

Step Therapy

Our Step Therapy program and a guide to lower-cost options

Most medical conditions have multiple medication options. Although the options' clinical effectiveness may be similar, their prices vary widely. With the Step Therapy Program, you get the treatment you need, usually at a lower cost.

Here's how it works:



With this program, you need to try a Step 1 medication first, before a Step 2 medication may be covered. If you bring a prescription for a Step 2 medication to the pharmacy, our system may check your claims history for a Step 1 medication. If you have claims history for a Step 1 medication, the Step 2 medication may be processed. If not, the pharmacist will contact your doctor. The pharmacist will also get a message that explains the Step Therapy program and the Step 1 medication options offered for drug coverage. Only you and your doctor make decisions about your treatment and medication options.



Step Therapy Medications: If you have a prescription for one or more of the following Step 2 medications, you will be required to first try a Step 1 medication for benefit coverage.

Amino Acid Disorder BPH ² Cancer Constipation ² Diabetes	Step 1 ¹ Cystagon alpha-adrenergic blocker [eg: Cardura (doxazosin), Flomax (tamsulosin), Hytrin (terazosin), Rapaflo (silodosin), Uroaxatrol (alfuzosin)] Gleevec or Tasigna	Step 2 Procysbi Cialis (for BPH) 2.5mg, 5 mg	Seizures continued	Step 1 ¹ levetiracetam levetiracetam extended-release	Step 2 Keppra Keppra XR
BPH ² Cancer Constipation ²	alpha-adrenergic blocker [eg: Cardura (doxazosin), Flomax (tamsulosin), Hytrin (terazosin), Rapaflo (silodosin), Uroaxatrol (alfuzosin)]	Cialis (for BPH)	continued		Keppra XR
Cancer Constipation ²	Flomax (tamsulosin), Hytrin (terazosin), Rapaflo (silodosin), Uroaxatrol (alfuzosin)]				
Constipation ²	(silodosin), Uroaxatrol (alfuzosin)]	2.5mg, 5 mg		lamotrigine	Lamictal
Constipation ²	Gleevec or lasigna			lamotrigine ODT, lamotrigine, lamotrigine chewable tablet	Lamictal ODT
•	-	Bosulif		lamotrigine extended-release	Lamictal XR
•	Zytiga	Xtandi		Lamictal immediate-release or lamotrigine	lamotrigine
•	Tasigna	Sprycel			extended-releas
Diabetes	Linzess	Amitiza			lamotrigine ODT
	one of the following: metformin, sulfonylurea (e.g. glimepiride), thiazolidinedione (e.g pioglitazone)	Invokana		gabapentin oxcarbazepine, Trileptal	Neurontin Oxtellar XR ³
	Invokana and one of the following: metformin, sulfonylurea (e.g. glimepiride), thiazolidinedione (e.g pioglitazone)	Farxiga ²		divalproex sodium delayed-release or Depakote delayed-release or valproic acid or Depakene or	Stavzor
	Must try all of the following: Nesina, Tradjenta, Onglyza	Januvia ²		Depakote Sprinkles or divalproex sodium sprinkes oxcarbazepine	Trileptal
	Must try all of the following:	Janumet ²		Topamax or topiramate	Trokendi XR ³
	Kazano, Jentadueto, Kombiglyze XR	Janumet XR ²		topiramate	Topamax
Fungal	ketoconazole, ciclopirox	Oxistat cream		zonisamide	Zonegran
infections ²		Oxistat creatin	Skin	One of the following: betamethasone dipropionate	Halog 0.1%
Glaucoma²	latanoprost (generic Xalatan)	Rescula	Conditions ²	propylene glycol 0.05% cream (generic Diprolene AF), fluocinonide 0.05% cream (generic Lidex),	cream, ointment
		travoprost (generic Travatan)		fluocinonide 0.05% ointment (generic Lidex) clocortolone 0.1% cream (generic Cloderm),	Cloderm 0.1%
		Zioptan		mometasone furoate 0.1% cream (generic Elocon)	Cream
Hepatitis C	Pegasys	PegIntron		One of the following: fluticasone propionate cream 0.05% (generic Cutivate), fluticasone propionate 0.05% lotion (generic Cultivate), hydrocortisone butyrate 0.1% ointment (generic Locoid), hydrocortisone valerate 0.2% cream (generic Westcort), prednicarbate 0.1% cream (generic Dermatop), prednicarbate 0.1% cream (generic Dermatop), triamcinolone acetonide 0.1% lotion (generic Kenalog), triamcinolone acetonide 0.005% cistemact (generic Kenalog)	Cordran 0.05%
Infertility	Gonal-F ⁴	Bravelle ⁴			Lotion
		Follistim AQ ⁴			Cordran SP 0.05% Cream
Inflammatory Conditions Multiple Sclerosis	ankylosing spondylitis, and rheumatoid arthritis: two of the following: Cimzia, Humira or Simponi; plaque psoriasis: must try both: Humira, Stelara; psoriatic arthritis: two of the following: Cimzia, Humira, Simponi, Stelara	Enbrel			Desonate 0.05% Gel
	Two of the following: Cimzia, Humira, Simponi	Actemra		0.025% ointment (generic Kenalog) zolpidem (generic Ambien) or zaleplon (generic Sonata)	A
		Orencia	Sleep ²		Ambien ³
	plaque psoriasis: must try both of the following: Humira, Stelara rheumatoid arthritis: must try two of the following: Cimzia, Humira, Simponi, Stelara	Otezla			Ambien CR ³
					Edluar ³ eszopiclone
	Two of the following: Cimzia, Humira Simponi	Xeljanz			(generic Lunest
	corticosteroids	Acthar Gel			Intermezzo ³
	Betaseron	Extavia ³			Lunesta ³
	Two of the following: Avonex, Betaseron, Tecfidera, Copaxone	Gilenya			Sonata zolpidem
	Two of the following:	Aubagio			controlled-releas
	Avonex, Betaseron, Tecfidera, Copaxone	Rebif, Rebif			CR) ³
		Rebidose			Zolpimist
Pain ²	Duragesic [fentanyl transdermal patch (generic Duragesic)] or Ultram ER (tramadol HCL extended-release)	Butrans	Ulcers, Heartburn & Reflux ²	Must try all of the following: A prescription formulation of omeprazole, pantoprazole, rabeprazole, an over-the-counter PPI (e.g. Prilosec OTC, Prevacid OTC)	Rozerem Prevacid Solutal
					Nexium
Pancreatic	Creon AND Zenpep	Pancreaze, Pertzye, Ultresa,			Suspension
		Viokace	Viral infections ²	Must try two of the following oral antiviral agents:	Zovirax Ointment
Enzyme Replacement Seizures	divalproex sodium delayed-release	Depakote	infections ²	famciclovir (generic Famvir), valacyclovir (generic	Zovirax Uintmen

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- 1. Additional clinical programs, including supply limits and notification, may exist for some of the above therapeutic classes which may impact your experience depending on which clinical programs have been selected for coverage.
- 2. Applies to new starts and members currently on therapy.
- These medications are excluded for the majority of benefit plans. For customers not participating in exclusions, these medications are in the highest tier, Tier 3 or Tier 4.
 May be excluded from coverage. Please check your Plan documents.
- All branded medications are trademarks or registered trademarks of their respective owners.
- For fully insured members in New Jersey, Step Therapy does not apply. Members in New Jersey have First Start.

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