

## 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**

JARDIANCE

JARDIANCE

Coverage will be provided if at least a 30-day supply of dapagliflozin 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 or Ventolin 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.