



## **Step Therapy Criteria**

<b>Step Therapy Group</b>	GOUT
<b>Drug Names</b>	FEBUXOSTAT, ULORIC
<b>Step Therapy Criteria</b>	Coverage will be provided if allopurinol has been tried (at least a 30-day supply in the prior 180 days)
<b>Step Therapy Group</b>	URINARY ANTISPASMODICS
<b>Drug Names</b>	TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER
<b>Step Therapy Criteria</b>	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).

Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call (877) 901-8181, TTY/TDD: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.