

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

BENIGN PROSTATIC HYPERPLASIA

CARDURA XL, RAPAFLO

Coverage will be provided if terazosin, alfuzosin, doxazosin or tamsulosin has been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group

Drug Names

Step Therapy Criteria

BISPHOSPHONATES - PENDING CMS REVIEW

BINOSTO, FOSAMAX PLUS D

Step Therapy Group

Drug Names

Step Therapy Criteria

GOUT

DUZALLO, ULORIC

Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)

Step Therapy Group

Drug Names

Step Therapy Criteria

HMG-COA INHIBITORS

ALTOPREV, FLOLIPID, LIVALO, ZYPITAMAG

Coverage will be provided if atorvastatin, ezetimibe/simvastatin, fluvastatin, fluvastatin extended-release, lovastatin, pravastatin, simvastatin tablets, rosuvastatin, or amlodipine/atorvastatin has been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group

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PROSTAGLANDINS

VYZULTA, ZIOPTAN

Coverage will be provided if latanoprost, bimatoprost, or travoprost has been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group

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TRIPTANS

ONZETRA XSAIL, ZEMBRACE SYMTOUCH, ZOMIG

Coverage will be provided if almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, rizatriptan ODT, sumatriptan nasal spray, sumatriptan tabs, sumatriptan injection, sumatriptan/naproxen, zolmitriptan OR zolmitriptan ODT has been tried (at least a 30 day supply in the prior 180 days).

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URINARY ANTISPASMODICS

GELNIQUE PUMP, OXYTROL

Coverage will be provided if oxybutynin, oxybutynin extended-release, fesoterodine, solifenacin, trospium immediate-release, or mirabegron has been tried (at least a 30 day supply in the prior 180 days).