

## **ADRENERGICS, AROMATIC, NON-CATECHOLAMINE**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DEXMETHYLPHENIDATE HCL, DEXMETHYLPHENIDATE HCL ER

### **CRITERIA**

PRIOR CLAIM FOR GENERIC AMPHETAMINE ASP/AMPHETAMINE/D-AMPHETAMINE OR METHYLPHENIDATE FOR A MINIMUM OF 15 DAYS SUPPLY WITHIN THE PAST 120 DAYS.

## **ADVAIR 250/50**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ADVAIR 250-50 DISKUS

### **CRITERIA**

PRIOR CLAIM FOR INHALED CORTICOSTEROID (FLUTICASONE, BECLOMETHASONE, BUDESONIDE) or SPIRIVA WITHIN THE PAST 120 DAYS

## **ANTIPARKINSON DRUGS**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

CARBIDOPA-LEVODOPA-ENTACAPONE, ENTACAPONE, TOLCAPONE

### **CRITERIA**

PRIOR CLAIM FOR CARBIDOPA/LEVODOPA FOR A MINIMUM OF 15 DAYS SUPPLY  
WITHIN THE PAST 120 DAYS.

## **DULOXETINE**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

DULOXETINE HCL DR 40 MG CAP

### **CRITERIA**

PREVIOUS FILL OF GENERIC DULOXETINE 20MG OR 30MG OR 60MG.

## **FENTANYL**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

FENTANYL 12 MCG/HR PATCH, FENTANYL 25 MCG/HR PATCH, FENTANYL 50 MCG/HR PATCH

### **CRITERIA**

PRIOR CLAIM FOR MORPHINE EXTENDED RELEASE TABLETS FOR A MINIMUM OF 15 DAYS SUPPLY WITHIN THE PAST 120 DAYS.

## **ORAL INHALED CORTICOSTEROIDS**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

ADVAIR 100-50 DISKUS, ADVAIR 500-50 DISKUS, ADVAIR HFA, FLUTICASONE-SALMETEROL 113-14, FLUTICASONE-SALMETEROL 232-14, FLUTICASONE-SALMETEROL 55-14

### **CRITERIA**

PRIOR CLAIM FOR INHALED CORTICOSTEROID (FLUTICASONE, BECLOMETHASONE, BUDESONIDE) WITHIN THE PAST 120 DAYS.

## **TREATMENT FOR ATTENTION DEFICIT-HYPERACTIVITY (ADHD)/NARCOLEPSY**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

METHYLPHENIDATE ER 18 MG TAB, METHYLPHENIDATE ER 27 MG TAB,  
METHYLPHENIDATE ER 36 MG TAB, METHYLPHENIDATE ER 54 MG TAB

### **CRITERIA**

PRIOR CLAIM FOR GENERIC AMPHETAMINE ASP/AMPHETAMINE/D-AMPHETAMINE  
OR GENERIC METHYLPHENIDATE FOR A MINIMUM OF 15 DAYS SUPPLY WITHIN  
THE PAST 120 DAYS.

## **TUDORZA**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

TUDORZA PRESSAIR

### **CRITERIA**

PRIOR TRIAL OF SPIRIVA HANDIHALER FOR A MINIMUM OF 15 DAYS IN THE LAST 120 DAYS



## **URINARY TRACT ANTISPASMODIC/ANTI-INCONTINENCE AGENTS**

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### **MEDICATION(S) SUBJECT TO STEP THERAPY**

TOLTERODINE TARTRATE, TOLTERODINE TARTRATE ER, TROSPIUM CHLORIDE

### **CRITERIA**

PRIOR CLAIM FOR GENERIC OXYBUTYNIN FOR A MINIMUM OF 15 DAYS SUPPLY WITHIN THE PAST 120 DAYS.