

Step Therapy Criteria

Step Therapy Group LEVALBUTEROL

Drug Names LEVALBUTEROL TARTRATE HFA

Step Therapy Criteria 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 PPI

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 ER

Step Therapy Criteria Coverage will be provided if mirabegron, oxybutynin, oxybutynin extended-

release, solifenacin tablets, tolterodine immediate-release, trospium

immediate-release, or vibegron has been tried (at least a 30-day supply in the

prior 180 days).

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