Optum Rx®

Step therapy – Premium Formulary

Utilization management updates Jan. 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 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	**REPATHA**[2]
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, TEKTURNA HCT**
Central Nervous System		
ADHD Agents	Any one of the following generics: amphetamine-dextroamphetamine IR/ER, dexmethylphenidate IR/ER, dextroamphetamine IR/SR, methylphenidate IR/ER, lisdexamfetamine	**APTENSIO XR**[2]**, AZSTARYS**[2]**, DESOXYN**[2]**, DEXEDRINE**[2]**, EVEKEO-ODT**[2]**, JORNAY PM**[2]**, METHYLIN**[2]**, METHYLPHENIDATE ER**[2]**, PROCENTRA**[2]**, RELEXXII**[2]
	Any two of the following generics: atomoxetine, guanfacine ER, clonidine ER	**KAPVAY, ONYDA XR**[2]
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	**APLENZIN**[2]
	Any two of the following generics: desvenlafaxine ER, duloxetine, venlafaxine IR/ER	**FETZIMA**[2]
	Any two of the following generics: bupropion, citalopram, desvenlafaxine ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine IR/ER, sertraline, venlafaxine IR/ER	**DESVENLAFAXINE ER**[2]**, DRIZALMA**[2]**, PAXIL SUSPENSION, TRINTELLIX**[2]
Antidepressants	Generic vilazodone	**VIIBRYD**[2]
Antipsychotics[3]	Any two of the following generics: aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone	**CAPLYTA**[2]**, COBENFY**[2]**, FANAPT**[2]**, OPIPZA**[2]
	Any one of the following preferred brands: **INVEGA SUSTENNA, INVEGA TRINZA**	**INVEGA HAFYERA**
Insomnia Agents	Generic zolpidem IR/ER	**EDLUAR**[2]
Migraine Agents	Any two of the following generics: almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	sumatriptan/naproxen[2], **ZOMIG NASAL**[2]**, ZOLMITRIPTAN SPRAY**[2]
Neurologic Agents	Generic gabapentin IR	gabapentin (once-daily)[2], **GRALISE**[2]
	Any one of the following generics: amitriptyline, cyclobenzaprine, duloxetine, gabapentin IR, 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 capsule, diclofenac powder, **INDOCIN SUPPOSITORY, INDOCIN SUSPENSION,** indomethacin suppository, indomethacin suspension, **LOFENA, MELOXICAM SUSPENSION**
Opioid Withdrawal	Generic clonidine	**LUCEMYRA**[2]
Parkinson's Disease	Generic carbidopa-levodopa IR/ER	**RYTARY, CREXONT**
	Generic entacapone	**ONGENTYS**
	Both of the following generics: rasagiline AND selegiline	**XADAGO**[2]
Dermatology		
Rosacea	Any one of the following generic or preferred brands: azelaic acid gel, **FINACEA FOAM, SOOLANTRA**	**FINACEA GEL, ZILXI**
Topical Acne Treatments	Any one of the following preferred brands or generic: **EPIDUO FORTE, TWYNEO,** clindamycin/benzoyl peroxide gel 1.2/3.75%	**ONEXTON**
Topical Immunomodulators	Generic tacrolimus ointment	pimecrolimus[2]
	Any one of the following topical 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, OPZELURA**[2]**, 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	**LINZESS**[2], prucalopride tab[2], **SYMPROIC**[2]
	Any one of the following generics: lactulose, polyethylene glycol AND preferred brand **LINZESS**[1] AND generic prucalopride[1]	**MOTEGRITY**[2]
Proton Pump Inhibitors	Any two of the following generics: dexlansoprazole, esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole	**FIRST-OMEPRAZOLE, FIRST-PANTOPRAZOLE, LANSOPRAZOLE SUSPENSION, PRILOSEC PACKET**[2], **PROTONIX PACKET**[2]
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**	**FEMRING**[2]
	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**	**XELPROS**[2]
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 two of the following generic or preferred brands: budesonide-formoterol inhaler, **ADVAIR HFA, BREO ELLIPTA**	**SYMBICORT**[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	**ENTADFI**[2]
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, OXYTROL**[2]
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

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)** សេវាជំនួយភាសាឥតគិតថ្លៃ
និងការទំនាក់ទំនងឥតគិតថ្លៃក្នុងទម្រង់ផ្សេងទៀត ដូចជាពុម្ពអក្សរធំ មានសម្រាប់អ្នក។
ទូរសព្ទមកលេខឥតគិតថ្លៃនៅលើបណ្ណសម្គាល់សមាជិករបស់អ្នក។

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 fòma 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 Sprachassistenzdienste 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.

ATENSION: 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ア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 yáníłti'go, t'áá jíík'eh saad bee áka'e'eyeed bee áka'anída'wo'í dóó náánáł łahgo át'éego bee hadadilyaa bee ahxił hane'í, díí nitsaago bee ak'eda'ashchínígíí, náhólǫ. Bee atah nil'íní ninaaltsoos nitł'izí 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.

ATENÇÃO: se você fala **português (Portuguese)**, tem à sua disposição serviços gratuitos de assistência linguística e comunicações gratuitas em outros formatos, como caracteres grandes. Ligue para o número gratuito que se encontra no seu cartão de identificação de membro.

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крупным шрифтом. Звоните по бесплатному номеру телефона, указанному на вашей идентификационной карте участника.

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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