

## 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 GroupURINARY ANTISPASMODICSDrug NamesTOLTERODINE TARTRATE ER

Step Therapy Criteria 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