

## Step Therapy Criteria

<b>Step Therapy Group</b>	ARIPIPRAZOLE ODT
<b>Drug Names</b>	ARIPIPRAZOLE ODT
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of generic aripiprazole immediate release tablet has been tried.
<b>Step Therapy Group</b>	BARACLUDE SOL
<b>Drug Names</b>	BARACLUDE
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a [30-day] supply of generic entecavir tablets has been tried.
<b>Step Therapy Group</b>	BISPHOSPHONATES
<b>Drug Names</b>	ALENDRONATE SODIUM, RISEDRONATE SODIUM DR
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a [30-day] supply of alendronate, ibandronate, or risedronate has been tried.
<b>Step Therapy Group</b>	BRINZOLAMIDE
<b>Drug Names</b>	BRINZOLAMIDE
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of dorzolamide 2% ophthalmic solution has been tried.
<b>Step Therapy Group</b>	EDARBI-EDARBYCLOR
<b>Drug Names</b>	EDARBI, EDARBYCLOR
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a [30-day] supply of two formulary generic Angiotensin II Receptor Antagonists (ARBs) or ARB combination products have been tried.
<b>Step Therapy Group</b>	HMG-COA INHIBITORS
<b>Drug Names</b>	EZALLOR SPRINKLE, FLUVASTATIN, FLUVASTATIN SODIUM ER, PITAVASTATIN CALCIUM, ZYPITAMAG
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a [30-day] supply of atorvastatin tablets, ezetimibe/simvastatin, lovastatin, pravastatin, rosuvastatin tablets, simvastatin tablets, or amlodipine/atorvastatin has been tried.
<b>Step Therapy Group</b>	LAMOTRIGINE
<b>Drug Names</b>	LAMOTRIGINE ER, LAMOTRIGINE ODT
<b>Step Therapy Criteria</b>	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.
<b>Step Therapy Group</b>	LEVALBUTEROL
<b>Drug Names</b>	LEVALBUTEROL TARTRATE HFA
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of albuterol HFA or Ventolin HFA has been tried.

<b>Step Therapy Group</b>	OLANZAPINE ODT
<b>Drug Names</b>	OLANZAPINE ODT
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of generic olanzapine immediate release tablet has been tried.
<b>Step Therapy Group</b>	PPI
<b>Drug Names</b>	ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE
<b>Step Therapy Criteria</b>	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.
<b>Step Therapy Group</b>	RISPERIDONE ODT
<b>Drug Names</b>	RISPERIDONE ODT
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of generic risperidone immediate release tablet has been tried.
<b>Step Therapy Group</b>	URINARY ANTISPASMODICS
<b>Drug Names</b>	DARIFENACIN HYDROBROMIDE
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of one of the following generics have been tried: oxybutynin tablets, oxybutynin solution, oxybutynin extended-release tablets, solifenacin tablets, tolterodine immediate-release tablets, or trospium immediate-release tablets.