

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

BENIGN PROSTATIC HYPERPLASIA

CARDURA XL, RAPAFLO

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

Drug Names

Step Therapy Criteria

BISPHOSPHONATES

BINOSTO, FOSAMAX PLUS D

Coverage will be provided if alendronate, ibandronate, pamidronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).

Step Therapy Group

Drug Names

Step Therapy Criteria

HMG-COA INHIBITORS

ALTOPREV, LIVALO

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

Step Therapy Group

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PROSTAGLANDINS

ZIOPTAN

Coverage will be provided if latanoprost, bimatoprost, or travoprost has been tried (at least a 30 day supply in the prior 180 days).

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TRIPTANS

ONZETRA XSAIL, SUMAVEL DOSEPRO, TREXIMET, ZEMBRACE SYMTOUCH, ZOMIG

Coverage will be provided if almotriptan, eletriptan, frovatriptan, naratriptan, rizatriptan, rizatriptan ODT, sumatriptan nasal spray, sumatriptan tabs, sumatriptan injection, zolmitriptan OR zolmitriptan ODT has been tried (at least a 30 day supply in the prior 180 days).

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ULORIC

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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URINARY ANTISPASMODICS

GELNIQUE, OXYTROL

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