

## 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 generic aripiprazole immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).
<b>Step Therapy Group</b>	BARACLUDE SOL
<b>Drug Names</b>	BARACLUDE
<b>Step Therapy Criteria</b>	Coverage will be provided if generic entecavir tablets have been tried (at least a 30 day supply in the prior 180 days).
<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 alendronate, ibandronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).
<b>Step Therapy Group</b>	EDARBI-EDARBYCLOR
<b>Drug Names</b>	EDARBI, EDARBYCLOR
<b>Step Therapy Criteria</b>	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).
<b>Step Therapy Group</b>	HMG-COA INHIBITORS
<b>Drug Names</b>	ALTOPREV, EZALLOR SPRINKLE, FLUVASTATIN, FLUVASTATIN SODIUM ER, PITAVASTATIN CALCIUM, ZYPITAMAG
<b>Step Therapy Criteria</b>	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.
<b>Step Therapy Group</b>	LAMOTRIGINE
<b>Drug Names</b>	LAMOTRIGINE ER, LAMOTRIGINE ODT
<b>Step Therapy Criteria</b>	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).
<b>Step Therapy Group</b>	LEVALBUTEROL
<b>Drug Names</b>	LEVALBUTEROL TARTRATE HFA
<b>Step Therapy Criteria</b>	Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.

<p><b>Step Therapy Group</b></p> <p><b>Drug Names</b></p> <p><b>Step Therapy Criteria</b></p>	<p>OLANZAPINE ODT</p> <p>OLANZAPINE ODT</p> <p>Coverage will be provided if generic olanzapine immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).</p>
<p><b>Step Therapy Group</b></p> <p><b>Drug Names</b></p> <p><b>Step Therapy Criteria</b></p>	<p>PPI</p> <p>ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE</p> <p>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).</p>
<p><b>Step Therapy Group</b></p> <p><b>Drug Names</b></p> <p><b>Step Therapy Criteria</b></p>	<p>RISPERIDONE ODT</p> <p>RISPERIDONE ODT</p> <p>Coverage will be provided if generic risperidone immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).</p>
<p><b>Step Therapy Group</b></p> <p><b>Drug Names</b></p> <p><b>Step Therapy Criteria</b></p>	<p>URINARY ANTISPASMODICS</p> <p>DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE ER</p> <p>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.</p>