Step Therapy Criteria

Step Therapy Group	BENIGN PROSTATIC HYPERPLASIA
Drug Names	RAPAFLO
Step Therapy Criteria	Coverage will be provided if terazosin, alfuzosin, doxazosin or tamsulosin has been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group	BISPHOSPHONATES
Drug Names	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	GOUT
Drug Names	ULORIC
Step Therapy Criteria	Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)

Step Therapy Group	HMG-COA INHIBITORS
Drug Names	ALTOPREV, LIVALO, ZYPITAMAG
Step Therapy Criteria	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).

Step Therapy Group	URINARY ANTISPASMODICS
Drug Names	TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER
Step Therapy Criteria	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).