
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 must be tried first.

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Drug Class: ACNE THERAPY TOPICAL - RETINOIDS & DERIVATIVES

Step Therapy Drug Name:

- **Tretinoin 0.025% Cream**

Step Therapy Criteria:

Requires prior trial and failure of 2 fills in the last 90 days.

- *Differin 0.1% OTC Gel*
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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: 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
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Drug Class: NON-STEROIDAL ANTI-INFLAMMATORY – COX II INHIBITORS

Step Therapy Drug Names:

- 1) **Preferred Drug**
 - Celecoxib
- 2) **Non-Preferred Drug (with PA)**
 - Celebrex

Step Therapy Criteria:

Requires prior trial and failure of a 30-day supply each with 2 or more NSAIDS covered on the Common Formulary in the last 180 days. NSAIDS example include, but are not limited to the following:

- Ibuprofen 400mg Tablet
- Diclofenac Sod DR 75mg Tablet

Drug Class: SCABICIDE & PEDICULICIDE SINGLE AGENTS

Step Therapy Drug Name:

- Malathion 0.5% Lotion
- Spinosad 0.9% Suspension

Step Therapy Criteria:

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

- CVS Permethrin 1% Lotion
- Permethrin 1% Lotion