



Step Therapy Criteria

Step Therapy GroupARIPIPRAZOLE ODTDrug NamesARIPIPRAZOLE ODT

Step Therapy Criteria Coverage will be provided if generic aripiprazole immediate release tablet has been

tried (at least a 30-day supply in the prior 180 days).

Step Therapy GroupBARACLUDE SOLDrug NamesBARACLUDE

Step Therapy Criteria Coverage will be provided if generic entecavir tablets have been tried (at least a 30 day

supply in the prior 180 days).

Step Therapy Group BISPHOSPHONATES

Drug Names ALENDRONATE SODIUM, RISEDRONATE SODIUM DR

Step Therapy Criteria Coverage will be provided if alendronate, ibandronate, or risedronate has been tried (at

least a 30 day supply in the prior 180 days).

Step Therapy GroupLAMOTRIGINEDrug NamesLAMOTRIGINE ER

Step Therapy CriteriaCoverage will be provided if generic lamotrigine immediate release tablets or generic

lamotrigine chewable, dispersible tablet has been tried (at least a 30 day supply in the

prior 180 days).

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 GroupOLANZAPINE ODTDrug NamesOLANZAPINE ODT

Step Therapy CriteriaCoverage will be provided if generic olanzapine immediate release tablet has 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).

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Step Therapy GroupRISPERIDONE ODTDrug NamesRISPERIDONE ODT

Step Therapy Criteria Coverage will be provided if generic risperidone immediate release tablet has been

tried (at least a 30-day supply in the prior 180 days).

Step Therapy GroupURINARY ANTISPASMODICSDrug NamesTOLTERODINE TARTRATE ER

Step Therapy Criteria Coverage will be provided if one of the following generics has been tried (at least a 30-

day supply in the prior 180 days): oxybutynin tablets, oxybutynin solution, oxybutynin extended-release tablets, solifenacin tablets, tolterodine immediate-release tablets, or

trospium immediate-release tablets.

Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

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