

## **Step Therapy Criteria**

**Step Therapy Group**

**Drug Names**

**Step Therapy Criteria**

BENIGN PROSTATIC HYPERPLASIA

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 - PENDING CMS REVIEW

FOSAMAX PLUS D

**Step Therapy Group**

**Drug Names**

**Step Therapy Criteria**

GOUT

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**

HMG-COA INHIBITORS

ALTOPREV, LIVALO, ZYPITAMAG

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).

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URINARY ANTISPASMODICS

TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

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).