

## ***Step Therapy Criteria***

### ***Step Therapy Group***

PPI

### ***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 tablets, or trospium immediate-release 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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