



**DENVER HEALTH
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**DENVER HEALTH
MEDICAL PLAN INC.™**

CHP+



CHP+
Child Health Plan Plus

Step Therapy Approval Criteria

Effective Date: 07/01/2019

This document contains Step Therapy Approval Criteria for the following medications:

1. Colcrys (colchicine)
2. Dovonex (calcipotriene)
3. Enbrel (etanercept)
4. Humira (adalimumab)
5. Imitrex Injection vial and STATdose (sumatriptan succinate)
6. Invokana (canagliflozin)
7. Jardiance (empagliflozin)
8. Lyrica (pregabalin)
9. Nexium (esomeprazole)
10. Onfi (clobazam)
11. OxyContin (oxycodone extended-release)
12. Protopic (tacrolimus)
13. Risperdal Consta (risperidone long-acting injection)
14. Soriatane (acitretin)
15. Symbicort (budesonide/formoterol)
16. Victoza (liraglutide)



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- 17. Vyvanse (lisdexamfetamine)
- 18. Xifaxan (rifaximin)

Step Therapy Approval Criteria Colcrys (colchicine)

Generic name: colchicine
Brand name: Colcrys
Medication class: Antigout; antiinflammatory

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of one of the following in the past 365 days:
 - A formulary NSAID
 - A formulary glucocorticoid
 - Allopurinol
 - Probenecid/colchicine

Additional considerations:

- Quantity Limit (QL) of 60 tablets per 30 days

Formulary Management Review:
Initial: October 2016
Revision:

Step Therapy Approval Criteria Dovonex (calcipotriene)

Generic name: calcipotriene
Brand name: Dovonex
Medication class: Antipsoriatic, Synthetic Vitamin D3

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of a formulary topical corticosteroid in the past 365 days

Formulary Management Review:

Initial: January 2016

Revision:

Step Therapy Approval Criteria Enbrel (etanercept)

Generic name: etanercept
Brand name: Enbrel
Medication class: TNF inhibitor; immune suppressant

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of one of the following in the past 365 days:
 - Asacol
 - Balsalazide
 - Dipentum
 - Methotrexate
 - Rowasa
 - Azathioprine
 - Cyclosporine
 - Hydroxychloroquine
 - Hydroxyurea
 - Leflunomide
 - Mercaptopurine
 - Soriatane
 - Sulfasalazine

Additional considerations:

- Quantity limit (QL) of 4 injections per 28 days

Step Therapy Approval Criteria Humira (adalimumab)

Generic name: adalimumab
Brand name: Humira
Medication class: TNF inhibitor; monoclonal antibody; antirheumatic

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of one of the following in the past 365 days:
 - Asacol
 - Balsalazide
 - Dipentum
 - Methotrexate
 - Rowasa
 - Azathioprine
 - Cyclosporine
 - Hydroxychloroquine
 - Hydroxyurea
 - Leflunomide
 - Mercaptopurine
 - Soriatane
 - Sulfasalazine

Additional considerations:

- Quantity limit (QL) of 4 injections per 28 days

Step Therapy Approval Criteria

Imitrex Injection vial and STATdose (sumatriptan succinate)

Generic name: sumatriptan
Brand name: Imitrex Injection vial and Imitrex STATdose
Medication class: 5HT-1 serotonin receptor agonist; antimigraine

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of sumatriptan oral tablets or sumatriptan nasal spray in the past 365 days

Additional considerations:

- Quantity limit (QL) of 6 doses (3 ml) per 30 days

Formulary Management Review:
Initial: 10/01/2013
Revision:

Step Therapy Approval Criteria Invokana (canagliflozin)

Generic name: canagliflozin
Brand name: Invokana
Medication class: SGLT2 inhibitor

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of a formulary diabetes medication in the past 365 days.

Step Therapy Approval Criteria

Jardiance (empagliflozin)

Generic name: empagliflozin
Brand name: Jardiance
Medication class: SGLT2 inhibitor

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of a formulary diabetes medication in the past 365 days.

Formulary Management Review:
Initial: July 2017
Revision:

Step Therapy Approval Criteria Lyrica (pregabalin)

Generic name: pregabalin
Brand name: Lyrica
Medication class: GABA analog; anticonvulsant

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of gabapentin or duloxetine in the past 365 days

Formulary Management Review:
Initial: January 2019
Revision:

Step Therapy Approval Criteria Nexium (esomeprazole)

Generic name: esomeprazole
Brand name: Nexium
Medication class: Proton pump inhibitor

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of omeprazole or pantoprazole in the past 365 days

Additional considerations:

- Quantity Limit (QL) of 30 capsules per 30 days

Step Therapy Approval Criteria Onfi (clobazam)

Generic name: clobazam
Brand name: Onfi
Medication class: Anticonvulsant

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of lamotrigine in the past 365 days

Step 2:

- Previous failure of topiramate in the past 365 days

Step Therapy Approval Criteria

OxyContin (oxycodone extended-release)

Generic name: oxycodone extended-release
Brand name: OxyContin
Medication class: Opioid analgesic

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of one formulary long-acting opioid analgesic (i.e. morphine sulfate extended-release, fentanyl patches or methadone) in the past 365 days.

Formulary Management Review:
Initial: January 2018
Revision:

Step Therapy Approval Criteria Protopic (tacrolimus)

Generic name: tacrolimus
Brand names: Protopic
Medication class: Calcineurin inhibitor

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of one formulary topical corticosteroid in the past 365 days

Additional considerations:

- Quantity Limit (QL) of 100 grams per 30 days

Formulary Management Review:
Initial: April 2017
Revision:

Step Therapy Approval Criteria

Risperdal Consta (risperidone long-acting injectable)

Generic name: risperidone long-acting injectable
Brand name: Risperdal Consta
Medication class: Atypical antipsychotic

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of risperidone tablets in the past 365 days.

Formulary Management Review:

Initial: July 2017

Revision:

Step Therapy Approval Criteria Soriatane (acitretin)

Generic name: acitretin
Brand name: Soriatane
Medication class: Retinoid

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of methotrexate in the past 365 days.

Formulary Management Review:
Initial: October 2016
Revision:

Step Therapy Approval Criteria Symbicort (budesonide/formoterol)

Generic name: budesonide/formoterol
Brand name: Symbicort
Medication class: Inhaled glucocorticoid/long-acting beta-agonist

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of fluticasone/salmeterol (generic Advair Diskus) or Advair HFA in the past 365 days.

Step Therapy Approval Criteria Victoza (liraglutide)

Generic name: liraglutide
Brand name: Victoza
Medication class: GLP-1 receptor agonist

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of a formulary diabetes medication in the past 365 days.

Formulary Management Review:
Initial: January 2018
Revision:

Step Therapy Approval Criteria Vyvanse (lisdexamfetamine)

Generic name: lisdexamfetamine
Brand name: Vyvanse
Medication class: CNS stimulant

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of a formulary generic amphetamine product in the past 365 days

Step 2:

- Previous failure of formulary generic methylphenidate product in the past 365 days

Additional considerations:

- Quantity Limit (QL) of 30 capsules per 30 days

Formulary Management Review:
Initial: April 2017
Revision:

Step Therapy Approval Criteria Xifaxan (rifaximin)

Generic name: rifaximin
Brand name: Xifaxan
Medication class: Rifamycin

Criteria for use: (steps are all inclusive unless otherwise noted)

Step 1:

- Previous failure of lactulose, dicyclomine, ciprofloxacin or azithromycin in the past 180 days

Additional considerations:

- Quantity limit (QL) of 60 tablets per 30 days for the 550 mg tablets
- Quantity limit (QL) of 180 tablets per 30 days for the 200 mg tablets

Formulary Management Review:
Initial: 07/01/2015
Revision: October 2017