
Step Therapy Criteria

Drugs indicated with a ST (step therapy) on the Michigan Medicaid Managed Care Common Formulary require that the member try certain other drugs first before the step therapy drugs are covered. This is a list of drugs requiring step therapy, and the drugs that have to be tried first.

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Drug Class: ANGIOTENSIN II RECEPTOR BLOCKER-NEPRILYSIN INHIBITOR COMB. (ARNI)

Step Therapy Drug Name:

- Entresto 24 MG-26 MG Tablet
- Entresto 49 MG-51 MG Tablet
- Entresto 97 MG-103 MG Tablet

Step Therapy Criteria:

Requires prior trial and failure of a 30-day supply of high dose ACE or ARB in the last 180 days. High does equivalent example includes, but not limited to the following:

- *Enalapril Maleate 10 MG Tablet BID*

Drug Class: ANTIEMETIC - SELECTIVE SEROTONIN 5-HT3 ANTAGONISTS - GRANISETRON

Step Therapy Drug Name:

- Granisetron 1 mg Tablet

Step Therapy Criteria:

Requires trial and failure of one of the following step 1 agents within the last 180 days:

- Ondansetron 4 mg/5 ml Solution
- Ondansetron 24 mg Tablet
- Ondansetron 4 mg Tablet
- Ondansetron 8 mg Tablet
- Ondansetron ODT 4 mg Tablet
- Ondansetron ODT 8 mg Tablet

Drug Class: ANTIANGINAL – CORONARY VASODILATORS – NITRATES

Step Therapy Drug Name:

- Nitroglycerin Lingual Spray 0.4mg

Step Therapy Criteria:

Requires trial and failure of a 7 day supply of one of the following step 1 agents within the last 180 days:

- Nitroglycerin 0.3mg Tablet SL
- Nitroglycerin 0.4mg Tablet SL
- Nitroglycerin 0.6mg Tablet SL

Drug Class: ANTIHYPERGLYCEMIC, INCRETIN MIMETIC, GLP-1 RECEPTOR AGONIST ANALOG-TYPE

Step Therapy Drug Name:

- Alogliptin 6.25mg Tablet
- Alogliptin 12.5mg Tablet
- Alogliptin 25mg Tablet
- Alogliptin-Metformin 12.5-500mg
- Alogliptin-Metformin 12.5-1000mg
- Alogliptin-Pioglitazone 12.5-15mg
- Alogliptin-Pioglitazone 12.5-30mg
- Alogliptin-Pioglitazone 12.5-45mg
- Alogliptin-Pioglitazone 25-15mg
- Alogliptin-Pioglitazone 25-30mg
- Alogliptin-Pioglitazone 25-45mg

Step Therapy Criteria:

Requires a trial and failure of a covered metformin tablet or metformin ER tablet at a minimum dose of at least 1500mg/day, for at least 90 days within the last 180 days.

Drug Class: ASTHMA/COPD THERAPY – BETA 2-ADRENERGIC AGENTS, INHALED, SHORT ACTING

Step Therapy Drug Name:

- Levalbuterol Tartrate HFA 45mcg Inhaler

Step Therapy Criteria:

Requires trial and failure of a 14-day supply of one of the following drugs within the last 180 days:

- Albuterol HFA (generic Ventolin HFA)
- Albuterol HFA (generic Proair HFA)

Drug Class: BETA-ADRENERGIC AND ANTICHOLINERGIC COMBO, INHALED

Step Therapy Drug Name:

- Bevespi Aerosphere Inhaler

Step Therapy Criteria:

Requires the use of 2 fills of one of the following agents within the last 90 days:

- Serevent
- Incruse Ellipta

Drug Class: GASTRIC ACID SECRETION REDUCING AGENTS - PROTON PUMP INHIBITORS (PPIS)

Step Therapy Drug Name:

- CVS Lansoprazole DR 15 mg Capsule OTC
- EQ Lansoprazole DR 15 mg Capsule OTC
- HM Lansoprazole DR 15 mg Capsule OTC
- Lansoprazole DR 15 mg Capsule Rx
- Lansoprazole DR 15 mg Capsule OTC
- Lansoprazole DR 30 mg Capsule OTC
- Nexium 24HR 22.3 mg Capsule OTC
- PV Lansoprazole DR 15 mg Capsule OTC
- RA Lansoprazole DR 15 mg Capsule OTC
- SM Lansoprazole DR 15 mg Capsule OTC

Step Therapy Criteria:

Requires trial and failure of two different drug entities, (not multiple strengths or forms of the same drug), from the following list of step 1 agents within the last 180 days:

- CVS Omeprazole DR 20 mg Tablet OTC
- CVS Omeprazole Mag DR 20.6 mg OTC
- EQ Omeprazole DR 20 mg Tablet OTC
- EQ Omeprazole Mag DR 20.6 mg OTC
- GS Omeprazole DR 20 mg Tablet OTC
- HM Omeprazole DR 20 mg Tablet OTC
- MS Omeprazole DR 20 mg Tablet OTC
- Omeprazole DR 10 mg Capsule RX
- Omeprazole DR 20 mg Capsule OTC
- Omeprazole DR 20 mg Tablet RX
- Omeprazole DR 40 mg Capsule RX
- Omeprazole Mag DR 20.6 mg Capsule OTC
- Pantoprazole Sodium DR 20 mg Tablet RX
- Pantoprazole Sodium DR 40 mg Tablet RX
- PUB Omeprazole DR 20 mg Tablet OTC
- PV Omeprazole DR 20 mg Tablet OTC
- PV Omeprazole Mag DR 20.6 mg OTC
- QC Omeprazole Mag DR 20.6 mg OTC
- RA Omeprazole DR 20 mg Tablet OTC
- SB Omeprazole DR 20 mg Tablet OTC
- SM Omeprazole DR 20 mg Tablet OTC
- SW Omeprazole DR 20 mg Tablet OTC

Drug Class: IMMUNOSUPPRESSIVE - INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS – MYCOPHENOLIC ACID DR

Step Therapy Drug Name:

- Mycophenolic Acid DR 180 mg Tablet
- Mycophenolic Acid DR 360 mg Tablet

Step Therapy Criteria:

Requires trial and failure of one of the following step 1 agents within the last 180 days:

- Mycophenolate 250 mg Capsule
- Mycophenolate 500 mg Capsule
- Mycophenolate 200 mg/ml Suspension

Drug Class: INFLAMMATORY BOWEL AGENT - AMINOSALICYLATES AND RELATED AGENTS

Step Therapy Drug Name: (Step 2 drugs)

- Delzicol DR 400 mg Capsule
- Apriso ER 0.375 Gram Capsule

Step Therapy Criteria:

Requires trial and failure of a 30 day supply of one of the following step 1 agents within the last 180 days:

- Balsalazide Disodium 750 mg Capsule
- Sulfasalazine 500 mg Tablet
- Sulfasalazine DR 500 mg Tablet

Step Therapy Drug Name: (Step 3 drugs)

- Pentasa 250 mg Capsule
- Pentasa 500 mg Capsule
- Mesalamine HD DR 800 mg Tablet (Asacol)

Step Therapy Criteria:

Requires trial and failure of a 30 day supply of one of the following step 2 agents within the last 180 days:

- Delzicol DR 400 mg Capsule
- Apriso ER 0.375 Gram Capsule

Drug Class: MIGRAINE THERAPY - SELECTIVE SEROTONIN AGONISTS 5-HT(1)

Step Therapy Drug Name:

- Zolmitriptan 2.5 mg ODT
- Zolmitriptan 2.5 mg Tablet
- Zolmitriptan 5 mg ODT
- Zolmitriptan 5 mg Tablet

Step Therapy Criteria:

Requires trial and failure of two different drug entities, (not multiple strengths or forms of the same drug), from the following list of step 1 agents within the last 180 days:

- Naratriptan 1 mg Tablet
- Naratriptan 2.5 mg Tablet
- Naratriptan HCL 1 mg Tablet
- Naratriptan HCL 2.5 mg Tablet
- Rizatriptan 10 mg ODT
- Rizatriptan 10 mg Tablet
- Rizatriptan 5 mg ODT
- Rizatriptan 5 mg Tablet
- Sumatriptan 4 mg/ 0.5 ml Cartridge
- Sumatriptan 4 mg/ 0.5 ml Injection
- Sumatriptan 6 mg/ 0.5 ml Injection
- Sumatriptan 6 mg/ 0.5 ml Refill
- Sumatriptan 6 mg/ 0.5 ml Vial
- Sumatriptan Succinate 25 mg Tablet
- Sumatriptan Succinate 50 mg Tablet
- Sumatriptan Succinate 100 mg Tablet

Drug Class: OPHTHALMIC – ANTIHISTAMINES

Step Therapy Drug Name:

- Azelastine HCL 0.05% Drops

Step Therapy Criteria:

Requires trial and failure of a 30-day supply of one of the following drugs within the last 180 days:

- Alaway 0.025% Eye Drops
- Allergy 0.025% Eye Drops
- Child's Alaway 0.025% Eye Drop
- CVS Allergy 0.025% Eye Drops
- CVS Eye Itch Relief 0.025% Drop
- EQ Itchy Eye 0.025% Drops
- Eye Itch Relief 0.025% Drops
- HM Eye Itch Relief 0.025% Drop
- PV Eye Itch Relief 0.025% Drop
- RA Eye Itch Relief 0.025% Drop
- SM Eye Itch Relief 0.025% Drop
- Wal-Zyr 0.025% Eye Drops
- Zaditor 0.025% Eye Drops
- Ketotifen Fumarate 0.025% Eye Drops
- Kroger Eye Itch Relief 0.025% Drops
- Kroger Itchy Eye 0.025% Drops

Drug Class: SCABICIDE & PEDICULICIDE SINGLE AGENTS

Step Therapy Drug Name:

- Malathion 0.5% Lotion

Step Therapy Criteria:

Requires trial and failure of OTC Permethrin 1% within the last 180 days:

- CVS Permethrin 1% Lotion
 - Permethrin 1% Lotion
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Drug Class: URINARY ANTISPASMODIC - SMOOTH MUSCLE RELAXANTS

Step Therapy Drug Name:

- Tolterodine Tartrate ER 2 mg Capsule
- Tolterodine Tartrate ER 4 mg Capsule
- Tolterodine Tartrate 1 mg Tablet
- Tolterodine Tartrate 2 mg Tablet
- Trosipium Chloride 20 mg Tablet

Step Therapy Criteria:

Requires trial and failure of one of the following step 1 agents within the last 180 days:

- Oxybutynin 5 mg Tablet
- Oxybutynin 5 mg/5 ml Syrup
- Oxybutynin Chloride ER 10 mg Tablet
- Oxybutynin Chloride ER 15 mg Tablet
- Oxybutynin Chloride ER 5 mg Tablet