



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.mytruadvantage.com

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

BISPHOSPHONATES

FOSAMAX PLUS D

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

Step Therapy Group

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HMG-COA INHIBITORS

ALTOPREV, EZALLOR SPRINKLE, LIVALO, ZYPITAMAG

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.

Step Therapy Group

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PPI

ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE ODT

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

DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

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).