

Step Therapy Criteria

<i>Step Therapy Group</i>	LEVALBUTEROL
<i>Drug Names</i>	LEVALBUTEROL TARTRATE HFA
<i>Step Therapy Criteria</i>	Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.
<i>Step Therapy Group</i>	PPI
<i>Drug Names</i>	ESOMEPRAZOLE MAGNESIUM
<i>Step Therapy Criteria</i>	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).
<i>Step Therapy Group</i>	URINARY ANTISPASMODICS
<i>Drug Names</i>	TOLTERODINE TARTRATE ER
<i>Step Therapy Criteria</i>	Coverage will be provided if fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, tolterodine tablets, trospium immediate-release, or vibegron has been tried (at least a 30-day supply in the prior 180 days).

Molina Dual Options MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

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