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	BENIGN PROSTATIC HYPERPLASIA
Drug Names	CARDURA XL
Step Therapy Criteria	Coverage will be provided if terazosin, alfuzosin, doxazosin, silodosin or tamsulosin has been tried (at least a 30 day supply in the prior 180 days).
Step Therapy Group	BISPHOSPHONATES
Drug Names	ALENDRONATE SODIUM, ATELVIA, BINOSTO, FOSAMAX PLUS D, 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	DPP4 INHIBITORS
Drug Names	ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, ALOGLIPTIN/METFORMIN HYDR, ALOGLIPTIN/PIOGLITAZONE, KAZANO, KOMBIGLYZE XR, NESINA, ONGLYZA, OSENI, SITAGLIPTIN, SITAGLIPTIN/METFORMIN HYD, ZITUVIMET, ZITUVIMET XR, ZITUVIO
Step Therapy Criteria	Coverage will be provided if the patient had a trial of at least a 30 day supply each of sitagliptin (Januvia [sitagliptin], Janumet [sitagliptin/metformin hydrochloride], or Janumet XR [sitagliptin/metformin hydrochloride extended-release]) AND linagliptin (Tradjenta [linagliptin], Jentadueto [linagliptin/metformin hydrochloride], or Jentadueto XR [linagliptin/metformin hydrochloride extended-release]) 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, ATORVALIQ, EZALLOR SPRINKLE, FLOLIPID, FLUVASTATIN, FLUVASTATIN SODIUM ER, LESCOL XL, LIVALO, 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	LAMICTAL ODT, LAMICTAL XR, 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, XOPENEX 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	LEVOTHYROXINE
Drug Names	LEVOTHYROXINE SODIUM, TIROSINT
Step Therapy Criteria	Coverage will be provided if levothyroxine tablets have been tried (at least a 30 day supply in the prior 180 days).
Step Therapy Group	NASAL STEROIDS
Drug Names	OMNARIS, QNASL, QNASL CHILDRENS
Step Therapy Criteria	Coverage will be provided if generic fluticasone nasal spray has been tried (at least a 30-day supply) in the prior 180 days.
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	ACIPHEX, ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE, NEXIUM, PANTOPRAZOLE SODIUM, PREVACID SOLUTAB, PROTONIX
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	PROSTAGLANDINS
Drug Names	IYUZEH, XELPROS, ZIOPTAN
Step Therapy Criteria	Coverage will be provided if latanoprost, bimatoprost, or travoprost has 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	RYTARY
Drug Names	CREXONT, RYTARY
Step Therapy Criteria	Coverage will be provided if a generic immediate-release or extended-release carbidopa-levodopa containing product has been tried for at least 30 days in the prior 180 days.
Step Therapy Group	TOPICAL ANTIFUNGALS
Drug Names	ERTACZO, LULICONAZOLE, LUZU
Step Therapy Criteria	Coverage will be provided if econazole cream or ketoconazole cream has been tried (at least a 30 day supply) in the prior 180 days.
Step Therapy Group	TRIPTANS
Drug Names	ALMOTRIPTAN, ELETRIPTAN HYDROBROMIDE, FROVA, FROVATRIPTAN SUCCINATE, ONZETRA XSAIL, RELPAX, SUMATRIPTAN/NAPROXEN SODI, TOSYMRA, TREXIMET, ZEMBRACE SYMTOUCH, ZOLMITRIPTAN, ZOLMITRIPTAN ODT, ZOMIG
Step Therapy Criteria	Coverage will be provided if generic naratriptan, rizatriptan, rizatriptan orally disintegrating tablets (ODT), sumatriptan nasal spray, sumatriptan tablets, OR sumatriptan injection has been tried (at least a 30 day supply in the prior 180 days).
Step Therapy Group	URINARY ANTISPASMODICS
Drug Names	DARIFENACIN HYDROBROMIDE, DETROL LA, OXYTROL, 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.