

Sharp Direct Advantage (HMO)

Step Therapy

Requirements

Effective: 10/01/2024

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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 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).