

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.

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

ANTIBIOTICS

MEDICATION(S) SUBJECT TO STEP THERAPY

DIFICID

CRITERIA

Previous trial of one of the following: vancomycin

ANTICONVULSANTS

MEDICATION(S) SUBJECT TO STEP THERAPY

XCOPRI, XCOPRI (250 MG DAILY DOSE), XCOPRI (350 MG DAILY DOSE)

CRITERIA

Patient must have previously tried 2 generic antiepileptic therapies

ANTICONVULSANTS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

BRIVIACT 10 MG TAB, BRIVIACT 10 MG/ML SOLUTION, BRIVIACT 100 MG TAB, BRIVIACT 25 MG TAB, BRIVIACT 50 MG TAB, BRIVIACT 75 MG TAB

CRITERIA

Previous trial of one of the following: levetiracetam

ANTICONVULSANTS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

VIGABATRIN, VIGADRONE, VIGPODER

CRITERIA

Previous trial of two of the following: carbamazepine, divalproex sodium, gabapentin, lamotrigine, levetiracetam, oxcarbazepine, topiramate, valproic acid, zonisamide

ANTICONVULSANTS - 4

MEDICATION(S) SUBJECT TO STEP THERAPY

RUFINAMIDE

CRITERIA

Previous trial of one of the following: lamotrigine, valproic acid, or topiramate

ANTICONVULSANTS - 5

MEDICATION(S) SUBJECT TO STEP THERAPY

QUDEXY XR, TOPIRAMATE ER 100 MG CP24 SPRNK, TOPIRAMATE ER 150 MG CP24 SPRNK, TOPIRAMATE ER 200 MG CP24 SPRNK, TOPIRAMATE ER 25 MG CP24 SPRNK, TOPIRAMATE ER 50 MG CP24 SPRNK

CRITERIA

Previous trial of one of the following: topiramate immediate release tablets/sprinkle capsules

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)

ANTIDEPRESSANTS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

TRINTELLIX

CRITERIA

Previous trial of one of the following generics: paroxetine, fluoxetine, citalopram, sertraline, escitalopram, venlafaxine IR, venlafaxine ER, mirtazapine, bupropion

ANTIEMETICS

MEDICATION(S) SUBJECT TO STEP THERAPY

APREPITANT, DRONABINOL

CRITERIA

Previous trial of one of the following: dexamethasone, granisetron, ondansetron

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

CRITERIA

Patient must have previously tried oxybutynin and tolterodine

ANTIINCONTINENCE AGENT - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

SOLIFENACIN SUCCINATE

CRITERIA

Previous trial of one of the following: generic oxybutynin

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

ANTIRHEUMATICS

MEDICATION(S) SUBJECT TO STEP THERAPY

RASUVO

CRITERIA

Previous trial of one of the following: methotrexate

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

MEDICATION(S) SUBJECT TO STEP THERAPY

ADHANSIA XR, APTENSIO XR, AZSTARYS, COTEMPLA XR-ODT, DESOXYN, DYANAVEL XR 2.5 MG/ML SUSP, 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

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) - QUILLICHEW, QUILLIVANT

MEDICATION(S) SUBJECT TO STEP THERAPY

QUILLICHEW ER, QUILLIVANT XR

CRITERIA

Patient must have previously tried an extended release generic stimulant.

BLOOD PRESSURE

MEDICATION(S) SUBJECT TO STEP THERAPY

TRIAMTERENE 100 MG CAP, TRIAMTERENE 50 MG CAP

CRITERIA

Previous trial of BOTH of the following: amiloride and spironolactone

BRONCHIAL DILATORS

MEDICATION(S) SUBJECT TO STEP THERAPY

ZILEUTON ER

CRITERIA

Patient must have previously tried generic montelukast or zafirlukast

DERMATOLOGICALS

MEDICATION(S) SUBJECT TO STEP THERAPY

FLURANDRENOLIDE 0.05 % CREAM, FLURANDRENOLIDE 0.05 % OINTMENT, NOLIX 0.05 % CREAM

CRITERIA

Previous trial of one of the following: generic topical mometasone, triamcinolone

DERMATOLOGICALS - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

ALA SCALP, HYDROCORTISONE 2 % LOTION

CRITERIA

Previous trial of one of the following: generic hydrocortisone 2.5% lotion

DERMATOLOGICALS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

CALCIPOTRIENE-BETAMETH DIPROP

CRITERIA

Previous trial of one of the following: generic topical corticosteroid (e.g., triamcinolone, fluocinolone, mometasone, betamethasone)

DIABETES

MEDICATION(S) SUBJECT TO STEP THERAPY

JANUMET, JANUMET XR, JANUVIA, PIOGLITAZONE HCL-GLIMEPIRIDE, PIOGLITAZONE HCL-METFORMIN HCL, SAXAGLIPTIN HCL, TRIJARDY XR

CRITERIA

Previous trial of one of the following: metformin, a sulfonylurea (glimepiride, glipizide, glyburide, tolbutamide) or combination product containing metformin and a sulfonylurea.

DIABETES - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

GLYXAMBI

CRITERIA

Previous trial of one of the following: metformin, a sulfonylurea (glimepiride, glipizide, glyburide, tolbutamide), pioglitazone or combination product containing 2 of the aforementioned products

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

CRITERIA

Patient must have previously tried gabapentin

EPILEPSY - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

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

HYPNOTICS - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

DAYVIGO, EDLUAR, ZOLPIMIST

CRITERIA

Patient must have previously tried zolpidem, zaleplon, or eszopiclone

IMMUNOSUPPRESSIVES

MEDICATION(S) SUBJECT TO STEP THERAPY

ASTAGRAF XL, ENVARSUS XR

CRITERIA

Patient must have previously tried generic tacrolimus.

IMMUNOSUPPRESSIVES - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

PURIXAN

CRITERIA

Previous trial of one of the following: mercaptopurine tablets

MENOPAUSE

MEDICATION(S) SUBJECT TO STEP THERAPY

PAROXETINE MESYLATE

CRITERIA

Previous trial of both of the following: paroxetine tablets/oral suspension and venlafaxine

ORAL CONTRACEPTIVES

MEDICATION(S) SUBJECT TO STEP THERAPY

JOYEAUX, LEVONORGEST-ETH ESTRADIOL-IRON, MINZOYA

CRITERIA

Previous trial of one of the following: generic oral contraceptive

PAIN

MEDICATION(S) SUBJECT TO STEP THERAPY

NAPROXEN-ESOMEPRAZOLE MG

CRITERIA

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

PAIN - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

ROXYBOND

CRITERIA

Previous trial of one of the following: generic oxycodone tablets, capsules, oral solution

PAIN - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

LICART

CRITERIA

Previous trial of two of the following: oral, topical RX NSAIDs (e.g., diclofenac, naproxen, meloxicam, indomethacin)

PSORIASIS

MEDICATION(S) SUBJECT TO STEP THERAPY

EUCRISA

CRITERIA

Patient must have tried a topical corticosteroid or pimecrolimus.

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

ANDRODERM, DEPO-TESTOSTERONE, FORTESTA, METHYLTESTOSTERONE 10 MG CAP, NATESTO, TESTONE CIK, TESTOPEL, TESTOSTERONE 100 MG PELLETT, TESTOSTERONE 50 MG PELLETT, TESTOSTERONE 50 MG/5GM (1%) GEL, TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION

CRITERIA

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

TOPICAL ANESTHETICS

MEDICATION(S) SUBJECT TO STEP THERAPY

LMR PLUS, ZILACAINE PATCH

CRITERIA

Patient must have tried topical lidocaine

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, SPINOSAD

CRITERIA

Patient must have previously tried permethrin