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Step Therapy Approval Criteria

Effective Date: 01/01/2021

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

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2. Banzel (rufinamide)
3. Baqsimi (glucagon nasal powder)
4. Belsomra (suvorexant)
5. Biktarvy (bictegravir/emtricitabine/tenofovir)
6. Breo Ellipta (fluticasone/vilanterol)
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17. Eliquis (apixaban)
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46. Xifaxan (rifaximin)
47. Xiidra (lifitegrast)

Step Therapy Approval Criteria Armour Thyroid (porcine thyroid)

Generic name: porcine thyroid
Brand name: Armour Thyroid
Medication class: Thyroid

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

Step 1:

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

Formulary Management Review:
Initial: February 2020
Revision:

Step Therapy Approval Criteria Banzel (rufinamide)

Generic name: rufinamide
Brand name: Banzel
Medication class: Anticonvulsant

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

Step 1:

- Previous failure of both of the following in the past 365 days:
 - Lamotrigine
 - Topiramate

Step 2:

- Previous failure of clobazam in the past 365 days.

Formulary Management Review:
Initial: November 2019
Revision:

Step Therapy Approval Criteria

Baqsimi (glucagon nasal powder)

Generic name: glucagon nasal powder
Brand name: Baqsimi
Medication class: Antihypoglycemic

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

Step 1:

- Previous failure of Glucagon Emergency Kit or Glucagen Hypokit in the past 365 days.

Step Therapy Approval Criteria Belsomra (suvorexant)

Generic name: suvorexant
Brand name: Belsomra
Medication class: Hypnotic

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

Step 1:

- Previous failure of two of the following in the past 365 days:
 - Eszopiclone
 - Silenor
 - Temazepam
 - Trazodone
 - Zolpidem

Step Therapy Approval Criteria

Biktarvy (bictegravir/emtricitabine/tenofovir)

Generic name: bictegravir/emtricitabine/tenofovir

Brand name: Biktarvy

Medication class: HIV

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

Step 1:

- Previous failure of one of the following regimens in the past 365 days:
 - Dovato
 - Genvoya
 - Triumeq
 - Tivicay with Descovy
 - Isentress HD with Descovy

Formulary Management Review:

Initial: November 2019

Revision: February 2020

Step Therapy Approval Criteria Breo Ellipta (fluticasone/vilanterol)

Generic name: fluticasone/vilanterol
Brand name: Breo Ellipta
Medication class: Inhaled glucocorticoid/long-acting beta-agonist

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

Previous failure of both of the following in the past 365 days

- Fluticasone/salmeterol (generic Advair Diskus) or Advair HFA
- Budesonide/formoterol (generic Symbicort)

Formulary Management Review:

Initial: April 2020

Revision:

Step Therapy Approval Criteria Brilinta (ticagrelor)

Generic name: ticagrelor
Brand name: Brilinta
Medication class: Antiplatelet

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

Step 1:

- Previous failure of clopidogrel in the past 365 days.

Formulary Management Review:
Initial: May 2020
Revision:

Step Therapy Approval Criteria Bydureon (exenatide)

Generic name: exenatide
Brand name: Bydureon
Medication class: GLP-1 receptor agonist

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

Step 1:

- Previous failure of Trulicity in the past 365 days.

Formulary Management Review:
Initial: May 2020
Revision:

Step Therapy Approval Criteria

Cequa (cyclosporine)

Generic name: cyclosporine ophthalmic solution
Brand name: Cequa
Medication class: Calcineurin inhibitor

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

Step 1:

- Previous failure of Restasis in the past 365 days.

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 Combigan (brimonidine/timolol)

Generic name: brimonidine/timolol
Brand name: Combigan
Medication class: Glaucoma agent

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

Step 1:

- Previous failure of brimonidine eye drops or timolol eye drops in the past 365 days.

Formulary Management Review:
Initial: May 2020
Revision:

Step Therapy Approval Criteria Combipatch (estradiol/norethindrone)

Generic name: estradiol/norethindrone transdermal patch
Brand name: Combipatch
Medication class: Hormone replacement therapy

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

Step 1:

- Previous failure of one of the following in the past 365 days:
 - Estradiol/norethindrone oral tablets
 - Estradiol transdermal patches
 - Estradiol vaginal cream

Formulary Management Review:
Initial: May 2020
Revision:

Step Therapy Approval Criteria Corlanor (ivabradine)

Generic name: ivabradine
Brand name: Corlanor
Medication class: Cardiovascular agent

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

- Previous failure of one formulary beta-blocker in the past 365 days:
 - Atenolol
 - Carvedilol
 - Labetalol
 - Metoprolol
 - Nadolol
 - Pindolol
 - Propranolol
 - Sotalol

Step Therapy Approval Criteria

Dexilant (dexlansoprazole)

Generic name: dexlansoprazole
Brand name: Dexilant
Medication class: Proton pump inhibitor

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

- Previous failure of all of the following in the past 365 days:
 - Omeprazole
 - Pantoprazole
 - Esomeprazole

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 Dulera (mometasone/formoterol)

Generic name: mometasone/formoterol
Brand name: Dulera
Medication class: Inhaled glucocorticoid/long-acting beta-agonist

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

Previous failure of both of the following in the past 365 days

- Fluticasone/salmeterol (generic Advair Diskus) or Advair HFA
- Budesonide/formoterol (generic Symbicort)

Step Therapy Approval Criteria Eliquis (apixaban)

Generic name: apixaban
Brand name: Eliquis
Medication class: Factor Xa inhibitor; direct oral anticoagulant

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

- Previous failure of Xarelto in the past 365 days.

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

Formulary Management Review:
Initial: 10/01/2013
Revision: 04/01/2015, 10/01/2016

Step Therapy Approval Criteria

Envarsus XR (tacrolimus extended-release)

Generic name: tacrolimus extended-release
Brand name: Envarsus XR
Medication class: Calcineurin inhibitor

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

- Previous failure of tacrolimus capsules in the past 365 days.

Step Therapy Approval Criteria Estring (estradiol vaginal ring)

Generic name: estradiol vaginal ring
Brand name: Estring
Medication class: Hormone replacement therapy

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

Step 1:

- Previous failure of estradiol vaginal cream in the past 365 days.

Step Therapy Approval Criteria EstroGel (estradiol)

Generic name: estradiol
Brand name: EstroGel
Medication class: Hormone replacement therapy

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

Step 1:

- Previous failure of one of the following in the past 365 days:
 - Estradiol oral tablets
 - Estradiol transdermal patches
 - Estradiol vaginal cream

Formulary Management Review:
Initial: February 2020
Revision:

Step Therapy Approval Criteria Eucrisa (crisaborole)

Generic name: crisaborole
Brand name: Eucrisa
Medication class: Antiinflammatory; PDE-4 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.

Step 2:

- Previous failure of tacrolimus ointment in the past 365 days.

Formulary Management Review:
Initial: November 2019
Revision:

Step Therapy Approval Criteria Femring (estradiol vaginal ring)

Generic name: estradiol vaginal ring
Brand name: Femring
Medication class: Hormone replacement therapy

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

Step 1:

- Previous failure of estradiol vaginal cream in the past 365 days.

Formulary Management Review:
Initial: May 2020
Revision:

Step Therapy Approval Criteria Fiasp (insulin aspart, recombinant)

Generic name: insulin aspart, recombinant

Brand name: Fiasp

Medication class: Insulin

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

- Previous failure of both of the following in the past 365 days:
 - Insulin lispro
 - Novolog

Formulary Management Review:

Initial: April 2020

Revision:

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

Formulary Management Review:
Initial: 10/01/2013
Revision: 04/01/2015, 10/01/2016

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 Farxiga 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 Farxiga in the past 365 days.

Step Therapy Approval Criteria Lumigan (bimatoprost)

Generic name: bimatoprost
Brand name: Lumigan
Medication class: Anti-glaucoma

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

- Previous failure of both of the following in the past 365 days:
 - Latanoprost
 - Travoprost

Formulary Management Review:
Initial: August 2020
Revision:

Step Therapy Approval Criteria

Mydayis (dextroamphetamine/amphetamine)

Generic name: dextroamphetamine/amphetamine
Brand name: Mydayis
Medication class: ADHD agent; CNS stimulant

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

Step 1:

- Previous failure of a formulary generic amphetamine product (such as generic Adderall or generic Dexedrine) in the past 365 days

Step 2:

- Previous failure of formulary generic methylphenidate product (such as generic Ritalin, generic Concerta or generic Focalin) in the past 365 days

Formulary Management Review:
Initial: February 2020
Revision:

Step Therapy Approval Criteria Myrbetriq (mirabegron)

Generic name: mirabegron
Brand name: Myrbetriq
Medication class: Overactive bladder

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

Step 1:

- Previous failure of one of the following in the past 365 days:
 - Oxybutynin (immediate release or extended release)
 - Tolterodine (immediate release or extended release)

Step Therapy Approval Criteria

Nucynta ER (tapentadol extended-release)

Generic name: tapentadol extended-release
Brand name: Nucynta ER
Medication class: Analgesic

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

- Previous failure of tramadol extended-release tablets in the past 365 days.

Step Therapy Approval Criteria Nucynta (tapentadol)

Generic name: tapentadol

Brand name: Nucynta

Medication class: Analgesic

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

- Previous failure of tramadol immediate-release tablets in the past 365 days.

Formulary Management Review:

Initial: October 2020

Revision:

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)

- Previous failure of both of the following in the past 365 days:
 - Lamotrigine
 - Topiramate

Formulary Management Review:
Initial: July 2019
Revision:

Step Therapy Approval Criteria Ozempic (semaglutide)

Generic name: semaglutide
Brand name: Ozempic
Medication class: GLP-1 receptor agonist

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

Step 1:

- Previous failure of Trulicity in the past 365 days.

Step Therapy Approval Criteria Pristiq (desvenlafaxine succinate)

Generic name: desvenlafaxine succinate

Brand name: Pristiq

Medication class: Antidepressant

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

Step 1:

- Previous failure of venlafaxine in the past 365 days.

Formulary Management Review:

Initial: November 2020

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 Qbrexza (glycopyrronium)

Generic name: glycopyrronium
Brand name: Qbrexza
Medication class: Topical anticholinergic

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

Step 1:

- Previous failure of Drysol in the past 365 days.

Formulary Management Review:
Initial: February 2020
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 Tirosint (levothyroxine)

Generic name: levothyroxine
Brand name: Tirosint
Medication class: Thyroid

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

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

Step Therapy Approval Criteria

Toujeo Solostar and Toujeo Max Solostar (insulin glargine)

Generic name: insulin glargine
Brand name: Toujeo Solostar and Toujeo Max Solostar
Medication class: Insulin

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

Step 1:

- Previous failure of Lantus and Levemir in the past 365 days.

Step Therapy Approval Criteria

Trelegy Ellipta (fluticasone/vilanterol/umeclidinium)

Generic name: fluticasone/vilanterol/umeclidinium
Brand name: Trelegy Ellipta
Medication class: Inhaled glucocorticoid/long-acting beta-agonist/long-acting muscarinic antagonist

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

Previous failure of two of the following in the past 365 days

- Fluticasone/salmeterol (generic Advair Diskus) or Advair HFA
- Budesonide/formoterol (generic Symbicort)
- Spiriva Handihaler or Respimat

Formulary Management Review:
Initial: April 2020
Revision:

Step Therapy Approval Criteria Vimpat (lacosamide)

Generic name: lacosamide
Brand name: Vimpat
Medication class: Anticonvulsant

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

Step 1:

- Previous failure of two of the following in the past 365 days:
 - Carbamazepine
 - Divalproex sodium or valproic acid
 - Felbamate
 - Gabapentin
 - Lamotrigine
 - Levetiracetam
 - Oxcarbazepine
 - Phenobarbital
 - Phenytoin
 - Pregabalin (Lyrica)
 - Topiramate
 - Zonisamide

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 (such as generic Adderall or generic Dexedrine) in the past 365 days

Step 2:

- Previous failure of formulary generic methylphenidate product (such as generic Ritalin, generic Concerta or generic Focalin) 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 Vyzulta (latanoprostene)

Generic name: latanoprostene
Brand name: Vyzulta
Medication class: Anti-glaucoma

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

- Previous failure of both of the following in the past 365 days:
 - Latanoprost
 - Travoprost

Formulary Management Review:
Initial: August 2020
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

Step Therapy Approval Criteria Xiidra (lifitegrast)

Generic name: lifitegrast
Brand name: Xiidra
Medication class: LFA-1 antagonist

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

Step 1:

- Previous failure of Restasis eye drops in the past 365 days.