

**Sharp Direct Advantage (HMO)**

**Step Therapy**

**Requirements**

**Effective: 05/01/2026**

## Step Therapy Criteria

<b>Step Therapy Group</b>	ARIPIPRAZOLE ODT
<b>Drug Names</b>	ARIPIPRAZOLE ODT
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of generic aripiprazole immediate release tablet has been tried.
<b>Step Therapy Group</b>	BARACLUDE SOL
<b>Drug Names</b>	BARACLUDE
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a [30-day] supply of generic entecavir tablets has been tried.
<b>Step Therapy Group</b>	BRINZOLAMIDE
<b>Drug Names</b>	BRINZOLAMIDE
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of dorzolamide 2% ophthalmic solution has been tried.
<b>Step Therapy Group</b>	LAMOTRIGINE
<b>Drug Names</b>	LAMOTRIGINE ER, SUBVENITE
<b>Step Therapy Criteria</b>	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.
<b>Step Therapy Group</b>	LEVALBUTEROL
<b>Drug Names</b>	LEVALBUTEROL TARTRATE HFA
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of albuterol HFA or Ventolin HFA has been tried.
<b>Step Therapy Group</b>	OLANZAPINE ODT
<b>Drug Names</b>	OLANZAPINE ODT
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of generic olanzapine immediate release tablet has been tried.
<b>Step Therapy Group</b>	PPI
<b>Drug Names</b>	ESOMEPRAZOLE MAGNESIUM
<b>Step Therapy Criteria</b>	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.
<b>Step Therapy Group</b>	RISPERIDONE ODT
<b>Drug Names</b>	RISPERIDONE ODT
<b>Step Therapy Criteria</b>	Coverage will be provided if at least a 30-day supply of generic risperidone immediate release tablet has been tried.