



Step Therapy Criteria

2022 MCORE

Last Updated: 4/1/2022

ATYPICAL ANTIPSYCHOTIC THERAPY - UHCMR

Products Affected

- Caplyta
- Lybalvi
- Vraylar

Details

Criteria	Step 1: One of the following oral, single-ingredient, formulary, generic atypical antipsychotics: olanzapine, quetiapine, risperidone, ziprasidone. Step 2: Vraylar, Caplyta, Lybalvi. Approve for continuation of prior therapy. Step requirement does not apply for Caplyta if request is only for depressive episodes associated bipolar I or II disorder.
-----------------	--

DULOXETINE THERAPY - UHCMR

Products Affected

- Drizalma Sprinkle

Details

Criteria	Step 1: Formulary, generic duloxetine. Step 2: Drizalma. Approve for continuation of prior therapy.
-----------------	---

FANAPT THERAPY - UHCMR

Products Affected

- Fanapt
- Fanapt Titration Pack

Details

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

LEUKOTRIENE MODIFIER ASTHMA THERAPY - UHCMR

Products Affected

- Zileuton Er
- Zflo

Details

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

LEVOLEUCOVORIN THERAPY - UHCMR

Products Affected

- Levoleucovorin INJ 50MG
- Levoleucovorin Calcium

Details

Criteria	N/A
----------	-----

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
-----------------	--

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
-----------------	--

RIVASTIGMINE PATCH THERAPY - UHCMR

Products Affected

- Rivastigmine Transdermal System

Details

Criteria	Step 1: Generic, oral rivastigmine capsule. Step 2: Generic rivastigmine transdermal systems
-----------------	--

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
-----------------	---

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.
-----------------	--

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
-----------------	--

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
-----------------	---

ULORIC THERAPY - UHCMR

Products Affected

- Febuxostat

Details

Criteria	Step 1: Oral, generic allopurinol. Step 2: Generic febuxostat
-----------------	---

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.

[<OVEX3386716_000>]
Formulary ID# 00022013MC
Y0066_130404_093413 CMS Approved