

STEP THERAPY (ST)

Overview

The Step Therapy program is designed to allow MedOne's Clinical team to work together with your physician and pharmacist to assure that you receive the most cost-effective covered medication as early as possible in the treatment plan.

How It Works

Step Therapy utilizes the "fail first" method structure to help identify the best course of treatment for a given disease state using therapeutically equivalent medications. Parameters are below.

- The first course of treatment is often generic medications that are covered under the plan
- The second "step" is often a selection of preferred brand drugs
- The third tier contains non-preferred brand drugs that can sometimes require a prior authorization

You may obtain medications on step therapy without a prior authorization if they meet step therapy guidelines. Step-One medication may be accessed without additional fail-first requirements. A review of the most recent 180 days of available claims history will be made.

See the next pages for Step Therapy Guide.

Member Assistance

Our Member Advocate team can also assist with any questions by calling **888-884-6331** or check out our LIVE chat feature on our website at www.medone-rx.com.

WHAT YOU NEED TO KNOW

If you're presently using a Step-Two medication for any of the specified conditions and it's effectively managing your condition, you may continue with that therapy (be sure to check your plan's coverage). However, should you switch medications in the future or begin a new treatment, you'll be required to start with a Step-One medication to ensure coverage under your plan.

If you're taking a new drug, please follow these steps:

- 1. Refer to the list** provided on the subsequent page detailing Step-Two medications and their corresponding Step-One alternatives.
- 2. Reach out** to our Member Advocate team at **888-884-6331** to verify whether your new medication falls under the Step-One category.
- 3. Contact your doctor** to explore the possibility of transitioning to a Step-One alternative if your prescription is currently for a Step-Two medication.

Please note: All drugs encompassed in the Step Therapy Program are safe, appropriate treatment options for the given indication

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STEP THERAPY PROGRAM

MEMBER GUIDELINES

The Step Therapy Program includes having the Clinical Pharmacy Team work together with a member's physician and pharmacist to assure that a member receives the most cost-effective covered medications as early as possible in the treatment plan. Step-One medication may be accessed without additional fail-first requirements. This document does not guarantee coverage of any drug. Additional plan specific limitation may apply.

PHYSICIAN GUIDELINES¹

A review of the most recent 180 days of available claims history will be made. Historical review timeframe may change based on therapy class or client request. Contact MedOne Pharmacy Benefit Solutions at **888-884-6331** to begin the Step Therapy Process. Category A medication may be accessed without additional fail-first requirements. This document does not guarantee coverage of any drug. To access a medication on the step therapy guide, the medication must be on formulary for access. Additional plan specific limitation may apply.

Step therapy guidelines may be updated on an ongoing basis due to changes in the pharmacy industry. Failure to accurately complete the PA form or submit required documentation may result in a delay in the member's therapy.

STEP THERAPY CATEGORY	STEP-ONE	STEP-TWO	STEP-THREE
ACNE PRODUCTS Oral Antibiotic	generic doxycycline, generic minocycline	Only after failure with Step-One medication: brand doxycycline products, brand minocycline products SEYSARA	
ACNE PRODUCTS Topical Treatments	generic adapalene, generic topical antibiotics, generic benzoyl peroxide, generic salicylic acid, generic retinoic acid, generic combination products	Only after failure with two Step-One medications: brand topical antibiotics, brand benzoyl peroxide, brand salicylic acid, brand retinoic acid, brand combination products	
ACNE PRODUCTS Oral Isotretinoin	generic oral doxycycline or minocycline, generic topical antibiotics, generic topical retinoids	Only after failure with all Step-One medication classes: generic isotretinoin (Accutane, Amnesteem, Claravis, Isotretinoin Myorisan, Zenatane)	Only after failure with Step-One & Step-Two medications: brand isotretinoin (Absorica, Absorica LD)
ANTIHYPERTENSIVES High Blood Pressure	any generic, including combination products	Only after failure with two Step-One medications: EDARBI, TEKTRUNA HCT	Only after failure with Step-One & one Step-Two medications: ATACAND®/ATACAND, HCT®, AVAPRO®/AVALIDE®, BENICAR®/BENICAR HCT®, COZAAR®, DIOVAN®/DIOVAN HCT®, EDARBYCLOR, EXFORGE/EXFORGE HCT®, HYZAAR®, MICARDIS®/MICARDIS, HCT®, TEKTRUNA®, TRIBENZOR®

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Step Therapy Continued

STEP THERAPY CATEGORY	STEP-ONE	STEP-TWO	STEP-THREE
ASTHMA Anti-Inflammatory	ASMANEX® HFA, ASMANEX® TWISTHALER®, budesonide respules, FLUTICASONE PROPIONATE DISKUS, PULMICORT FLEXHALER®, QVAR®	Only after failure with one Step-One medication: ALVESCO®, ARMONAIR DIGIHALER®, FLUTICASONE PROPIONATE HFA ¹	
ASTHMA Short-Acting Bronchodilators	generic albuterol sulfate inhalers	Only after failure with one Step-One medication: PROAIR HFA®, VENTOLIN HFA®	Only after failure with one Step-One and one Step-Two medication: brand albuterol sulfate inhalers ¹ , PROAIR DIGIHALER®, PROAIR RESPICLICK®, PROVENTIL HFA®, XOPENEX HFA®
ORAL BISPSPHONATES Osteoporosis	alendronate, ibandronate, risedronate	Only after failure with two Step-One medications: ACTONEL®, ATELVIA®, BONIVA®, FOSAMAX® / FOSAMAX PLUS D™	
CONTRACEPTIVES²	any generic oral contraceptives	Only after failure with two Step-One medications: Select BRAND oral contraceptives ^{PA}	
COPD Long-Acting Muscarinic Antagonists	tiotropium	Only after failure with one Step-One medication: SPIRIVA®, INCRUSE ELLIPTA®	Only after failure with one Step-One and one Step-Two medication: TUDORZA®
DIABETES Meters & Test Strips	ACCU-CHEK GUIDE®, ONETOUCH®	Only after failure with one Step-One meter/strip: BAYER CONTOUR®, FREESTYLE®, TRUE METRIX®, TRUETRACK®, all other brand meters/strips	
DIABETES Regular, Intermediate & Rapid Acting Insulin Combo	HUMALOG MIX 50/50, HUMALOG MIX 50/50 KWIKPEN, HUMALOG MIX 75/25, HUMULIN 70/30, HUMULIN 70/30 KWIKPEN, INSULIN ASPART MIX 70/30	Only after failure with one Step-One medication: NOVOLIN 70/30, NOVOLIN 70/30 RELION, NOVOLOG MIX 70/30, NOVOLOG MIX FLEXPEN 70/30	
DIABETES Regular & Intermediate Insulin	HUMULIN/HUMULIN KWIKPEN	Only after failure with one Step-One medication: NOVOLIN N / NOVOLIN N RELION, NOVOLIN R / NOVOLIN R RELION	
DIABETES Rapid-Acting Insulin	HUMALOG/HUMALOG KWIKPEN, INSULIN ASPART	Only after failure with one Step-One medication: APIDRA, FIASP FLEXTOUCH/PENFILL, LYUMJEV, NOVOLOG / NOVOLOG FLEXPEN, NOVOLOG PENFILL	
DIABETES Long-Acting	INSULIN GLARGINE/YFGN LANTUS, REZVOGLAR, SEMGLEE, TOUJEO	Only after failure with one Step-One medication: BASAGLAR, LEVEMIR, SEMGLEE-YFGN, TRESIBA	

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Step Therapy Continued

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ERECTILE DYSFUNCTION	sildenafil 25mg, 50mg, 100mg tadalafil	Only after failure with Step-One medication: CIALIS®, LEVITRA®, STENDRA®, vardenafil, VIAGRA®	
FIBRIC ACID DERIVATIVES	fenofibrate, fenofibric acid, gemfibrozil	Only after failure with one Step-One medication: FENOGLIDE®, LIPOFEN®, LOPID®, TRICOR, TRIGLIDE®, TRILIPIX®	
GLAUCOMA	latanoprost, travoprost, bimatoprost (OP), brimonidine, betaxolol, timolol, dorzolamide, brimonidine-timolol, dorzolamide-timolol	Only after failure with two Step-One medications: brinzolamide, LUMIGAN	Only after failure with two Step-One & one Step-Two medications: ALPHAGAN P, TRUSOPT, AZOPT, COMBIGAN, ROCKLATAN, XALATAN, TRAVATAN Z, ZIOPTAN
HYPNOTICS Sleep Agents	eszopiclone, zaleplon, zolpidem, zolpidem CR	Only after failure with two Step-One medications: DAYVIGO®	Only after failure with two Step-One & one Step-Two medications: AMBIEN CR®, AMBIEN®, BELSOMRA®, DAYVIGO®, EDLUAR®, LUNESTA®, QUVIVIQ
MIGRAINE TREATMENT Acute	almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	Only after failure with two Step-One medications: NURTEC ODT®, UBRELVY®	Only after failure of one Step-Two medication: all non-oral triptan formulations, all brand triptan formulations, REYVOW®, ZAVZPRET®
ORAL NSAIDs Anti-Inflammatory	preferred generic NSAIDs: celecoxib, diclofenac, meloxicam tablets, naproxen	Only after failure with two Step-One medication: All Brand NSAIDs Non-preferred generic NSAIDs: mefenamic acid, meloxicam capsules, fenoprofen	
OVERACTIVE BLADDER	darifenacin, oxybutynin IR/ER, fesoterodine, solifenacin, tolterodine IR/ER, trospium IR/ER	Only after failure with three Step-One medication: MIRABEGRON®, MYRBETRIQ®	Only after failure with three Step-One & one Step-Two medications: DETROL®/ DETROL LA®, DITROPAN/DITROPAN XL®, GELNIQUE® (transdermal), GEMTESA®, OXYTROL®, TOVIAZ®, VESICARE®
PROSTATIC HYPERPLASIA ENZYME INHIBITOR	dutasteride, finasteride	Only after failure with one Step-One medication: AVODART®, PROSCAR®	
PROSTATIC HYPERPLASIA RECEPTOR BLOCKER	alfuzosin IR/XR, doxazosin, tamsulosin	Only after failure with two Step-One medication: CARDURA IR®/CARDURA XL®, FLOMAX®, RAPAFLO®, UROXATRAL®	

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PROTON PUMP INHIBITOR-PPI³ GI/ULCER	esomeprazole, lansoprazole, omeprazole / Prilosec OTC ⁴ , pantoprazole, rabeprazole	Only after failure with all preferred generic PPIs: dexlansoprazole	Only after failure with all preferred generic PPIs and Step-Two medications: DEXILANT®, ACIPHEX®, NEXIUM®, PREVACID®, PRILOSEC®, PROTONIX®
STATINS High Cholesterol ⁵	all formulary preferred generic statins	Only after failure with two Step-One medications: ALTOPREV®, CRESTOR®, LESCOL XL®, LIPITOR®, LIVALO®, pitavastatin, ZOCOR®, ZYPITAMAG®	
TOPICAL IMMUNOMODULATORS	generic topical steroids, generic topical tacrolimus, generic topical pimecrolimus	Only after failure with one Step-One medication: EUCRISA®	

1. Additional plan limitations or exclusions may apply
2. Program does not apply to oral form emergency contraceptives.
3. Any PPI medication is covered without Step Therapy if the member is being treated with PLAVIX® within the last 6 months
4. Subject to plan coverage for specified OTC products
5. Formulary generic statins are covered except for simvastatin 80mg which requires prior authorization

★: Plan benefit may restrict use of multiple medications per step therapy category at the same time

OTC: Over-the-counter product coverage is subject to plan allowance. Use of non-formulary OTC products may be required prior to authorization of formulary prescription products.

PA: Prior Authorization may be required in addition to the Step-Therapy program requirements.

APA: Auto-Prior Authorization applies in patients who meet auto-PA criteria

P: Preferred drug status

NP: Non-Preferred drug status

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