

Step Therapy Criteria

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

HMG-COA INHIBITORS

Drug Names

ALTOPREV, EZALLOR SPRINKLE, LIVALO, ZYPITAMAG

Step Therapy Criteria

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.

Step Therapy Group

PPI

Drug Names

ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE ODT

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

URINARY ANTISPASMODICS

Drug Names

DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

Step Therapy Criteria

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