

## Step Therapy Criteria

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

ARIPIPRAZOLE ODT

ARIPIPRAZOLE ODT

Coverage will be provided if at least a 30-day supply of generic aripiprazole immediate release tablet has been tried.

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

BARACLUDE SOL

BARACLUDE

Coverage will be provided if at least a [30-day] supply of generic entecavir tablets has been tried.

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

BISPHOSPHONATES

ALENDRONATE SODIUM, RISEDRONATE SODIUM DR

Coverage will be provided if at least a [30-day] supply of alendronate, ibandronate, or risedronate has been tried.

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

BRINZOLAMIDE

BRINZOLAMIDE

Coverage will be provided if at least a 30-day supply of dorzolamide 2% ophthalmic solution has been tried.

### Step Therapy Group

#### Drug Names

#### Step Therapy Criteria

EDARBI-EDARBYCLOR

EDARBI, EDARBYCLOR

Coverage will be provided if at least a [30-day] supply of two formulary generic Angiotensin II Receptor Antagonists (ARBs) or ARB combination products have been tried.

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HMG-COA INHIBITORS

EZALLOR SPRINKLE, FLUVASTATIN, FLUVASTATIN SODIUM ER, PITAVASTATIN CALCIUM, ZYPITAMAG

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

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LAMOTRIGINE

LAMOTRIGINE ER, LAMOTRIGINE ODT, SUBVENITE

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