

## Step Therapy Criteria

**Step Therapy Group** BISPHOSPHONATES  
**Drug Names** 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** HMG-COA INHIBITORS  
**Drug Names** ALTOPREV, EZALLOR SPRINKLE, FLUVASTATIN, FLUVASTATIN SODIUM ER, LIVALO, ZYPITAMAG  
**Step Therapy Criteria** Coverage will be provided if atorvastatin tablets, ezetimibe/simvastatin, lovastatin, pravastatin, rosuvastatin tablets, simvastatin tablets, or amlodipine/atorvastatin has been tried (at least a 30-day supply) in the prior 180 days.

**Step Therapy Group** LEVALBUTEROL  
**Drug Names** LEVALBUTEROL TARTRATE HFA  
**Step Therapy Criteria** Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.

**Step Therapy Group** NASAL STEROIDS  
**Drug Names** MOMETASONE FUROATE, OMNARIS  
**Step Therapy Criteria** Coverage will be provided if generic fluticasone nasal spray has been tried (at least a 30-day supply) in the prior 180 days.

**Step Therapy Group** PPI  
**Drug Names** ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE  
**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** URINARY ANTISPASMODICS  
**Drug Names** DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE ER  
**Step Therapy Criteria** Coverage will be provided if mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, tolterodine immediate-release, trospium immediate-release, or vibegron has been tried (at least a 30-day supply in the prior 180 days).