

2022 Step Therapy Criteria

Updated 05/01/2022

BISPHOSPHONATES

Products Affected

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

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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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
- Ezallor Sprinkle Capsule Sprinkle 10 MG Oral
- Ezallor Sprinkle Capsule Sprinkle 20 MG Oral
- Ezallor Sprinkle Capsule Sprinkle 40 MG Oral
- Ezallor Sprinkle Capsule Sprinkle 5 MG Oral
- Livalo Tablet 1 MG Oral
- Livalo Tablet 2 MG Oral
- Livalo Tablet 4 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, rosuvastatin tablets, simvastatin tablets, or amlodipine/atorvastatin has been tried (at least a 30-day supply) in the prior 180 days.
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PPI

Products Affected

- Esomeprazole Magnesium Capsule Delayed Release 20 MG Oral
- Esomeprazole Magnesium Capsule Delayed Release 40 MG Oral
- Lansoprazole Tablet Delayed Release Dispersible 15 MG Oral
- Lansoprazole Tablet Delayed Release Dispersible 30 MG Oral

Details

Criteria	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).
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URINARY ANTISPASMODICS

Products Affected

- Darifenacin Hydrobromide ER Tablet Extended Release 24 Hour 15 MG Oral
- Darifenacin Hydrobromide ER Tablet Extended Release 24 Hour 7.5 MG Oral
- 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 fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, or trospium immediate-release has been tried (at least a 30-day supply in the prior 180 days).
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