

MEDICAID PHARMACY STEP THERAPY PROGRAM

Based on the recommendations of the Drug Utilization Review Board (DURB), prescribers should adhere to the following step therapy parameters. These step therapy parameters have been instituted to ensure clinically appropriate and cost effective use of these drugs and drug classes.

For more information on DUR Board recommendations please refer to DUR meeting summaries at http://nyhealth.gov/health_care/medicaid/program/dur/index.htm

Acthar H.P. Gel (repository corticotropin injection)

Trial of first-line therapy for all FDA-approved indications other than infantile spasms. See below:	
<p>Injectable <u>Acthar</u>:</p> <p>FDA Indication</p> <p>Corticosteroid or plasmapheresis</p> <p>Corticosteroid</p> <p>ACE inhibitor, diuretic, corticosteroid (and for refractory patients: an immunosuppressive)</p> <p>Immunosuppressive, corticosteroid, or ACE inhibitor</p> <p>Corticosteroid, topical retinoid, biologic disease-modifying antiheumatic drug, non-biologic DMARD, or a non-steroidal anti-inflammatory (NSAIDS)</p> <p>Corticosteroid, anti-malarial, or cytotoxic/immunosuppressive agent</p> <p>Corticosteroid or analgesic</p> <p>Topical or oral corticosteroid, antihistamine, or an NSAID</p> <p>Analgesic, anti-infective agent, and agents to reduce inflammation, such as NSAIDS and steroids.</p> <p>Oral corticosteroid or an immunosuppressive</p>	<p>First Line Therapy</p> <p>MS exacerbations</p> <p>Polymyositis/dermatomyositis</p> <p>Idiopathic nephritic syndrome</p> <p>Nephrotic syndrome due to systemic lupus erythematosus (SLE)</p> <p>Rheumatic disorders (specifically: psoriatic arthritis, juvenile rheumatoid arthritis, ankylosing spondylitis)</p> <p>Systemic lupus erythematosus (SLE)</p> <p>Dermatologic diseases (specifically Stevens-Johnson syndrome and erythema multiforme)</p> <p>Allergic states (specifically serum sickness)</p> <p>Ophthalmic diseases (keratitis, iritis, iridocyclitis, diffuse posterior uveitis/choroiditis, optic neuritis, chorioretinitis, anterior segment inflammation)</p> <p>Respiratory diseases (systemic sarcoidosis)</p>
<p>Confirm diagnosis for Medicaid covered uses. <u>Acthar</u> is first line therapy for infantile spasms in children less than 2 years of age –step therapy not required.</p>	
<p><i>Date Effective 3/21/13</i></p>	

Angiotensin Converting Enzyme Inhibitors (ACEI)/Angiotension Receptor Blockers (ARB)/Direct Renin Inhibitors (DRI) and Related Combination Products

Trial of a product containing an ACEI prior to initiating a preferred ARB. Trial of a product containing either an ACE inhibitor or an ARB prior to initiating a preferred DRI.

View; [Preferred Drug List](#)

Amitiza

Step therapy with trials of both a bulking-agent and an osmotic laxative prior (defined as within 89 days) to lubiprostone.

Carisoprodol Containing Products

Trial with one (1) preferred analgesic and two (2) preferred skeletal muscle relaxants prior to use of carisoprodol containing products;

carisoprodol

carisoprodol/ASA

carisoprodol/ASA/codeine

Soma®

Soma Compound®

Soma Compound with Codeine®

See also; [Frequency/Quantity/Duration](#), [Preferred Drug List](#)

Cymbalta

Trial with a tricyclic antidepressant OR gabapentin for treatment of Diabetic Peripheral Neuropathy (DPN).

View; [Preferred Drug List](#)

Doxycycline delayed-release

Prescribers should attempt treatment with a more cost effective immediate-release doxycycline first before progressing to delayed-release doxycycline.

See also; [Frequency/Quantity/Duration](#), [Preferred Drug List](#)

Forteo

Require a trial with a preferred oral bisphosphonate prior to teriparatide.

See also; [Frequency/Quantity/Duration](#)

Glucagon-like Peptide-1 Agonists (GLP-1)

Requires a trial with metformin **plus** another oral antidiabetic agent prior to a GLP-1 agonist.
Prior authorization is required with lack of covered diagnosis in medical history.

See also; [Preferred Drug List](#)

Invega®

Trial with risperidone prior to initiation of paliperidone therapy.

See also; [Frequency/Quantity/Duration](#), [Preferred Drug List](#)

Lyrica®

Trial with a tricyclic antidepressant OR gabapentin for treatment of Diabetic Peripheral Neuropathy (DPN).

See also; [Preferred Drug List](#)

Metformin

Require a trial with metformin with or without insulin prior to initiation of other anti-diabetic agents (unless documented contraindication). Anti-diabetic classes affected:

- Alpha-Glucosidase Inhibitors
- Amylin Analogs
- Dipeptidyl Peptidase-4 (DPP-4) Inhibitors
- Glucagon-Like Peptide-1 (GLP-1) Agonists
- Meglitinides
- Sulfonylureas
- Thiazolidinediones (TZDs)

See also; [Preferred Drug List](#)

Metozolv ODT®

Trial with conventional metoclopramide before metoclopramide ODT. To be applied to patients without a diagnosis of diabetes.

See also; [Frequency/Quantity/Duration](#)

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Moxatag®

Prescribers should attempt treatment with a more cost effective immediate-release amoxicillin first before progressing to extended-release amoxicillin.

See also; [Frequency/Quantity/Duration](#)

Non-Fluoroquinolone Ophthalmic Antibiotics

Prescribers should attempt treatment with a preferred product (of comparable coverage) before using a non preferred product.

View; [Preferred Drug List](#)

Nucynta®

Trial with tramadol and one (1) preferred opioid before tapentadol immediate-release (IR).

See also; [Frequency/Quantity/Duration](#), [Preferred Drug List](#)

Nucynta ER®

Trial with tapentadol IR before tapentadol ER for patients who are naive to a long-acting opioid.

See also; [Frequency/Quantity/Duration](#), [Preferred Drug List](#)

Ophthalmic Antibiotic/Steroid Combinations

Prescribers should attempt treatment with a preferred product (of comparable coverage) before using a non preferred product.

View; [Preferred Drug List](#)

Ophthalmic Fluoroquinolones

For patients 21 yrs or younger, prescribers should attempt treatment with a non-fluoroquinolone ophthalmic antibiotic before progressing to the following products:

Besivance[®]
Ciloxan[®]
ciprofloxacin
IQUIX[®]
levofloxacin
Moxeza[®]
Ocuflox[®]
ofloxacin
Quixin[®]
Vigamox[®]
Zymar[®]
Zymaxid[®]

View; [Preferred Drug List](#)

Protease Inhibitors (Hepatitis C)

Telaprevir:

Step therapy will be applied to guarantee concomitant peginterferon and ribavirin therapy.

Boceprevir:

Step therapy will be applied to guarantee 4 consecutive weeks of peginterferon and ribavirin therapy immediately before initiation of boceprevir.

See also; [Frequency/Quantity/Duration](#), [Preferred Drug List](#)

Restasis[®]

Prescribers are required to document a diagnosis to justify utilization as a first line agent or attempt treatment with an artificial tear/gel/ointment.

See also; [Frequency/Quantity/Duration](#)

Selective Serotonin Reuptake Inhibitors (SSRI)/Serotonin-Norepinephrine Reuptake Inhibitors (SNRI)

Require trial with an SSRI prior to an SNRI (exception for specific indications: Chronic musculoskeletal pain (CMP), Diabetic peripheral neuropathy (DPN) and Fibromyalgia (FM)).

View; [Preferred Drug List](#)

Singulair®

For non-asthmatic patients, prescribers should attempt treatment with an intranasal corticosteroid or a 2nd generation oral antihistamine before progressing to montelukast.

View; [Preferred Drug List](#)

Topical Anti-Fungals

Prescriber should attempt treatment with a preferred product (of comparable coverage) before using a non-preferred product.

View; [Preferred Drug List](#)

Topical Corticosteroids

Prescriber should attempt treatment with a preferred product (of comparable potency) before using a non-preferred product.

View; [Preferred Drug List](#)

Tramadol ER

For tramadol naïve patients, prescribers should attempt treatment with the immediate release formulations before progressing to the following extended release formulations:

Conzip®

Ryzolt®

tramadol ER

Ultram ER®

See also; [Frequency/Quantity/Duration](#), [Preferred Drug List](#)

Triglyceride Lowering Agents

Trial with a fibric acid derivative OR niacin prior to progressing to the following products:

Lovaza®

Vascepa®:

See also; [Frequency/Quantity/Duration](#), [Preferred Drug List](#)

Xifaxan (rifaximin)

Trial of a preferred fluoroquinolone before rifaximin for diagnosis of traveler's diarrhea

Date Effective 3/21/13