Step Therapy Criteria

Step Therapy Group	ARIPIPRAZOLE ODT
Drug Names	ARIPIPRAZOLE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic aripiprazole immediate release tablet has been tried.
Step Therapy Group	BARACLUDE SOL
Drug Names	BARACLUDE
Step Therapy Criteria	Coverage will be provided if at least a [30-day] supply of generic entecavir tablets has been tried.
Step Therapy Group	BISPHOSPHONATES
Drug Names	ALENDRONATE SODIUM, RISEDRONATE SODIUM DR
Step Therapy Criteria	Coverage will be provided if at least a [30-day] supply of alendronate, ibandronate, or risedronate has been tried.
Step Therapy Group	BRINZOLAMIDE
Drug Names	BRINZOLAMIDE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of dorzolamide 2% ophthalmic solution has been tried.
Step Therapy Group	EDARBI-EDARBYCLOR
Drug Names	AZILSARTAN MEDOXOMIL, EDARBI, EDARBYCLOR
Step Therapy Criteria	Coverage will be provided if at least a [30-day] supply of two formulary generic Angiotensin II Receptor Antagonists (ARBs) or ARB combination products (other than azilsartan-containing products) have been tried.
Step Therapy Group	HMG-COA INHIBITORS
Drug Names	FLUVASTATIN, FLUVASTATIN SODIUM ER, PITAVASTATIN CALCIUM, ZYPITAMAG
Step Therapy Criteria	Coverage will be provided if at least a [30-day] supply of atorvastatin tablets, ezetimibe/simvastatin, lovastatin, pravastatin, rosuvastatin tablets, simvastatin tablets, or amlodipine/atorvastatin has been tried.
Step Therapy Group	LAMOTRIGINE
Drug Names	LAMOTRIGINE ER, LAMOTRIGINE ODT, SUBVENITE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic lamotrigine immediate release tablets or generic lamotrigine chewable, dispersible tablet has been tried.

Step Therapy Group	LEVALBUTEROL
Drug Names	LEVALBUTEROL TARTRATE HFA
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of albuterol HFA or Ventolin HFA has been tried.

Step Therapy Group	OLANZAPINE ODT
Drug Names	OLANZAPINE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic olanzapine immediate release tablet has been tried.

Step Therapy Group	PPI
Drug Names	ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of two of the following generic alternatives: omeprazole capsules, pantoprazole tablets, or lansoprazole capsules have been tried.

Step Therapy Group	RISPERIDONE ODT
Drug Names	RISPERIDONE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic risperidone immediate release tablet has been tried.

Step Therapy Group	URINARY ANTISPASMODICS
Drug Names	DARIFENACIN HYDROBROMIDE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of one of the following generics have been tried: oxybutynin tablets, oxybutynin solution, oxybutynin extended-release tablets, solifenacin tablets, tolterodine immediate-release tablets, or trospium immediate-release tablets.

Notice of Availability (NOA) All plans except CA H3038, MA H2224, MA H4371, OH H9955-008

Notice of Availability (NOA) CA Molina Medicare Complete Care (HMO D-SNP) and Molina Medicare Complete Care Plus (HMO D-SNP) Plans

Notice of Availability (NOA) Molina Complete Care for MyCare Ohio (HMO D-SNP) Plan