

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

ESOMEPRAZOLE

ESOMEPRAZOLE MAGNESIUM

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).

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URINARY ANTISPASMODICS

TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER

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).