## 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 GroupURINARY ANTISPASMODICSDrug NamesTOLTERODINE TARTRATE ER

Step Therapy Criteria 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).

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