## **Sharp Direct Advantage (HMO)**

**Step Therapy** 

Requirements

Effective: 11/01/2025

Step Therapy Criteria

Step Therapy GroupARIPIPRAZOLE ODTDrug NamesARIPIPRAZOLE ODT

**Step Therapy Criteria**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 GroupBARACLUDE SOLDrug NamesBARACLUDE

**Step Therapy Criteria**Coverage 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 Criteria**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 LEVALBUTEROL

**Drug Names** LEVALBUTEROL TARTRATE HFA

**Step Therapy Criteria**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 GroupOLANZAPINE ODTDrug NamesOLANZAPINE ODT

**Step Therapy Criteria**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 PPI

**Drug Names** ESOMEPRAZOLE MAGNESIUM

**Step Therapy Criteria**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 GroupRISPERIDONE ODTDrug NamesRISPERIDONE ODT

**Step Therapy Criteria**Coverage 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.

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