

## Step Therapy Criteria

Step Therapy Group Drug Names Step Therapy Criteria	LEVALBUTEROL LEVALBUTEROL TARTRATE HFA 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 Drug Names Step Therapy Criteria	PPI ESOMEPRAZOLE MAGNESIUM 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 TOLTERODINE TARTRATE ER 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).

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