**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).

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

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