Step Therapy Criteria

Step Therapy Group BENIGN PROSTATIC HYPERPLASIA

**Drug Names** CARDURA XL

**Step Therapy Criteria**Coverage will be provided if terazosin, alfuzosin, doxazosin, silodosin or tamsulosin

has been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group BISPHOSPHONATES

**Drug Names** BINOSTO, FOSAMAX PLUS D

**Step Therapy Criteria**Coverage will be provided if alendronate, ibandronate, or risedronate has been tried (at

least a 30 day supply in the prior 180 days).

**Step Therapy Group** ESOMEPRAZOLE

**Drug Names** ESOMEPRAZOLE MAGNESIUM

**Step Therapy Criteria**Coverage will be provided if two of the following generic alternatives: omeprazole

capsules, pantoprazole tablets, or lansoprazole capsules have been tried (at least a 30

day supply in the prior 180 days).

Step Therapy Group HMG-COA INHIBITORS

Drug Names ALTOPREV, EZALLOR SPRINKLE, FLOLIPID, LIVALO, ZYPITAMAG

**Step Therapy Criteria**Coverage will be provided if atorvastatin, ezetimibe/simvastatin, fluvastatin, fluvastatin

extended-release, lovastatin, pravastatin, rosuvastatin, simvastatin tablets, or

amlodipine/atorvastatin has been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group PROSTAGLANDINS

**Drug Names** VYZULTA, XELPROS, ZIOPTAN

**Step Therapy Criteria**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 TRIPTANS

Step Therapy Criteria

**Drug Names** ONZETRA XSAIL, TOSYMRA, ZEMBRACE SYMTOUCH, ZOMIG

**Step Therapy Criteria**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).

Step Therapy Group URINARY ANTISPASMODICS

**Drug Names** GELNIQUE, OXYTROL, TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

Coverage will be provided if oxybutynin, oxybutynin extended-release, fesoterodine, trospium immediate-release or mirabegron has been tried (at least a 30 day supply in

the prior 180 days).

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