**Step Therapy Criteria**

**Step Therapy Group**  
LEVALBUTEROL

**Drug Names**  
LEVALBUTEROL TARTRATE HFA

**Step Therapy Criteria**  
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**  
PPI

**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 ER

**Step Therapy Criteria**  
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).