

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). |

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| 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