



MyTruAdvantage | P.O. Box 428 Columbus, IN 47202-0428 | 844.425.4280 | www.MyTruAdvantage.com

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).