# 2020 Step Therapy Criteria

**Updated 03/01/2020**

## ESOMEPRAZOLE

### Products Affected
- Esomeprazole Magnesium Capsule Delayed Release 20 MG Oral
- Esomeprazole Magnesium Capsule Delayed Release 40 MG Oral

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>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).</th>
</tr>
</thead>
</table>
URINARY ANTISPASMODICS

Products Affected

- Tolterodine Tartrate ER Capsule Extended Release 24 Hour 2 MG Oral
- Tolterodine Tartrate ER Capsule Extended Release 24 Hour 4 MG Oral
- Tolterodine Tartrate Tablet 1 MG Oral
- Tolterodine Tartrate Tablet 2 MG Oral

Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Coverage will be provided if oxybutynin, oxybutynin extended-release, fesoterodine, trospium immediate-release or mirabegron has been tried (at least a 30 day supply in the prior 180 days).</th>
</tr>
</thead>
</table>