



# **Step Therapy Criteria**

## **2023**

This step therapy document was updated on 10/07/2022. To determine if your drug has a step therapy requirement, use the GlobalHealth's online search covered drug tool specific to your plan at [www.GlobalHealth.com](http://www.GlobalHealth.com). For information on how to request an exception (also called a coverage determination) to the step therapy criteria for any of these drugs, please contact Customer Care at 1-866-494-3927 (TTY users should call 711), 24 hours a day, seven days a week, or visit [www.GlobalHealth.com](http://www.GlobalHealth.com).

Este documento de terapia escalonada se actualizó el 10/07/2022. Para determinar si su medicamento tiene un requisito de terapia escalonada, use la herramienta de búsqueda en línea de medicamentos cubiertos de GlobalHealth específica para su plan en [www.GlobalHealth.com](http://www.GlobalHealth.com). Para obtener información sobre cómo solicitar una excepción (también llamada determinación de cobertura) a los criterios de terapia escalonada para cualquiera de estos medicamentos, comuníquese con Atención al Cliente al 1-866-494-3927 (los usuarios de TTY deben llamar al 711), las 24 horas del día, los siete días de la semana, o visite [www.GlobalHealth.com](http://www.GlobalHealth.com).

## **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).