Sharp Direct Advantage (HMO)

Step Therapy

Requirements

Effective: 11/01/2026

Updated 03/01/2026

Step Therapy Criteria

Step Therapy Group	ARIPIPRAZOLE ODT
Drug Names	ARIPIPRAZOLE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic aripiprazole immediate release tablet has been tried.

Step Therapy Group	BARACLUDE SOL
Drug Names	BARACLUDE
Step Therapy Criteria	Coverage will be provided if at least a [30-day] supply of generic entecavir tablets has been tried.

Step Therapy Group	BRINZOLAMIDE
Drug Names	BRINZOLAMIDE
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of dorzolamide 2% ophthalmic solution has been tried.

Step Therapy Group	LAMOTRIGINE
Drug Names	LAMOTRIGINE ER, SUBVENITE
Step Therapy Criteria	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	LEVALBUTEROL
Drug Names	LEVALBUTEROL TARTRATE HFA
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of albuterol HFA or Ventolin HFA has been tried.

Step Therapy Group	OLANZAPINE ODT
Drug Names	OLANZAPINE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic olanzapine immediate release tablet has been tried.

Step Therapy Group	PPI
Drug Names	ESOMEPRAZOLE MAGNESIUM
Step Therapy Criteria	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	RISPERIDONE ODT
Drug Names	RISPERIDONE ODT
Step Therapy Criteria	Coverage will be provided if at least a 30-day supply of generic risperidone immediate release tablet has been tried.