

Step Therapy Requirements

Effective: 11/01/2016

Missouri Dept. of Highway Transportation

Step Therapy Requirements

EFFECTIVE DATE: 11/01/2016

STEP THERAPY GROUP DESCRIPTION

DULOXETINE

DRUG NAME

IRENKA

STEP THERAPY CRITERIA

PATIENT NEEDS TO HAVE A PAID CLAIM FOR GENERIC DULOXETINE



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STEP THERAPY GROUP DESCRIPTION

ACID PEPTIC

DRUG NAME

ACIPHEX | ACIPHEX SPRINKLE | DEXILANT | NEXIUM | PREVACID | PROTONIX | ZANTAC

STEP THERAPY CRITERIA

PATIENT HAS RECEIVED TREATMENT WITHIN SIX MONTHS PRIOR ON ONE OF THE FOLLOWING MEDICATIONS. CIMETIDINE, FAMOTIDINE, NIZATIDINE, OMEPRAZOLE, RANTIDINE, LANSOPRAZOLE, PANTOPRAZOLE, RABEPRAZOLE, ESOMEPRAZOLE



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STEP THERAPY GROUP DESCRIPTION

ADHD STIMULANTS-S

DRUG NAME

**APTENSIO XR | DAYTRANA | FOCALIN XR | METHYLIN | QUILLICHEW ER |
QUILLIVANT XR**

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR TWO GENERIC FORMULARY ADHD
STIMULANT MEDICATIONS, METADATE, PROCENTRA, OR ZENZEDI.**



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STEP THERAPY GROUP DESCRIPTION

ADVAIR THERAPY

DRUG NAME

ADVAIR DISKUS | ADVAIR HFA | DULERA | SYMBICORT

STEP THERAPY CRITERIA

PATIENT HAS RECEIVED TREATMENT ON ONE OF THE FOLLOWING INHALED CORTICOSTEROID, LONG ACTING BETA AGONIST, ANTICHOLINERGIC AGENT, LEUKOTRIENE INHIBITOR, OR THEOPHYLLINE PRIOR TO ST2 DRUGS: SYMBICORT, DULERA, ADVAIR.



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STEP THERAPY GROUP DESCRIPTION

ANTIDEPRESSANTS-S

DRUG NAME

ALENZIN | DESVENLAFAXINE ER | FETZIMA | FORFIVO XL | KHEDEZLA | PEXEVA | PRISTIQ ER | TRINTELLIX | VIIBRYD

STEP THERAPY CRITERIA

PATIENT NEEDS TO HAVE A PAID CLAIM FOR TWO OF THE FOLLOWING FORMULARY PRODUCTS: BUPROPION, MIRTAZAPINE, GENERIC SSRI, OR GENERIC SNRI.



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STEP THERAPY GROUP DESCRIPTION

ANTISPASMODICS-S

DRUG NAME

DETROL LA | ENABLEX | GELNIQUE | MYRBETRIQ | OXYTROL | TOVIAZ | VESICARE

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE GENERIC FORMULARY
ANTISPASMODIC AGENT**



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STEP THERAPY GROUP DESCRIPTION

ARB-S

DRUG NAME

**ATACAND | BENICAR | BENICAR HCT | DIOVAN | EDARBI | EDARBYCLOR | MICARDIS |
MICARDIS HCT**

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE GENERIC FORMULARY ARB OR
ARB-DIURETIC COMBINATION**



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STEP THERAPY GROUP DESCRIPTION

ATOPIC DERMATITIS-S

DRUG NAME

ELIDEL | PROTOPIC | TACROLIMUS

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE FORMULARY TOPICAL
CORTICOSTEROID**



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STEP THERAPY GROUP DESCRIPTION

ATYPICAL ANTIPSYCHOTICS-S

DRUG NAME

**ABILIFY | ABILIFY MAINTENA | FANAPT | INVEGA | INVEGA SUSTENNA | LATUDA |
REXULTI | SAPHRIS**

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE (1) GENERIC FORMULARY
ATYPICAL ANTIPSYCHOTIC AGENT**



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STEP THERAPY GROUP DESCRIPTION

BISPHOSPHONATES-S

DRUG NAME

ACTONEL | ATELVIA | BINOSTO | FOSAMAX PLUS D

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE GENERIC FORMULARY ORAL
BISPHOSPHONATE AGENT**



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STEP THERAPY GROUP DESCRIPTION

COX-2 INHIBITORS

DRUG NAME

CELEBREX

STEP THERAPY CRITERIA

PATIENT HAS RECEIVED PREVIOUS THERAPY WITH A GENERIC NSAID, WITHIN THE LAST SIX MONTHS OF THERAPY IN ORDER TO RECEIVE COX-2 INHIBITOR.



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STEP THERAPY GROUP DESCRIPTION

DIFICID-S

DRUG NAME

DIFICID

STEP THERAPY CRITERIA

PATIENT NEEDS TO HAVE A PAID CLAIM FOR GENERIC ORAL VANCOMYCIN



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STEP THERAPY GROUP DESCRIPTION

DUTOPROL-S

DRUG NAME

DUTOPROL

STEP THERAPY CRITERIA

PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE GENERIC FORMULARY BETA-BLOCKER-DIURETIC COMBINATION OR METOPROLOL XL



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STEP THERAPY GROUP DESCRIPTION

GLP1 INHIBITORS-S

DRUG NAME

BYDUREON | BYDUREON PEN | BYETTA | TANZEUM | TRULICITY | VICTOZA 3-PAK

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR METFORMIN OR FORMULARY
METFORMIN/SULFONYLUREA COMBINATIONS**



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STEP THERAPY GROUP DESCRIPTION

HYPERLIPIDEMIC-C-MODOT

DRUG NAME

ALTOPREV | ANTARA | COLESTID | CRESTOR | FENOGLIDE | FIBRICOR | LIPITOR | LIPOFEN | LIVALO | LOFIBRA | LOPID | NIACOR | NIASPAN | PRAVACHOL | PREVALITE | QUESTRAN | QUESTRAN LIGHT | TRICOR | TRIGLIDE | TRILIPIX | VYTORIN | ZOCOR

STEP THERAPY CRITERIA

PATIENT MUST HAVE TRIED AND FAILED A FIRST LINE THERAPY WITH GENERIC AGENT (EXAMPLES ARE GENERIC LOVASTATIN, GENERIC PRAVASTATIN, GENERIC SIMVASTATIN, GENERIC ATORVASTATIN, GENERIC FLUVASTATIN, GENERIC ROSUVASTATIN, GENERIC CHOLESTYRAMINE, GENERIC COLESTIPOL, GENERIC GEMFIBROZIL, FENOFIBRATE, NIACIN EXTENDED RELEASE OR LESCOL XL.) THE PROGRAM ADJUDICATION SYSTEM WILL LOOK BACK 180 DAYS FOR THE USE OF A FIRST LINE TREATMENT. IF HISTORY INDICATES FIRST LINE TREATMENT HAS BEEN PROCESSED, THEN THE SECOND LINE (ALTOPREV, ANTARA, COLESTID, CRESTOR, FENOGLIDE, FIBRICOR, LIPITOR, LIPFEN, LIVALO, LOFIBRA, LOPID, NIACOR, NIASPAN, PRAVACHOL, PREVALITE, QUESTRAN, TRICOR, TRILIPIX, TRIGLIDE, VYTORIN, ZOCOR) WILL BE COVERED.

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STEP THERAPY GROUP DESCRIPTION

LONG-ACTING OPIOIDS-C-MODOT

DRUG NAME

EMBEDA | HYSINGLA ER | OXYCODONE HCL ER | OXYCONTIN

STEP THERAPY CRITERIA

PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE STEP 1 DRUGS (FENTANYL, EXALGO, DEMEROL, METHADONE, KADIAN, MORPHINE SULFATE, HYDROMORPHONE ER, MEPERIDINE, OXYMORPHONE ER, OPANA ER, DURAGESIC, AND MS CONTIN PRIOR TO FILING A STEP 2 DRUGS (OXYCONTIN, EMBEDA, HYSINGLA ER, OXYCODONE ER) OR AUTHORIZATION MAY BE GIVEN FOR OXYCONTIN IF THE PATIENT HAS A DRUG ALLERGY WITH MORPHINE SULFATE, RENAL INSUFFICIENCY, OR PATIENT IS PREGNANT.

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STEP THERAPY GROUP DESCRIPTION

NASAL CORTICOSTEROIDS-S

DRUG NAME

**BECONASE AQ | DYMISTA | OMNARIS | QNASL | QNASL CHILDREN | VERAMYST |
ZETONNA**

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE GENERIC FORMULARY
INTRANASAL CORTICOSTEROID AGENT**



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STEP THERAPY GROUP DESCRIPTION

NEUPRO-S

DRUG NAME

NEUPRO

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE GENERIC FORMULARY
DOPAMINE AGONIST AGENT**



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STEP THERAPY GROUP DESCRIPTION

OPHTHALMIC PROSTAGLANDINS-S

DRUG NAME

LUMIGAN | TRAVATAN Z | ZIOPTAN

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE GENERIC FORMULARY
OPHTHALMIC PROSTAGLANDIN PRODUCT.**



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STEP THERAPY GROUP DESCRIPTION

ORAL ACNE-S

DRUG NAME

SOLODYN

STEP THERAPY CRITERIA

PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE GENERIC FORMULARY AGENT IN THE ORAL TETRACYCLINE CLASS.



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STEP THERAPY GROUP DESCRIPTION

OTREXUP-S

DRUG NAME

OTREXUP | RASUVO

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR AN ORAL AND NON-AUTOINJECTOR
INJECTABLE METHOTREXATE PRODUCT**



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STEP THERAPY GROUP DESCRIPTION

SEDATIVE HYPNOTICS-S

DRUG NAME

EDLUAR | LUNESTA | ROZEREM

STEP THERAPY CRITERIA

PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE STEP 1 DRUG (ZOLPIDEM, ZOLPIDEM CR, ESZOPICLONE, ZALEPLON) PRIOR TO FILLING A STEP 2 DRUG (EDLUAR, LUNESTA, ROZEREM).



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STEP THERAPY GROUP DESCRIPTION

SYMBYAX

DRUG NAME

SYMBYAX

STEP THERAPY CRITERIA

UPDATED CRITERIA-TRIAL OF ANY ONE GENERIC SSRI/SNRI FIRST SUCH AS CITALOPRAM, FLUOXETINE, FLUVOXAMINE MALEATE, PAROXETINE HCL, SERTRALINE HCL, ESCITALOPRAM, VENLAFAXINE. IF THE PATIENT MEETS THIS CRITERIA SYMBYAX WILL BE APPROVED REGARDLESS OF DIAGNOSIS. IF THE PATIENT DOES NOT MEET THIS CRITERIA AND A REQUEST IS SUBMITTED THE FOLLOWING EXCEPTIONS ARE ROUTINELY GRANTED: SYMBYAX WILL BE APPROVED FIRST LINE FOR A DIAGNOSIS OF DEPRESSION ASSOCIATED WITH BIPOLAR DISORDER OR TREATMENT OF RESISTANT DEPRESSION.



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STEP THERAPY GROUP DESCRIPTION

TRIPTANS-S

DRUG NAME

AXERT | FROVA | RELPAX | SUMAVEL DOSEPRO | TREXIMET

STEP THERAPY CRITERIA

**PATIENT NEEDS TO HAVE A PAID CLAIM FOR ONE GENERIC FORMULARY
SEROTONIN 5-HT1 RECEPTOR ANTAGONIST (TRIPTANS)**



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STEP THERAPY GROUP DESCRIPTION

ULORIC-S

DRUG NAME

ULORIC

STEP THERAPY CRITERIA

PATIENT NEEDS TO HAVE A PAID CLAIM FOR ALLOPURINOL

