

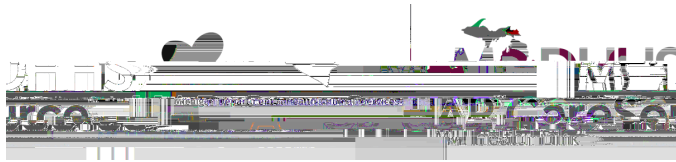
Step Therapy Criteria
HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) 2024
Date Effective: 9/01/2024

ALBUTEROL

Products Affected

Step 2:

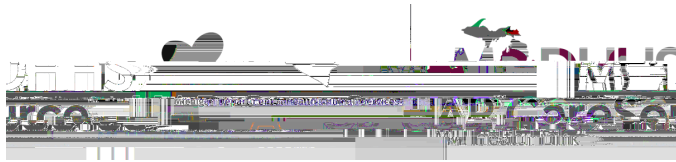
LEVALBUTEROL HFA 45
MCG/ACTUATION AEROSOL
INHALER



Step Therapy Criteria
HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) 2024
Date Effective: 9/01/2024

Details

Criteria	For new starts only, claims for levalbuterol HFA will process if a claim for Ventolin HFA is processed in the past 120 days.

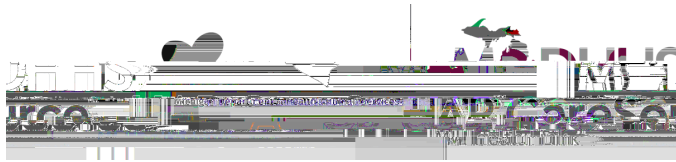


Step Therapy Criteria
HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) 2024
Date Effective: 9/01/2024

ESRD

Products Affected

Step 2:



Step Therapy Criteria
HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) 2024
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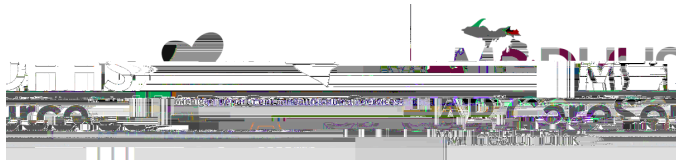
METFORMIN

Products Affected

Step 2:

Details

Criteria	For new starts only, claims for metformin solution will process if a claim for metformin tablet is processed in the past 120 days.
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Step Therapy Criteria
HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) 2024
Date Effective: 9/01/2024

ROCKLATAN

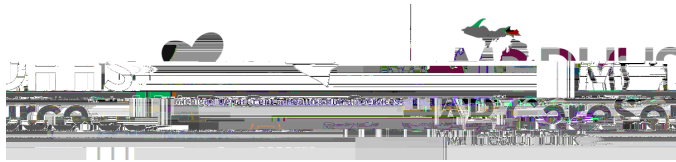
Products Affected

Step 2:

ROCKLATAN 0.02 %-0.005 % EYE
DROPS

Details

Criteria	For new starts only, claims for Rocklatan will process if a claim for latanoprost is processed in the past 120 days.
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Step Therapy Criteria
HAP CareSource™ MI Health Link (Medicare-Medicaid Plan) 2024
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L

lanthanum 1,000 mg chewable tablet..... 3
lanthanum 500 mg chewable tablet..... 3
lanthanum 750 mg chewable tablet..... 3

LEVALBUTEROL HFA 45

MCG/ACTUATION AEROSOL

INHALER..... 1, 2

M

metformin 500 mg/5 ml oral solution 4

R

ROCKLATAN 0.02 %-0.005 % EYE
DROPS

5

S