



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 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
Analgesic		
<u>Agents for Migraine</u> Eletriptan, Relpax	Naratriptan HCL Sumatriptan Rizatriptan Rizatriptan MLT Zolmitriptan Zolmitriptan ZMT	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, Meclofenamate, Naproxen Sodium, Oxaprozin, Piroxicam, Tolmetin Sodium	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>Angiotensin II Receptor Blockers</u> Edarbi	Candesartan Irbesartan Losartin Valsartan Telmisartan	Must have tried a medication in the 2 nd column within the last 180 days
Central Nervous System		
<u>Alzheimer Agents</u> Namenda XR	Memantine IR tablets	Must have tried a medication in the 2 nd column within the last 180 days
<u>Anti-Convulsant Agents</u> Topiramate ER	Topiramate IR tablets	Must have tried a medication in the 2 nd column within the last 180 days
<u>Antipsychotics</u> Quetiapine XR	Quetiapine	Must have tried a medication in the 2 nd column within the last 180 days
Latuda, Rexulti	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
Dermatology		
<u>Cold sore treatment</u> Denavir	Abreva (OTC)	Must have tried a medication in the 2 nd column within the last 180 days
<u>Immunomodulators, Topical Agents</u> Elidel 1% Cream 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>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> Aminonide 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/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	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> Halog cream/oint	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>Metabolic Bone Disorders</u> Risedronate 150mg	Ibandronaten Sodium Alendronate Sodium	Must have tried a medication in the 2 nd column within the last 180 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 180 days
<u>Inflammatory Bowel Disease</u> Dipentum	Sulfasalazine	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>Incretin Mimetic</u> Tanzeum, Victoza	Byetta Bydureon Trulicity	Must have tried a medication in the 2 nd column within the last 180 days
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> Lumigan, Travatan Z, Zioptan	Latanoprost	Must have tried a medication in the 2 nd column within the last 180 days
Combigan, Simbrinza	Dorzolamide/Timolol	
<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
<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 180 days

Oral Contraceptives

Lo Loestrin FE**	Any generic biphasic 28 day oral contraceptive such as: Azurette, Kariva, Viorele, Necon 10/11 or any generic monophasic 28 day oral contraceptive such as: Necon 1/50, Necon 1/35, 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	Must have tried a medication in the 2 nd column within the last 180 days
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*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.