



Step Therapy Criteria Grid

Certain cost-effective drugs must be used before other more expensive drugs are covered. For example, certain brand-name medications will only be covered if a generic alternative has been tried first.

Criterios de terapia escalonada

Se deben utilizar medicamentos genéricos antes de que se cubran otros medicamentos más caros. Por ejemplo, ciertos medicamentos de marca registrada solo estarán cubiertos si primero se ha probado su alternativa genérica.

Steward Health Choice Generations (HMO D-SNP) is a Health Plan with a Medicare contract and a contract with the state Medicaid program. Enrollment in Steward Health Choice Generations (HMO D-SNP) depends on contract renewal.

This information is available in other formats, such as Braille, large print, and audio.

Steward Health Choice Generations (HMO D-SNP) es un plan de salud con un contrato con Medicare y un contrato con el programa estatal de Medicaid. La inscripción en Steward Health Choice Generations (HMO D-SNP) depende de la renovación del contrato.

También puede pedir esta información en otros formatos, como audio, sistema Braille o en letra grande.

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Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

ESOMEPRAZOLE

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

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URINARY ANTISPASMODICS

TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

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