

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	JARDIANCE
Drug Names	JARDIANCE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of dapagliflozin has been tried.
Step Therapy Group	LAMOTRIGINE
Drug Names	LAMOTRIGINE ER
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.
Step Therapy Group	LEVALBUTEROL
Drug Names	LEVALBUTEROL 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 Group	OLANZAPINE ODT
Drug Names	OLANZAPINE ODT
Step Therapy Criteria	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
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
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Coverage will be provided if at least a 30-day supply of generic risperidone immediate release tablet has been tried.