



Marketplace Step Therapy Program

Step Therapy requires you to have tried a First Line medication from the same therapeutic class as the brand name drug within the previous 365 days. If your prescription history does not indicate that a first line 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 first line medication has been tried and found to be ineffective.

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

Drug Name	First Line 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 365 days
<u>Anti-Inflammatory, Inhaled Nasal</u> Zetonna	Flonase (Fluticasone)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Anti-Inflammatory, Inhaled Oral</u> Pulmicort	Asmanex Flovent Diskus Flovent HFA QVAR	Must have tried a medication in the 2 nd column within the last 365 days
Analgesic		
<u>Agents for Migraine</u> Almotriptan, Axert, Eletriptan, Frovatriptan, Relpax, Zomig	Amerge (Naratriptan HCL) Imitrex (Sumatriptan) Maxalt (Rizatriptan) Maxalt MLT (Rizatriptan MLT) Zomig (Zolmitriptan) Zomig ZMT (Zolmitriptan ZMT)	Must have tried 2 medications in the 2 nd column within the last 365 days
<u>Nonsteroidal Anti-Inflammatory Agents</u> Etodolac, Etodolac ER, Fenoprofen, Ketoprofen, Meclofenamate, Naproxen Sodium, Oxaprozin, Piroxicam, Tolmetin Sodium	Cataflam (Diclofenac) Clinoril (Sulindac) Indocin (Indomethacin) Mobic (Meloxicam) Motrin (Ibuprofen) Naprosyn (Naproxen) OcOufen (Flurbiprofen) Relafen (Nabumetone)	Must have tried a medication in the 2 nd column within the last 365 days

<u>Skeletal Muscle Relaxants Agents</u> Metaxall, Metaxalone	Baclofen Flexeril (Cyclobenzaprine) Norflex (Orphenadrine) Robaxin (Methocarbamol) Soma (Carisprodol) Zanaflex tabs (Tizanidine)	Must have tried a medication in the 2 nd column within the last 365 days
Anti-Infective		
<u>Fluoroquinolones</u> Moxifloxacin	Cipro (Ciprofloxacin) Levaquin (Levofloxacin)	Must have tried a medication in the 2 nd column within the last 365 days
Cardiovascular		
<u>Ace Inhibitors</u> Captopril, Moexipril, Perindopril	Lotensin (Benazepril) Fosinopril, Zestril (Lisinopril) Accupril (Quinapril) Altace (Ramipril) Mavik (Trandolapril)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Angiotensin II Receptor Blockers</u> Edarbi	Atacand (Candesartan) Avapro (Irbesartan) Cozaar (Losartin)) Diovan (Valsartan) Micardis (Telmisartan)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Beta Blocking Agents</u> Betaxolol, Bystolic, Coreg CR, Nadolol, Pindolol, Timolol	Coreg (Carvedilol) Lopressor (Metoprolol) Sectral (Acebutolol) Tenormin (Atenolol) Toprol XL (Metoprolol XL) Zebeta (Bisoprolol)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Calcium Channel Blocker</u> Nisoldipine ER tabs	Adalat (Nifedipine ER) Cardizem CD (Diltiazem ER caps only) Norvasc (Amlodipine) Plendil (Felodipine) Procardia XL (Nifedipine XL)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Coronary Vasodilators</u> Isosorbide Dinitrate	Isosorbide Mononitrate (generic)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Omega-3 Fatty Acids</u> Vascepa	Lovaza (Omega-3)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Pulmonary Arterial Hypertension</u> Adcirca	Sildenafil (generic only)	Must have tried a medication in the 2 nd column within the last 365 days

Central Nervous System

<p><u>Alzheimer Agents</u> Namenda XR</p>	<p>Memantine IR tablets</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Anti-Convulsant Agents</u> Topiramate ER</p>	<p>Topiramate IR tablets</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Anti-Depressants</u> Desvenlafaxine ER, Fetzima, Viibryd</p> <hr/> <p>Clomipramine, Desipramine, Protriptyline, Trimipramine</p> <hr/> <p>Pristiq</p>	<p>Wellbutrin (Bupropion) Celexa (Citalopram), Desyrel (Trazodone) Effexor (Venlafaxine), Effexor XR (Venlafaxine XR), Lexapro (Escitalopram Oxalate) Paxil (Paroxetine), Prozac (Fluoxetine), Zoloft (Sertraline)</p> <hr/> <p>Elavil (Amitriptyline), Pamelor (Nortriptyline), Tofranil (Imipramine Hcl)</p> <hr/> <p>Effexor (Venlafaxine), Effexor XR (Venlafaxine XR)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p> <hr/> <p>Must have tried a medication in the 2nd column within the last 365 days</p> <hr/> <p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Antipsychotics</u> Quetiapine XR</p> <hr/> <p>Latuda, Rexulti</p>	<p>Seroquel (Quetiapine)</p> <hr/> <p>Aripiprazole</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p> <hr/> <p>Must have tried a medication in the 2nd column within the last 365 days</p>
<p><u>Hypnotics/Sedatives</u> Belsomra, Rozerem, Silenor</p> <hr/> <p>Zolpidem ER</p>	<p>Ambien (Zolpidem) Restoril (Temazepam) Sinequan (Doxepin) Sonata (Zaleplon)</p> <hr/> <p>Ambien (Zolpidem tablets)</p>	<p>Must have tried a medication in the 2nd column within the last 365 days</p> <hr/> <p>Must have tried a medication in the 2nd column within the last 365 days</p>

<u>Smoking Deterrents</u> Chantix, Nicotrol	Zyban ER (Bupropion ER) Nicotine TD Patches (all strengths)	Must have tried a medication in the 2 nd column within the last 365 days
Dermatology		
<u>Antibiotics, Topical Agents</u> Altabax Oint	Mupirocin oint	Must have tried a medication in the 2 nd column within the last 365 days
<u>Antifungals, Topical Agents</u> Econazole, Ertaczo, Exelderm, Kerydin, Mentax, Oxiconazole, Oxistat	Ciclofan (Ciclopirox) Ketoconazole Nystatin	Must have tried a medication in the 2 nd column within the last 365 days
<u>Cold sore treatment</u> Denavir	Abreva (OTC)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Immunomodulators, Topical Agents</u> Elidel 1% Cream	Tacrolimus 0.1% and 0.03% Oint	Must have tried a medication in the 2 nd column within the last 365 days
<u>Rosacea, Topical Agents</u> Finacea Gel, Mirvaso Gel 0.33%	Metrocream (Metronidazole 0.75% cream or lotion)	Must have tried a medication in the 2 nd column within the last 365 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 365 days
<u>Steroids, Topical Agents – High Potency</u> Amcinonide cream, 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/ointment, Triamcinolone 0.5% cr/ointment	Must have tried a medication in the 2 nd column within the last 365 days

<u>Steroids, Topical Agents - Medium Potency</u> Clocortolone 0.1% cream, Cordran cream, Flurandrenolide Cream 0.05%, Hydrocortisone valerate 0.2% cream/oint., Desoximetasone 0.05% cream	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 365 days
<u>Steroids, Topical Agents – Low Potency</u> Desonide 0.05% cream/oint, Hallog cream/oint	Hydrocortisone 2.5% cr/oint/lot	Must have tried a medication in the 2 nd column within the last 365 days
Endocrine and Metabolic		
<u>Antidiabetic – DPP4</u> Nesina, Onglyza	Januvia Tradjenta	Must have tried a medication in the 2 nd column within the last 365 days
<u>Antineoplastic Agents</u> Exemestane	Arimidex (Anastrozole) Femara (Letrozole)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Estrogens, Oral Agents</u> Menest, Premarin	Estrace (Estradiol) Ogen (Estropipate)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Gout Agents</u> Uloric	Allopurinol	Must have tried a medication in the 2 nd column within the last 365 days
<u>Metabolic Bone Disorders</u> Risedronate 150mg	Boniva (Ibandronate Sodium) Fosamax (Alendronate Sodium)	Must have tried a medication in the 2 nd column within the last 365 days
Gastrointestinal		
<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 365 days
<u>Inflammatory Bowel Disease</u> Dipentum	Sulfasalazine	Must have tried a medication in the 2 nd column within the last 365 days

Genitourinary		
<u>Urinary Antispasmodics</u> Darifenacin, Enablex, Myrbetriq, Toviaz, Vesicare	Flavoxate Ditropan (Oxybutynin,) Ditropan XL (Oxybutynin ER) Detrol (Tolterodine) Detrol LA (Tolterodine ER) Sanctura (Trospium)	Must have tried a medication in the 2 nd column within the last 365 days
Insulin		
<u>Basal Insulin</u> Apidra, Novolog	Humalog	The use of Apidra and Novolog require clinical team approval. Criteria will require failure in the last 30 days, unless found medically necessary.
<u>Basal Insulin</u> Levemir, Toujeo , Tresiba	Lantus	Must have tried a medication in the 2 nd column within the last 365 days
<u>GLP-1 / Basal Insulin Combo</u> Soliqua	<u>Basal Insulin</u> <u>GLP-1 Insulin</u> Lantus Victoza Basaglar Trulicity Levemir Tanzem Tresiba Byetta Toujeo Bydureon	Must have tried a medication in the 2 nd column within the last 365 days
<u>Incretin Mimetic</u> Tanzeum, Victoza	Byetta Bydureon Trulicity	Must have tried a medication in the 2 nd column within the last 365 days
Ophthalmic		
<u>Antihistamines</u> Bepreve, Lastacaft	Azelastine Opth Soln. Elestat (Epinastine Opth Soln.) Patanol (Olopatadine Opth Soln.)	Must have tried a medication in the 2 nd column within the last 365 days
<u>Anti-Inflammatory</u> Nevanac	Acular (Ketorolac) Bromday (Bromfenac) Voltaren (Diclofenac) Ocufen (Flurbiprofen)	Must have tried a medication in the 2 nd column within the last 365 days

<u>Antiglaucoma</u> Lumigan, Travatan Z, Zioptan	Xalatan (Latanoprost)	Must have tried a medication in the 2 nd column within the last 365 days
<hr/> Combigan, Simbrinza	<hr/> Cosopt (Dorzolamide/Timolol)	<hr/> Must have tried a medication in the 2 nd column within the last 365 days
<u>Emulsion</u> Restasis	Genteal OTC Refresh OTC Systane OTC	Must have tried a medication in the 2 nd column within the last 365 days
<u>Glucocorticoids</u> Alrex, Durezol, Lotemax	Dexamethasone Fluoromethalone Prednisolone Acetate Prednisolone Sod. Phos	Must have tried a medication in the 2 nd column within the last 365 days

*Subject to change.

If you are a new member to AultCare and have tried the First Line Drugs, 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.