



# 2022 Step Therapy Criteria

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## **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**

**Drug Names**

**Step Therapy Criteria**

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**

**Drug Names**

**Step Therapy Criteria**

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).

**Step Therapy Group**

**Drug Names**

**Step Therapy Criteria**

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).