



### Step Therapy Program

Step Therapy requires you to have tried a Step 1 medication from the same therapeutic class as the Step 2 medication within the previous 180 days. If your prescription history does not indicate that a Step 1 medication was tried, the Step 2 medication will not be covered. Please note that the Step 2 medications will be covered at the appropriate benefit level once a Step 1 medication has been tried and found to be ineffective.

The chart below lists the medications included in the Step Therapy Program:

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Allergy-Asthma</b>			
<b>Antihistamine, Inhaled Nasal</b>	Azelastine 137mcg/spray, Azlastine 0.15% NS	Azelastine/Fluticasone NS	Must have tried a Step 1 medication within the last 180 days
<b>Antihistamine, Oral Agent</b>	Cetirizine tablets or syrup Loratadine tablets or syrup	Dexchlorpheniramine 2mg/5ml	Must have tried a Step 1 medication within the last 180 days
<b>Anti-Inflammatory, Oral</b>	Montelukast Zafirlukast	Zileuton Zyflo	Must have tried a Step 1 medication within the last 180 days
<b>Anti-Inflammatory, Inhaled Nasal</b>	Fluticasone	Beconase AQ Mometasone NS Omnaris Qnasl Zetonna	Must have tried a Step 1 medication within the last 180 days
<b>Anti-Inflammatory, Inhaled Oral</b>	Flovent Diskus Flovent HFA QVAR	Alvesco Asmanex	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Anti-Inflammatory Combo Product, Inhaled Oral</b>	Advair Diskus, HFA Anoro Ellipta Bevespi Fluticasone/Sameterol Resplick Stiolto Respimat Symbicort Utibron	Trelegy Ellipta AirDuo Digihaler Breztri	Must have tried a Step 1 medication within the last 180 days
	Advair Breo Ellipta Symbicort	AirDuo Budesonide/Fomoterol Dulera	Must have tried two Step 1 medications within the last 30 days
	Anoro Ellipta	Duaklir	Must have tried a Step 1 medication within the last 180 days
<b>Analgesic</b>			
<b>Agents for Migraine</b>	Naratriptan HCL Rizatriptan Rizatriptan MLT Sumatriptan Zolmitriptan Zolmitriptan ZMT	Axert Almotriptan Eletriptan Frova Frovatriptan Onzetra Xsail Relpax Sumavel Dose Pro Sumatriptan/Naproxen Treximet Tosymra Zembrace Zomig Nasal Spray	Must have tried at least 2 of the Step 1 medications within the last 180 days
	Celecoxib	Elyxyb	Must have tried a Step 1 medication within the last 180 days
<b>Agents for Opiate Detoxification</b>	Naltrexone	Evzio	Must have tried at least 2 of the Step 1 medications within the last 180 days
<b>Nonsteroidal Anti-Inflammatory Agents</b>	Diclofenac Diclofenac Sodium Flurbiprofen Ibuprofen Indomethacin Ketoprofen 50mg and 75mg Meloxicam Nabumetone Naproxen Sulindac	Tivorbex Vivlodex Zorvolex	Must have tried and failed <u>five</u> of the Step 1 medications within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Nonsteroidal Anti-Inflammatory Agents (cont.)</b>	Diclofenac Diclofenac Sodium Flurbiprofen Ibuprofen Indomethacin Ketoprofen 50mg and 75mg Meloxicam Nabumetone Naproxen Relafen DS Sulindac	Etodolac Etodolac ER Fenoprofen Ketoprofen ER 200mg Oxaprozin Meclofenamate Mefenamic Acid Naprelan Naproxen 24H tab Naproxen Sodium Piroxicam Profeno Tolmetin Sodium Zipsor	Must have tried a Step 1 medication within the last 180 days
	Meloxicam	QMIZ ODT	Must have tried a Step 1 medication within the last 180 days
<b>Nonsteroidal Anti-Inflammatory Agent, liquid</b>	Ibuprofen and Naproxen Suspension	Indocin Suspension	Must have tried <u>both</u> of the Step 1 medications within the last 180 days
<b>Nonsteroidal Anti-Inflammatory Agents, topical</b>	Diclofenac 1% gel	Flector Patches Diclofenac Patches	Must have tried a Step 1 medication within the last 180 days
<b>Skeletal Muscle Relaxants Agents</b>	Baclofen Carisprodol 350 tablets Chlorzoxazone 500mg Cyclobenzaprine 5mg, 10mg Methocarbamol Orphenadrine Tizanidine tablets	Amrix Chlorzoxazone 250mg Cyclobenzaprine 7.5mg tabs Fexmid Lorzone Metaxalone 400mg, 800mg Tizanidine caps Zanaflex caps	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Anti-Infective</b>			
<b>Antibiotic, Miscellaneous oral</b>	Metronidazole	Solosec	Must have tried a Step 1 medication within the last 180 days
	Lansoprazole, Clarithromycin, Amoxicillin Pak (generic Prevpac)	Talicia	Must have tried a Step 1 medication within the last 180 days
<b>Bacterial Agents, oral</b>	Doxycycline Mono 50mg & 100mg caps Minocycline 50mg and 100mg caps Doxycycline Hyclate 50mg & 100mg caps Doxycycline Hyclate 100mg tabs	Acticlate Doryx Doxycycline Hyc 75mg & 100mg Doxycycline Mono tabs Doxycycline Mono 150mg caps Doxycycline DR tabs Minocycline tabs Minocycline ER tabs Minolira ER Monodox Seysara Solodyn ER Targadox Ximino caps	Must have tried a Step 1 medication within the last 180 days
	First-Vancomycin suspension Firvanq	Vancomycin capsules	Must have tried a Step 1 medication within the last 180 days
<b>Cardiovascular</b>			
<b>Ace Inhibitors</b>	Benazepril Fosinopril Lisinopril Quinapril Ramipril Trandolapril	Captopril Moexipril Perinodopril	Must have tried a Step 1 medication within the last 180 days
<b>Ace Inhibitor/CCB Combination Therapy</b>	Amlodipine/Benazepril caps	Prestalia	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Alpha-1 Adrenergic Blocker</b>	Alfuzosin ER Doxazosin Dutasteride Finasteride Tamsulosin Terazosin	Rapaflo Silodosin	Must have tried a Step 1 medication within the last 180 days
<b>Angiotensin II Receptor Blockers</b>	Candesartan Eprosartan Irbesartan Losartan Olmesartan Valsartan Telmisartan	Edarbi	Must have tried a Step 1 medication within the last 180 days
<b>Angiotensin II Receptor Blockers Combination Products</b>	Candesartan HCT Eprosartan HCT Irbesartan HCT Losartan HCT Olmesartan HCT Telmisartan HCT Valsartan HCT	Edarbyclor	Must have tried a Step 1 medication within the last 180 days
<b>Antihyperlipidemic Products</b>	Simvastatin tabs	Flolipid	Must have tried a Step 1 medication within the last 180 days
<b>Beta Blocking Agents</b>	Acebutolol Atenolol Bisoprolol Carvedilol Metoprolol Metoprolol XL Propranolol Sotalol	Betaxolol Bystolic Byvalson Coreg CR Dutoprol Inderal XR Innopran XL Metoprolol/HCTZ ER Nadolol Pindolol Timolol	Must have tried a Step 1 medication within the last 180 days
<b>Calcium Channel Blocker</b>	Amlodipine Diltiazem ER caps only Felodipine Nifedipine	Cardizem LA Diltiazem ER tabs only Katerzia Matzim LA Nisoldipine IR and ER tabs	Must have tried a Step 1 medication within the last 180 days
<b>Coronary Vasodilators</b>	Isosorbide Mononitrate	Isosorbide Dinitrate (all strengths) Isordil	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Coronary Vasodilators (cont.)</b>	Nitroglycerin sl tablets	GoNitro Powder Nitroglycerin spray (brand and generic) Nitrolingual spray	Must have tried a Step 1 medication within the last 180 days
<b>Diuretics</b>	Spironolactone tabs	Carospir	Must have tried a Step 1 medication within the last 180 days
<b>Omega-3 Fatty Acids</b>	Omega-3	Vascepa	Must have tried a Step 1 medication within the last 180 days
<b>Pulmonary Arterial Hypertension</b>	Sildenafil	Adcirca Tadalafil	Must have tried a Step 1 medication within the last 180 days
<b>Central Nervous System</b>			
<b>Alzheimer Agents</b>	Donepezil	Aricept 23mg Donepezil 23mg	Must have tried a Step 1 medication within the last 180 days
	Memantine IR tablets	Memantine ER Namenda XR Namzaric	Must have tried a Step 1 medication within the last 180 days
<b>Anti-Convulsant Agents</b>	Topiramate IR tablets	Qudexy XR Trokendi XR	Must have tried a Step 1 medication within the last 180 days
	Lamotrigine IR tablets	Lamictal ODT, Lamictal XR Lamotrigine ER tabs Lamotrigine ODT	Must have tried a Step 1 medication within the last 180 days
	Oxcarbazepine IR	Oxteallar XR	Must have tried a Step 1 medication within the last 180 days
	Clobazam tablets, oral susp	Sympazan Films	Must have tried a Step 1 medication within the last 180 days
	Carbamazepine Divalproex Gabapentin Lamotrigine Levetiracetam Oxcarbazepine Phenobarbital Phenytoin Pregabalin Primidone Tiagabine Topiramate Valproic Acid, Zonisamide	Aptiom Briviact Xcopri	Must have tried 2 weeks worth of a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Anti-Depressants</b>	Bupropion Citalopram Duloxetine Escitalopram Oxalate Fluoxetine Paroxetine Sertraline Trazadone Venlafaxine Venlafaxine XR	Aplenzin Desvenlafaxine ER Desvenlafaxine Fumurate ER Fetzima Khedezla Pexeva Pristiq Trintellix Viibryd	Must have tried a Step 1 medication within the last 180 days
	Amitriptyline Imipramine Hcl Nortriptyline	Clomipramine Desipramine Impramine Pamoate Protriptyline	Must have tried a Step 1 medication within the last 180 days
	Fluvoxamine IR tablets	Fluvoxamine ER Luvox CR	Must have tried a Step 1 medication within the last 180 days
	Fluoxetine 20mg capsules	Fluoxetine 60mg tablets	Must have tried a Step 1 medication within the last 180 days
	Paroxetine IR tablets	Paxil CR Paroxetine CR	Must have tried a Step 1 medication within the last 180 days
	Duloxetine 20mg	Duloxetine 40mg	Must have tried a Step 1 medication within the last 180 days
	Duloxetine	Drizalma Sprinkle	Must have tried a Step 1 medication within the last 180 days
	Venlafaxine ER capsules	Venlafaxine ER tablets (all strengths)	Must have tried a Step 1 medication within the last 180 days
<b>Antiparkinsons</b>	Pramipexole Ropinirole	Mirapex ER tablet Neupro Patches Pramipexole ER tablet	Must have tried a Step 1 medication within the last 180 days
	Carbidopa/Levodopa ER tablets	Rytary capsules	Must have tried a Step 1 medication within the last 180 days

<b>Category</b>	<b>Step 1 Medications</b>	<b>Step 2 Medications</b>	<b>Criteria</b>
<b>Antiparkinsons (cont.)</b>	Amantadine IR	Gocovri Osmolex ER	Must have tried a Step 1 medication within the last 180 days
	Entacapone	Ongentys	Must have tried a Step 1 medication within the last 180 days
<b>Antipsychotics Agents</b>	Quetiapine	Quetiapine XR Seroquel XR	Must have tried a Step 1 medication within the last 180 days
	Invega Sustenna	Invega Trinza	Must have tried a Step 1 medication within the last 180 days
	Aripiprazole	Abilify Mycite Caplyta Fanapt Latuda Rexulti Saphris Vraylar	Must have tried a Step 1 medication within the last 180 days
	Aripiprazole Quetiapine Risperidone	Secuado	Must have tried two Step 1 medications within the last 180 days
<b>Attention Deficit Disorder</b>	Amphetamine-Dextroamphetamine Dexmethylphenidate Dextroamphetamine Methylphenidate Vyvanse (lisdexamfetamine) capsules/chewable	All brand name ADD/ADHD Medications	Must have tried two Step 1 medications within the last 180 days
<b>Neuralgia Agents</b>	Gabapentin capsules	Horizant	Must have tried a Step 1 medication within the last 180 days
<b>Sedative/Hypnotics</b>	Doxepin Eszopiclone Flurazepam Temazepam Zaleplon Zolpidem	Belsomra Dayvigo Edluar SL Intermezzo Rozerem Silenor, Zolpidem 1.75mg and 3.5mg Zolpimist	Must have tried a Step 1 medication within the last 180 days
	Zolpidem tablets	Zolpidem ER	Must have tried a Step 1 medication within the last 180 days



Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Dermatology</b>			
<b>Anesthetics, topical</b>	Anecream5 Lidocaine 5% OTC cream LMX5 Recticare	Lidocaine 5% ointment Lidocaine-Tetracycline oint	Must have tried a Step 1 medication within the last 180 days
<b>Anesthetics, topical patches</b>	Aspercream patches Lidocaine 4% OTC patches Lidocare patches Salonpas patches	Lidocaine 5% patches Lidoderm 5% patches Synera patches ZTLido Any brand and generic 5% patch formation	Must have tried a Step 1 medication within the last 180 days
<b>Antiacne, Antibiotic Topical Agents</b>	Clindamycin gel, solution, lotion or pads Erythromycin solution, gel or pads	Aczone Gel Amzeeq Azelex Cream Clindagel Clindamycin/Benzoyl Per Gel 1.2%/3.75% Clindamycin topical foam Dapsone Gel Evoclin Finacea Foam/gel (off label)	Must have tried a Step 1 medication within the last 180 days
<b>Antiacne Topical Agents</b>	Tazoterene 0.1% Cream	Aklief Avage Fabior Foam Tazorac 0.1% Tazorac 0.05%	Must have tried a Step 1 medication within the last 180 days
<b>Antiacne, Combo Topical Agents</b>	Clindamycin/ Benzoyl Peroxide Erythromycin/Benzoyl	Acanya Actipak Benzoyl Perox/Clindamycin Jar Benzaclin Onexton	Must have tried a Step 1 medication within the last 180 days
<b>Antiacne, Retinoid Topical Agents</b>	Tretinoin 0.025%, 0.05%, 0.01% cream Tretinoin 0.025% 0.05%. 0.01% gel	Retin-A Micro 0.1% (brand and generic) Retin-A Micro 0.05% (brand and generic) Retin-A Micro 0.06%	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Antiacne, Retinoid Combo Topical Agents</b>	Adapalene 0.1% gel OTC	Adapalene 0.1% 0.3% Epiduo Gel Epiduo Forte Gel	Must have tried a Step 1 medication within the last 180 days
<b>Antibiotic, Topical Agents</b>	Mupirocin 2% Ointment	Altabax Ointment Mupirocin 2% Cream Xepi	Must have tried a Step 1 medication within the last 180 days
<b>Antifungals, Topical Agents</b>	Ciclopirox soln, cream, shampoo Ketoconazole cream, shampoo Nystatin cream, ointment, powder	Econazole Ecoza Foam Ertaczo Exelderm Extina Foam Ketoconazole 2% Foam Loprox Kit Luliconazole Cream Luzu Mentax Naftifine 2% Naftin Oxiconazole Oxistat Xolegel	Must have tried a Step 1 medication within the last 180 days
<b>Anti-Hyperhidrosis Agents</b>	Aluminum Chloride 20% (topical) Drysol	Qbrexa	Must have tried a Step 1 medication within the last 180 days
<b>Dermatitis Agents</b>	OTC Salicylic Acid cream	Bensal HP	Must have tried a Step 1 medication within the last 180 days
<b>Dermatoses Combination Agents</b>	Hydrocortisone-Pramoxine	Novacort Gel	Must have tried a Step 1 medication within the last 180 days
<b>Fluorouracil, Topical Agents</b>	Fluorouracil 0.5% cream Fluorouracil 2% & 5% solution Fluorouracil 5% cream Tolak 4% cream	Carac 0.5% Cream Fluoroplex 1% Cream	Must have tried a Step 1 medication within the last 180 days
<b>Immunomodulators Topical Agents</b>	Imiquimod 5% Cream	Imiquimod Cream 3.75% Zyclara Cream	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Psoriasis Topical Agents</b>	Calcipotriene 0.005% cream, ointment or solution	Sorilux Foam	Must have tried a Step 1 medication within the last 180 days
<b>Rosacea, Topical Agents</b>	Metronidazole 0.75% cream, gel or lotion	Azelaic Acid 15% gel Azelex Cream (off label) Finacea Foam Finacea Gel Metrogel Mirvaso Gel 0.33% Noritate Cream Rhofade Cream Soolantra Cream	Must have tried a Step 1 medication within the last 180 days
<b>Steroids, Topical Agents – Very High Potency</b>	Clobetasol 0.05% cream Clobetasol 0.05% ointment	Diflorasone 0.05% cream/ ointment Impoyz	Must have tried a Step 1 medication within the last 180 days
<b>Steroids, Topical Agents – High Potency</b>	Augmented betameth dip 0.05% cream Betamethasone val 0.1% oint Fluocinonide 0.05% gel/cr/oint Triamcinolone 0.5% cr/oint	Amcinonide 0.1% cream/lotion/ ointment Apexicon-E; Bryhali Lotion Desoximetasone 0.25% Cream, ointment and spray, 0.05% gel Fluocinonide 0.1% Halog cream/oint Lexette Foam Topicort Spray 0.25%; Topicort 0.25% oint	Must have tried a Step 1 medication within the last 180 days
<b>Steroids, Topical Agents - Medium Potency</b>	Betameth dip lotion 0.05% Betameth val cream 0.1% Fluticasone 0.05% cream Fluticasone 0.005% ointment Mometasone 0.1% cr /oint/lotion Triamcinolone 0.1% cr/oint/lot Triamcinolone 0.25% cr/oint/lot	Clocortolone 0.1% cream Cordran cream/oint/tape Desoximetasone LP0.05% cream Flurandrenolide 0.05% Hydrocortisone valerate 0.2% cream/oint Nolix Sernivo Spray Tarianex 0.05% Ointment	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b><u>Steroids, Topical Agents – Low Potency</u></b>	Hydrocortisone 2.5% cr/oint/lot	Desonide 0.05% cream /oint/lot	Must have tried a Step 1 medication within the last 180 days
<b>Endocrine and Metabolic</b>			
<b>Antidiabetic – DPP4</b>	Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin	Januvia Janumet Janumet XR Jentadueto Trijadenta	Must have tried a 30 day supply of a Step 1 medication within the last 180 days
	<u>Group 1:</u> Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin  <u>Group 2:</u> Januvia Janumet Janumet XR  <u>Group 3:</u> Jentadueto Jentadueto XR Trijadenta	Kazano Alogliptin-Metformin Kombglyze Nesina Alogliptin Onglyza Oseni Alogliptin-Pioglitazone	Must have tried a 30 day supply of a Group 1 medication within the last 180 days  AND  Must have tried a 90 day supply of a Group 2 medication within the last 180 days  AND  Must have tried a 90 day supply of a Group 3 medication within the last 180 days
<b>Antineoplastic Agents</b>	Anastrozole Letrozole	Exemestane	Must have tried a Step 1 medication within the last 180 days
<b>Diabetic Testing Strips</b>	Contour Test Strips One Touch Test Strips	All Non-Preferred Test Strips	Criteria will require failure of 2 Step 1 products in the last 30 days, unless found medically necessary.
<b>Estrogens, Oral Agents</b>	Estradiol Estropipate	Enjuvia Menest Premarin	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Estrogens Progesterone Combination, Oral Agents</b>	Estradiol/Norethindrone	Bijuva capsules	Must have tried a Step 1 medication within the last 180 days
<b>Estrogens, Topical Agents</b>	Estradiol transdermal patches 1/wk Estradiol patch	Divigel Elestrin Estrogel Evamist Menostar (any brand name topical Estrogen product)	Must have tried a Step 1 medication within the last 180 days
<b>Estrogens, Vaginal Agents</b>	Estradiol Vaginal Cream	Premarin Vaginal Cream	Must have tried a Step 1 medication within the last 180 days
<b>Gout Agents</b>	Allopurinol	Duzallo Uloric Zurampic	Must have tried a Step 1 medication within the last 180 days
	Colchicine	Gloperba	Must have tried a Step 1 medication within the last 180 days
<b>Hypoglycemia Agents</b>	Glucagon	Zegalogue	Must have tried a Step 1 medication within the last 180 days
<b>Metabolic Bone Disorders</b>	Ibandronate Sodium Alendronate Sodium	Actonel Atelvia Binosto Fosamax Plus D Risedronate 5mg, 30mg, 35mg, 150mg	Must have tried a Step 1 medication within the last 180 days
<b>Progestins</b>	Megestrol 400mg/10ml Suspension	Megestrol 625mg/5ml Suspension	Must have tried a Step 1 medication within the last 180 days
<b>SGLT2 Inhibitors</b>	<u>Diabetic Indication:</u> Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin	Farxiga Jardiance Glyxambi Synjardy Synjardy XR Trijardy XR Xigduo XR	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>SGLT2 Inhibitors (cont.)</b>	<u>Indication: Heart Failure</u> Captopril Enalapril Lisinopril Quinapril Ramipril Fosinopril Trandolapril Perinodopril Candesartan Valsartan Losartan Bisoprolol Carvedilol IR/ER Metoprolol Succinate CR/XL Spironolactone Eplerenone Entresto	Farxiga Jardiance Xigduo XR	Must have tried a 30 day supply of a Group 1 medication within the last 180 days
	<u>Group 1:</u> Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin  <u>Group 2:</u> Farxiga Xigduo XR  <u>Group 3:</u> Glyxambi Jardiance Synjardy Synjardy XR Trijardy XR	Qtern Segluromet Steglatro Steglujan Invokamet Invokamet XR Invokana	Must have tried a 30 day supply of a Group 1 medication within the last 180 days  AND  Must have tried a 90 day supply of a Group 2 medication within the last 180 days  AND  Must have tried a 90 day supply of a Group 3 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Testosterone/Low T Topical Agents</b>	First Testosterone cream or ointment Testosterone 1% Gel, packets or pump	Androderm Androgel 1.62% packets and pump Axiron Fortesta Striant Testosterone 2% Gel Pump Testosterone Topical Soln	Must have tried a Step 1 medication within the last 180 days
<b>Testosterone Injectable Agents</b>	Testosterone Cypionate Inj	Xyosted	Must have tried a Step 1 medication within the last 180 days
<b>Testosterone Oral Agents</b>	Testosterone Cypionate Inj	Jatenzo	Must have tried a Step 1 medication within the last 180 days
<b>Gastrointestinal</b>			
<b>Anticholinergics/Antispasmodics Agents</b>	Dicyclomine Hyoscyamine	Donnatal tablets and liquid CDP w/ Clidinium Librax	Must have tried a Step 1 medication within the last 180 days
<b>Anticholinergics Agent</b>	Glycopyrrolate 1mg Glycopyrrolate 2mg	Glycopyrrolate 1.5mg	Must have tried a Step 1 medication within the last 180 days
<b>Anti-inflammatory Agent</b>	Budesonide 3mg, 9mg	Ortikos	Must have tried a Step 1 medication within the last 180 days
<b>Chronic Constipation Agents</b>	Amitiza Linzess Trulance	Ibsrela Motegrity	The use of Motegrity require clinical team approval.  Criteria will require failure in the last 30 days, unless found medically necessary.
<b>Hyperosmotic Agents</b>	Lactulose Syrup	Kristalose packets Lactulose packets	Must have tried a Step 1 medication within the last 180 days
<b>Genitourinary</b>			
<b>Cystine-Depleting Agents</b>	Depen titratabs 250 mg tablets	Cuprimine 250 mg caps	Must have tried a Step 1 medication within the last 180 days

Category	Step 1 Medications	Step 2 Medications	Criteria
<b>Erectile Dysfunction Agents</b>	Sildenafil 25mg, 50mg, 100mg	Cialis Levitra Staxyn Stendra Tadalafil Viagra	Must have tried a Step 1 medication within the last 180 days
<b>Urinary Antispasmodics</b>	Flavoxate Oxybutynin Oxybutynin ER Tolterodine Tolterodine ER Trospium Trospium ER	Enablex Darifenacin Toviaz Vesicare	Must have tried a Step 1 medication within the last 180 days
<b>Immunosuppressives</b>			
<b>Disease Modifying Immunosuppressant Agent</b>	Methotrexate Vial	Otrexup Rasuvo	Must have tried a Step 1 medication within the last 180 days
<b>Immunosuppressive Systemic</b>	Tacrolimus IR caps	Astagraf XL Envarsus Xr	Must have tried a Step 1 medication within the last 180 days
<b>Insulin</b>			
<b>Bolus Insulin</b>	Humalog	Admelog Apidra Fiasp Novolog	The use of Admelog, Apidra, Fiasp and Novolog require clinical team approval.  Criteria will require failure in the last 30 days, unless found medically necessary
<b>GLP-1 Agonists</b>	Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin	Byetta Bydureon/Bydureon BCise Ozempic Trulicity Victoza	Must have tried a Step 1 medication within the last 180 days



		Rybelsus	
Category	Step 1 Medications	Step 2 Medications	Criteria
<b>GLP-1 Agonists (cont)</b>	<u>Group 1:</u> Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin  <u>Group 2:</u> Bydureon/Bydureon BCise Byetta  <u>Group 3:</u> Ozempic Trulicity Victoza Rybelsus	Adlyxin	Must have tried a medication in Group 1, Group 2 AND Group 3 within the last 180 days
<b>GLP-1 / Basal Insulin Combo</b>	Metformin Metformin ER Glipizide-Metformin Glyburide-Metformin Pioglitazone-Metformin	Soliqua Xultophy	Must have tried a Step 1 medication within the last 180 days
<b>Basal Insulin</b>	Lantus Toujeo Tresiba	Basaglar	Must have tried a Step 1 medication within the last 180 days
Ophthalmic			
<b><u>Antihistamines</u></b>	Azelastine Opth Soln. Epinastine Opth Soln. Olopatadine 0.1% Opth Soln. Olopatidine 0.2% Opth Soln.	Bepreve Lastacft Pazeo	Must have tried a Step 1 medication within the last 180 days

<b><u>Anti-Inflammatory</u></b>	Ketorolac 0.4%, 0.5% Bromfenac 0.9% Diclofenac Flurbiprofen	Acuvail Bromsite Illevro Nevanac Prolensa	Must have tried a Step 1 medication within the last 180 days
	Prednisolone Acetate 1%	Loteprednol Susp	Must have tried a Step 1 medication within the last 180 days
<b>Category</b>	<b>Step 1 Medications</b>	<b>Step 2 Medications</b>	<b>Criteria</b>
<b><u>Antiglaucoma</u></b>	Latanoprost	Lumigan Travatan Z Rocklatan Vyzulta Xelpros Zioptan	Must have tried a Step 1 medication within the last 180 days
	Tmolol Maleate Opth soln & gel forming soln	Betimol drops Istalol drops Rhopressa	Must have tried a Step 1 medication within the last 180 days
<b><u>Calcineurin Inhibitor</u></b>	Cyclosporine EMU	Restasis EMU	Must have tried a Step 1 medication within the last 180 days
<b>Contraceptives</b>			
<b>Oral Contraceptives</b>	Any generic biphasic 28 day oral contraceptive such as: Azurette, Kariva, Viorele, or any generic monophasic 28 day oral contraceptive such as: Necon 0.5/35, Balziva, Gildagia, Kelnor, Ocella, Junel 1.5/30, Junel FE 1.5/30, Junel 1/20, Junel FE 1/20, Apri, Portia, Gianvi, Orsythia, Previfem, Sprintec	Lo Loestrin FE** Nexstellis**	Must have tried a Step 1 medication within the last 180 days
	Any generic triphasic oral contraceptive such as: Necon 7/7/7, Enpresse, Trivora, Velivet, Caziant, Tri-Previfem, TriNessa, Tri-Sprintic, Tilia FE, Tri-Legest FE	Fayosim** Natazia** Quartette** Rivelsa** (4-phasic oral contraceptives)	Must have tried a Step 1 medication within the last 180 days

	Errin, Heather, Norethindrone 0.35mg, Jencycla, Nora-Be, Tulana, Norlyda, Camila	Slynd**	Must have tried a Step 1 medication within the last 180 days
<b>Contraceptive Patches</b>	Xulane	Twirla**	Must have tried a Step 1 medication within the last 180 days
<b>Vitamins</b>			
<b>Prenatal Agents</b>	Any generic prenatal vitamin	All brand name prenatal vitamins	Must have tried a Step 1 medication within the last 180 days

\*Subject to change.

\*\*Medication may require prior authorization as well.

If you are a new member to AultCare/Aultra and have tried the Step 1 medication, documentation from your physician is required. Some plans may have additional medications listed in their Step Therapy Program.

Please call the AultCare Service Center at 330-363-6360 or 1-800-344-8858 (TTY: 711) or Aultra Service Center at 330-363-2050 or 1-855-270-8497 (TTY: 711) if you have any questions.

### **AultCare/Aultra Notice Tag Lines for the State of Ohio**

#### **English**

This Notice has Important Information. This notice has important information about your application or coverage through **AultCare /Aultra**. Look for key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. **Call Local: 330.363.6360 Outside Stark County: 1.800.344.8858 TTY Local: 711 Outside Stark County: 711**

#### **Spanish**

Español

Este Aviso contiene información importante. Este aviso contiene información importante acerca de su solicitud o cobertura a través **AultCare/Aultra**. Preste atención a las fechas clave que contiene este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al **Local : 330.363.6360 Fuera del condado de Stark : 1.800.344.8858 TTY Local : 711 Fuera del condado de Stark : 711**

#### **Chinese**

中文

本通知有重要的訊息。本通知有關於您透過 **AultCare/Aultra** 保險公司 提交的申請或保險的重要訊息。請留意本通知內的重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或者費用補貼。

您有權利免費以您的母語得到本訊息和幫助。請撥電話 本地：330.363.6360 斯塔克縣外：1.800.344.8858 TTY 線 本地：711 斯塔克縣外：711。

## German

Deutsche

Diese Benachrichtigung enthält wichtige Informationen. Diese Benachrichtigung enthält wichtige Informationen bezüglich Ihres Antrags auf Krankenversicherungsschutz durch **AultCare/Aultra**. Suchen Sie nach wichtigen Terminen in dieser Benachrichtigung. Sie könnten bis zu bestimmten Stichtagen handeln müssen, um Ihren Krankenversicherungsschutz oder Hilfe mit den Kosten zu behalten. Sie haben das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Rufen Sie an unter **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 711 Außerhalb von Stark County : 711**

## Arabic

العربية

يحتوي هذا الإشعار معلومات هامة. يحتوي هذا الإشعار معلومات مهمة بخصوص طلبك للحصول على التغطية من خلا شركة التأمين  
AultCare/Aultra

ابحث عن التواريخ الهامة في هذا الإشعار. قد تحتاج لاتخاذ اجراء في تواريخ معينة للحفاظ على تغطيتك الصحية او للمساعدة في دفع التكاليف. لك الحق في الحصول على المعلومات والمساعدة بلغتك من دون أي تكلفة. اتصل بـ330.363.6360 خارج مقاطعة ستارك: 1.800.344.8858 لخط TTY المحلي: 711 خارج مقاطعة ستارك: 711

## Pennsylvania Dutch

Deutsch

Die Bekanntmachung gebt wichdichi Auskunft. Die Bekanntmachung gebt wichdichi Auskunft baut dei Application oder Coverage mit **AultCare/Aultra**. Geb Acht fer wichdiche Daadem in die Bekanntmachung. Es iss meeglich, ass du ebbes duh muscht, an beschtimmde Deadlines, so ass du dei Health Coverage bhalde kannscht, oder bezaahle helfe kannscht. Du hoscht es Recht fer die Information un Hilf in deinre eegne Schprooch griege, un die Hilf koschtet nix **Local: 330.363.6360 Außerhalb von Stark County : 1.800.344.8858 TTY –Linie Local: 711 Außerhalb von Stark County : 711.**

## Russian

русский

Настоящее уведомление содержит важную информацию. Это уведомление содержит важную информацию о вашем заявлении или страховом покрытии через **Страховая компания AultCare/Aultra**. Посмотрите на ключевые даты в настоящем уведомлении. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону **Местный: 330.363.6360 Вне Старка County : 1.800.344.8858 TTY линия Местный: 711 Вне Старка County : 711.**

## French

Français

Cet avis a d'importantes informations. Cet avis a d'importantes informations sur votre demande ou la couverture par l'intermédiaire de **Compagnie d'Assurance AultCare/Aultra**. Rechercher les dates clés dans le présent avis. Vous devrez peut-être prendre des mesures par certains délais pour maintenir votre couverture de santé ou d'aide avec les coûts. Vous avez le droit d'obtenir cette information et de l'aide dans votre langue à aucun coût. **Appelez Locale: 330.363.6360 En dehors du comté de Stark : 1.800.344.8858 ligne ATS Local : 711 En dehors du comté de Stark : 711**

## Vietnamese

Việt Nam

Thông báo này cung cấp thông tin quan trọng. Thông báo này có thông tin quan trọng bạn về đơn nộp hoặc hợp đồng bảo hiểm qua chương trình **Công ty Bảo hiểm AultCare/Aultra**. Xin xem ngày then chốt trong thông báo này. Quý vị có thể phải thực hiện theo thông báo đúng trong thời hạn để duy trì bảo hiểm sức khỏe hoặc được trợ giúp thêm về chi phí. Quý vị có quyền được biết thông tin này và được trợ giúp bằng ngôn ngữ của mình miễn phí. Xin gọi số **Địa phương: 330.363.6360 Bên ngoài của Stark County : 1.800.344.8858 TTY đường dây Địa phương: 711 Bên ngoài của Stark County : 711.**

## Cushite-Oromo

Beeksisni kun odeeffannoo barbaachisaa qaba. Beeksisti kun sagantaa yookan karaa **AultCare/Aultra** tiin tajaajila keessan ilaalchisee odeeffannoo barbaachisaa qaba. Guyyaawwan murteessaa ta'an beeksisa kana keessatti ilaalaa. Tarii kaffaltiidhaan deeggaramuuf yookan tajaajila fayyaa keessaniif guyyaa dhumaa irratti wanti raawwattan jiraachuu danda'a. Kaffaltii irraa bilisa haala

ta'een afaan keessaniin odeeffannoo argachuu fi deeggarsa argachuuf mirga ni qabaattu. Lakkoofsa bilbilaa **Local: 330.363.6360 Outside of Stark County: 1.800.344.8858 TTY Line Local: 711 Outside of Stark County: 711** tii bilbilaa.

## Korean

한국어

본 통지서에는 중요한 정보가 들어 있습니다. 즉 이 통지서는 귀하의 신청에 관하여 그리고 **AultCare/Aultra 보험회사**를 통한 커버리지에 관한 정보를 포함하고 있습니다. 본 통지서에서 핵심이 되는 날짜들을 찾으십시오. 귀하가 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 일정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하는 이러한 정보와 도움을 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. **지역: 330.363.6360 스타크 카운티의 외부: 1.800.344.8858 TTY 라인 지역: 711 스타크 카운티의 외부: 711** 로 전화하십시오.

## Italian

Italiano

Questo avviso contiene informazioni importanti sulla tua domanda o copertura attraverso **AultCare/Aultra**. Cerca le date chiave in questo avviso. Potrebbe essere necessario un tuo intervento entro una scadenza determinata per consentirti di mantenere la tua copertura o sovvenzione. Hai il diritto di ottenere queste informazioni e assistenza nella tua lingua gratuitamente. Chiama **Locale: 330.363.6360 Al di fuori di Stark County : 1.800.344.8858 TTY linea Locale: 711 Al di fuori di Stark County : 711.**

## Japanese

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01/01/2022

## 日本語

この通知には重要な情報が含まれています。この通知には **AultCare/Aultra 保険会社** の申請または補償範囲に関する重要な情報が含まれています。この通知に記載されている重要な日付をご確認ください。健康保険や有料サポートを維持するには、特定の期日までに行動を取らなければならない場合があります。ご希望の言語による情報とサポートが無料で提供されます。 **330.363.6360** スターク郡の外：**1.800.344.8858** TTY ライン ローカル：**711** スターク郡の外：**711** までお電話ください。

## Dutch

### Nederlands

Deze mededeling heeft belangrijke informatie. Deze mededeling heeft belangrijke informatie over uw aanvraag of dekking via **AultCare /Aultra**. Kijk naar belangrijke datums in deze mededeling. Het kan nodig zijn om actie te ondernemen binnen bepaalde termijnen om uw zorgverzekering te behouden of hulp met kosten te krijgen. U heeft het recht op deze informatie en hulp in uw taal zonder kosten. Bel **Local : 330.363.6360** **Buiten Stark County : 1.800.344.8858** TTY Line Local : **711** **Buiten Stark County : 711**.

## Ukrainian

### український

Це повідомлення містить важливу інформацію. Це повідомлення містить важливу інформацію про Ваше звернення щодо страхувального покриття через **Страхова компанія AultCare/Aultra**. Зверніть увагу на ключові дати, вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дзвоніть за номером телефону **Місцевий : 330.363.6360** **Поза Старка County : 1.800.344.8858** TTY лінія **Місцевий : 711** **Поза Старка County : 711**.

## Romanian

### Română

Prezenta notificare conține informații importante. Această notificare conține informații importante privind cererea sau acoperirea asigurării dumneavoastră de sănătate prin **Compania de Asigurari AultCare/Aultra**. Căutați datele cheie din această notificare. Este posibil să fie nevoie să acționați până la anumite termene limită pentru a vă menține acoperirea asigurării de sănătate sau asistența privitoare la costuri. Aveți dreptul de a obține gratuit aceste informații și ajutor în limba dumneavoastră. Sunați la **Locale : 330.363.6360** **In afara Stark Judet : 1.800.344.8858** TTY linie **Locale : 711** **In afara Stark Judet : 711**.

### Non-Discrimination Notice:

AultCare/Aultra complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AultCare/Aultra does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AultCare/Aultra provides free aids and services to people with disabilities to communicate effectively with us, such as: Qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). AultCare/Aultra provides free language services to people whose primary language is not English, such as: Qualified interpreters and information written in other languages.

If you need these services, or if you believe that AultCare/Aultra has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can contact or file a grievance with the: AultCare/Aultra Civil Rights Coordinator, 2600 6<sup>th</sup> St. S.W. Canton, OH 44710, 330-363-7456,

CivilRightsCoordinator@aultcare.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights staff is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.