

Sharp Direct Advantage (HMO)

Step Therapy

Requirements

Effective: 07/01/2026

Step Therapy Criteria

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| 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. |