

## **2022 Step Therapy Criteria**

**Updated 10/15/2021**

**Effective 01/01/2022**

**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, 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).