

Drugs That Require Step Therapy (ST) Before Being Approved for Coverage

You will need authorization by your HMSA Akamai Advantage (PPO) plan before filling prescriptions for the drugs shown in the chart below. The HMSA Akamai Advantage plan will only provide coverage after it determines that the drug is being prescribed according to the criteria specified in the chart. You, your appointed representative, or your prescriber can request prior authorization by calling HMSA at 1 (855) 479-3659, 24 hours a day, 7 days a week. Customer service is available in English and other languages. TTY/TDD users should call 711.

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

LAMOTRIGINE

LAMOTRIGINE ER

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

Drug Names

Step Therapy Criteria

LEVALBUTEROL

LEVALBUTEROL TARTRATE HFA

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 Group

Drug Names

Step Therapy Criteria

OLANZAPINE ODT

OLANZAPINE ODT

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
Drug Names
Step Therapy Criteria

PPI
ESOMEPRAZOLE MAGNESIUM
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 Group
Drug Names
Step Therapy Criteria

RISPERIDONE ODT
RISPERIDONE ODT
Coverage will be provided if generic risperidone 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

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.