

Step Therapy Criteria

Step Therapy Group

Drug Names

Step Therapy Criteria

ARIPIPRAZOLE ODT

ARIPIPRAZOLE ODT

Coverage will be provided if at least a 30-day supply of generic aripiprazole immediate release tablet has been tried.

Step Therapy Group

Drug Names

Step Therapy Criteria

BARACLUDE SOL

BARACLUDE

Coverage will be provided if at least a 30-day supply of generic entecavir tablets has been tried.

Step Therapy Group

Drug Names

Step Therapy Criteria

LAMOTRIGINE

SUBVENITE

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

Drug Names

Step Therapy Criteria

LEVALBUTEROL

LEVALBUTEROL TARTRATE HFA

Coverage will be provided if at least a 30-day supply of albuterol HFA has been tried.

Step Therapy Group

Drug Names

Step Therapy Criteria

OLANZAPINE ODT

OLANZAPINE ODT

Coverage will be provided if at least a 30-day supply of generic olanzapine immediate release tablet has been tried.

Step Therapy Group

Drug Names

Step Therapy Criteria

RISPERIDONE ODT

RISPERIDONE ODT

Coverage will be provided if at least a 30-day supply of generic risperidone immediate release tablet has been tried.