

Pharmacy Policy

Step Therapy Policy – NSAIDS

Policy Number: 9.218

Version Number: 2.0

Version Effective Date: 06/01/2021

Product Applicability <input type="checkbox"/> All Plan⁺ Products	
Well Sense Health Plan	Boston Medical Center Healthnet Plan
<input type="checkbox"/> New Hampshire Medicaid	<input checked="" type="checkbox"/> Masshealth - MCO
	<input checked="" type="checkbox"/> Masshealth - ACO
	<input type="checkbox"/> Qualified Health Plans
	<input type="checkbox"/> Senior Care Options

Note: Disclaimer And Audit Information Is Located At The End Of This Document.

Prior Authorization Policy

POLICY STATEMENT:

A step therapy program has been developed to encourage the use of generic Step-1 products prior to the use of a Step-2 product, without interrupting existing therapy. If the step therapy rule is not met for a Step-2 agent at the point of service, coverage will be determined by the step therapy criteria below. All approvals are provided for 1 year in duration.

Standard Criteria:

The plan may authorize coverage of the products in the appendix for all FDA approved indications not otherwise excluded and for members meeting the following criteria when step therapy is not met at point of sale from claims history.

1. Prescribers must provide documentation (including dates of trial and outcome) that the member has tried and failed the appropriate number of Step 1 agents as indicated in Appendix A and in the coverage criteria requirements. **OR**

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2. Prescriber must provide documentation that the member has had a contraindication to or other clinical rationale preventing the use of **ALL** Step 1 agents indicated in Appendix A.

Appendix A: Step Therapy Details

NSAIDS		
Step 1	Step 2	Coverage Criteria
Diclofenac Potassium Tablet Diclofenac Sodium Tablet DR Etodolac Capsule Etodolac Tablet ER Etodolac Tablet Feldene Capsule Fenoprofen Calcium Tablet/Capsule Flurbiprofen Tablet Ibuprofen Tablet Ibuprofen 200mg/5ml Suspension Indomethacin Capsule Indomethacin ER Capsule Indomethacin Sodium Solution IV Ketoprofen Capsule Ketoprofen Capsule ER Ketorolac Tromethamine Tablet Meclofenamate Sodium Capsule Meloxicam Tablet Nabumetone Tablet Naproxen Dr Tablet DR Naproxen Sodium Tablet Naproxen Suspension 125 Mg/5ml Naproxen-Enteric Tablet DR Oxaprozin Tablet Piroxicam Capsule Sulindac Tablet Tolmetin Sodium Tablet/Capsule	Celecoxib Capsule 50 Mg, 100mg. 200mg, 400mg Oral	Pharmacy Claims Indicating The Use of Three Step 1 Agents in the last 130 days

Original Approval Date	Original Effective Date	Policy Owner	Approved By
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12/1/2020	1/1/2021	Pharmacy Services	Pharmacy & Therapeutics (P&T) Committee
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Policy Revisions History			
Review Date	Summary Of Revisions	Revision Effective Date	Approved By
12/1/2020	Created separate policies per applicable line of business. Coverage duration changed to 1 year. Addition of policy statement and standard criteria. Changed trial look ball to 130 days from 120 days.	01/01/2021	P&T Committee
2/11/2021	P&T annual review. Removal of ketorolac injection from policy and moved to medical benefit only. Minor language changes to standard criteria to clarify intent of policy	6/01/2021	P&T Committee

Next Review Date

February 2022

Other Applicable Policies

Reference To Applicable Laws And Regulations, If Any

Disclaimer Information

Medical Policies Are The Plan's Guidelines For Determining The Medical Necessity Of Certain Services Or Supplies For Purposes Of Determining Coverage. These Policies May Also Describe When A Service Or Supply Is Considered Experimental Or Investigational, Or Cosmetic. In Making Coverage Decisions, The Plan Uses These Guidelines And Other Plan Policies, As Well As The Member's Benefit Document, And When Appropriate, Coordinates With The Member's Health Care Providers To Consider The Individual Member's Health Care Needs.

Plan Policies Are Developed In Accordance With Applicable State And Federal Laws And Regulations, And Accrediting Organization Standards (Including NCQA). Medical Policies Are Also Developed, As Appropriate, With Consideration Of The Medical Necessity Definitions In Various Plan Products, Review Of Current Literature, Consultation With Practicing Providers In The Plan's Service Area Who Are Medical Experts In The

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Particular Field, And Adherence To FDA And Other Government Agency Policies. Applicable State Or Federal Mandates, As Well As The Member's Benefit Document, Take Precedence Over These Guidelines. Policies Are Reviewed And Updated On An Annual Basis, Or More Frequently As Needed. Treating Providers Are Solely Responsible For The Medical Advice And Treatment Of Members.

The Use Of This Policy Is Neither A Guarantee Of Payment Nor A Final Prediction Of How A Specific Claim(S) Will Be Adjudicated. Reimbursement Is Based On Many Factors, Including Member Eligibility And Benefits On The Date Of Service; Medical Necessity; Utilization Management Guidelines (When Applicable); Coordination Of Benefits; Adherence With Applicable Plan Policies And Procedures; Clinical Coding Criteria; Claim Editing Logic; And The Applicable Plan – Provider Agreement.

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