



Step Therapy Criteria  
2024 MCORE  
Last Updated: 9/1/2024

## 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

<b>Criteria</b>	Step 1: Two of the following oral, single-ingredient, formulary, generic atypical antipsychotics: asenapine, aripiprazole, paliperidone, olanzapine, quetiapine, risperidone, ziprasidone. Step 2: Fanapt. Approve for continuation of prior therapy.
-----------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

# LEVOLEUCOVORIN THERAPY - UHCMR

---

## Products Affected

- Levoleucovorin INJ 50MG
- Levoleucovorin Calcium

## Details

---

<b>Criteria</b>	Non-Proxy Step Therapy
-----------------	------------------------

---

# LYBALVI THERAPY - UHCMR

---

## Products Affected

- Lybalvi

## Details

<b>Criteria</b>	Step 1: Two of the following oral, single-ingredient, formulary, generic atypical antipsychotics: asenapine, aripiprazole, paliperidone, olanzapine, quetiapine, risperidone, ziprasidone. Step 2: Lybalvi. Approve for continuation of prior therapy.
-----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

# REBIF THERAPY - UHCMR

---

## Products Affected

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

## Details

---

<b>Criteria</b>	Step 1: Avonex or Betaseron. Step 2: Rebif
-----------------	--------------------------------------------

---

# RHO KINASE INHIBITOR THERAPY - UHCMR

---

## Products Affected

- Rhopressa
- Rocklatan

## Details

---

<b>Criteria</b>	Step 1: One of the following: Lumigan, generic latanoprost, Vyzulta. Step 2: Rhopressa, Rocklatan
-----------------	------------------------------------------------------------------------------------------------------

---

# RIVASTIGMINE PATCH THERAPY - UHCMR

---

## Products Affected

- Rivastigmine Transdermal System

## Details

---

<b>Criteria</b>	Step 1: Generic, oral rivastigmine capsule. Step 2: Generic rivastigmine transdermal systems
-----------------	----------------------------------------------------------------------------------------------

---

# RYTARY THERAPY - UHCMR

---

## Products Affected

- Rytary

## Details

---

<b>Criteria</b>	Step 1: One of the following: generic carbidopa/levodopa IR, generic carbidopa/levodopa ER tablets, or carbidopa/levodopa ODT. Step 2: Rytary
-----------------	-----------------------------------------------------------------------------------------------------------------------------------------------

---



# SECUADO THERAPY - UHCMR

---

## Products Affected

- Secuado

## Details

<b>Criteria</b>	Step 1: Two of the following oral, single-ingredient, formulary, generic atypical antipsychotics: asenapine, aripiprazole, paliperidone, olanzapine, quetiapine, risperidone, ziprasidone. Step 2: Secuado. Approve for continuation of prior therapy.
-----------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

# SNRI THERAPY

---

## Products Affected

- Fetzima
- Fetzima Titration Pack

## Details

---

<b>Criteria</b>	Step 1: Generic venlafaxine extended release capsules. Step 2: Fetzima. Approve for continuation of prior therapy.
-----------------	--------------------------------------------------------------------------------------------------------------------

---

# TOPICAL IMMUNOMODULATOR THERAPY

---

## Products Affected

- Pimecrolimus
- Tacrolimus OINT

## Details

<b>Criteria</b>	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

<b>Criteria</b>	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

---

<b>Criteria</b>	Step 1: Oral, generic allopurinol. Step 2: Generic febuxostat
-----------------	---------------------------------------------------------------

---

# VUMERITY THERAPY - UHCMR

---

## Products Affected

- Vumerity

## Details

---

<b>Criteria</b>	Step 1: Any one formulary dimethyl fumarate-containing product. Step 2: Vumerity.
-----------------	-----------------------------------------------------------------------------------

---

# ZONISADE SUSPENSION THERAPY

---

## Products Affected

- Zonisade

## Details

<b>Criteria</b>	Step 1: Generic zonisamide capsule. Step 2: Zonisade suspension. Approve for continuation of prior therapy.
-----------------	----------------------------------------------------------------------------------------------------------------

**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# 00024004**

**Y0066\_130404\_093413 CMS Approved**