

## Step Therapy Criteria

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