

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 | EDARBI-EDARBYCLOR |
| Drug Names | EDARBI, EDARBYCLOR |
| Step Therapy Criteria | Coverage will be provided if two formulary generic Angiotensin II Receptor Antagonists (ARBs) or ARB combination products have been tried (at least a 30-day supply in the prior 180 days). |
| Step Therapy Group | HMG-COA INHIBITORS |
| Drug Names | ALTOPREV, EZALLOR SPRINKLE, FLUVASTATIN, FLUVASTATIN SODIUM ER, PITAVASTATIN CALCIUM, ZYPITAMAG |
| Step Therapy Criteria | Coverage will be provided if atorvastatin tablets, ezetimibe/simvastatin, lovastatin, pravastatin, rosuvastatin tablets, simvastatin tablets, or amlodipine/atorvastatin has been tried (at least a 30-day supply) in the prior 180 days. |
| Step Therapy Group | LAMOTRIGINE |
| Drug Names | LAMOTRIGINE ER, LAMOTRIGINE ODT |
| 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, LANSOPRAZOLE
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 DARIFENACIN HYDROBROMIDE, 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.