

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

BENIGN PROSTATIC HYPERPLASIA

CARDURA XL

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).

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BISPHOSPHONATES

BINOSTO, 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).

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DPP4 INHIBITORS

ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, ALOGLIPTIN/METFORMIN HYDR, ALOGLIPTIN/PIOGLITAZONE, KOMBIGLYZE XR, ONGLYZA

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.

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HMG-COA INHIBITORS

ALTOPREV, EZALLOR SPRINKLE, FLOLIPID, 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.

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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

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LEVOTHYROXINE CAP

LEVOTHYROXINE SODIUM, TIROSINT

Coverage will be provided if levothyroxine tablets have been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group

Drug Names

Step Therapy Criteria

NASAL STEROIDS

BECONASE AQ, MOMETASONE FUROATE, OMNARIS, QNASL, QNASL CHILDRENS, ZETONNA

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, 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 ER
Step Therapy Criteria	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).