replacement | Any one of the following: IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM | FEMRING² |
| | Any two of the following: IMVEXXY, OSPHENA, PREMARIN VAGINAL CREAM | INTRAROSA |
| | Generic estradiol patch | ALORA, MENOSTAR, MINIVELLE |
| Ophthalmology | | |
| Antiglaucoma Agents | All of the following ophthalmic solutions: latanoprost, travoprost, LUMIGAN | XELPROS² |
| Ophthalmic Antihistamines | Both of the following generic ophthalmic solutions: azelastine, 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, tamsulosin, terazosin, silodosin AND any one of the following generics: finasteride, dutasteride, tadalafil 5 mg | ENTADFI² |
| Overactive Bladder Agents | Any two of the following: darifenacin ER, fesoterodine ER, oxybutynin IR/ER, solifenacin, tolterodine IR/ER, trospium IR/ER, MYRBETRIQ TABLET | GELNIQUE, OXYTROL² |
| Generic First | | |
| Generic First Program | Generic risperidone ER injection | RISPERDAL CONSTA |

Step therapy requirements are effective as of July 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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Notice of Availability of Language Assistance Services and Alternate Formats

ATTENTION: Free language assistance services and free communications in other formats, such as large print, are available to you. Call the toll-free number on your member identification card. TTY:711

ATENCIÓN: Si habla **español (Spanish)**, hay servicios de asistencia de idiomas y comunicaciones en otros formatos como letra grande, sin cargo, a su disposición. Llame al número gratuito que figura en su tarjeta de identificación de miembro. TTY: 711

ملاحظة: إذا كنت تتحدث **اللغة العربية (Arabic)**، ستتوفر لك خدمات المساعدة اللغوية المجانية والمراسلات المجانية بتنسيقات أخرى، مثل الطباعة بأحرف كبيرة. اتصل بالرقم المجاني المدون على بطاقة تعريف العضو خاصتك.

ចំណាំ: ប្រសិនបើអ្នកនិយាយ**ភាសាខ្មែរ (Khmer)** សេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ឱ្យអ្នកឥតគិតថ្លៃ។ លើសពីនេះទៀត យើងផ្តល់ជូនសេវាជំនួយភាសាភាគតិចត្រូវបានផ្តល់ឱ្យអ្នកឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាព្រឹត្តិបត្រអក្សរធំ មានសម្រាប់អ្នក។ ទូរសព្ទមកលេខភាគតិចត្រូវបានផ្តល់ឱ្យអ្នកឥតគិតថ្លៃនៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

请注意: 如果您说**中文 (Chinese)**，我们可以为您提供免费语言协助服务以及大字印刷本等其他格式的免费通信。请致电您的会员身份卡上的免付费电话号码。

請注意： 如果您說**中文 (Chinese)**，您可以獲得免費語言協助服務和大字體等其他格式的免費通訊。請致電您的會員身份卡上的免付費電話號碼。

ATTENTION: Si vous parlez **français (French)**, des services d'assistance linguistique et des communications dans d'autres formats, notamment en gros caractères, sont mis à votre disposition gratuitement. Appelez le numéro gratuit figurant sur votre carte de membre.

ATANSYON: Si w pale **Kreyòl Ayisyen (Haitian Creole)**, gen sèvis lang gratis ak kominikasyon nan lòt fòm lo disponib, tankou sa ki enprime ak gwo lèt. Rele nimewo gratis ki sou kat idantifikasyon manm ou an.

ACHTUNG: Falls Sie **Deutsch (German)** sprechen, stehen Ihnen kostenlose Sprachassistentendienste und kostenlose Kommunikation in anderen Formaten, wie zum Beispiel große Schrift, zur Verfügung. Rufen Sie die gebührenfreie Nummer auf Ihrer Mitgliedskarte an.

ध्यान दें: यदि आप **हिंदी (Hindi)** बोलते हैं, तो आपके लिए मुफ्त भाषा सहायता सेवाएँ और अन्य प्रारूपों में मुफ्त संचार, जैसे कि बड़े प्रिंट, उपलब्ध हैं। अपने सदस्य पहचान पत्र पर दिए गए टोल-फ्री नंबर पर कॉल करें।

LUS TSEEM CEEB: Yog tias koj hais **lus Hmoob (Hmong)**, muaj cov kev pab cuam txhais lus thiab muaj kev sib txuas lus pab dawb ua lwm hom ntawv, xws li luam ua ntawv loj rau koj. Thov hu rau tus xov tooj hu dawb ntawm koj daim npav ID.

ATENSIÓN: No agsasaoka iti **Ilocano (Ilocano)**, magun-odmo dagiti libre a serbisio ti tulong iti pagsasao ken libre a komunikasion iti dadduma a pormat, kas iti dadakkel a letra. Tawagan ti awan-bayadna a numero a masarakan iti kard a pakabigbigam kas miembro.

ATTENZIONE: se parla **italiano (Italian)**, può usufruire di servizi di assistenza linguistica gratuiti e comunicazioni gratuite in altri formati, come ad esempio la stampa a caratteri grandi. Chiami il numero verde riportato sul Suo tesserino identificativo.

注意事項: 日本語 (**Japanese**) を話される場合、無料の言語支援サービスや、拡大文字など他の形式での無料のコミュニケーションをご利用いただけます。会員証に記載されているフリーダイヤルにお電話ください。

알림 사항: 한국어(**Korean**)를 사용하시는 경우 무료 언어 지원 서비스와 대형 활자체 등 다른 형식으로 된 의사 소통 매체를 이용하실 수 있습니다. 회원 ID 카드에 나와 있는 무료 전화번호로 전화해 주십시오.

BAA'ÁKONÍNÍZIN: Diné (**Navajo**) saad bee yáníłt'ígo, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó nááná łahgo át'éego bee hadadilyaa bee ahxít hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhóló. Bee atah nil'íní ninaaltsoos nit'ízí bee nééhoziní bąąh t'áá hiik'eh bee hane'í námboo bee hodíilnih.

توجه: اگر به زبان **فارسی (Farsi)** صحبت می‌کنید، خدمات رایگان کمک زبانی و ارتباطات رایگان در قالب‌های دیگر، مانند چاپ بزرگ، در دسترس شما هستند. با شماره رایگان مندرج روی کارت شناسایی عضویت‌تان تماس بگیرید.

UWAGA: Dla osób mówiących po **polsku (Polish)** dostępne są bezpłatne usługi pomocy językowej i bezpłatne komunikaty w innych formatach, takich jak duży druk. Prosimy zadzwonić pod bezpłatny numer podany na karcie identyfikacyjnej.

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FIIRO GAAR AH: Haddii aad ku hadasho **Soomaali (Somali)**, adeegyada taageerada luqadda bilaashka ah iyo isgaarsiino bilaash ah oo qaabab kale ah, sida far waaweyn, ayaa diyaar kuu ah. Ka wac lambarka wicitaanka bilaashka ah kaarkaaga aqoonsiga xubinta.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika at libreng komunikasyon sa ibang mga format, tulad ng malalaking print. Tawagan ang walang bayad na numero na nasa iyong ID card ng miyembro.

LƯU Ý: Nếu quý vị nói **Tiếng Việt (Vietnamese)**, quý vị sẽ được cung cấp các dịch vụ hỗ trợ ngôn ngữ miễn phí và các phương tiện trao đổi liên lạc miễn phí ở các định dạng khác, chẳng hạn như bản in chữ lớn. Gọi đến số điện thoại miễn phí có trên thẻ định danh thành viên của quý vị.



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