Step Therapy Criteria

Step Therapy Group Drug Names Step Therapy Criteria	BISPHOSPHONATES FOSAMAX PLUS D 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 Drug Names Step Therapy Criteria	HMG-COA INHIBITORS ALTOPREV, EZALLOR SPRINKLE, LIVALO, ZYPITAMAG 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 Drug Names Step Therapy Criteria	LEVALBUTEROL LEVALBUTEROL TARTRATE HFA 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 Drug Names Step Therapy Criteria	NASAL STEROIDS MOMETASONE FUROATE, OMNARIS 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 Drug Names Step Therapy Criteria	PPI ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE 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 Drug Names Step Therapy Criteria	URINARY ANTISPASMODICS DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE ER Coverage will be provided if fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, tolterodine tablets, trospium immediate-release, or vibegron has been tried (at least a 30-day supply in the prior 180 days).