

2019 Step Therapy Criteria

Updated 09/01/2019

BISPHOSPHONATES

Products Affected

- Fosamax Plus D Tablet 70-2800 MG-UNIT Oral ORAL
- Fosamax Plus D TABLET 70-5600 MG-UNIT

Details

Criteria	Coverage will be provided if alendronate, ibandronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).
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GOUT

Products Affected

- Febuxostat Tablet 40 MG Oral
- Febuxostat Tablet 80 MG Oral
- Uloric Tablet 40 MG Oral
- Uloric Tablet 80 MG Oral

Details

Criteria	Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)
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HMG-COA INHIBITORS

Products Affected

- Altoprev Tablet Extended Release 24 Hour 20 MG Oral
- Altoprev Tablet Extended Release 24 Hour 40 MG Oral
- Altoprev Tablet Extended Release 24 Hour 60 MG Oral
- Livalo TABLET 1 MG Oral
- Livalo TABLET 2 MG Oral
- Livalo TABLET 4 MG Oral
- Zypitamag Tablet 1 MG Oral
- Zypitamag Tablet 2 MG Oral
- Zypitamag Tablet 4 MG Oral

Details

Criteria	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

Products Affected

- Tolterodine Tartrate ER Capsule Extended Release 24 Hour 2 MG Oral
- Tolterodine Tartrate ER Capsule Extended Release 24 Hour 4 MG Oral
- Tolterodine Tartrate Tablet 1 MG Oral
- Tolterodine Tartrate Tablet 2 MG Oral

Details

Criteria	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).
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