



NEW
YORK
STATE

Department
of Health

NYRx, the Medicaid Pharmacy Program

Step Therapy



Step Therapy (ST)

Step therapy (ST) criteria is designed to ensure clinically appropriate and cost-effective use of a drug or drug class and is based on FDA labeling and current clinical practice guidelines.

Lipid Lowering Agents

Drug / Class Name	Step Therapy (ST) Parameters	Frequency / Quantity / Duration (F/Q/D) Parameters	Additional / Alternate Parameter(s)
<p>Lipid Lowering Agents:</p> <ul style="list-style-type: none"> • alirocumab (Praluent®) • evolocumab (Repatha®) • lomitapide (Juxtapid®) • bempedoic acid (Nexletol™)* • bempedoic acid/ezetimibe (Nexlizet™)* 	<ul style="list-style-type: none"> • Require trial of an HMG-CoA Reductase Inhibitors (statin) at maximum tolerated dosage <p>*bempedoic acid (Nexletol™) and bempedoic acid / ezetimibe (Nexlizet™) do require concurrent statin therapy, but not at maximum tolerated dosage</p>		<ul style="list-style-type: none"> • Confirm diagnosis of FDA-approved or compendia-supported indication <p>PCSK-9 Inhibitors (alirocumab [Praluent®], evolocumab [Repatha®]) and ACL inhibitors (Bempedoic acid [Nexletol], Bempedoic acid/ezetimibe [Nexlizet]):</p> <ul style="list-style-type: none"> • Require concurrent statin therapy

Memantine ER, Namenda XR, and Namzaric

Preferred Drugs	Non-Preferred Drugs	Prior Authorization/Coverage Parameters
IV. Central Nervous System		
Alzheimer's Agents		
donepezil 5 mg, 10 mg galantamine galantamine ER memantine Namenda® rivastigmine	Adlarity® Aricept® donepezil 23 mg Exelon® memantine ER ^{CC, ST} Namenda XR® ^{CC, ST} Namzaric® ^{CC, ST}	CLINICAL CRITERIA (CC) <ul style="list-style-type: none"> Memantine extended-release containing products (Namenda XR® and Namzaric®) – Require confirmation of diagnosis of dementia or Alzheimer's disease STEP THERAPY (ST) <ul style="list-style-type: none"> Memantine extended-release containing products (Namenda XR® and Namzaric®) – Require trial with memantine immediate-release Namenda®

