

MEDICAID DUR BOARD-APPROVED STEP-THERAPY PRIOR AUTHORIZATIONS

STEP THERAPIES DUR APPROVED IN LATE 2016

- ADLYXIN™
- ANTI-CONSTIPATION AGENTS
- ARB/CCB COMBINATIONS
- BB/ARB COMBINATIONS
- BOTULINUM TOXINS
- DPP-4 INHIBITOR COMBINATIONS
- ENTYVIO®
- INTRANASAL ANTIHISTAMINE/CORTICOSTEROID COMBINATION AGENTS
- METFORMIN ER
- NSAID PLUS PROTON PUMP INHIBITOR/H2 BLOCKING AGENTS
- SERNIVO®
- SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR COMBINATIONS (SGLT2 INHIBITOR COMBINATIONS)

STEP THERAPIES DUR APPROVED IN 2017

- AMRIX®
- ASPIRIN-PPI COMBINATION
- EXONDYS 51™
- HEP-C: DAKLINZA®, EPCLUSA®, HARVONI®, OLYSIO®, SOLVALDI®, TECHNIVIE®, VIEKIRA®, VIEKIRA XR®, VOSEVI®, ZEPATIER®
- MOTOFEN®
- NITROGLYCERIN SUBLINGUAL
- SULFONYLUREA/THIAZOLIDINEDIONE
- TROKENDI XR®
- ZEGERID®
- ZOLPIMIST®

STEP THERAPIES DUR APPROVED IN 2018

- AIMOVIG™
- CARBINOXAMINE PRODUCTS (ARBINOXA®, KARBINAL™ ER, RYVENT™)
- CONSENSI™
- GLP-1 RECEPTOR AGONIST
- LONG-ACTING INSULIN/GLP-1 RECEPTOR AGONIST
- PROTON PUMP INHIBITORS
- SGLT-2 INHIBITORS
- TOPICAL IMMUNOMODULATORS

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STEP THERAPIES DUR APPROVED IN 2019

- ADULT RHEUMATOID ARTHRITIS
- ANKYLOSING SPONDYLITIS
- ANTICONSTIPATION AGENTS
- ANTIDEPRESSANTS (SPRAVATO®)
- ANTIPSYCHOTICS (ABILIFY MYCITE®)
- ARIKAYCE®
- ASTHMA
- ATOPIC DERMATITIS
- BOTULINUM TOXINS
- CGRP ANTAGONISTS
- CALCIMIMETICS
- CROHN'S DISEASE
- JUVENILE IDIOPATHIC ARTHRITIS
- PLAQUE PSORIASIS
- PSORIATIC ARTHRITIS
- TOPIRAMATE ER
- ULCERATIVE COLITIS

STEP THERAPIES DUR APPROVED IN 2020

- ANTIDEPRESSANTS (APLENZIN®, FORFIVO®, TRINTELLIX, VIIBRYD®, SPRAVATO®)
- ANTIPSYCHOTICS (CAPLYTA®)
- LYRICA CR®
- NARCOLEPSY (SUNOSI®, WAKIX®, XYREM®, XYWAV™)
- MIGRAINE PROPHYLAXIS (BOTOX®, CGRP, TOPIRAMATE ER)
- MIGRAINE ACUTE (ELYXYB™, NURTEC ODT™, REYVOW™, UBRELVY®)
- TYPE 2 DIABETES MELLITUS (METFORMIN ER, SGLT2, GLP1, AND COMBINATIONS)
- DUCHENNE MUSCULAR DYSTROPHY (EMFLAZA®)
- ATOPIC DERMATITIS
- ULCERATIVE COLITIS
- PLAQUE PSORIASIS

MEDICAID DUR BOARD-APPROVED STEP-THERAPY PRIOR AUTHORIZATIONS

STEP THERAPIES DUR APPROVED IN 2021

- MULTIPLE SCLEROSIS (VUMERITY® AND BAFIERTAM®)
- JUVENILE IDIOPATHIC ARTHRITIS (SIMPONI ARIA®, XELJANZ® ORAL SOLUTION)
- HYPERCHOLESTEROLEMIA (JUXTAPID®, NEXLETOL®, NEXLIZET®, EVKEEZA®)
- ADHD (QELBREE®)
- ANTIPSYCHOTIC (SECUADO®)
- MIGRAINE PROPHYLAXIS (NURTEC ODT®, QULIPTA®)
- ULCERATIVE COLITIS (ZEPOSIA®) – **STEP THERAPY DOES NOT APPLY FOR ZEPOSIA® WHEN USED FOR MULTIPLE SCLEROSIS**

STEP THERAPIES DUR APPROVED IN 2022

- ASTHMA (TEZSPIRE®)
- ATOPIC DERMATITIS (OPZELURA®, ADBRY®)
- PLAQUE PSORIASIS (SOTYKTU™)
- ANTIDEPRESSANT (AUVELITY™)

STEP THERAPIES DUR APPROVED IN 1ST QUARTER 2023

- DIABETES MELLITUS, TYPE 2 (MOUNJARO®)
- HYPERCHOLESTEROLEMIA (LEQVIO®)

- ✚ Not all step therapies listed above are still effective as listed. Some have merged to a class prior authorization and some have been removed altogether. For example, Viibryd® had step-therapy approved in 2020, but no longer has step-therapy as of 2022. The IL-5 RA's merged into the Asthma class in 2019. The 2018 Topical Immunomodulators merged into the Atopic Dermatitis class in 2019.
- ✚ Agents will be listed once, even if the step-therapy has been amended or added to another disease state or class. For example, Taltz® was already listed in Plaque Psoriasis in 2019 but is not listed again for its new indication for Ankylosing Spondylitis in 2021.
- ✚ As of December 2022, biosimilars and interchangeable biological products have been removed and will no longer be listed here. Like generics of small molecules, they are assumed to follow the reference product. For example, Avsola® (biosimilar to Remicade®) was removed from the 2021 listing.
- ✚ Some agents that have step-therapy may also have PDL requirements. For example, in addition to step-therapy requirements, Tezspire® also has PDL requirements. Requests for non-preferred PDL drugs requires trial of preferred drugs first. Some may see this as also step-therapy.