



Step Therapy Criteria
2020 MCSNP
Last Updated: 9/1/2019

ATYPICAL ANTIPSYCHOTIC THERAPY - UHCMR

Products Affected

- Fanapt
- Fanapt Titration Pack
- Vraylar

Details

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| Criteria | Step 1: One of the following oral, single-ingredient, generic atypical antipsychotics: olanzapine, quetiapine, risperidone, ziprasidone. Step 2: Fanapt, Vraylar |
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FILGRASTIM NON - PREFERRED THERAPY - UHCMR

Products Affected

- Granix
- Neupogen

Details

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

Products Affected

- Zileuton Er
- Zyflo

Details

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| Criteria | Step 1: Generic montelukast. Step 2: Zyflo, zileuton ER |
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RHO KINASE INHIBITOR THERAPY - UHCMR

Products Affected

- Rhopressa

Details

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

Products Affected

- Rivastigmine Transdermal System

Details

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

Products Affected

- Rytary

Details

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| 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 |
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TOPICAL IMMUNOMODULATOR THERAPY - UHCMR

Products Affected

- Pimecrolimus
- Tacrolimus OINT

Details

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| Criteria | 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: pimecrolimus, tacrolimus topical |
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UCERIS ORAL THERAPY - UHCMR

Products Affected

- Budesonide Er

Details

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| Criteria | Step 1: One of the following: Apriso, or generic mesalamine 1.2g, AND generic sulfasalazine. Step 2: Generic budesonide ER tablet |
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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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