

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

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

DICLOFENAC EPOLAMINE, FENOVAR, FLECTOR, ORTHAPHEN, VAROPHEN

CRITERIA

Patient must have tried oral and topical diclofenac

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

VIGABATRIN, VIGADRONE, VIGPODER

CRITERIA

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

ANTICONVULSANTS - 3

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

ANTICONVULSANTS - 6

MEDICATION(S) SUBJECT TO STEP THERAPY

MOTPOLY XR

CRITERIA

Previous trial of one of the following: generic lacosamide

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

AUVELITY

CRITERIA

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

ANTIEMETICS

MEDICATION(S) SUBJECT TO STEP THERAPY

APREPITANT, DRONABINOL

CRITERIA

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

ANTIEMETICS - 2

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

MEDICATION(S) SUBJECT TO STEP THERAPY

TOLSURA

CRITERIA

Previous trial of one of the following: itraconazole, fluconazole

ANTIHISTAMINES - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

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

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

MEDICATION(S) SUBJECT TO STEP THERAPY

TOSYMRA

CRITERIA

Patient must have previously tried two preferred generic oral triptans

ANTIMIGRAINE PREPARATIONS - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

TREXIMET

CRITERIA

Patient must have previously tried sumatriptan and any RX NSAID

ANTIMIGRAINE PREPARATIONS - 4

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

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

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

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

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, FETZIMA TITRATION

CRITERIA

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

ANTIRHEUMATICS

MEDICATION(S) SUBJECT TO STEP THERAPY

OTREXUP, RASUVO

CRITERIA

Previous trial of one of the following: methotrexate

ASTHMA

MEDICATION(S) SUBJECT TO STEP THERAPY

AIRSUPRA

CRITERIA

Previous trial of one of the following: generic albuterol

ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD)

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

MEDICATION(S) SUBJECT TO STEP THERAPY

ONYDA XR

CRITERIA

Previous trial of one of the following: generic clonidine

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

MEDICATION(S) SUBJECT TO STEP THERAPY

QUILLCHEW 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, ZYFLO

CRITERIA

Patient must have previously tried generic montelukast or zafirlukast

CARDIOVASCULAR - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

IVABRADINE HCL

CRITERIA

Patient must have previously tried any beta blocker

CARDIOVASCULAR - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

CAROSPIR

CRITERIA

Previous trial of one of the following: generic spironolactone suspension

CARDIOVASCULAR - 3

MEDICATION(S) SUBJECT TO STEP THERAPY

PRESTALIA

CRITERIA

Patient must have tried amlodipine or perindopril

CARDIOVASCULAR - 4

MEDICATION(S) SUBJECT TO STEP THERAPY

KATERZIA

CRITERIA

Patient must have previously tried tablet formulation

CHOLESTEROL

MEDICATION(S) SUBJECT TO STEP THERAPY

LIVALO, LODOCO

CRITERIA

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

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, 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

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

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

GLOBAL PREFERRED PRODUCT: DIABETIC THERAPY - INSULIN

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

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

MEDICATION(S) SUBJECT TO STEP THERAPY

CLIMARA PRO

CRITERIA

Patient must have tried and failed CombiPatch

GLOBAL PREFERRED PRODUCT: TOPICAL ACNE

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

MEDICATION(S) SUBJECT TO STEP THERAPY

FEBUXOSTAT, ULORIC

CRITERIA

Patient must have previously tried allopurinol

GOOT: MITIGARE

MEDICATION(S) SUBJECT TO STEP THERAPY

MITIGARE

CRITERIA

Patient must have previously tried generic colchicine tablets

GW_OPHTHALMIC PROSTA

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

MEDICATION(S) SUBJECT TO STEP THERAPY

COMPLERA

CRITERIA

Patient must have previously tried: Odefsey

HYPNOTICS - 1

MEDICATION(S) SUBJECT TO STEP THERAPY

AMBIEN, AMBIEN CR, DAYVIGO, EDLUAR, LUNESTA, 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

LIPOTROPICS

MEDICATION(S) SUBJECT TO STEP THERAPY

EZALLOR SPRINKLE

CRITERIA

Patient must have previously tried two generic statins

MENOPAUSE

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

MEDICATION(S) SUBJECT TO STEP THERAPY

SUBOXONE 8-2 MG FILM, ZUBSOLV

CRITERIA

Patient must have previously tried generic buprenorphine/naloxone formulation

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

OSTEOPOROSIS

MEDICATION(S) SUBJECT TO STEP THERAPY

ATELVIA

CRITERIA

Patient must have previously tried alendronate

PAIN

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

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

ZTLIDO, LICART

CRITERIA

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

PARKINSON DISEASE

MEDICATION(S) SUBJECT TO STEP THERAPY

CREXONT, RYTARY

CRITERIA

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

PROTON-PUMP INHIBITORS

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

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

MEDICATION(S) SUBJECT TO STEP THERAPY

EUCRISA

CRITERIA

Patient must have tried a topical corticosteroid or pimecrolimus.

ROSACEA

MEDICATION(S) SUBJECT TO STEP THERAPY

MIRVASO

CRITERIA

Previous trial of one of the following: metronidazole or Finacea

ROSACEA - 2

MEDICATION(S) SUBJECT TO STEP THERAPY

ZILXI

CRITERIA

Previous trial of one of the following: metronidazole cream

ROSACEA - 3

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

MEDICATION(S) SUBJECT TO STEP THERAPY

DROXIA 200 MG CAP, DROXIA 300 MG CAP

CRITERIA

N/A

SLEEP: BELSOMRA

MEDICATION(S) SUBJECT TO STEP THERAPY

BELSOMRA, QUVIVIQ

CRITERIA

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

TESTOSTERONE

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

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 ANTI-WARTS

MEDICATION(S) SUBJECT TO STEP THERAPY

VEREGEN

CRITERIA

Previous trial of one of the following: generic imiquimod

TOPICAL ANTIPARASITICS

MEDICATION(S) SUBJECT TO STEP THERAPY

OVIDE

CRITERIA

Patient must have previously tried permethrin