

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

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](#)

Date Effective 4/12/2012

Amitiza

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

Date Effective 4/12/2012

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](#)

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](#)

Invega®

Trial with risperidone prior to initiation of paliperidone therapy.

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

Lovaza®

Trial with a fibric acid derivative OR niacin prior to initiation of treatment with omega-3-acid ethyl-esters.

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

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 more cost effective option within the drug class (of comparable coverage) before progressing to the following products:

AzaSite®
Tobrex® ointment

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 naïve to a long-acting opioid.

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

Ophthalmic Antibiotic/Steroid Combinations

Prescribers should attempt treatment with a more cost effective option within the drug class (of comparable coverage) before progressing to the following products:

Blephamide[®] suspension, ointment
Poly-Pred[®]
Pred-G[®]/Pred-G[®] S.O.P
Tobradex[®] suspension, ointment
Tobradex ST[®]
Zylet[®]

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[®]
Ocuflax[®]
ofloxacin
Quixin[®]
Vigamox[®]
Zymar[®]
Zymaxid[®]

See also; [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](#)

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](#)

Date Effective 4/12/2012

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](#)

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](#)

Singulair®

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

See also; [Preferred Drug List](#)