Sharp Direct Advantage (HMO) Step Therapy Requirements Effective: 07/01/2025

Updated 10/15/2024

Step Therapy Criteria

Step Therapy Group Drug Names Step Therapy Criteria	ARIPIPRAZOLE ODT ARIPIPRAZOLE ODT 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 Drug Names Step Therapy Criteria	BARACLUDE SOL BARACLUDE 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 Drug Names Step Therapy Criteria	LAMOTRIGINE LAMOTRIGINE ER 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 Drug Names Step Therapy Criteria	LEVALBUTEROL LEVALBUTEROL TARTRATE HFA 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 Drug Names Step Therapy Criteria	OLANZAPINE ODT OLANZAPINE ODT 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 Drug Names Step Therapy Criteria	PPI ESOMEPRAZOLE MAGNESIUM 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 Drug Names Step Therapy Criteria	RISPERIDONE ODT RISPERIDONE ODT 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 Drug Names Step Therapy Criteria

URINARY ANTISPASMODICS TOLTERODINE TARTRATE ER

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.