

**Sharp Direct Advantage (HMO)**

**Step Therapy**

**Requirements**

**Effective: 12/01/2021**

## **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).