



Step Therapy Criteria for Drugs on the 2022 Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C- SNP) Formularies

The following are step therapy criteria for drugs on the 2022 Generations Special Care (HMO C-SNP) and Generations Special Care Savings (HMO C-SNP) formularies. To determine if your drug has a step therapy requirement, use the GlobalHealth online prescription search specific to your plan at www.GlobalHealth.com. To request an exception (also called a coverage determination) to the step therapy criteria for any of these drugs [click here](#).

Updated 10/15/2021

Step Therapy Criteria

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, TOLTERODINE TARTRATE ER

Coverage will be provided if fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, or trospium immediate-release has been tried (at least a 30-day supply in the prior 180 days).

This step therapy criteria document is current as of 10/15/2021. For more recent information or other questions, please contact Customer Care at 1-866-494-3927 or, for TTY users, 711, 24 hours a day, 7 days a week, or visit www.GlobalHealth.com.