Step Therapy Criteria

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 Drug Names Step Therapy Criteria	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).
Step Therapy Group Drug Names	TRIPTANS ONZETRA XSAIL, SUMAVEL DOSEPRO, TREXIMET, ZEMBRACE SYMTOUCH, ZOMIG
Step Therapy Criteria	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).
Step Therapy Group Drug Names Step Therapy Criteria	ULORIC ULORIC Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)
Step Therapy Group Drug Names Step Therapy Criteria	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).