



Marketplace Step Therapy Program

Step Therapy requires you to have tried a Step 1 medication from the same therapeutic class as the brand name drug within the previous 180 days. If your prescription history does not indicate that a Step 1 medication was tried, the brand name medication will not be covered. The Step Therapy Program does not apply to you if you are already taking the brand name medication. Please note that the brand name medication 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:

| Step 2 Medications | Step 1 Medications | Criteria |
|--|--|--|
| Allergy-Asthma | | |
| <u>Antihistamine, Inhaled Nasal</u> Azelastine 0.15% NS, Olopatadine NS | Azelastine nasal spray 137mcg/spray | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Anti-Inflammatory, Inhaled Nasal</u> Zetonna | Fluticasone | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Anti-Inflammatory Inhaled Oral</u> Pulmicort Flexhaler | Asmanex Flovent Diskus Flovent HFA | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Anti-Inflammatory Combo Product, Inhaled Oral</u> Advair Diskus | Fluticasone/Salmeterol Inhaler Fluticasone/Salmeterol RespiClick Wixela | Must have tried a medication in the 2 nd column within the last 180 days |
| Dulera | Breo Ellipta Symbicort | The use of Dulera require clinical team approval. Criteria will require failure of both step 1 medications in the last 30 days, unless found medically necessary. |
| Analgesic | | |
| <u>Agents for Migraine</u> Eletriptan, Frovatriptan, Zomig Nasal Spray | Naratriptan HCL Sumatriptan Rizatriptan Rizatriptan MLT Zolmitriptan | Must have tried 2 medications in the 2 nd column within the last 180 days |

| | | |
|---|---|---|
| <u>Nonsteroidal Anti-Inflammatory Agents</u> Etodolac, Etodolac ER, Fenoprofen, Mefenamic, Naproxen Sodium, Oxaprozin, Piroxicam | Diclofenac Sulindac Indomethacin Meloxicam Ibuprofen Naproxen Flurbiprofen Nabumetone | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Skeletal Muscle Relaxants Agents</u> Metaxall, Metaxalone | Baclofen Cyclobenzaprine Orphenadrine Methocarbamol Carisprodol Tizanidine tablets | Must have tried a medication in the 2 nd column within the last 180 days |
| Anti-Infective | | |
| <u>Fluoroquinolones</u> Moxifloxacin | Ciprofloxacin Levofloxacin | Must have tried a medication in the 2 nd column within the last 180 days |
| Cardiovascular | | |
| <u>Alpha-1 Adrenergic Blocker</u> Silodosin | Alfuzosin ER Doxazosin Dutasteride Finasteride Tamsulosin Terazosin | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Angiotensin II Receptor Blockers</u> Edarbi, Vecamyl | Candesartan Irbesartan Losartan Valsartan Telmisartan | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Beta Blocking Agents</u> Bystolic, Carvedilol ER | Acebutolol Atenolol Bisoprolol Carvedilol Metoprolol Metoprolol XL Propranolol Sotalol | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Pulmonary Arterial Hypertension</u> Tadalafil | Sildenafil | Must have tried a medication in the 2 nd column within the last 180 days |

| Central Nervous System | | |
|--|---|---|
| <u>Anti-Depressants</u> Fetzima, Trintellix, Viibryd | Bupropion Citalopram Duloxetine Fluoxetine Paroxetine Sertraline Trazodone Venlafaxine Venlafaxine XR | Must have tried a medication in the 2 nd column within the last 180 days |
| Clomipramine, Desipramine, Trimipramine | Amitriptyline Imipramine Nortriptyline | |
| <u>Antipsychotics</u> Quetiapine XR | Quetiapine | Must have tried a medication in the 2 nd column within the last 180 days |
| Latuda, Rexulti, Saphris | Aripiprazole | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Smoking Deterrents</u> Chantix, Nicotrol | Bupropion ER Nicotine TD Patches (all strengths) | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Sedative/Hypnotics</u> Belsomra, Ramelteon | Doxepin Eszopiclone Temazepam Zaleplon Zolpidem | Must have tried a medication in the 2 nd column within the last 180 days |
| Zolpidem ER | Zolpidem | Must have tried a medication in the 2 nd column within the last 180 days |
| Dermatology | | |
| <u>Anesthetics, Topical Patches</u> Lidocaine 5% Patches | Aspercream patches Lidocaine 4% OTC patches Lidocare patches Salonpas patches | Must have tried a medication in the 2 nd column within the last 180 days |

| | | |
|--|---|---|
| <u>Antiacne, Combo Topical Agents</u> Clindamycin/Benzoyl Pero Gel 1.2%/5% | Clindamycin/Benzoyl Peroxide Erythromycin/Benzoyl | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Antiacne, Retinoid Combo Topical Agents</u> Adapalene Rx 0.1%, 0.3% Adapalene-benzoyl peroxide, Differin | Adapalene 0.1% gel OTC | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Antibiotic, Topical Agents</u> Altanax Ointment | Mupirocin 2% Ointment | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Antifungals, Topical Agents</u> Econazole, Exelderm, Mentax, Naftifine, Oxiconazole, Sulconazole | Ciclopirox soln, cream, shampoo Ketoconazole cream, shampoo Nystatin cream, ointment, powder | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Immunomodulators, Topical Agents</u> Pimecrolimus 1% Cream | Tacrolimus 0.1% and 0.03% Oint | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Rosacea Topical Agents</u> Azelaic Acid gel 15% | Metronidazole 0.75% cream, gel, or lotion | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Steroids, Topical Agents – Very High Potency</u> Diflorasone 0.05% cream/ ointment | Clobetasol 0.05% cream, Clobetasol 0.05% ointment Halobetasol 0.05% cream Halobetasol 0.05% ointment | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Steroids, Topical Agents – High Potency</u> Desoximetasone 0.25% cream/ointment, Desoximetasone 0.05% gel | Augmented betameth dip 0.05% cream, Betamethasone val 0.1% oint, Fluocinonide 0.05% gel/cr/oint, Triamcinolone 0.5% cr/oint | Must have tried a medication in the 2 nd column within the last 180 days |

| | | |
|--|---|---|
| <u>Steroids, Topical Agents - Medium Potency</u> Desoximetasone 0.05% cream Flurandrenolide | Betameth dip lotion 0.05%, Betameth val cream 0.1%, Fluticasone 0.05% cream and 0.005% ointment, Mometasone 0.1% cr /oint/lotion, Triamcinolone 0.1% cr/oint/lot, Triamcinolone 0.25% cr/oint/lot | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Steroids, Topical Agents – Low Potency</u> Desonide, Halcinonide cream | Hydrocortisone 2.5% cr/oint/lot | Must have tried a medication in the 2 nd column within the last 180 days |
| Endocrine and Metabolic | | |
| <u>Estrogens, Oral Agents</u> Premarin | Estradiol | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Gout Agents</u> Febuxostat | Allopurinol | Must have tried a medication in the 2 nd column within the last 180 days |
| Gastrointestinal | | |
| <u>Antispasmodics</u> Glycopyrrolate tablets 1.5mg | Glycopyrrolate tablets 1mg Glycopyrrolate tablets 2mg | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Bowel Preps</u> Moviprep, Prepopik, Suprep Bowel | Peg-3350 Gavilyte-C | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Inflammatory Bowel Disease</u> Dipentum | Sulfasalazine | Must have tried a medication in the 2 nd column within the last 180 days |

| Genitourinary | | |
|--|--|---|
| <u>Urinary Antispasmodics</u> Darifenacin, Solifenacin, Toviaz | Flavoxate Oxybutynin Oxybutynin ER Tolterodine Tolterodine ER Trospium Trospium ER | Must have tried a medication in the 2 nd column within the last 180 days |
| Insulin | | |
| <u>Basal Insulin</u> Levemir, Tresiba | Lantus | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Bolus Insulin</u> Apidra | Humalog | The use of Apidra require clinical team approval. Criteria will require failure in the last 30 days, unless found medically necessary. |
| Ophthalmic | | |
| <u>Antihistamines</u> Bepreve, Lastacaft | Azelastine Opth Soln. Epinastine Opth Soln. Olopatadine Opth Soln. | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Anti-Inflammatory</u> Nevanac | Ketorolac Bromfenac Diclofenac Flurbiprofen | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Antiglaucoma</u> Bimatoprost, Lumigan, Combigan, Simbrinza | Latanoprost Dorzolamide/Timolol | Must have tried a medication in the 2 nd column within the last 180 days |
| <u>Emulsion</u> Restasis | Gentel OTC Refresh OTC Systane OTC | Must have tried a medication in the 2 nd column within the last 180 days |

| | | |
|---|---|--|
| Glucocorticoids Alrex, Durezol, Lotemax, Loteprednol | Dexamethasone Fluoromethalone Prednisolone Acetate Prednisolone Sod. Phos | Must have tried a medication in the 2 nd column within the last 180 days |
|---|---|--|

*Subject to change.

If you are a new member to AultCare and have tried the Step 1 Medications, 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 if you have any questions.