

Step Therapy Criteria

Step Therapy Group

GOUT

Drug Names

FEBUXOSTAT, ULORIC

Step Therapy Criteria

Coverage will be provided if allopurinol has 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 oxybutynin, oxybutynin extended-release, fesoterodine, solifenacin, trospium immediate-release, or mirabegron has been tried (at least a 30 day supply in the prior 180 days).

Molina Dual Options STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

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