

Step Therapy Criteria

Step Therapy Group Drug Names Step Therapy Criteria	LEVALBUTEROL LEVALBUTEROL TARTRATE HFA Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.
Step Therapy Group Drug Names Step Therapy Criteria	PPI 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 ER Coverage will be provided if fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, tolterodine tablets, trospium immediate-release, or vibegron has been tried (at least a 30-day supply in the prior 180 days).

You can get this document for free in non-English language(s) or other formats, such as large print, braille, or audio. Call (800) 665-3086 TTY: 711. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx