



## Step Therapy Criteria

**Step Therapy Group** LEVALBUTEROL  
**Drug Names** LEVALBUTEROL TARTRATE HFA  
**Step Therapy 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.

**Step Therapy Group** PPI  
**Drug Names** ESOMEPRAZOLE MAGNESIUM  
**Step Therapy 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).

**Step Therapy Group** URINARY ANTISPASMODICS  
**Drug Names** TOLTERODINE TARTRATE ER  
**Step Therapy Criteria** Coverage will be provided if mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, tolterodine immediate-release, trospium immediate-release, or vibegron has been tried (at least a 30-day supply in the prior 180 days).

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