

Certain cost-effective drugs must be used before other more expensive drugs are covered. For example, certain brand-name medications will only be covered if a generic alternative has been tried first.

Step Therapy Criteria

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

Molina Dual Options Medicare-Medicaid Plan is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

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