

# Clover

## Step Therapy Criteria

### Step Therapy Group

### Drug Names

### Step Therapy Criteria

BENIGN PROSTATIC HYPERPLASIA

RAPAFLO

Coverage will be provided if terazosin, alfuzosin, doxazosin, doxazosin extended-release, or tamsulosin has been tried (at least a 30 day supply in the prior 180 days).

### Step Therapy Group

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BISPHOSPHONATES

FOSAMAX PLUS D

Coverage will be provided if alendronate, ibandronate, pamidronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).

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HMG-COA INHIBITORS

VYTORIN

Coverage will be provided if atorvastatin, fluvastatin, fluvastatin extended-release, lovastatin, lovastatin extended-release, pitavastatin, pravastatin, simvastatin, rosuvastatin, or amlodipine/atorvastatin has been tried (at least a 30 day supply in the prior 180 days).

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PROSTAGLANDINS

ZIOPTAN

Coverage will be provided if latanoprost, bimatoprost, or travoprost has been tried (at least a 30 day supply in the prior 180 days).

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TRIPTANS

ONZETRA XSAIL, TREXIMET, ZEMBRACE SYMTOUCH

Coverage will be provided if almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, rizatriptan ODT, sumatriptan nasal spray, sumatriptan tabs, sumatriptan injection, zolmitriptan, zolmitriptan ODT, or zolmitriptan nasal spray has been tried (at least a 30 day supply in the prior 180 days).

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ULORIC

ULORIC

Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)

***Step Therapy Group***  
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URINARY ANTISPASMODICS

GELNIQUE

Coverage will be provided if oxybutynin, oxybutynin extended-release, tolterodine, tolterodine extended-release, trospium, trospium extended-release, oxybutynin patch, fesoterodine, or darifenacin extended-release has been tried (at least a 30 day supply in the prior 180 days).