

## Step Therapy Criteria

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| <b>Step Therapy Group</b>    | ARIPIPRAZOLE ODT   |
| <b>Drug Names</b>            | ARIPIPRAZOLE ODT   |
| <b>Step Therapy Criteria</b> | Coverage will be provided if at least a 30-day supply of generic aripiprazole immediate release tablet has been tried.   |
| <b>Step Therapy Group</b>    | BARACLUDE SOL  |
| <b>Drug Names</b>            | BARACLUDE  |
| <b>Step Therapy Criteria</b> | Coverage will be provided if at least a [30-day] supply of generic entecavir tablets has been tried.   |
| <b>Step Therapy Group</b>    | BRINZOLAMIDE   |
| <b>Drug Names</b>            | BRINZOLAMIDE   |
| <b>Step Therapy Criteria</b> | Coverage will be provided if at least a 30-day supply of dorzolamide 2% ophthalmic solution has been tried.  |
| <b>Step Therapy Group</b>    | LAMOTRIGINE  |
| <b>Drug Names</b>            | LAMOTRIGINE ER   |
| <b>Step Therapy Criteria</b> | 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.               |
| <b>Step Therapy Group</b>    | LEVALBUTEROL   |
| <b>Drug Names</b>            | LEVALBUTEROL TARTRATE HFA  |
| <b>Step Therapy Criteria</b> | Coverage will be provided if at least a 30-day supply of albuterol HFA or Ventolin HFA has been tried.   |
| <b>Step Therapy Group</b>    | OLANZAPINE ODT   |
| <b>Drug Names</b>            | OLANZAPINE ODT   |
| <b>Step Therapy Criteria</b> | Coverage will be provided if at least a 30-day supply of generic olanzapine immediate release tablet has been tried.   |
| <b>Step Therapy Group</b>    | PPI  |
| <b>Drug Names</b>            | ESOMEPRAZOLE MAGNESIUM   |
| <b>Step Therapy Criteria</b> | 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. |
| <b>Step Therapy Group</b>    | RISPERIDONE ODT  |
| <b>Drug Names</b>            | RISPERIDONE ODT  |
| <b>Step Therapy Criteria</b> | Coverage will be provided if at least a 30-day supply of generic risperidone immediate release tablet has been tried.  |