

**Mercy Care Advantage (HMO SNP)  
2021 Prescription Drugs that Require Step Therapy  
Formulary ID 00021153 Version 2  
Effective: 01/01/2021  
Updated 10/15/2020**

***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***

***Step Therapy Criteria***

URINARY ANTISPASMODICS

TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

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