

# 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 trying (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:

1. You or your pharmacist can call your doctor to change your prescription to a first-choice medication.
2. You can pay full price for your second choice medication prescription.
3. 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**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

INFLATHERM

### **CRITERIA**

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

## **ANTIARTHRITICS - 2**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FENOVAR, FLECTOR, ORTHAPHEN, ORTHREXO, TORVEX, VAROPHEN

### **CRITERIA**

Patient must have tried oral and topical diclofenac

## ANTIBIOTICS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DIFICID, FIDAXOMICIN

### **CRITERIA**

Previous trial of one of the following: vancomycin

## ANTICONVULSANTS

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### **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

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

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

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### **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**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

RUFINAMIDE

### **CRITERIA**

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

## **ANTICONVULSANTS - 5**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

QUDEXY XR, TOPIRAMATE ER, TROKENDI XR

### **CRITERIA**

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

## **ANTIDEPRESSANTS**

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### **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

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### **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**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

APREPITANT, DRONABINOL

### **CRITERIA**

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

## **ANTI-HISTAMINES - 2**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

CORPHENA, RYCLORA

### **CRITERIA**

Patient must have tried diphenhydramine

## **ANTIINCONTINENCE AGENT**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

GELNIQUE

### **CRITERIA**

Patient must have previously tried oxybutynin and tolterodine

## ANTIINCONTINENCE AGENT - 2

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

SOLIFENACIN SUCCINATE

### **CRITERIA**

Previous trial of one of the following: generic oxybutynin

## **ANTIMIGRAINE PREPARATIONS - 2**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

TOSYMRA

### **CRITERIA**

Patient must have previously tried two preferred generic oral triptans

## **ANTIMIGRAINE PREPARATIONS - 4**

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### **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

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FANAPT, FANAPT TITRATION PACK A, FANAPT TITRATION PACK B, FANAPT TITRATION PACK C

### **CRITERIA**

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

## **ANTIPSYCHOTICS -4**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FETZIMA TITRATION

### **CRITERIA**

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

## ANTIPSYCHOTICS - 4

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

PALIPERIDONE ER

### **CRITERIA**

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

## ANTIRHEUMATICS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

RASUVO

### **CRITERIA**

Previous trial of one of the following: methotrexate

## **ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ADHANSIA XR, APTENSIO XR, AZSTARYS, COTEMPLA XR-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

### **CRITERIA**

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

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

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

QUILLICHEW ER, QUILLIVANT XR

### **CRITERIA**

Patient must have previously tried an extended release generic stimulant.

## **BLOOD PRESSURE**

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### **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**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ZILEUTON ER

### **CRITERIA**

Patient must have previously tried generic montelukast or zafirlukast

## CARDIOVASCULAR - 1

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

IVABRADINE HCL

### **CRITERIA**

Patient must have previously tried any beta blocker

## DERMATOLOGICALS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FLURANDRENOLIDE 0.05 % CREAM, NOLIX 0.05 % CREAM

### **CRITERIA**

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

## DERMATOLOGICALS - 2

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### **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

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### **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

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### **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

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### **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**

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### **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

## GOUT - 2

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FEBUXOSTAT

### **CRITERIA**

Patient must have previously tried allopurinol

## **HYPNOTICS - 1**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DAYVIGO, EDLUAR, ZOLPIMIST

### **CRITERIA**

Patient must have previously tried zolpidem, zaleplon, or eszopiclone

## **IMMUNOSUPPRESSIVES**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ASTAGRAF XL, ENVARSUS XR, TACROLIMUS ER

### **CRITERIA**

Patient must have previously tried generic tacrolimus.

## **IMMUNOSUPPRESSIVES - 2**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

PURIXAN

### **CRITERIA**

Previous trial of one of the following: mercaptopurine tablets

## **MENOPAUSE**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

PAROXETINE MESYLATE

### **CRITERIA**

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

## ORAL CONTRACEPTIVES

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

JOYEAUX, LEVONORGEST-ETH ESTRADIOL-IRON, MINZOYA

### **CRITERIA**

Previous trial of one of the following: generic oral contraceptive

## **PAIN**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

NAPROXEN-ESOMEPRAZOLE MG

### **CRITERIA**

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

## **PAIN - 2**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ROXYBOND

### **CRITERIA**

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

## **PAIN - 3**

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### **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)

## **PARKINSON DISEASE**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

CARBIDOPA-LEVODOPA ER 23.75-95 MG CAP ER, CARBIDOPA-LEVODOPA ER 36.25-145 MG CAP ER, CARBIDOPA-LEVODOPA ER 48.75-195 MG CAP ER, CARBIDOPA-LEVODOPA ER 61.25-245 MG CAP ER, CREXONT, RYTARY

### **CRITERIA**

Previous trial of one of the following: IR/CR carbidopa/levodopa

## **PSORIASIS**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

EUCRISA

### **CRITERIA**

Patient must have tried a topical corticosteroid or pimecrolimus.

## **SICKLE CELL**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DROXIA 200 MG CAP, DROXIA 300 MG CAP

### **CRITERIA**

N/A

## **SLEEP: BELSOMRA**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

BELSOMRA

### **CRITERIA**

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

# TESTOSTERONE

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## **MEDICATION(S) SUBJECT TO STEP THERAPY**

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

## **CRITERIA**

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

## TOPICAL ANESTHETICS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

LMR PLUS, ZILACAINE PATCH

### **CRITERIA**

Patient must have tried topical lidocaine

## TOPICAL ANTI-INFLAMMATORY - 2

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FLUOVIX, FLUOVIX PLUS

### **CRITERIA**

Patient must have tried generic fluocinonide

## TOPICAL ANTIPARASITICS

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

EURAX

### **CRITERIA**

Patient must have previously tried permethrin