

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.

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BARACLUDE SOL

BARACLUDE

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

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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.

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BRINZOLAMIDE

BRINZOLAMIDE

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

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LAMOTRIGINE

LAMOTRIGINE ER, 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.

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LEVALBUTEROL

LEVALBUTEROL TARTRATE HFA

Coverage will be provided if at least a 30-day supply of albuterol HFA or Ventolin HFA has been tried.

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OLANZAPINE ODT

OLANZAPINE ODT

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

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PPI

ESOMEPRAZOLE MAGNESIUM

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.

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RISPERIDONE ODT

RISPERIDONE ODT

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