

Certain cost-effective drugs must be used before other more expensive drugs are covered. For example, certain brand-name medications will only be covered if a generic alternative has been tried first.

## ***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 South Carolina Healthy Connections 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 (855) 735-5831, TTY: 711, 7 days a week, 8 a.m. to 8 p.m., local time. 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.