**Step Therapy Criteria**

**Step Therapy Group**: ESOMEPRAZOLE

**Drug Names**: ESOMEPRAZOLE MAGNESIUM

**Step Therapy Criteria**: 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).

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**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, trospium immediate-release or mirabegron has been tried (at least a 30 day supply in the prior 180 days).

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