

SmithRx Step Therapy List



Not all benefit plans include the Step Therapy program. Check your plan materials to see if this information applies to you.

What is Step Therapy?

The Step Therapy program is a quality and safety program that can help you lower your medication costs. Many medical conditions can be treated using a variety of medications. In some cases, there is a very large difference in cost among the medications, but only a little difference in the way the medications work. Step Therapy requires members to try cost-effective “first-choice” medications before try (or “stepping up to”) more expensive “second choice” medications. Many people find the first-choice medications work just as well for them.

We base the Step Therapy program on U.S. Food and Drug Administration and manufacturer dosing guidelines, medical literature, safety, accepted medical practice, appropriate use and benefit design.

What if my doctor says a first-choice drug isn't right for me?

If your doctor decides that a first-choice medication is not right for you and prescribes a second-choice medication, please have your doctor submit a prior authorization to SmithRx.

What happens at the pharmacy?

The pharmacist enters your prescription into the computer system. If your prescription is a second-choice medication, the system will check your claims history. If you have filled prescriptions for first-choice medications within the previous six months, the pharmacist will fill your prescription for your second-choice medication.

If you are required to try a first-choice medication, you have three options:

- You or your pharmacist can call your doctor to change your prescription to a first-choice medication.
- You can pay full price for your second choice medication prescription.
- You or your pharmacist can ask your doctor to request a medical necessity exception.

If your plan approves the request, it will cover your prescription. If your plan does not approve the request, you can still choose another option. You and your doctor make the final decision about the medication that is right for you.

Your benefit document defines actual benefits available and may exclude coverage for certain drugs listed here. Check your benefit information to verify coverage or view your personal benefit information on our website. This list may contain trademarks or registered trademarks of pharmaceutical manufacturers that are not affiliated with your health plan. This list can change or expand from time to time without prior notice. When we list brand-name drugs, programs can also apply to any available generic equivalents.

2717: DMT2 GLP1

MEDICATION(S) SUBJECT TO STEP THERAPY

BYDUREON, BYDUREON BCISE, BYETTA 5 MCG PEN, OZEMPIC (0.25 OR 0.5 MG/DOSE), OZEMPIC (1 MG/DOSE), OZEMPIC (2 MG/DOSE), RYBELSUS, TRULICITY

CRITERIA

Patient must have previous trial of Metformin

2717: MOUNJARO

MEDICATION(S) SUBJECT TO STEP THERAPY

MOUNJARO

CRITERIA

Patient must have previously tried Metformin

614: QUILLI

MEDICATION(S) SUBJECT TO STEP THERAPY

QUILLICHEW ER, QUILLIVANT XR

CRITERIA

Patient must have previously tried an extended release generic stimulant.

ANESTHETICS

MEDICATION(S) SUBJECT TO STEP THERAPY

NUVAKAAN-II, PRIZOTRAL, PRIZOTRAL-II

CRITERIA

Patient must have tried generic or individual components (lidocaine and prilocaine)

ANTIARTHRITICS - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

INFLATHERM

CRITERIA

Patient must have tried individual components (diclofenac sodium and trolamine salicylate)

ANTIARTHRITICS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

FENOVAR, FLECTOR, VAROPHEN

CRITERIA

Patient must have tried oral and topical diclofenac

ANTICONVULSANTS

MEDICATION(S) SUBJECT TO STEP THERAPY

XCOPRI 100 MG TAB, XCOPRI 14 X 12.5 MG & 14 X 25 MG TAB THPK, XCOPRI 14 X 150 MG & 14 X200 MG TAB THPK, XCOPRI 14 X 50 MG & 14 X100 MG TAB THPK, XCOPRI 150 MG TAB, XCOPRI 200 MG TAB, XCOPRI 50 MG TAB, XCOPRI (250 MG DAILY DOSE), XCOPRI (350 MG DAILY DOSE)

CRITERIA

Patient must have previously tried 2 generic antiepileptic therapies

ANTIDEPRESSANTS

MEDICATION(S) SUBJECT TO STEP THERAPY

SAVELLA, SAVELLA TITRATION PACK

CRITERIA

Patient must have previous trial of a TCA (e.g. amitriptyline) or SNRI (e.g. duloxetine)

ANTI-HISTAMINES

MEDICATION(S) SUBJECT TO STEP THERAPY

CARBINOXAMINE MALEATE 6 MG TAB, RYVENT

CRITERIA

Patient must have previously tried carbinoxamine or Rx antihistamine (generic)

ANTI-HISTAMINES - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION, RYCLORA

CRITERIA

Patient must have tried diphenhydramine

ANTIINCONTINENCE AGENT

MEDICATION(S) SUBJECT TO STEP THERAPY

GELNIQUE, OXYTROL

CRITERIA

Patient must have previously tried oxybutynin and tolterodine

ANTIMIGRAINE PREPARATIONS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

TOSYMRA

CRITERIA

Patient must have previously tried two preferred generic oral triptans

ANTIMIGRAINE PREPARATIONS - 4

MEDICATION(S) SUBJECT TO STEP THERAPY

AMERGE, FROVA, SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART, TOSYMRA, ZOLMITRIPTAN 2.5 MG SOLUTION, ZOLMITRIPTAN 5 MG SOLUTION, ZOMIG 2.5 MG SOLUTION, ZOMIG 5 MG SOLUTION

CRITERIA

Patient must have previously tried two preferred generic oral triptans

ANTIPSYCHOTICS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

FANAPT, FANAPT TITRATION PACK

CRITERIA

Patient must have previously tried 2 of the following: olanzapine, quetiapine (IR/ER), risperidone/-ODT, aripiprazole

ANTIPSYCHOTICS - 4

MEDICATION(S) SUBJECT TO STEP THERAPY

PALIPERIDONE ER

CRITERIA

Patient must have previously tried 2 of the following: olanzapine, quetiapine (IR/ER), risperidone, aripiprazole.

ANTIPSYCHOTICS -4

MEDICATION(S) SUBJECT TO STEP THERAPY

FETZIMA TITRATION

CRITERIA

Patient must have previously tried 2 of the following: duloxetine, venlafaxine, desvenlafaxine

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

MEDICATION(S) SUBJECT TO STEP THERAPY

ADHANSIA XR, ADZENYS ER, APTENSIO XR, AZSTARYS, COTEMPLA XR-ODT, DAYTRANA, DESOXYN, DYANAVEL XR, EVEKEO ODT, JORNAY PM, METHYLPHENIDATE HCL ER 18 MG TAB ER 24H, METHYLPHENIDATE HCL ER (OSM) 45 MG TAB ER, METHYLPHENIDATE HCL ER (OSM) 63 MG TAB ER, METHYLPHENIDATE HCL ER (OSM) 72 MG TAB ER, RELEXXII 45 MG TAB ER, RELEXXII 63 MG TAB ER, RELEXXII 72 MG TAB ER, RITALIN, RITALIN LA, ZENZEDI

CRITERIA

Patient must have previously tried any 2 formulary generic CNS stimulant options

BRONCHIAL DILATORS

MEDICATION(S) SUBJECT TO STEP THERAPY

ZILEUTON ER

CRITERIA

Patient must have previously tried generic montelukast or zafirlukast

CARDIOVASCULAR - 4

MEDICATION(S) SUBJECT TO STEP THERAPY

TEKTURNA HCT

CRITERIA

Patient must have tried generic ACE, ARB, ACE combination, or ARB combination

DERMATOLOGICALS

MEDICATION(S) SUBJECT TO STEP THERAPY

PICATO

CRITERIA

Patient must have previously tried topical fluorouracil or imiquimod

EPILEPSY - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

GRALISE 300 MG TAB, GRALISE 450 MG TAB, GRALISE 600 MG TAB, GRALISE 750 MG TAB, GRALISE 900 MG TAB, LIDOTIN, LIPRITIN, LIPRITIN II

CRITERIA

Patient must have previously tried gabapentin

EPILEPSY - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

QUDEXY XR, TROKENDI XR

CRITERIA

Patient must have previously tried generic topiramate IR

GOUT - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

FEBUXOSTAT

CRITERIA

Patient must have previously tried allopurinol

GOUT: MITIGARE

MEDICATION(S) SUBJECT TO STEP THERAPY

MITIGARE

CRITERIA

Patient must have previously tried generic colchicine tablets

HYPNOTICS - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

DAYVIGO, EDLUAR, INTERMEZZO, ZOLPIMIST

CRITERIA

Patient must have previously tried zolpidem, zaleplon, or eszopiclone

HYPNOTICS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

RAMELTEON

CRITERIA

Patient must have previously tried eszopiclone, zaleplon, or zolpidem

IMMUNOSUPPRESSIVES

MEDICATION(S) SUBJECT TO STEP THERAPY

ASTAGRAF XL

CRITERIA

Patient must have previously tried generic tacrolimus.

MUSCLE RELAXANTS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

NORGESIC FORTE, ORPHENADRINE-ASA-CAFFEINE, ORPHENADRINE-ASPIRIN-CAFFEINE
50-770-60 MG TAB, ORPHENGESIC FORTE

CRITERIA

Patient must have previously tried individual components (orphenadrine citrate, aspirin, and caffeine tablets)

PAIN

MEDICATION(S) SUBJECT TO STEP THERAPY

NAPROXEN-ESOMEPRAZOLE MG

CRITERIA

Patient must have previously tried and failed individual ingredients (naproxen and esomeprazole)

PROTON-PUMP INHIBITORS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

DEXLANSOPRAZOLE 30 MG CAP DR

CRITERIA

Patient must have tried and failed 2 generic Rx PPIs (lansoprazole, pantoprazole, or omeprazole)

PSORIASIS

MEDICATION(S) SUBJECT TO STEP THERAPY

CLODERM, EUCRISA, PIMECROLIMUS, PROTOPIC 0.03 % OINTMENT, TACROLIMUS 0.03 % OINTMENT

CRITERIA

Patient must have tried a topical corticosteroid

SLEEP: BELSOMRA

MEDICATION(S) SUBJECT TO STEP THERAPY

BELSOMRA

CRITERIA

Patient must have previously tried zolpidem, zaleplon, or eszopiclone AND Dayvigo

TESTOSTERONE

MEDICATION(S) SUBJECT TO STEP THERAPY

ANADROL-50, ANDRODERM, DEPO-TESTOSTERONE, FORTESTA, METHYLTESTOSTERONE 10 MG CAP, NATESTO, STRIANT, TESTONE CIK, TESTOPEL, TESTOSTERONE 100 MG PELLET, TESTOSTERONE 12.5 MG/ACT (1%) GEL, TESTOSTERONE 200 MG PELLET, TESTOSTERONE 50 MG PELLET, TESTOSTERONE 50 MG/5GM (1%) GEL, TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION, VOGELXO, VOGELXO PUMP

CRITERIA

Patient must have previously tried generic testosterone cypionate and one other generic testosterone product

TETRACYCLINES

MEDICATION(S) SUBJECT TO STEP THERAPY

COREMINO, DOXYCYCLINE HYCLATE 100 MG TAB DR, DOXYCYCLINE HYCLATE 150 MG TAB DR, DOXYCYCLINE HYCLATE 200 MG TAB DR, DOXYCYCLINE HYCLATE 50 MG TAB DR, DOXYCYCLINE HYCLATE 75 MG TAB DR, MINOCYCLINE HCL ER 105 MG TAB ER 24H, MINOCYCLINE HCL ER 115 MG TAB ER 24H, MINOCYCLINE HCL ER 135 MG TAB ER 24H, MINOCYCLINE HCL ER 45 MG TAB ER 24H, MINOCYCLINE HCL ER 55 MG TAB ER 24H, MINOCYCLINE HCL ER 65 MG TAB ER 24H, MINOCYCLINE HCL ER 80 MG TAB ER 24H, MINOCYCLINE HCL ER 90 MG TAB ER 24H, MINOLIRA, SOLODYN

CRITERIA

Patient must have previously tried 2 forms of generic tetracycline

TOPICAL ANESTHETICS

MEDICATION(S) SUBJECT TO STEP THERAPY

LMR PLUS, ZILACAINE PATCH

CRITERIA

Patient must have tried topical lidocaine

TOPICAL ANTI-INFLAMMATORY - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

CLODAN 0.05 % KIT

CRITERIA

Patient must have tried generic clobetasol

TOPICAL ANTI-INFLAMMATORY - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

FLUOVIX, FLUOVIX PLUS

CRITERIA

Patient must have tried generic fluocinonide

TOPICAL ANTIPARASITICS

MEDICATION(S) SUBJECT TO STEP THERAPY

LINDANE, SKLICE, SPINOSAD

CRITERIA

Patient must have previously tried permethrin