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 **DPP4 INHIBITORS** 

**Drug Names** ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, ALOGLIPTIN/METFORMIN HYDR,

ALOGLIPTIN/PIOGLITAZONE, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA,

Step Therapy Criteria 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.

**HMG-COA INHIBITORS** Step Therapy Group

**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).

Updated 04/01/2024 1 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, LANSOPRAZOLE, NEXIUM, PANTOPRAZOLE

SODIUM, PREVACID SOLUTAB, PROTONIX

**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, 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 GroupRYTARYDrug NamesRYTARY

**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 TOPICAL ANTIFUNGALS

**Drug Names** ERTACZO, LULICONAZOLE, LUZU

**Step Therapy Criteria**Coverage will be provided if econazole cream or ketoconazole cream has been tried (at

least a 30 day supply) in the prior 180 days.

Step Therapy Group TRIPTANS

**Drug Names** ONZETRA XSAIL, TOSYMRA, 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).

Updated 04/01/2024 2