

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

ARIPIPRAZOLE ODT

ARIPIPRAZOLE ODT

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

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BARACLUDE SOL

BARACLUDE

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

Drug Names

Step Therapy Criteria

BISPHOSPHONATES

ALENDRONATE SODIUM, RISEDRONATE SODIUM DR

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

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EDARBI-EDARBYCLOR

EDARBI, EDARBYCLOR

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).

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HMG-COA INHIBITORS

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

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.

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LAMOTRIGINE

LAMOTRIGINE ER, LAMOTRIGINE ODT

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).

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LEVALBUTEROL

LEVALBUTEROL TARTRATE HFA

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
OLANZAPINE ODT
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.