# *Step Therapy Criteria*

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| ***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. |

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| ***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). |

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| ***Step Therapy Group*** | URINARY ANTISPASMODICS |
| ***Drug Names*** | TOLTERODINE TARTRATE ER |
| ***Step Therapy Criteria*** | 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). |