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	BENIGN PROSTATIC HYPERPLASIA
Drug Names	CARDURA XL, TEZRULY
Step Therapy Criteria	Coverage will be provided if at least a [30-day] supply of terazosin, alfuzosin, doxazosin, silodosin or tamsulosin has been tried.
Step Therapy Group	BISPHOSPHONATES
Drug Names	ALENDRONATE SODIUM, ATELVIA, BINOSTO, FOSAMAX PLUS D, 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	AZOPT, 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	DPP4 INHIBITORS
Drug Names	ALOGLIPTIN, ALOGLIPTIN/METFORMIN HCL, ALOGLIPTIN/METFORMIN HYDR, ALOGLIPTIN/PIOGLITAZONE, BRYNOVIN, ZITUVIMET, ZITUVIMET XR, ZITUVIO
Step Therapy Criteria	Coverage will be provided if at least a [30-day] supply of sitagliptin (Januvia [sitagliptin], Janumet [sitagliptin/metformin hydrochloride], or Janumet XR [sitagliptin/metformin hydrochloride extended-release]) OR linagliptin (Tradjenta [linagliptin], Jentadueto [linagliptin/metformin hydrochloride], or Jentadueto XR [linagliptin/metformin hydrochloride extended-release]) has been tried.
Step Therapy Group	EDARBI-EDARBYCLOR
Drug Names	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 have been tried.

Step Therapy Group	FORM ALT ALLOPURINOL
Drug Names	ALLOPURINOL
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of allopurinol 100 mg or 300 mg tablets have been tried.
Step Therapy Group	FORM ALT BUPROPION
Drug Names	APLENZIN, BUPROPION HYDROCHLORIDE E, FORFIVO XL, WELLBUTRIN SR, WELLBUTRIN XL
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of one formulary generic bupropion product has been tried.
Step Therapy Group	FORM ALT CITALOPRAM
Drug Names	CITALOPRAM HYDROBROMIDE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of citalopram tablets (10 mg, 20 mg, 40 mg) or citalopram 10 mg/5 mL oral solution has been tried.
Step Therapy Group	FORM ALT FENOFIBRATE
Drug Names	FENOFIBRATE, FENOFIBRIC ACID, LIPOFEN
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of one formulary generic fenofibrate tablet or micronized capsule product has been tried.
Step Therapy Group	FORM ALT GLYCOPYRROLATE
Drug Names	GLYCATE, GLYCOPYRROLATE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic glycopyrrolate 1mg or 2mg tab has been tried.
Step Therapy Group	FORM ALT ISOSORBIDE
Drug Names	ISOSORBIDE DINITRATE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of one formulary generic isosorbide dinitrate product (5 mg, 10 mg, 20 mg, 30 mg) has been tried.
Step Therapy Group	FORM ALT METFORMIN
Drug Names	METFORMIN HYDROCHLORIDE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of metformin immediate-release tablets (500mg, 850mg, or 1000mg) have been tried.
Step Therapy Group	FORM ALT SERTRALINE
Drug Names	SERTRALINE HYDROCHLORIDE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of sertraline tablet or oral concentrate has been tried.

Step Therapy Group	FORM ALT SUCRALFATE
Drug Names	CARAFATE, SUCRALFATE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of a generic sucralfate 1 gm tablet product has been tried.
Step Therapy Group	FORM ALT VENLAFAXINE
Drug Names	VENLAFAXINE BESYLATE ER, VENLAFAXINE HYDROCHLORIDE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of one formulary generic venlafaxine product has been tried.
Step Therapy Group	FORM ALT ZILEUTON
Drug Names	ZILEUTON ER, ZYFLO
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic montelukast or zafirlukast has been tried.
Step Therapy Group	HMG-COA INHIBITORS
Drug Names	ATORVALIQ, EZALLOR SPRINKLE, FLOLIPID, FLUVASTATIN, FLUVASTATIN SODIUM ER, LESCOL XL, LIVALO, 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	LAMICTAL ODT, LAMICTAL XR, 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.
Step Therapy Group	LEVALBUTEROL
Drug Names	LEVALBUTEROL TARTRATE HFA, XOPENEX 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	LEVOTHYROXINE
Drug Names	LEVOTHYROXINE SODIUM, TIROSINT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of levothyroxine tablets have been tried.
Step Therapy Group	NASAL STEROIDS
Drug Names	OMNARIS, QNASL, QNASL CHILDRENS
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic fluticasone nasal spray has been tried.

Step Therapy Group	OLANZAPINE ODT
Drug Names	OLANZAPINE ODT, ZYPREXA ZYDIS
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic olanzapine immediate release tablet has been tried.
Step Therapy Group	PPI
Drug Names	ACIPHEX, ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE, NEXIUM, PANTOPRAZOLE SODIUM, PREVACID SOLUTAB, PROTONIX
Step Therapy Criteria	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.
Step Therapy Group	PROSTAGLANDINS
Drug Names	IYUZEH, XELPROS, ZIOPTAN
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of latanoprost, bimatoprost, or travoprost has been tried.
Step Therapy Group	RISPERIDONE ODT
Drug Names	RISPERIDONE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic risperidone immediate release tablet has been tried.
Step Therapy Group	RYTARY
Drug Names	CREXONT, RYTARY
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of a generic immediate-release or extended-release carbidopa-levodopa containing product has been tried.
Step Therapy Group	TOPICAL ANTIFUNGALS
Drug Names	ECONAZOLE NITRATE, ERTACZO, LULICONAZOLE, LUZU
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of econazole cream or ketoconazole cream has been tried.
Step Therapy Group	TRIPTANS
Drug Names	ALMOTRIPTAN, ELETRIPTAN HYDROBROMIDE, FROVATRIPTAN SUCCINATE, ONZETRA XSAIL, RELPAX, SUMATRIPTAN/NAPROXEN SODI, SYMBRAVO, TOSYMRA, TREXIMET, ZEMBRACE SYMTOUCH, ZOLMITRIPTAN, ZOLMITRIPTAN ODT, ZOMIG
Step Therapy Criteria	Coverage will be provided if at least a [30-day] supply of generic naratriptan, rizatriptan, rizatriptan orally disintegrating tablets (ODT), sumatriptan nasal spray, sumatriptan tablets, OR sumatriptan injection has been tried.

Step Therapy Group	URINARY ANTISPASMODICS
Drug Names	DARIFENACIN HYDROBROMIDE, OXYTROL
Step Therapy Criteria	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.