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	DPP4 INHIBITORS
Drug Names	ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, ALOGLIPTIN/PIOGLITAZONE, KOMBIGLYZE XR, ONGLYZA
Step Therapy Criteria	Coverage will be provided if the patient had a trial of at least a 30 day supply each of sitagliptin (Januvia [sitagliptin], Janumet [sitagliptin/metformin hydrochloride], or Janumet XR [sitagliptin/metformin hydrochloride extended-release]) AND linagliptin (Tradjenta [linagliptin], Jentadueto [linagliptin/metformin hydrochloride], or Jentadueto XR [linagliptin/metformin hydrochloride extended-release]) 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 tablets, simvastatin tablets, or amlodipine/atorvastatin has been tried (at least a 30-day supply) in the prior 180 days.
Step Therapy Group	PPI
Drug Names	ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE ODT, PANTOPRAZOLE SODIUM
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	PROSTAGLANDINS
Drug Names	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	RYTARY
Drug Names	RYTARY
Step Therapy Criteria	Coverage will be provided if a generic immediate-release or extended-release carbidopa-levodopa containing product has been tried for at least 30 days in the prior 180 days.

Step Therapy Group	TRIPTANS
Drug Names	ONZETRA XSAIL, TOSYMRA, ZEMBRACE SYMTOUCH
Step Therapy Criteria	Coverage will be provided if almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, rizatriptan ODT, sumatriptan nasal spray, sumatriptan tabs, sumatriptan injection, zolmitriptan tabs, OR zolmitriptan ODT has been tried (at least a 30 day supply in the prior 180 days).
Step Therapy Group	URINARY ANTISPASMODICS
Drug Names	DARIFENACIN HYDROBROMIDE, GELNIQUE, OXYTROL, TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER
Step Therapy Criteria	Coverage will be provided if fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, or trospium immediate-release has been tried (at least a 30-day supply in the prior 180 days).