

## **Step Therapy Criteria**

**Updated 10/15//2019**

**Effective 01/01/2020**

### **Step Therapy Group**

#### **Drug Names**

#### **Step Therapy Criteria**

ESOMEPRAZOLE

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 oxybutynin, oxybutynin extended-release, fesoterodine, trospium immediate-release or mirabegron has been tried (at least a 30 day supply in the prior 180 days).