

# Step Therapy Program

The Step Therapy Program helps flatten rising prescription costs by encouraging you to use formulary medications as the first step in your treatment plan. Some medications deliver similar value, safety and effectiveness, but cost less than others. Step Therapy identifies those cost saving medications for you and your pharmacy benefit plan. By trying first-line therapies, you actively help to manage the cost of your pharmacy benefit.

## How Step Therapy Works

The next page features a list of Step Therapy Program medications. Before a medication in the “Review Required” column will be covered by your benefit plan, you must first try one or more other medications\* that are commonly used to treat the same condition. If you do not get the results you and your doctor would like after trying the necessary first-line therapy or therapies, a “Review Required” medication should be covered by your plan.

After meeting the established step therapy criteria for coverage of a “Review Required” medication, simply take a prescription for the medication to your network pharmacy. When the pharmacy submits your claim, our computer system will verify that you tried the necessary medication(s). Your pharmacy will then collect your copayment as defined by your benefit plan and dispense the “Review Required” medication.

## Requesting Step Therapy Review

If you have not met the criteria for coverage of a “Review Required” medication, you also have the option of requesting a prior authorization review. Use the following steps to start the review process:

1. You, your doctor or pharmacist can contact customer service at the phone number on the back of your benefit plan ID card. We will need the prescribing doctor’s name, telephone and fax numbers.
2. A pharmacy benefit technician then works with your doctor to get the information needed for the review.
3. Once OptumRx receives complete information from your doctor, we perform a detailed clinical review within three business days.
4. We then send you and your doctor a letter to let you know the outcome of the review.

\* The criteria for “Review Required” medications vary. For more detailed information about criteria for a specific medication, please contact customer service at the number on the back of your benefit plan ID card.

## Step Therapy Program Medications

Therapeutic Category	Review Required	
<b>Antihypertensive agents</b>	Amturnide Atacand Atacand HCT Avalide Avapro Azor Benicar Benicar HCT Diovan Dovan HCT Exforge	Exforge HCT Micardis Micardis HCT Tekamlo Tekturna Tekturna HCT Teveten Teveten HCT Tribenzor Twynsta Valturna
<b>Asthma</b>	Breo Ellipta Dulera	Serevent Zyflo
<b>ADHD Agents</b>	Concerta Daytrana Focalin Focalin XR Intuniv	Kapvay Metadate CD Metadate ER Methylin Ritalin LA
<b>Antidiabetic Agents</b>	Actos Actoplus Met Apidra Byetta Duetact Glucovance Glyset Janumet	Januvia Kombiglyze Metaglip Onlyza Prandin Prandimet Starlix Victoza
<b>Cholesterol Agents</b>	Altoprev Fenoglide Lescol Lipitor Liptruzet	Livalo Pravachol Triglide Zocor
<b>Topical immunosuppressants</b>	Elidel	Protopic

\* This is only a partial listing of medications included in the Step Therapy Program. Updates or changes to this listing may change without notice.



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