

Sharp Direct Advantage (HMO)
Step Therapy Requirements

Effective: 03/01/2021

Step Therapy Criteria

Step Therapy Group

ESOMEPRAZOLE

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, TOLTERODINE TARTRATE ER

Step Therapy Criteria

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