

# 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**

DICLOFENAC EPOLAMINE, FENOVAR, FLECTOR, ORTHAPHEN, VAROPHEN

### **CRITERIA**

Patient must have tried oral and topical diclofenac

## 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**

VIGABATRIN, VIGADRONE, VIGPODER

### **CRITERIA**

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

## ANTICONVULSANTS - 3

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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 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

## ANTICONVULSANTS - 6

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

MOTPOLY XR

### **CRITERIA**

Previous trial of one of the following: generic lacosamide



## 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

AUVELITY

### CRITERIA

Previous trial of one of the following generics: bupropion, citalopram, desvenlafaxine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine, duloxetine

## ANTIEMETICS

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

APREPITANT, DRONABINOL

### **CRITERIA**

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

## ANTIEMETICS - 2

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

ONDANSETRON 16 MG TAB DISP

### **CRITERIA**

Previous trial of one of the following: 4 mg or 8 mg ondansetron tablets/ODT

## ANTIFUNGALS

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### MEDICATION(S) SUBJECT TO STEP THERAPY

TOLSURA

### CRITERIA

Previous trial of one of the following: itraconazole, fluconazole

## ANTI HISTAMINES - 2

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

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

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### MEDICATION(S) SUBJECT TO STEP THERAPY

ELYXYB

### CRITERIA

Previous trial of one of the following: generic triptan (e.g., almotriptan, eletriptan, frovatriptan succinate, naratriptan, rizatriptan benzoate, zolmitriptan, sumatriptan)

## **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 - 3**

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

TREXIMET

### **CRITERIA**

Patient must have previously tried sumatriptan and any RX NSAID

## ANTIMIGRAINE PREPARATIONS - 4

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

AMERGE, FROVA, IMITREX, IMITREX STATDOSE REFILL, IMITREX STATDOSE SYSTEM, MAXALT, MAXALT-MLT, ONZETRA XSAIL, Relpax, SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART, TOSYMRA, ZEMBRACE SYMTOUCH, ZOLMITRIPTAN 2.5 MG SOLUTION, ZOLMITRIPTAN 5 MG SOLUTION, ZOMIG

### **CRITERIA**

Patient must have previously tried two preferred generic oral triptans

## ANTIPSYCHOTICS

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

CAPLYTA

### **CRITERIA**

Previous trial of one of the following generics: aripiprazole, asenapine, chlorpromazine, clozapine, fluphenazine, haloperidol, lithium, loxapine, lurasidone, olanzapine, paliperidone, perphenazine, prochlorperazine, quetiapine, risperidone, thioridazine, thiothixene, trifluoperazine, ziprasidone.

## 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 - 3

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

GEODON

### **CRITERIA**

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

## 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.



## ANTIPSYCHOTICS -4

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

FETZIMA, FETZIMA TITRATION

### **CRITERIA**

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

## ANTIRHEUMATICS

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

OTREXUP, RASUVO

### **CRITERIA**

Previous trial of one of the following: methotrexate

## ASTHMA

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

AIRSUPRA

### **CRITERIA**

Previous trial of one of the following: generic albuterol

## ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

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

ADHANSIA XR, ADZENYS XR-ODT, APTENSIO XR, AZSTARYS, CONCERTA, COTEMPLA XR-ODT, DEXEDRINE, FOCALIN, FOCALIN XR, INTUNIV, JORNAY PM, KAPVAY, METHYLIN, 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, QELBREE, RELEXXII 45 MG TAB ER, RELEXXII 63 MG TAB ER, RELEXXII 72 MG TAB ER, RITALIN, RITALIN LA, STRATTERA, ZENZEDI

### **CRITERIA**

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

## ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) - 3

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

ONYDA XR

### **CRITERIA**

Previous trial of one of the following: generic clonidine

## **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, ZYFLO

### **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

## CARDIOVASCULAR - 2

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

CAROSPIR

### **CRITERIA**

Previous trial of one of the following: generic spironolactone suspension

## CARDIOVASCULAR - 3

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

PRESTALIA

### **CRITERIA**

Patient must have tried amlodipine or perindopril

## CARDIOVASCULAR - 4

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

KATERZIA

### **CRITERIA**

Patient must have previously tried tablet formulation

## CHOLESTEROL

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

LIVALO, LODOCO

### **CRITERIA**

Previous trial of one of the followin generics: atorvastatin, fluvastatin, pitavastatin, pravastatin, rosuvastatin, simvastatin

## DERMATOLOGICALS

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### **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

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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, VTAMA, ZORYVE 0.15 % CREAM, ZORYVE 0.3 % CREAM, ZORYVE 0.3 % FOAM

### **CRITERIA**

Previous trial of one of the following: generic topical RX 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, STEGLUJAN, 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

## **EPILEPSY - 2**

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

TROKENDI XR

### **CRITERIA**

Patient must have previously tried generic topiramate IR

## **GLOBAL PREFERRED PRODUCT: DIABETIC THERAPY - INSULIN**

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

NOVOLIN 70/30, NOVOLIN 70/30 FLEXPEN, NOVOLIN 70/30 FLEXPEN RELION, NOVOLIN 70/30 RELION, NOVOLIN N, NOVOLIN N FLEXPEN, NOVOLIN N FLEXPEN RELION, NOVOLIN N RELION, NOVOLIN R, NOVOLIN R FLEXPEN, NOVOLIN R FLEXPEN RELION, NOVOLIN R RELION

### **CRITERIA**

Patient must have previously tried and failed Humulin N, Humulin R or Humulin 70/30

## GLOBAL PREFERRED PRODUCT: DIABETIC THERAPY - TEST STRIP

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### MEDICATION(S) SUBJECT TO STEP THERAPY

ACCU-CHEK AVIVA PLUS STRIP, ACCU-CHEK GUIDE TEST, ACCU-CHEK SMARTVIEW, ACCUTREND GLUCOSE, ADVOCATE REDI-CODE STRIP, ADVOCATE REDI-CODE+ TEST, ADVOCATE TEST, AGAMATRIX AMP TEST, AGAMATRIX JAZZ TEST, AGAMATRIX PRESTO TEST, ASSURE 4 TEST, ASSURE PLATINUM, ASSURE PRISM MULTI TEST, BIOTEL CARE TEST STRIPS, BLOOD GLUCOSE TEST, CAREONE BLOOD GLUCOSE TEST, CARESENS N GLUCOSE TEST, CARETOUCH TEST, CLEVER CHEK AUTO-CODE TEST, CLEVER CHEK AUTO-CODE VOICE STRIP, CLEVER CHEK TEST, CLEVER CHOICE AUTO-CODE TEST, CLEVER CHOICE MICRO TEST, CLEVER CHOICE NO CODING, CLEVER CHOICE TALK SYSTEM STRIP, COOL BLOOD GLUCOSE TEST STRIPS, CVS ADVANCED GLUCOSE TEST, CVS GLUCOSE METER TEST STRIPS, DIATRUE PLUS TEST, EASY PLUS II GLUCOSE TEST, EASY STEP TEST, EASY TALK BLOOD GLUCOSE TEST, EASY TOUCH TEST, EASY TRAK BLOOD GLUCOSE TEST, EASY TRAK II GLUCOSE TEST, EASYGLUCO STRIP, EASYMAX 15 TEST, EASYMAX TEST, ELEMENT COMPACT TEST, ELEMENT TEST, EMBRACE BLOOD GLUCOSE TEST, EMBRACE EVO BLOOD GLUCOSE TEST, EMBRACE PRO GLUCOSE TEST, EMBRACE TALK GLUCOSE TEST, EQ BLOOD GLUCOSE TEST, EVOLUTION AUTOCODE STRIP, FIFTY50 GLUCOSE TEST 2.0, FORA 6 CONNECT STRIP, FORA BLOOD GLUCOSE TEST, FORA D15G BLOOD GLUCOSE TEST, FORA D20 BLOOD GLUCOSE TEST, FORA D40/G31 BLOOD GLUCOSE, FORA G20 BLOOD GLUCOSE TEST, FORA G30/PREM V10 GLUCOSE TEST, FORA GD20 TEST, FORA GD50 BLOOD GLUCOSE TEST, FORA GTEL BLOOD GLUCOSE TEST, FORA TN'G/TN'G VOICE, FORA V10 BLOOD GLUCOSE TEST, FORA V12 BLOOD GLUCOSE TEST, FORA V20 BLOOD GLUCOSE TEST, FORA V30A BLOOD GLUCOSE TEST, FORACARE GD40 TEST, FORACARE PREMIUM V10 TEST, FORACARE TEST N GO TEST, FORTISCARE TEST, GE100 BLOOD GLUCOSE TEST, GHT TEST, GLUCOCARD 01 SENSOR PLUS, GLUCOCARD EXPRESSION TEST, GLUCOCARD SHINE TEST, GLUCOCARD VITAL TEST, GLUCOCOM TEST, GLUCONAVII BLOOD GLUCOSE TEST, GLUCOSE METER TEST, GNP EASY TOUCH GLUCOSE TEST, GNP TRUE METRIX GLUCOSE STRIPS, GOJJI BLOOD GLUCOSE TEST, GOJJI BLOOD TEST STRIP/LANCETS, GOODSENSE BLOOD GLUCOSE STRIP, HW EMBRACE PRO GLUCOSE TEST, HW EMBRACE TALK GLUCOSE TEST, IGLUCOSE TEST STRIPS, INFINITY BLOOD GLUCOSE TEST, INFINITY VOICE STRIP, KROGER BLOOD GLUCOSE TEST, KROGER HEALTHPRO GLUCOSE TEST, KROGER PREMIUM GLUCOSE TEST, MEIJER BLOOD GLUCOSE TEST, MICRODOT TEST, MM EASY TOUCH GLUCOSE, MYGLUCOHEALTH TEST, NEUTEK 2TEK TEST, NOVA MAX GLUCOSE TEST, ON CALL EXPRESS BLOOD GLUCOSE, ONETOUCH VERIO STRIP, OPTIUMEZ TEST, PHARMACIST CHOICE AUTOCODE, PHARMACIST CHOICE NO CODING, PRECISION XTRA BLOOD GLUCOSE, PREMIUM

BLOOD GLUCOSE TEST, PRO VOICE V8/V9 GLUCOSE, PRODIGY NO CODING BLOOD GLUC STRIP, QUINTET AC BLOOD GLUCOSE TEST, QUINTET BLOOD GLUCOSE TEST, REFUAH PLUS BLOOD GLUCOSE TEST, RELION BLOOD GLUCOSE TEST, RELION CONFIRM/MICRO TEST, RELION PRIME TEST, RELION ULTIMA TEST, REXALL BLOOD GLUCOSE TEST, RIGHTEST GS100 BLOOD GLUCOSE, RIGHTEST GS300 BLOOD GLUCOSE, RIGHTEST GS550 BLOOD GLUCOSE, SMART SENSE PREMIUM TEST, SMART SENSE VALUE TEST, SMARTEST BLOOD GLUCOSE TEST, SOLUS V2 TEST, SURE-TEST EASYPLUS MINI TEST, TGT BLOOD GLUCOSE TEST, TRUE METRIX BLOOD GLUCOSE TEST, TRUETEST TEST, TRUETRACK TEST, UNISTRIp1 GENERIC, VERASENS BLOOD GLUCOSE TEST, VIVAGUARD INO TEST STRIPS

**CRITERIA**

Patient must have previously tried preferred OneTouch or Freestyle products

## **GLOBAL PREFERRED PRODUCT: ESTROGENS**

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

CLIMARA PRO

### **CRITERIA**

Patient must have tried and failed Combipatch



## **GLOBAL PREFERRED PRODUCT: TOPICAL ACNE**

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

BENZACLIN, BENZACLIN WITH PUMP, BENZAMYCIN

### **CRITERIA**

Must have tried: clindamycin/benzoyl peroxide, clindamycin PLUS tretinoin, Acanya or Onexton

## GOUT - 2

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

FEBUXOSTAT, ULORIC

### **CRITERIA**

Patient must have previously tried allopurinol

## **GOUT: MITIGARE**

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

MITIGARE

### **CRITERIA**

Patient must have previously tried generic colchicine tablets

## **GW\_OPTHALMIC PROSTA**

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

DURYSTA, LATANOPROST 0.005 % SOLUTION, LUMIGAN, TRAVATAN Z, XALATAN, XELPROS, ZIOPTAN

### **CRITERIA**

Patient must have previously tried: latanoprost, travoprost, bimatoprost or taflupros

## HIV

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

COMPLERA

### **CRITERIA**

Patient must have previously tried: Odefsey

## **HYPNOTICS - 1**

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

AMBIEN, AMBIEN CR, DAYVIGO, EDLUAR, LUNESTA, 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

### **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



## **LIPOTROPICS**

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

EZALLOR SPRINKLE

### **CRITERIA**

Patient must have previously tried two generic statins

## **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

## OPIOID WITHDRAWAL THERAPY

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

SUBOXONE 8-2 MG FILM, ZUBSOLV

### **CRITERIA**

Patient must have previously tried generic buprenorphine/naloxone formulation

## 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

## OSTEOPOROSIS

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

ATELVIA

### **CRITERIA**

Patient must have previously tried alendronate

## **PAIN**

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

NAPROXEN-ESOMEPRAZOLE MG, VIMOVO

### **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**

ZTLIDO, LICART

### **CRITERIA**

Previous trial of one of the following: lidocaine patches, gabapentin, pregabalin



## **PARKINSON DISEASE**

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

CREXONT, RYTARY

### **CRITERIA**

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

## PROTON-PUMP INHIBITORS

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

VOQUEZNA

### **CRITERIA**

Previous trial of one of the following: generic RX PPI (e.g., lansoprazole, pantoprazole, omeprazole)

## PROTON-PUMP INHIBITORS - 2

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

ESOMEPRAZOLE STRONTIUM, NEXIUM

### **CRITERIA**

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

## **PSORIASIS**

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

EUCRISA

### **CRITERIA**

Patient must have tried a topical corticosteroid or pimecrolimus.

## ROSACEA

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

MIRVASO

### **CRITERIA**

Previous trial of one of the following: metronidazole or Finacea

## ROSACEA - 2

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

ZILXI

### **CRITERIA**

Previous trial of one of the following: metronidazole cream

## ROSACEA - 3

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

EPSOLAY

### **CRITERIA**

Previous trial of one of the following generics: azelaic acid gel 15%, ivermectin cream 1%, metronidazole cream 0.75%, metronidazole gel 0.75%, metronidazole gel 1%, metronidazole lotion 0.75%, rosadan cream, rosadan gel

## **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, QUVIVIQ

### **CRITERIA**

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

## TESTOSTERONE

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

ANDROGEL, ANDROGEL PUMP, AVEED, DEPO-TESTOSTERONE, FORTESTA, JATENZO, METHYLTESTOSTERONE 10 MG CAP, NATESTO, TESTIM, TESTONE CIK, TESTOPEL, TESTOSTERONE 100 MG PELLET, TESTOSTERONE 200 MG PELLET, TESTOSTERONE 50 MG PELLET, TESTOSTERONE 50 MG/5GM (1%) GEL, TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION, VOGELXO, XYOSTED

### **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 ANTI-WARTS

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

VEREGEN

### **CRITERIA**

Previous trial of one of the following: generic imiquimod

## TOPICAL ANTIPARASITICS

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

OVIDE

### **CRITERIA**

Patient must have previously tried permethrin