



## **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).

**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.