



## Medicare Part D drugs that require step therapy

### Employer-based plans

#### Step Therapy Criteria

##### Step Therapy Group

##### Drug Names

##### Step Therapy Criteria

ARIPIPRAZOLE ODT

ARIPIPRAZOLE ODT

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 Group

##### Drug Names

##### Step Therapy Criteria

BARACLUDE SOL

BARACLUDE

Coverage will be provided if generic entecavir tablets have been tried (at least a 30 day supply in the prior 180 days).

##### Step Therapy Group

##### Drug Names

##### Step Therapy Criteria

BISPHOSPHONATES

ALENDRONATE SODIUM, RISEDRONATE SODIUM DR

Coverage will be provided if alendronate, ibandronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).

##### Step Therapy Group

##### Drug Names

##### Step Therapy Criteria

EDARBI-EDARBYCLOR

EDARBI, EDARBYCLOR

Coverage will be provided if two formulary generic Angiotensin II Receptor Antagonists (ARBs) or ARB combination products have been tried (at least a 30-day supply in the prior 180 days).

##### Step Therapy Group

##### Drug Names

##### Step Therapy Criteria

HMG-COA INHIBITORS

ALTOPREV, EZALLOR SPRINKLE, FLUVASTATIN, FLUVASTATIN SODIUM ER, PITAVASTATIN CALCIUM, ZYPITAMAG

Coverage will be provided if atorvastatin tablets, ezetimibe/simvastatin, lovastatin, pravastatin, rosuvastatin tablets, simvastatin tablets, or amlodipine/atorvastatin has been tried (at least a 30-day supply) in the prior 180 days.

##### Step Therapy Group

##### Drug Names

##### Step Therapy Criteria

LAMOTRIGINE

LAMOTRIGINE ER, LAMOTRIGINE ODT

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).

<b>Step Therapy Group</b>	LEVALBUTEROL
<b>Drug Names</b>	LEVALBUTEROL TARTRATE HFA
<b>Step Therapy Criteria</b>	Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.
<b>Step Therapy Group</b>	OLANZAPINE ODT
<b>Drug Names</b>	OLANZAPINE ODT
<b>Step Therapy Criteria</b>	Coverage will be provided if generic olanzapine immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).
<b>Step Therapy Group</b>	PPI
<b>Drug Names</b>	ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE
<b>Step Therapy Criteria</b>	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).
<b>Step Therapy Group</b>	RISPERIDONE ODT
<b>Drug Names</b>	RISPERIDONE ODT
<b>Step Therapy Criteria</b>	Coverage will be provided if generic risperidone immediate release tablet has been tried (at least a 30-day supply in the prior 180 days).
<b>Step Therapy Group</b>	URINARY ANTISPASMODICS
<b>Drug Names</b>	DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE ER
<b>Step Therapy Criteria</b>	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.