Step Therapy Criteria

Step Therapy Group
ESOMEPRAZOLE

Step Therapy Group
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

Step Therapy Group
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).

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

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