



Step Therapy Criteria

2021 MCDST

Last Updated: 11/1/2021

ATYPICAL ANTIPSYCHOTIC THERAPY - UHCMR

Products Affected

- Caplyta
- Fanapt
- Fanapt Titration Pack
- Lybalvi
- Vraylar

Details

Criteria	Step 1: One of the following oral, single-ingredient, generic atypical antipsychotics: olanzapine, quetiapine, risperidone, ziprasidone. Step 2: Fanapt, Vraylar, Caplyta. Approve for continuation of prior therapy.
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DULOXETINE THERAPY - UHCMR

Products Affected

- Drizalma Sprinkle

Details

Criteria	Step 1: Formulary, generic duloxetine. Step 2: Drizalma. Approve for continuation of prior therapy.
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FILGRASTIM NON - PREFERRED THERAPY - UHCMR

Products Affected

- Granix
- Neupogen

Details

Criteria	Step 1: Zarxio. Step 2: Neupogen or Granix
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LEUKOTRIENE MODIFIER ASTHMA THERAPY - UHCMR

Products Affected

- Zileuton Er
- Zflo

Details

Criteria	Step 1: Generic montelukast. Step 2: Zflo, generic zileuton ER
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REBIF THERAPY - UHCMR

Products Affected

- Rebif
- Rebif Rebidose
- Rebif Rebidose Titration Pack
- Rebif Titration Pack

Details

Criteria	Step 1: Avonex or Betaseron. Step 2: Rebif. Approve for continuation of prior therapy.
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RHO KINASE INHIBITOR THERAPY - UHCMR

Products Affected

- Rhopressa
- Rocklatan

Details

Criteria	Step 1: One of the following: Lumigan, generic latanoprost, Vyzulta. Step 2: Rhopressa, Rocklatan
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RIVASTIGMINE PATCH THERAPY - UHCMR

Products Affected

- Rivastigmine Transdermal System

Details

Criteria	Step 1: Formulary generic, oral rivastigmine capsule. Step 2: Generic rivastigmine transdermal systems
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RYTARY THERAPY - UHCMR

Products Affected

- Rytary

Details

Criteria	Step 1: One of the following: generic carbidopa/levodopa IR, generic carbidopa/levodopa ER tablets, or carbidopa/levodopa ODT. Step 2: Rytary
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SNRI THERAPY - UHCMR

Products Affected

- Fetzima
- Fetzima Titration Pack

Details

Criteria	Step 1: Generic venlafaxine extended release capsules. Step 2: Fetzima. Approve for continuation of prior therapy.
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TOPICAL IMMUNOMODULATOR THERAPY - UHCMR

Products Affected

- Pimecrolimus
- Tacrolimus OINT

Details

Criteria	Step 1: Any two of the following formulary topical agents: desonide ointment, Ala-Cort 2.5% or hydrocortisone 2.5% cream, hydrocortisone 2.5% ointment, generic aug betamethasone 0.05% , fluocinonide 0.05% . Step 2: Generic pimecrolimus, generic tacrolimus topical
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UCERIS ORAL THERAPY - UHCMR

Products Affected

- Budesonide Er

Details

Criteria	Step 1: One of the following: Apriso, generic mesalamine capsule 0.375 gm or generic mesalamine 1.2g, AND generic sulfasalazine. Step 2: Generic budesonide ER tablet
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ULORIC THERAPY - UHCMR

Products Affected

- Febuxostat

Details

Criteria	Step 1: Oral, generic allopurinol. Step 2: Generic febuxostat
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Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

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