

## **Step Therapy Criteria**

**Step Therapy Group**

GOUT

**Drug Names**

FEBUXOSTAT, ULORIC

**Step Therapy Criteria**

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

**Step Therapy Group**

URINARY ANTISPASMODICS

**Drug Names**

TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

**Step Therapy Criteria**

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).