



STEP THERAPY PHARMACY COVERAGE POLICY

Drug Class	Targeted Drugs	Requirement
ANTIHYPERTENSIVES	BENICAR, BENICAR HCT	TRIAL OF AT LEAST ONE GENERIC ACE INHIBITOR OR ANGIOTENSIN II RECEPTOR BLOCKER WITH OR WITHOUT HCTZ (i.e. BENAZEPRIL, CAPTOPRIL, ENALAPRIL, FOSINOPRIL, LISINOPRIL, MOEXIPRIL, PERINDOPRIL, QUINAPRIL, RAMIPRIL, TRANDOLAPRIL, CANDESARTAN, IRBESARTAN, LOSARTAN)
LEUKOTRIENE MODULATORS	ZAFIRLUKAST	TRIAL OF BROCHODILATOR COMBINATION PRODUCT (i.e. DUONEB, COMBIVENT, SYMBICORT, ADVAIR, DULERA) WITH RESCUE INHALER (i.e. ALBUTEROL, FORADIL, XOPENEX) OR TRAIL OF NONSEDATING ANTIHISTAMINE (i.e. CETIRIZINE, LEVOCETIRIZINE, FEXOFENADINE, LORATADINE) WITH NASAL STEROID INHALER (i.e. FLUNISOLIDE, FLUTICASONE, TRIAMCINOLONE)
URINARY ANTISPASMODICS	TOLTERODINE	TRIAL OF OXYBUTYNIN
URINARY ANTISPASMODICS	TOLTERODINE ER	TRIAL OF OXYBUTYNIN ER AND TOLTERODINE IR
URINARY ANTISPASMODICS	MYRBETRIQ	TRIAL OF AT LEAST TWO GENERIC URINARY ANTISPASMODICS (i.e. BETHANECHOL, OXYBUTYNIN, TOLTERODINE, TROSPIUM)