

## 2024 Step Therapy Criteria

**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.

**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).

**Step Therapy Group**

URINARY ANTISPASMODICS

**Drug Names**

TOLTERODINE TARTRATE ER

**Step Therapy Criteria**

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).