

Utilization Management Updates: Step Therapy – Premium

Most medical conditions have many medication options. Although their clinical effectiveness may be similar, prices can vary widely. The Step Therapy program gives you the treatment you need, usually at a lower cost.

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 automatically screen the medication for step therapy requirements. If your prior 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.



We encourage you to discuss your treatment and medication options with your doctor. If you have questions about the Step Therapy program, call the toll-free ProAct Help Desk at 1-877-635-9545.

In this drug list, brand-name medications are shown in **UPPERCASE** (for example, CLOBEX) and generic medications in **lowercase** (for example, clobetasol).

Step Therapy Medications

If you have a prescription for any of the Step 2 medications below, you are required to first try a Step 1 medication(s) for benefit coverage.

Condition	Step 1	Step 2
Anti-infectives		
Oral Brand Tetracyclines	Any one of the following generics: doxycycline, minocycline	ADOXA, MONODOX, TARGADOX, VIBRAMYCIN
	Both of the following generics: doxycycline AND minocycline	SEYSARA
Otic Agents	ofloxacin	CETRAXAL, ciprofloxacin
Cardiovascular		
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, moexipril-HCTZ, olmesartan-HCTZ, olmesartan-amlodipine-HCTZ, perindopril, quinapril, quinapril-HCTZ, ramipril, telmisartan, telmisartan-HCTZ, trandolapril, trandolapril-verapamil	EDARBI, EDARBYCLOR, TEKTURN HCT

Condition	Step 1	Step 2
Statins	Any one of the following generics: atorvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, simvastatin	ALTOPREV, EZALLOR, FLOLIPID, LIVALO
Fibric Acid Derivatives	Any one of the following generics: fenofibric cap, fenofibrate tab, fenofibrate micronized cap, fenofibric acid tab AND LIPOFEN	FENOGLIDE, FIBRICOR, LOFIBRA, TRIGLIDE
Central Nervous System		
ADHD Agents	Any two of the following generics or preferred brands: amphetamine-dextroamphetamine IR or ER, dexamethylphenidate IR or ER, dextroamphetamine IR or SR, methylphenidate IR or ER VYVANSE	ADDERALL XR ² , ADHANSIA XR ² , ADZENYS ER ² , ADZENYS XR ODT ² , APTENSIO XR ² , CONCERTA ² , COTEMPLA XR-ODT ² , DAYTRANA ² , DESOXYN ² , DYANAVEL XR ² , FOCALIN XR ² , JORNAY PM ² , KAPVAY, METADATE CD ² , METHYLIN ² SOLUTION, METHYLIN CHEW ² , MYDAYIS ² , PROCENTRA ² , QUILLICHEW ER ² , QUILLIVANT ² , RITALIN LA ² , ZENZEDI ²
Anticonvulsants ³	Any one of the following generics: lamotrigine IR, levetiracetam IR or ER, oxcarbazepine IR, topiramate IR	BRIVIACT
	topiramate IR	QUDEXY XR, topiramate ER
Antidepressants ³	bupropion SR	APLENZIN ²
	Any two of the following generics: desvenlafaxine succinate ER, duloxetine, venlafaxine, venlafaxine ER	FETZIMA ²
	Any two of the following generics: bupropion, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, mirtazapine, paroxetine, paroxetine ER, sertraline, venlafaxine, venlafaxine ER	DESVENLAFAXINE ER/KHEDEZLA ² , PAXIL SUSPENSION, TRINTELLIX ²
Antipsychotics ³	Any one of the following generics or preferred brands: aripiprazole, olanzapine, quetiapine IR or ER, risperidone SAPHRIS	FANAPT ² , VRAYLAR ²
Insomnia Agents	Any one of the following generics: eszopiclone, temazepam, zaleplon, zolpidem, zolpidem CR	BELSOMRA ²
	Any one of the following generics: zolpidem, zolpidem CR	EDLUAR ² , ZOLPIMIST ²
Migraine Agents	Any one of the following generics: naratriptan, rizatriptan, sumatriptan, zolmitriptan	TREXIMET ² , ZOMIG NASAL ²
Neurologic Agents	gabapentin	GRALISE ²
	Any one of the following generics or preferred brands: amitriptyline, cyclobenzaprine, duloxetine, gabapentin LYRICA	LYRICA CR ² , SAVELLA ²

Condition	Step 1	Step 2
Non-Narcotic Analgesics	Any two of the following generics: diclofenac, diclofenac CR, diflunisal, etodolac, fenoprofen, flurbiprofen, ibuprofen, indomethacin, ketoprofen, ketorolac, meclofenamate, meloxicam, nabumetone, naproxen, oxaprozin, piroxicam, sulindac, tolmetin	INDOCIN SUPPOSITORY, INDOCIN SUSPENSION, TIVORBEX, VIVLODEX
Opioid Antagonists	NARCAN	EVZIO
Opioid Withdrawal	clonidine	LUCEMYRA ²
Parkinson's Disease	Any one of the following generics: pramipexole IR or ER, ropinirole IR or ER	NEUPRO
	Any one of the following generics: carbidopa-levodopa, carbidopa-levodopa CR	RYTARY
	Both of the following generics: rasagiline, selegiline	XADAGO ²
Dermatology		
Rosacea	SOOLANTRA	FINACEA FOAM
	MIRVASO	RHOFADE
Skin Cancer Agents	Any one of the following generics: fluorouracil, imiquimod	diclofenac gel 3% ² , PICATO, SOLARAZE ²
Topical Immunomodulators	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	EUCRISA
Endocrinology		
Diabetic Agents	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	ACTOPLUS MET XR, AVANDIA, CYCLOSET, METFORMIN ORAL SOLUTION, RIOMET
DPP4 Inhibitors	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	JANUMET, JANUMET XR, JANUVIA, JENTADU- ETO, JENTADUETO XR, TRADJENTA
GLP-1 Agonists	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	BYDUREON ² , BYUREON BCISE ² , BYETTA ² , OZEMPIC ² , TRULICITY ² , VICTOZA ²
	Any one of the following preferred brands: BYDUREON ¹ , BYDUREON BCISE ¹ , BYETTA ¹ , OZEMPIC ¹ , TRULICITY ¹ , VICTOZA ¹ , LANTUS, or TOUJEO	SOLIQUA ² , XULTOPHY ²
SGLT2 Inhibitors	Any one of the following generics: metformin, metformin ER, glipizide-metformin, glyburide-metformin, pioglitazone-metformin	GLYXAMBI, INVOKAMET, INVOKAMET XR, INVOKANA, JARDIANCE, SYNJARDY, SYNJARDY XR

Condition	Step 1	Step 2
Gastroenterology		
Constipation Agents	Any one of the following generics: lactulose, polyethylene glycol	LINZESS ² , SYMPROIC ²
Proton Pump Inhibitors	Any two of the following generics or preferred brands: esomeprazole, omeprazole, lansoprazole, pantoprazole, rabeprazole DEXILANT	ESOMEPRAZOLE STRONTIUM ² , FIRST-LANSOPRAZOLE, FIRST-OMEPRAZOLE, PRILOSEC ² , PROTONIX ²
Hormone Modifiers		
Thyroid Replacement ³	levothyroxine	NATURE-THROID
Miscellaneous		
	allopurinol	DUZALLO, ULORIC, ZURAMPIC
Ophthalmology		
Ophthalmic Antihistamines	Both of the following generics: azelastine AND olopatadine	BEPREVE, LASTACAPT
Respiratory		
Leukotriene Modifiers	Any one of the following generics: montelukast, zafirlukast	zileuton ER, ZYFLO, ZYFLO CR
Long-Acting Bronchodilators	Any two of the following generics or preferred brands: fluticasone-salmeterol ADVAIR, BREO ELLIPTA, SEREVENT, SYMBICORT, WIXELA INHUBB	ARCAPTA ² , STRIVERDI RESPIMAT ²
Urology		
BPH Agents	Any two of the following generics: alfuzosin, doxazosin, silodosin, tamsulosin, terazosin	CARDURA XL
Overactive Bladder Agents	Any one of the following generics: OXYBUTYNIN IR or ER, TOLTERODINE IR, TROSPIMUM IR	GELNIQUE, OXYTROL ²

Step therapy requirements are effective as of January 1, 2020. 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 medications are also subject to additional step requirements as shown in the table.
- 2 Quantity limits may also apply. Please refer to the Premium Quantity Limits document.
- 3 Applies to new starts only.



Your Fully Integrated
Pharmacy Benefit Manager

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