

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

ARIPIPRAZOLE ODT

ARIPIPRAZOLE ODT

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 Group

Drug Names

Step Therapy Criteria

BARACLUDE SOL

BARACLUDE

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

Drug Names

Step Therapy Criteria

BISPHOSPHONATES

ALENDRONATE SODIUM, RISEDRONATE SODIUM DR

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 Group

Drug Names

Step Therapy Criteria

LAMOTRIGINE

LAMOTRIGINE ER

Coverage 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

Drug Names

Step Therapy Criteria

LEVALBUTEROL

LEVALBUTEROL TARTRATE HFA

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

Drug Names

Step Therapy Criteria

OLANZAPINE ODT

OLANZAPINE ODT

Coverage 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

Drug Names

Step Therapy Criteria

PPI

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).

Step Therapy Group	RISPERIDONE ODT
Drug Names	RISPERIDONE 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 Group	URINARY ANTISPASMODICS
Drug Names	TOLTERODINE 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 Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

VA D-SNP Only: Molina Healthcare is a D-SNP with a Medicare contract. D-SNP plans have a contract with the Virginia Department of Medical Assistance Services' Cardinal Care Medicaid program. Enrollment depends on contract renewal.

CHP Only: Central Health Medicare Plan is an HMO/HMO SNP with a Medicare contract. Enrollment in Central Health Medicare Plan depends on contract renewal.

NM D-SNP Only: Such services are funded in part with the State of New Mexico.

<https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx>

https://centralhealthplan.com/Docs/Member/Multi_Lanugage_Insert.pdf