

Step Therapy Criteria

Step Therapy Group	ARIPRAZOLE ODT
Drug Names	ARIPRAZOLE 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, RISEDROATE 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	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.

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OLANZAPINE ODT
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Coverage will be provided if generic olanzapine immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).

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PPI
ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE
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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RISPERIDONE ODT
RISPERIDONE ODT
Coverage will be provided if generic risperidone immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).

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URINARY ANTISPASMODICS
DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE ER
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.