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 oxybutynin, oxybutynin extended-release, fesoterodine, trospium immediate-release or mirabegron has been tried (at least a 30 day supply in the prior 180 days).

This information is available in other formats, such as Braille, large print, and audio.