



Step Therapy Criteria

2019 PPREF

Last Updated: 11/01/2018

## ATYPICAL ANTIPSYCHOTIC THERAPY - UHCMR

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### Products Affected

- Fanapt
- Fanapt Titration Pack
- Vraylar

### Details

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<b>Criteria</b>	Step 1: One of the following oral, single-ingredient, generic atypical antipsychotics: olanzapine, quetiapine, risperidone, ziprasidone. Step 2: Fanapt, Vraylar
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# RHO KINASE INHIBITOR THERAPY - UHCMR

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## Products Affected

- Rhopressa

## Details

<b>Criteria</b>	Step 1: One of the following: Lumigan, generic latanoprost, Vyzulta, Zioptan, Travatan Z. Step 2: Rhopressa
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# RIVASTIGMINE PATCH THERAPY - UHCMR

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## Products Affected

- Rivastigmine Transdermal System

## Details

<b>Criteria</b>	Step 1: Formulary generic, oral rivastigmine capsule. Step 2: Rivastigmine transdermal systems
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# RYTARY THERAPY - UHCMR

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## 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
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# SNRI THERAPY - UHCMR

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## Products Affected

- Fetzima
- Fetzima Titration Pack

## Details

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Criteria	Step 1: Generic venlafaxine extended release capsules. Step 2: Fetzima
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# TOPICAL IMMUNOMODULATOR THERAPY - UHCMR

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## Products Affected

- Elidel
- Tacrolimus OINT

## Details

<b>Criteria</b>	Step 1: Any two of the following formulary topical agents: desonide ointment, Ala-Cort 2.5%, hydrocortisone 2.5% cream or ointment, generic aug betamethasone 0.05%, fluocinonide 0.05%. Step 2: Elidel or tacrolimus topical
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# ULORIC THERAPY - UHCMR

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## Products Affected

- Uloric

## Details

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Criteria	
	Step 1: Oral, generic allopurinol. Step 2: Uloric

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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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