

Step Therapy Criteria

Step Therapy Group	ARIPIPRAZOLE ODT
Drug Names	ARIPIPRAZOLE ODT
Step Therapy Criteria	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	BARACLUDE SOL
Drug Names	BARACLUDE
Step Therapy Criteria	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	BISPHOSPHONATES
Drug Names	ALENDRONATE SODIUM, RISEDRONATE SODIUM DR
Step Therapy Criteria	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	EDARBI-EDARBYCLOR
Drug Names	EDARBI, EDARBYCLOR
Step Therapy Criteria	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).
Step Therapy Group	HMG-COA INHIBITORS
Drug Names	ALTOPREV, EZALLOR SPRINKLE, FLUVASTATIN, FLUVASTATIN SODIUM ER, PITAVASTATIN CALCIUM, ZYPITAMAG
Step Therapy Criteria	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.
Step Therapy Group	LAMOTRIGINE
Drug Names	LAMOTRIGINE ER, LAMOTRIGINE ODT
Step Therapy Criteria	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).
Step Therapy Group	LEVALBUTEROL
Drug Names	LEVALBUTEROL TARTRATE HFA
Step Therapy Criteria	Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.
Step Therapy Group	NASAL STEROIDS - PENDING CMS REVIEW
Drug Names	MOMETASONE FUROATE
Step Therapy Criteria	-

Step Therapy Group OLANZAPINE ODT
Drug Names OLANZAPINE ODT
Step Therapy Criteria Coverage will be provided if generic olanzapine immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).

Step Therapy Group PPI
Drug Names ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE
Step Therapy Criteria 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).

Step Therapy Group RISPERIDONE ODT
Drug Names RISPERIDONE ODT
Step Therapy Criteria Coverage will be provided if generic risperidone immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).

Step Therapy Group URINARY ANTISPASMODICS
Drug Names DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE ER
Step Therapy Criteria 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.