



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 fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin, or trospium immediate-release 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.

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