Step Therapy Criteria

Step Therapy GroupARIPIPRAZOLE ODTDrug NamesARIPIPRAZOLE ODT

Step Therapy CriteriaCoverage will be provided if at least a 30-day supply of generic aripiprazole immediate

release tablet has been tried.

Step Therapy GroupBARACLUDE SOLDrug NamesBARACLUDE

Step Therapy Criteria Coverage will be provided if at least a [30-day] supply of generic entecavir tablets has

been tried.

Step Therapy Group BISPHOSPHONATES

Drug Names ALENDRONATE SODIUM, RISEDRONATE SODIUM DR

Step Therapy CriteriaCoverage will be provided if at least a [30-day] supply of alendronate, ibandronate, or

risedronate has been tried.

Step Therapy GroupBRINZOLAMIDEDrug NamesBRINZOLAMIDE

Step Therapy CriteriaCoverage will be provided if at least a 30-day supply of dorzolamide 2% ophthalmic

solution has been tried.

Step Therapy GroupEDARBI-EDARBYCLORDrug NamesEDARBI, EDARBYCLOR

Step Therapy CriteriaCoverage 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.

Step Therapy Group HMG-COA INHIBITORS

Drug Names EZALLOR SPRINKLE, FLUVASTATIN, FLUVASTATIN SODIUM ER, PITAVASTATIN

CALCIUM, ZYPITAMAG

Step Therapy CriteriaCoverage 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.

Step Therapy GroupJARDIANCEDrug NamesJARDIANCE

Step Therapy CriteriaCoverage will be provided if at least a 30-day supply of dapagliflozin has been tried.

Step Therapy Group LAMOTRIGINE

Drug Names LAMOTRIGINE ER, LAMOTRIGINE ODT

Step Therapy CriteriaCoverage 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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Step Therapy Group LEVALBUTEROL

Drug NamesLEVALBUTEROL TARTRATE HFA

Step Therapy Criteria Coverage will be provided if at least a 30-day supply of albuterol HFA or Ventolin HFA

has been tried.

Step Therapy GroupOLANZAPINE ODTDrug NamesOLANZAPINE ODT

Step Therapy CriteriaCoverage will be provided if at least a 30-day supply of generic olanzapine immediate

release tablet has been tried.

Step Therapy Group PPI

Drug Names ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE

Step Therapy CriteriaCoverage 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 GroupRISPERIDONE ODTDrug NamesRISPERIDONE ODT

Step Therapy CriteriaCoverage will be provided if at least a 30-day supply of generic risperidone immediate

release tablet has been tried.

Step Therapy GroupURINARY ANTISPASMODICSDrug NamesDARIFENACIN HYDROBROMIDE

Step Therapy CriteriaCoverage 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.

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