

## Step Therapy Criteria

<b>Step Therapy Group</b>	ARIPIPRAZOLE ODT
<b>Drug Names</b>	ARIPIPRAZOLE ODT
<b>Step Therapy Criteria</b>	Coverage will be provided if generic aripiprazole immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).
<b>Step Therapy Group</b>	BARACLUDE SOL
<b>Drug Names</b>	BARACLUDE
<b>Step Therapy Criteria</b>	Coverage will be provided if generic entecavir tablets have been tried (at least a 30 day supply in the prior 180 days).
<b>Step Therapy Group</b>	BISPHOSPHONATES
<b>Drug Names</b>	ALENDRONATE SODIUM, RISEDRONATE SODIUM DR
<b>Step Therapy Criteria</b>	Coverage will be provided if alendronate, ibandronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).
<b>Step Therapy Group</b>	LAMOTRIGINE
<b>Drug Names</b>	LAMOTRIGINE ER
<b>Step Therapy Criteria</b>	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).
<b>Step Therapy Group</b>	LEVALBUTEROL
<b>Drug Names</b>	LEVALBUTEROL TARTRATE HFA
<b>Step Therapy Criteria</b>	Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.
<b>Step Therapy Group</b>	OLANZAPINE ODT
<b>Drug Names</b>	OLANZAPINE ODT
<b>Step Therapy Criteria</b>	Coverage will be provided if generic olanzapine immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).
<b>Step Therapy Group</b>	PPI
<b>Drug Names</b>	ESOMEPRAZOLE MAGNESIUM
<b>Step Therapy Criteria</b>	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](https://centralhealthplan.com/Docs/Member/Multi_Lanugage_Insert.pdf)