

Step Therapy Criteria
2025 MCSNP
Last Updated: 9/1/2025

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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FANAPT THERAPY - UHCMR

Products Affected

- Fanapt
- Fanapt Titration Pack A
- Fanapt Titration Pack B
- Fanapt Titration Pack C

Details

Criteria	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.
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LYBALVI THERAPY - UHCMR

Products Affected

- Lybalvi

Details

Criteria	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.
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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: 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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SECUADO THERAPY - UHCMR

Products Affected

- Secuado

Details

Criteria	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.
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SNRI THERAPY

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

Products Affected

- Pimecrolimus
- Tacrolimus OINT

Details

Criteria	Step 1: Any two of the following formulary topical agents: desonide ointment, 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: Brand Apriso 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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VUMERITY THERAPY - UHCMR

Products Affected

- Vumerity

Details

Criteria	Step 1: Any one formulary dimethyl fumarate-containing product. Step 2: Vumerity.
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ZONISADE SUSPENSION THERAPY

Products Affected

- Zonisade

Details

Criteria	Step 1: Generic zonisamide capsule. Step 2: Zonisade suspension. Approve for continuation of prior therapy.
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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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