

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

GOUT

FEBUXOSTAT, ULORIC

Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)

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Drug Names

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URINARY ANTISPASMODICS

TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

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