

Step Therapy Criteria

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 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