



Kansas City

An Independent Licensee of the Blue Cross and Blue Shield Association

Step Therapy

Policy Number: 5.01.524

Origination: 11/2005

Last Review: 10/2022

Next Review: 10/2023

Policy

BCBSKC will provide coverage for a brand medication when the step therapy criteria below have been met.

When Policy Topic is covered

If a claim for 2 therapeutically equivalent (TE) medications is found within the previous 120 days, the targeted drug will be allowed to process. If no claim is found, a message will be returned to the pharmacy stating, "Prior Therapy Required." The prescriber may change the prescription to a preferred alternative or request prior authorization based on other medical appropriateness rationale.

In some cases, as noted, only one TE medication is required prior to the non-preferred drug.

In some cases, a brand name drug will require a trial of the direct generic before coverage of the non-preferred brand name drug. Examples include; Aczone 7.5% gel, Bethkis, Combigan, DDAVP, Exjade, Lotemax, Pentasa 500mg, Treximet, Vimpat.

In some cases, an automatic prior authorization will be granted if the patient meets criteria as outlined below.

If the patient's treating health care provider attests that coverage of the prescribed prescription drug is necessary to save the life of the patient, which will mean death is imminent due to absence of the "life-saving" drug being prescribed and there is an absence of alternative therapeutic preferred options that could provide a same or similar outcome, then approval of the medication will be made without requiring the member to step through the preferred options.

ADHD Non-Stimulant Therapies

Members initiating therapy with a non-stimulant medication for ADHD will be required to try TWO generic alternatives (atomoxetine, guanfacine, clonidine) before Strattera, Intuniv, Kapvay or Qelbree.

Amyotrophic Lateral Sclerosis (ALS)

Members initiating therapy with Exservan film will be required to try generic riluzole tablets first.

Analgesics

Members must try **TWO** preferred alternatives (butalbital/acetaminophen tablet, butalbital/acetaminophen/caffeine capsule, butalbital/acetaminophen/caffeine/codeine capsule, butalbital/aspirin/caffeine/codeine capsule) before non-preferred (Allzital tablet, Bupap tablet, Esgic capsule, Fioricet capsule, Fioricet with codeine capsule, Fiorinal capsule, Fiorinal with codeine #3 capsule, Vanatol LQ, Vanatol-S.)

Angiotensin Receptor Blockers (ARBs)

Members initiating therapy with a brand name ARB, or renin inhibitor will be required to try **ONE** generic ARB first. The claims system will also be set to look back for any claims for a diabetic medication. If a

diabetic medication is found, the brand name product will be allowed to process. Coverage criteria for prior authorization of an ARB or renin inhibitor includes:

- Patients post MI and already stabilized on brand name,
- Renal transplant patients already stabilized on brand name,
- Other patients already stabilized on brand name product and interruption of therapy would have adverse effect will be authorized.

Antibiotics

Members initiating therapy with Solosec will be required to try **ONE** of the following products first: clindamycin cream, metronidazole gel, metronidazole tab, tinidazole tablet.

Members initiating therapy with Vandazole will be required to try **ONE** of the following products first: clindamycin cream or metronidazole gel.

Members initiating therapy with Xaciatto will be required to try **BOTH** of the following products first: generic clindamycin 2% vaginal cream AND generic metronidazole 0.75% vaginal gel

Antidepressant medications

Members initiating therapy with a brand name antidepressant drug will be required to try **ONE** therapeutic equivalent generic product first.

Members initiating therapy with Viibryd will be required to try at least **TWO** of the following: vilazadone, citalopram, fluoxetine, paroxetine, sertraline.

Antiepileptic medications

Members initiating therapy with brand name Lamictal XR, Lamictal tablets, Lamictal chewable dispersible tablets, Lamictal ODT will be required to try **one** generic lamotrigine product first.

Members initiating therapy with Sympazan film must try generic clobazam (tablets or oral suspension) first

Members initiating therapy with brand name Xcopri will be required to try one of the following first: lamotrigine immediate-release (IR), levetiracetam IR, levetiracetam extended-release (ER), oxcarbazepine IR or topiramate IR.

Members initiating therapy with brand Elepsia XR must try generic levetiracetam first.

Antiglaucoma medications

Members initiating therapy with Timoptic Ocudose will be required to try **TWO** preferred alternatives (betaxolol, levobunolol, timolol, Alphagan P 0.1%, Combigan)

Antihistamines

Members initiating therapy with carbinoxamine maleate 6mg tablets will be required to try **FIVE** TE generic products first.

Antiparkinsonism medications

Members initiating therapy with Neupro patch must try **TWO** preferred alternatives (pramipexole tablets, pramipexole ER tablet, ropinirole tablet).

Members initiating therapy with Xadago must try rasagiline **AND** selegiline.

Members initiating therapy with Ongentys (opicapone) must try entacapone first.

Antiplatelet agents

Members must try a single-entity oral aspirin product prior to Durlaza.

Antipsychotics

Members must try at least TWO generics (aripiprazole, asenapine, clozapine, olanzapine, paliperidone, quetiapine IR/ER, risperidone, ziprasidone) before coverage of Caplyta, Fanapt, Saphris, Secuado or Lybalvi.

Antiretroviral medications

Members initiating therapy with Atripla must try **TWO** preferred alternatives first (Biktarvi, Genvoya, Odefsey, Stribild, Symfi, Symfi Lo, Triumeq)

Members must try generic emtricitabine-tenofovir disoproxil fumarate before coverage of Truvada.

Members must try generic emtricitabine-tenofovir disoproxil fumarate before coverage of Descovy.

Members must try generic etravirine before coverage of Intelence.

Members must try Cimduo before coverage of Temixys.

Members must try generic emtricitabine-tenofovir disoproxil fumarate before Vocabria.

Antitussive agents

Members must try **TWO** preferred alternatives (Cheratussin AC syrup, codeine/guaifenesin oral solution-generic, guaifenesin AC syrup, Cheratussin DAC syrup, guaifenesin DAC oral solution-generic, Lortuss Ex liquid, promethazine VC codeine syrup-generic, Tussionex pennkinetic suspension-generic) prior to non-preferred (Flowtuss, Hycofenix, Obredon, Tussicaps, Tuzistra XR, Vituz.)

Antivirals

Members must try **TWO** preferred alternatives (Moderiba, Ribavirin capsules, and Ribavirin tablets) before non-preferred Ribasphere, Ribapak, Ribatab.

Members must try **TWO** preferred alternatives (acyclovir capsules/tablets, famciclovir tablets, valacyclovir tablets, Denavir 1% cream) prior to Sitavig.

Members must try entecavir or tenofovir disoproxil before non-preferred Vemlidy for chronic hepatitis B.

Atopic dermatitis

Members must try generic topical tacrolimus before coverage of Protopic, Elidel or pimecrolimus.

Beta-Blockers for Hypertension

Members initiating therapy with a brand name beta-blocker will be required to try **ONE** generic beta-blocker product first.

Bile Acid Sequestrants

Members initiating therapy with a bile acid sequestrant will be required to try a generic product (cholestyramine oral suspension, colestipol oral suspension, colestipol micronized tablets) before a brand name product (Welchol tablets, Welchol oral suspension, Questran oral suspension, Questran light oral suspension, Colestid oral suspension, and Colestid micronized tablets).

Biologics for Rheumatoid Arthritis

Members must try two first-line biologics (Cimzia, Humira, Simponi, Rinvoq or Xeljanz) AND both Actemra and Orencia before coverage of non-preferred Kineret for the treatment of rheumatoid arthritis.

Bisphosphonates (oral)

Members initiating therapy with an oral bisphosphonate will be required to try a generic product before coverage of a brand name.

Blood Glucose Test Strips

Members must use preferred brand OneTouch blood glucose test strips. Exceptions can be made if member uses an insulin pump.

Brand Name (NSAIDs) and COX II Inhibitors

Members initiating therapy with a brand name NSAID or COX II inhibitor will be required to try at least **TWO** generic NSAIDs first. The claims system will also be set to look back for any of the following criteria and allow automatic prior authorization for a COX II drug:

- Patient age > 65 years,
- Past history of peptic ulcer disease, GI bleed or other GI disorder as evidenced by prescription for H2 or PPI,
- Patient has prescription history for warfarin or other anticoagulant,
- Patient is on current long-term corticosteroid therapy,
- Patient has diagnosis of RA as evidenced by prescription history of any DMARD.

Members initiating therapy with Fenoprofen, Fenortho, Nalfon, Tivorbex/Indomethacin capsules or Relafen DS will be required to try **FIVE** individual generic NSAIDs.

Members initiating therapy with an NSAID/PPI combination product will be required to try **FIVE individual** generic NSAID and **FIVE individual** generic PPIs before Duexis or Vimovo.

Members initiating therapy with brand **Elyxyb** must try generic celecoxib capsules and **TWO** generic Rx NSAIDs first.

Members initiating therapy with **Pennsaid** will be required to try **FIVE** generic NSAIDs, two of which must be topical.

Members initiating therapy with **Seglentis** will be required to try **THREE** generic NSAIDs and a generic tramadol product.

Members initiating therapy with Meloxicam 5mg or 10mg capsules will be required to try **FIVE** generic NSAIDs (i.e., ibuprofen, diclofenac, fenoprofen, ketoprofen, naproxen, nabumetone, etc.)

Calcium Channel Blockers

Members initiating therapy with a brand calcium channel blockers will be required to try **ONE** generic calcium channel blocker product first.

Members initiating therapy with Conjupri must try and fail 5 generic dihydropyridine calcium channel blockers first.

Members initiating therapy with Consensi must try and fail 5 generic calcium channel blockers and 5 generic NSAIDs first.

Cholesterol-reducing statin medications

Members initiating therapy with a brand name "statin" drug will be required to try **ONE** TE generic product first.

Members initiating therapy with a brand name Zypitamag or Altoprev will be required to try **TWO** TE generic/preferred products first (atorvastatin, lovastatin, rosuvastatin, simvastatin)

Cholesterol-reducing fibrate medications

Members initiating therapy with a brand name fenofibrate drug will be required to try **ONE** TE generic product first.

Chronic obstructive pulmonary disease (COPD) medications

Members initiating therapy with Duaklir or Utibron must try **TWO** preferred LAMA/LABA combinations first (Anoro, Bevespi, Stiolto or Trelegy).

Members initiating therapy with Seebri, Tudorza or Incruse must try Spiriva Respimat first.

Members initiating therapy with Spiriva must use the Respimat formulation before the Handidaler.

Combination HRT Patches

Members initiating therapy with Climara Pro will be required to try preferred Combipatch first.

Corticosteroids (rectal)

Members initiating therapy with Cortifoam will be required to try hydrocortisone enema **AND** UCERIS foam first.

Depakote/Depakene

Members initiating therapy with valproic acid will be required to try a generic product (divalproex sodium delayed-release tablets, divalproex sodium extended-release tablets, divalproex sodium capsules, valproic acid capsules and oral solution) before a brand name product (Depakote, Depakote Sprinkle, Depakote ER/EC/DR).

Dopamine Agonist

Members initiating therapy with Osmolex ER will be required to try **ONE** generic amantadine agent.

Doxycyclines for Acne and Rosacea

Members must try **TWO** preferred products (Avidoxy, Doryx, doxycycline generic, Morgidox, or Oracea) before doxycycline IR-DR 40mg capsules.

Members must try a generic doxycycline before a brand (Adoxa, Alodox, Avidoxy DK, Acticlate, Doryx, Doryx MPC, Monodox, Morgidox, Oracea, Targadox or Vibramycin)

Epinephrine Injection

Members must try epinephrine or epinephrine auto injector before coverage of Epipen, Epipen Jr, or Auvi-Q.

Exceptions may be made for a 6 months override for Auvi-Q for infants who are under 33 lbs.

Erectile Dysfunction

Members must try **TWO** preferred alternatives (Cialis, Viagra) before non-preferred (Levitra, Staxyn, Stendra)

Fertility Agents

GnRH:

Members must try **TWO** preferred alternatives (Cetrotide, Novarel) before non-preferred Ganirelix.

Members must try **TWO** preferred alternatives (Novarel, Ovidrel) before non-preferred Pregnyl or Chorionic Gonadotropin.

Follitropins:

Members must try preferred Gonal-F before non-preferred Bravelle and Follistim AQ.
(For exchange members, Gonal-F also requires prior use of clomiphene citrate.)

Progesterones:

Members must try preferred Crinone 8% gel before non-preferred Endometrin.

Glaucoma Agents

Beta Blockers: Members must try **TWO** preferred alternatives (betaxolol drops, levobunolol drops, timolol drops, Alphagan P 0.1%, Combigan) before non-preferred (Istalol, Timoptic Ocudose.)

Prostaglandins: Members must try **TWO** preferred alternatives (latanoprost drops, travoprost drops, Lumigan, Travatan Z) before non-preferred Zioptan or Rocklatan.

Glucocorticoids

Members must try **FIVE** generic oral corticosteroids prior to Rayos, TaperDex, DexPak, Dxevo and Zcort.

Gonadotropin Releasing Hormone (GnRH) agonists

Members initiating therapy with Lupron Depot-Ped must try preferred Triptodur first.

Gout therapy

Members must try preferred colchicine before non-preferred Colcrys or Mitigare.

Members initiating therapy with Duzallo or Zurampic must try allopurinol **AND** probenecid first.

Immunosuppressant agents

Members must try generic tacrolimus immediate release oral capsules prior to non-preferred agents (Astagraf XL, Envarsus XR.)

Inhalers

Inhaled steroids: Members must try **TWO** preferred alternatives (Arnuity Ellipta, Asmanex, Flovent, Pulmicort, Qvar) before non-preferred Alvesco.

Members must try **TWO** preferred Inhaled Steroid Combos (Advair, Breo Ellipta, or Symbicort) before non-preferred Airduo or Dulera.

Members must try generic albuterol before ProAir HFA, Proair Digihaler, ProAir Respiclick, Ventolin, Xopenex HFA or Levalbuterol.

Long-acting beta agonist nebulized: Members must try Perforomist before Brovana.

Insulin

Members must try preferred Humulin before Novolin.

Members must try preferred Humalog or Lyumjev before Novolog, Apidra, Admelog, or Fiasp.

Members must try 3 preferred basal insulins (Lantus, Toujeo, Tresiba, Levemir) before Basaglar, Semglee or Insulin glargine-yfgn.

Insulin / GLP-1 Receptor Agonist combinations

Members must try metformin before Xultophy or Soliqua.

Inflammatory Bowel Agents

Members must try **TWO** preferred alternatives (Apriso, Pentasa, Lialda, Balsalazide, sulfasalazine) before non-preferred Asacol HD, Delzicol, Dipentum.

Iron deficiency agents

Members must try either calcium, lanthanum, sevelamer or Velporo before coverage of Auryxia.

Isotretinoin Oral for Acne

Members must try **TWO** preferred isotretinoin products (Amnesteem, Claravis, Myorisan or Zenatane) before coverage of non-preferred Absorica.

Leukotriene Inhibitors

Members must try **TWO** preferred alternatives (montelukast generics, zafirlukast generics) prior to non-preferred agents (Zyflo, Zyflo CR.)

Metformin

Members must try **ONE** generic metformin (immediate release) product before a brand.

Members must try **ONE** preferred generic extended release metformin product (generic Glucophage XR) before a non-preferred generic extended release product (metformin ER OSM (generic Fortamet), metformin ER gastric (generic Glumetza)).

Methotrexate Injectables

Members must try preferred Reditrex before non-preferred Otrexup or Rasuvo.

Miscellaneous agents

Members must try preferred Droxia before non-preferred Siklos.

Members must try preferred desmopressin tablets before non-preferred Noctiva.

Members must try **ONE** of the following before Voquezna:

1. Clarithromycin based therapy (e.g., clarithromycin based triple therapy, clarithromycin based concomitant therapy) OR
2. Bismuth quadruple therapy (e.g., bismuth and metronidazole and tetracycline and proton pump inhibitor [PPI])

Members must try **ONE** of the following from both 1 and 2 before Entadfi for BPH:

1. alfuzosin, doxazosin, tamsulosin, terazosin, silodosin
2. 5-alpha-reductase inhibitor (i.e., finasteride, dutasteride), phosphodiesterase type 5 inhibitor (i.e., tadalafil 5 mg)

Miscellaneous Topical Dermatological Drugs

Members must try **TWO** preferred alternatives (lidocaine/prilocaine cream-generic, Livixil Pak, Relador Pak, Relador Pak Plus, DermacinRx, Prizopak, Lidopril) prior to non-preferred lidocaine 7%/tetracaine 7% cream.

Muscle Relaxants

Members must try **TWO** preferred alternatives (generic cyclobenzaprine tablets, chlorzoxazone 500mg tablets) prior to non-preferred agents (Amrix, Fexmid.)

Members must try **FIVE** preferred alternatives prior to non-preferred agent chlorzoxazone 250mg tablet or Norgesic Forte

Members must try **THREE** generic muscle relaxants prior to non-preferred agent Lyvispah.

Multiple Sclerosis agents

Members initiating therapy must try **TWO** preferred products (Avonex, Bafiertam, Betaseron, Copaxone/Glatopa, Kesimpta, Vumerity, Dimethyl fumarate) before Extavia, Plegridy, Rebif or Ponvory.

Members must try generic dimethyl fumarate before coverage of Tecfidera.

Nasal Steroids

Members must try **TWO** preferred products (budesonide, flunisolide, fluticasone, mometasone or triamcinolone) before a non-preferred product (Beconase AQ, Omnaris, Veramyst, Zetonna, Dymista, Nasacort AQ, Nasonex, Rhinocort, Qnasl, Ticalast or Veramist).

Members must try ONE preferred product (budesonide, flunisolide, fluticasone, mometasone or triamcinolone) before Xhance or Ryaltris.

Narcotic Antagonist

Members must try **TWO** preferred alternatives (naloxone syringe, Narcan nasal spray) before Evzio.

Nephropathic Cystinosis Medications

Members must try Cystagon prior to Procysbi.

Ophthalmic Anti-allergic

Members must try **TWO** preferred alternatives (azelastine drops, cromolyn drops, olopatadine drops, epinastine, Optivar, generic Alomide product, generic Alocril product) before non-preferred Alrex, Invelytis, Lastacraft, Bepreve, Emadine, Pazeo, brand Alomide product, brand Alocril product or Zerviate.

Ophthalmic Anti-inflammatories

Members must try **TWO** preferred alternatives (dexamethasone drops, fluorometholone drops, prednisolone drops, Lotemax) before non-preferred (Flarex, FML Forte, S.O.P, Maxidex, Pred Mild)

Ophthalmic Lubricants

Members must try and fail at least one OTC ocular lubricant AND both Restasis and Xiidra before non-preferred Cequa

Ophthalmic NSAIDs

Members must try and fail at least one generic ophthalmic NSAID (diclofenac, flurbiprofen or ketorolac) AND Prolensa before coverage of Ilevro or Nevanac.

Oral Antifungals

Members must try and fail generic itraconazole before coverage of brand name Tolsura.

Members must try and fail fluconazole before coverage of Brexafemme

Oral Contraceptives

Members must try a generic or preferred oral contraceptive before a brand is covered.

Members must try an oral contraceptive **AND** a contraceptive patch before coverage of Twirla.

Osteoporosis agents

Members must try Tymlos or teriparatide before coverage of Forteo.

Otic Antibiotics

Members must try **BOTH** preferred alternatives (ciprofloxacin ear solution, ofloxacin ear solution) before non-preferred Cetraxal.

Members must try generic ciprofloxacin-dexamethasone otic suspension before coverage of Ciprodex.

Overactive Bladder (OAB) Agents

Members must try a generic OAB before a brand name product will be covered (i.e., Myrbetriq, Gemtesa). If the patient cannot swallow or has difficulty swallowing tablets or capsules, authorization for Gelnique, or Oxytrol may be given

Pancreatic Enzymes

Members must try **TWO** preferred alternatives (Creon, Zenpep) before non-preferred Pancreaze, Pertzye, Ultresa.

Penicillamine Agents

Members must try Depen before Cuprimine.

Phosphate Binders

Members must try **TWO** preferred alternatives (sevelamer carbonate, Phoslyra, Velphoro) prior to non-preferred (Fosrenol, Renagel.)

Proton Pump Inhibitors (PPIs)

Members initiating therapy with a non-preferred proton pump inhibitor (Aciphex, Prevacid, Prilosec, Protonix, Dexilant, or Nexium) will be required to try **TWO** preferred agents (esomeprazole, lansoprazole, omeprazole, pantoprazole, rabeprazole) prior to the non-preferred products.

Nexium packets may be approved without trial of a preferred agent if the prescriber documents an inability to swallow oral tablets/capsules.

Members initiating therapy with an NSAID/PPI combination product will be required to try **FIVE individual** generic NSAID and **FIVE individual** generic PPIs before Duexis or Vimovo.

Members must try aspirin in combination with **FIVE different** generic proton pump inhibitors prior to Yosprala.

PSK9 Inhibitors

In addition to meeting medical necessity criteria, members must try Repatha before coverage of Praluent.

Renal agents

Members must try calcium, lanthanum, or sevelamer before coverage of Fosrenol or Phoslyra.

Sedative Hypnotics

Members initiating therapy with a brand name sedative hypnotic, such as Ambien CR, Lunesta, Belsomra, Sonata or Dayvigo will be required to try **ONE** TE generic product first.

Members initiating therapy with Zolpimist will be required to try **FIVE** TE generic products first.

Members younger than 65 years of age initiating therapy with Quviviq will be required to try **THREE** of the following first: eszopiclone, zaleplon, zolpidem, zolpidem ER, triazolam, temazepam, generic ramelteon, Belsomra, Dayvigo. Members over the age of 65 years must try **ONE** of the following first: generic ramelteon, Belsomra, Dayvigo.

Selective Serotonin Reuptake Inhibitor (SSRI) and Serotonin/Norepinephrine Reuptake Inhibitor (SNRI)

Adult patients (greater than 18 years of age) must try a generic SSRI or SNRI product before a brand name is covered.

SGLT2 Inhibitor for Diabetes

Members must try metformin before a preferred SGLT2.

Members must try a at least **TWO** preferred alternatives (Farxiga, Jardiance, Synjardy/XR, Trijardy XR, or Xigduo XR) before non-preferred Invokana, Invokamet, Invokamet XR, Segluromet, or Steglatro.

SGLT2 Inhibitor for Chronic Kidney Disease

Farxiga for diagnosis of chronic kidney disease does not require any step therapy.

SGLT2 Inhibitor for Heart Failure (NYHA class II-IV and HFrEF)

Members must try a minimum 30-day supply, have a contraindication, or intolerance to one of the following: captopril, enalapril, lisinopril, quinapril, ramipril, fosinopril, trandolapril, perindopril, candesartan, valsartan, losartan, bisoprolol, carvedilol IR/ER, metoprolol succinate CR/XL, spironolactone, eplerenone or Entresto (sacubitril-valsartan) before coverage of Farxiga or Jardiance for heart failure.

SGLT2 Inhibitor / Dipeptidyl Peptidase-4 (DPP-4) Inhibitor combinations for Diabetes

Members must try a metformin-containing product before SGLT2/DPP4 inhibitor combinations (Glyxambi, Qtern, Steglujan)

Testosterone Products (oral)

Members must try **TWO** preferred alternatives (methyltestosterone capsules-generic, Methitest) prior to non-preferred (Android, Testred.)

Tetracycline Derivatives for Acne

Members must try a generic doxycycline before brand Seysara (if approved, limited to 12 weeks)

Topical antiviral agents

Members initiating therapy with Xerese cream must try **TWO** preferred agents first (acyclovir tablet/capsules, famciclovir tablet, valacyclovir tablet, Zovirax cream)

Topical Acne Products and Kits

Members must try **TWO** preferred products (clindamycin/benzoyl peroxide, clindamycin/tretinoin, Acanya, Onexton) before **Veltin**.

Members must try a generic prescription topical acne product before a brand name is covered.

Members must try topical tretinoin before coverage of tazarotene, Arazlo, Fabior or Tazorac.

Members must try and fail 3 of the following before Winlevi or Twyneo:

- generic adapalene (cream, gel, lotion)
- generic topical tretinoin or tretinoin microsphere
- generic tazarotene cream
- generic single-agent topical clindamycin product
- generic dapsone gel

Topical Corticosteroids

Members must try and fail **TWO** generic prescription topical corticosteroids first before a brand name topical corticosteroid.

Topical Doxepin

Members must try and fail **TWO** generic prescription topical corticosteroids first before doxepin cream, Prudoxin cream or Zonalon cream.

Topical Estrogens

Members must try **TWO** preferred alternatives (Divigel, Evamist, Elestrin) before non-preferred Estrogel.

Topicals for psoriasis

Members must try **ONE** generic topical high potency corticosteroid (e.g., halobetasol propionate, clobetasol propionate, fluocinonide) **AND** generic topical tazarotene before Duobrii will be covered.

Topiramate – long acting and oral soln

Members must try preferred generic immediate release topiramate **AND** preferred generic extended release topiramate before non-preferred brand name Trokendi XR or Qudexy XR.

Members must try preferred generic topiramate sprinkle capsules before non-preferred brand name Eprontia.

Triptans for migraine

Oral Therapies: Members must try **TWO** generic oral triptans (almotriptan, eletriptan, frovatriptan, sumatriptan, naratriptan, rizatriptan, zolmitriptan) before a brand name oral triptan (Amerge, Axert, Frova, Imitrex, Maxalt, Maxalt MLT, Relpax, Treximet, Zomig, Zomig ZMT).

Nasal Therapies: Members must try **ONE** generic nasal triptan (sumatriptan nasal) before a brand nasal triptan (Onzetra Xsail, Imitrex nasal, Zomig nasal, Tosymra)

Injectable Therapies: Members must try **ONE** generic injectable triptan (sumatriptan pen injector or cartridge or vial or syringe) before a brand injectable triptan (Alsuma, Imitrex injectable, Zembrace, Sumavel Dosepro)

Vaginal Estrogen

Members must try **TWO** preferred alternatives (estradiol patches, estradiol tablets, yuvafem, Estrimi Cream, Estring, Premarin Cream, Premarin tablets) before non-preferred Femring.

Xenazine

Members must try and fail generic tetrabenazine before brand name Xenazine is covered.

Zetia

Members must try and fail generic ezetimibe before brand name Zetia is covered.

When Policy Topic is not covered

Non-preferred agents in the step therapy program are considered not medically necessary when the above criteria are not met

Considerations

This Blue Cross and Blue Shield of Kansas City policy statement was developed using available resources such as, but not limited to: Food and Drug Administration (FDA) approvals, Facts and Comparisons, National specialty guidelines, Local medical policies of other health plans, Medicare (CMS), Local providers

Description of Procedure or Service

The step therapy policy is designed to encourage members to use a therapeutically equivalent (TE) alternative before a non-preferred product. Payment for brand name drugs in certain therapeutic classes is restricted unless the patient has tried and failed a TE product or if they meet other medical criteria as outlined in this policy. This program is administered at the point of dispensing and involves a retrospective review of the member's pharmacy claims for prior use of TE products or other prior authorization criteria. If any of the criteria is met an authorization is automatically provided for coverage of the brand name drug. If the criteria for approval are not met a prior authorization request must be submitted to the clinical pharmacy department for review.

Billing Coding/Physician Documentation Information

	The majority of medications listed in this policy are pharmacy benefit
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C9077	Injection, cabotegravir and rilpivirine, 2mg/3mg (Cabenuva)
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Policy Implementation/Update Information

11/2005	New Policy titled Step Therapy
11/2006	Policy revised to include cholesterol-reducing "statin" medications and antidepressant medications
09/2007	Policy revised to include renin inhibitors in the ACE/ARB step therapy criteria.
11/2008	No policy statement changes
09/2009	Policy revised to include nasal steroids and sedative hypnotics
08/2010	Policy revised to include brand name doxycyclines for acne and proton pump inhibitors
10/2013	Policy revised to remove CCB step and ACE step since these programs were retired.
10/2014	No policy statement changes
10/2015	Added Rapid-acting insulin and brand metformin
03/2016	Added insulin, pulmonary anti-inflammatories, SGLT2 Inhibitors for diabetes
09/2016	Added ophthalmic anti-allergics, blood glucose teststrips
02/2017	Added narcotic antagonist, otic antibiotics, topical estrogens, inflammatory bowel agents, pancreatic enzymes, antivirals, anti-gout agents, fertility agents, glaucoma agents, ophthalmic anti-inflammatories, inhalers, erectile dysfunction agents, weight loss agents to accommodate 3/1/2017 drug list changes
05/2017	Added the following categories to accommodate 7/1/2017 drug list changes: analgesics, antiplatelet agents, muscle relaxants, glucocorticoids, immunosuppressant agents, leukotriene inhibitors, nephropathic cystinosis meds, miscellaneous topical dermatological products, oral testosterone products, epinephrine injections
08/2017	Added Locort and Zonacort paks to the glucocorticoid step therapy category
10/2017	Annual review- no changes to policy statement
12/2017	Added Generic before Brand; vaginal estrogen, somatostatin analogs, chronic constipation agents, phosphate binders. Updated Proton Pump Inhibitors, Glaucoma agents, ophthalmic anti-inflammatories, epinephrine systems
01/2018	Updated Yosprala language to match the edit/requirement
03/2018	Added Vanatol-S as target
04/2018	Added Insulin/GLP-1 inhibitor combinations and SGLT2/DPP4 inhibitor combinations
05/2018	Updated Nasal Steroids to match the edit/requirement
06/2018	Added Lamictal step therapy, Xenazine step therapy and SSRI step therapy, removed DSC products and added TaperDex, DexPak
07/2018	Added Zolpimist step
08/2018	Added Osmolex ER and Zypitamag
10/2018	Added step for the following therapy classes: anticoagulants, antiglaucoma agents, antiparkinsonism agents, beta interferons for MS, combination hormone patches, rectal corticosteroids, GnRH agonists, gout therapies, HIV antiretrovirals, HCG, insulins, long-acting beta agonist nebulized, NSAIDs, ophthalmic anti-allergics, ophthalmic anti-inflammatory, short-acting beta2 agonist inhalers, topical antiviral agents, topical corticosteroids, weight loss agents.
02/2019	Added step for Doxepin, Prudoxin and Zonalon creams. Added chlorzoxazone 250mg tablet step.
03/2019	Added step criteria for Kineret and archived the separate policy
05/2019	Added step criteria for Sympazan, Seysara, Norgesic Forte and Dxevo
06/2019	Added Spiriva
07/2019	Added Motegrity and Zetia
08/2019	Added Rocklatan
09/2019	Added carbinoxamine 6mg
10/2019	Added Duobrii
01/2020	Added Zelnorm and removed step for Trulance

04/2020	Added Tivorbex and Relefan DS to brand NSAID step; Updated Ophthalmic Anti-allergic step; Added Proair Digihaler
05/2020	Added Duaklir Pressair, Trokendi XR, Qudexy XR
06/2020	Added Consensi and Cequa
09/2020	Added Xcopri and Zcort
10/2020	Added Dayvigo
11/2020	Added OAB meds to step policy and archived the individual policy
12/2020	Updated with 01-01-21 UM changes for SGLT2s, colchicine, LAMAs, LAMA/LABA combos, ICS combos and oral isotretinoin
3/1/2021	Added Ongentys (opicapone)
07/2021	Added step criteria for Fabior, Tazorac, tazarotene, Epipen, Epipen JR, Auvi-Q, Caplyta, Fanapt, Saphris, Secuado, Truvada, Protopic, Elidel, pimecrolimus, Twirla, Plegridy, Rebi, Tecfidera, Forteo, Ciprodex, Conjupri, Winlevi
08/2021	Added Cabenuva, removed step criteria on somatostatin analogs
10/2021	Added Ponvory to MS step as non-preferred and dimethyl fumarate as preferred option; Added Elepsia XR
11/2021	Added Qelbree
12/2021	Added Exservan film, Reditrex, ProAir/Respiclick, Ventolin, Praluent and Bystolic. Removed Qsymia and Contrave
02/2022	Added Brexafemme
04/2022	Added Lybalvi and Twynéo, added SGLT2 criteria for HF and CKD, removed step on Vraylar, changed Xhance from DS to SS,
06/2022	Added triptans, Eprontia and Elyxyb to policy; Removed Cabenuva
07/2022	Added 5 step on Pennsaid, added step on Vemlidy
08/2022	Added Seglentis
10/2022	Added Quviviq
12/2022	Added Lyvispah, Voquezna
01/2023	Added Solosec, Vandazole, Viibryd, Descovy, Intelence, Temixys, Vocabria, Semglee, Insulin glargine-yfgn, Auryxia, Meloxicam 5mg and 10mg caps, Fosrenol, Phoslyra, Aczone 7.5% gel, Bethkis, Combigan, DDAVP, Exjade, Lotemax, Pentasa 500mg, Treximet, Vimpat, made basal insulin a TSE
03/2023	Added Entadfi and Ryaltris
03/2023	Added generic topiramate ER to step before brand name Trokendi
08/2023	Added Xaciato

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