

## ***Step Therapy Criteria***

<b><i>Step Therapy Group</i></b>	PPI
<b><i>Drug Names</i></b>	ESOMEPRAZOLE MAGNESIUM
<b><i>Step Therapy Criteria</i></b>	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).
<b><i>Step Therapy Group</i></b>	URINARY ANTISPASMODICS
<b><i>Drug Names</i></b>	TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER
<b><i>Step Therapy Criteria</i></b>	Coverage will be provided if fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, or trospium immediate-release has been tried (at least a 30-day supply in the prior 180 days).

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ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-353-0185 (TTY 711).

果您说除英语之外的语言，我们可以为您提供免费的语言援助服务。电话：1-877-353-0185 (TTY 711).