

**Sharp Health Plan (HMO)**  
**Step Therapy Requirements**  
**Effective: 12/01/2020**

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**EFFECTIVE DATE: 12/01/2020**

***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).