

## ***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).