Step Therapy Criteria

Step Therapy Group BENIGN PROSTATIC HYPERPLASIA

Drug Names RAPAFLO

Step Therapy CriteriaCoverage 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 GroupBISPHOSPHONATESDrug NamesFOSAMAX PLUS D

Step Therapy CriteriaCoverage will be provided if alendronate, ibandronate, or risedronate has been tried (at

least a 30 day supply in the prior 180 days).

Step Therapy GroupGOUTDrug NamesULORIC

Step Therapy Criteria Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the

prior 180 days)

Step Therapy Group HMG-COA INHIBITORS

Drug Names ALTOPREV, LIVALO, ZYPITAMAG

Step Therapy CriteriaCoverage 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).

Step Therapy Group URINARY ANTISPASMODICS

Drug Names TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

Step Therapy CriteriaCoverage 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).

Updated 12/01/2018