

Step Therapy Criteria

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| Step Therapy Group | ARIPIPRAZOLE ODT |
| Drug Names | ARIPIPRAZOLE 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 Group | BARACLUDE SOL |
| Drug Names | BARACLUDE |
| 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 Group | LAMOTRIGINE |
| Drug Names | LAMOTRIGINE ER |
| Step Therapy Criteria | 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 | 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 | OLANZAPINE ODT |
| Drug Names | OLANZAPINE ODT |
| Step Therapy Criteria | 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 | 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 | 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**Drug Names****Step Therapy Criteria**

URINARY ANTISPASMODICS

TOLTERODINE TARTRATE ER

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 MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan Medicaid to provide benefits of both programs to enrollees.

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