

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).

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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.

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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.

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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.

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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).

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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).