2023 Step Therapy Criteria

Updated 10/15/2022

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).

HMG-COA INHIBITORS

Products Affected

- 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.

LEVALBUTEROL

Products Affected

- Levalbuterol Tartrate Aerosol 45 MCG/ACT Inhalation

Details

Criteria	Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.

NASAL STEROIDS

Products Affected

- Mometasone Furoate Suspension 50 MCG/ACT Nasal
- Omnaris Suspension 50 MCG/ACT Nasal

Details

Criteria	Coverage will be provided if generic fluticasone nasal spray has been tried (at least a 30-day supply) in the prior 180 days.

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).

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

Details

Criteria	Coverage will be provided if fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, tolterodine tablets, trospium immediate-release, or vibegron has been tried (at least a 30-day supply in the prior 180 days).