

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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GOUT

ULORIC

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

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HMG-COA INHIBITORS

ALTOPREV, LIVALO, ZYPITAMAG

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

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URINARY ANTISPASMODICS

TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

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