



Step Therapy Criteria

<i>Step Therapy Group</i>	BISPHOSPHONATES
<i>Drug Names</i>	FOSAMAX PLUS D
<i>Step Therapy Criteria</i>	Coverage will be provided if alendronate, ibandronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).
<i>Step Therapy Group</i>	HMG-COA INHIBITORS
<i>Drug Names</i>	ALTOPREV, EZALLOR SPRINKLE, LIVALO, ZYPITAMAG
<i>Step Therapy Criteria</i>	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.
<i>Step Therapy Group</i>	LEVALBUTEROL
<i>Drug Names</i>	LEVALBUTEROL TARTRATE HFA
<i>Step Therapy Criteria</i>	Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.
<i>Step Therapy Group</i>	NASAL STEROIDS
<i>Drug Names</i>	MOMETASONE FUROATE, OMNARIS
<i>Step Therapy Criteria</i>	Coverage will be provided if generic fluticasone nasal spray has been tried (at least a 30-day supply) in the prior 180 days.
<i>Step Therapy Group</i>	PPI
<i>Drug Names</i>	ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE
<i>Step Therapy Criteria</i>	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).
<i>Step Therapy Group</i>	URINARY ANTISPASMODICS
<i>Drug Names</i>	DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE ER
<i>Step Therapy Criteria</i>	Coverage will be provided if fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, tolterodine tablets, trospium immediate-release, or vibegron has been tried (at least a 30-day supply in the prior 180 days).