

Step Therapy Criteria

Step Therapy Group	ARIPIPRAZOLE ODT
Drug Names	ARIPIPRAZOLE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic aripiprazole immediate release tablet has been tried.
Step Therapy Group	BARACLUDE SOL
Drug Names	BARACLUDE
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 Criteria	Coverage will be provided if at least a [30-day] supply of alendronate, ibandronate, or risedronate has been tried.
Step Therapy Group	BRINZOLAMIDE
Drug Names	BRINZOLAMIDE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of dorzolamide 2% ophthalmic solution has been tried.
Step Therapy Group	EDARBI-EDARBYCLOR - PENDING CMS REVIEW
Drug Names	AZILSARTAN MEDOXOMIL, EDARBI, EDARBYCLOR
Step Therapy Criteria	Coverage will be provided if at least a [30-day] supply of two formulary generic Angiotensin II Receptor Antagonists (ARBs) or ARB combination products (other than azilsartan-containing products) have been tried.
Step Therapy Group	HMG-COA INHIBITORS
Drug Names	FLUVASTATIN, FLUVASTATIN SODIUM ER, PITAVASTATIN CALCIUM, ZYPITAMAG
Step Therapy Criteria	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.
Step Therapy Group	LAMOTRIGINE
Drug Names	LAMOTRIGINE ER, LAMOTRIGINE ODT, SUBVENITE
Step Therapy Criteria	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.

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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.

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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.

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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.

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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.

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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.