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	HMG-COA INHIBITORS
Drug Names	ALTOPREV, ATORVALIQ, EZALLOR SPRINKLE, FLOLIPID, FLUVASTATIN, FLUVASTATIN SODIUM ER, LESCOL XL, LIVALO, PITAVASTATIN CALCIUM, ZYPITAMAG
Step Therapy Criteria	Coverage will be provided if atorvastatin tablets, ezetimibe/simvastatin, 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	LEVALBUTEROL
Drug Names	LEVALBUTEROL TARTRATE HFA, XOPENEX HFA
Step Therapy Criteria	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	LEVOTHYROXINE CAP
Drug Names	LEVOTHYROXINE SODIUM, TIROSINT
Step Therapy Criteria	Coverage will be provided if levothyroxine tablets have been tried (at least a 30 day supply in the prior 180 days).
Step Therapy Group	NASAL STEROIDS
Drug Names	BECONASE AQ, MOMETASONE FUROATE, OMNARIS, QNASL, QNASL CHILDRENS, ZETONNA
Step Therapy Criteria	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, NEXIUM
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	IYUZEH
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	ZEMBRACE SYMTOUCH, ZOLMITRIPTAN, ZOLMITRIPTAN ODT
Step Therapy Criteria	Coverage will be provided if almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, rizatriptan ODT, sumatriptan nasal spray, sumatriptan tabs, OR sumatriptan injection has been tried (at least a 30 day supply in the prior 180 days).
Step Therapy Group	URINARY ANTISPASMODICS
Drug Names	DARIFENACIN HYDROBROMIDE, DETROL LA, GELNIQUE, OXYTROL, TOLTERODINE TARTRATE ER
Step Therapy Criteria	Coverage will be provided if mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, tolterodine immediate-release, trospium immediate-release, or vibegron has been tried (at least a 30-day supply in the prior 180 days).