

Sharp Direct Advantage (HMO)

Step Therapy

Requirements

Effective: 08/01/2026

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

BRINZOLAMIDE

BRINZOLAMIDE

Coverage will be provided if at least a 30-day supply of dorzolamide 2% ophthalmic solution has been tried.

Step Therapy Group

Drug Names

Step Therapy Criteria

LAMOTRIGINE

LAMOTRIGINE ER, 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 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

PPI

ESOMEPRAZOLE MAGNESIUM

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.

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.