

**Sharp Direct Advantage (HMO)**

**Step Therapy**

**Requirements**

**Effective: 12/01/2023**

## Step Therapy Criteria

### Step Therapy Group

### Drug Names

### Step Therapy Criteria

LEVALBUTEROL

LEVALBUTEROL TARTRATE HFA

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

### Drug Names

### Step Therapy Criteria

PPI

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 ER

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).