

## **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**

NASAL STEROIDS

MOMETASONE FUROATE

Coverage will be provided if generic fluticasone nasal spray 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

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 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).