Sharp Direct Advantage (HMO)

Step Therapy

Requirements

Effective: 06/01/2025

Step Therapy Criteria

Step Therapy GroupARIPIPRAZOLE ODTDrug NamesARIPIPRAZOLE ODT

Step Therapy CriteriaCoverage 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 GroupBARACLUDE SOLDrug NamesBARACLUDE

Step Therapy CriteriaCoverage will be provided if generic entecavir tablets have been tried (at least a 30 day)

supply in the prior 180 days).

Step Therapy GroupLAMOTRIGINEDrug NamesLAMOTRIGINE ER

Step Therapy CriteriaCoverage 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 LEVALBUTEROL

Drug Names LEVALBUTEROL TARTRATE HFA

Step Therapy CriteriaCoverage 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 GroupOLANZAPINE ODTDrug NamesOLANZAPINE ODT

Step Therapy CriteriaCoverage 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 PPI

Drug Names ESOMEPRAZOLE MAGNESIUM

Step Therapy CriteriaCoverage 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 GroupRISPERIDONE ODTDrug NamesRISPERIDONE ODT

Step Therapy CriteriaCoverage will be provided if generic risperidone immediate release tablet has been

tried (at least a 30-day supply in the prior 180 days).

Updated 10/15/2024 1

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.

Updated 10/15/2024 2