

## **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.

### **Step Therapy Group**

#### **Drug Names**

#### **Step Therapy Criteria**

BARACLUDE SOL

BARACLUDE

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

### **Step Therapy Group**

#### **Drug Names**

#### **Step Therapy Criteria**

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.

### **Step Therapy Group**

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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.

### **Step Therapy Group**

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EDARBI-EDARBYCLOL

EDARBI, EDARBYCLOL

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.

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HMG-COA INHIBITORS

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

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.

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LAMOTRIGINE

LAMOTRIGINE ER, LAMOTRIGINE ODT

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.

### **Step Therapy Group**

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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.

**Step Therapy Group**

**Drug Names**

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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.

**Step Therapy Group**

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PPI

ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE

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.

**Step Therapy Group**

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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.

**Step Therapy Group**

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URINARY ANTISPASMODICS

DARIFENACIN HYDROBROMIDE

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.