Step Therapy Criteria

Step Therapy Group	BENIGN PROSTATIC HYPERPLASIA
Drug Names	CARDURA XL, RAPAFLO
Step Therapy Criteria	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	BISPHOSPHONATES
Drug Names	BINOSTO, FOSAMAX PLUS D
Step Therapy Criteria	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	HMG-COA INHIBITORS
Drug Names	ALTOPREV, LIVALO
Step Therapy Criteria	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	PROSTAGLANDINS
Drug Names	ZIOPTAN
Step Therapy Criteria	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	TRIPTANS
Drug Names	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	ULORIC
Drug Names	ULORIC
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	URINARY ANTISPASMODICS
Drug Names	GELNIQUE, OXYTROL
Step Therapy Criteria	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).