

## 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, SUBVENITE                                                                                                                                                                |
| <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 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.                                                                    |