



Step Therapy Criteria

2022 PWAG

Last Updated: 12/1/2022

## ATYPICAL ANTIPSYCHOTIC THERAPY - UHCMR

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### Products Affected

- Caplyta
- Lybalvi
- Vraylar

### Details

<b>Criteria</b>	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.
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# DUEXIS THERAPY - UHCMR

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## Products Affected

- Ibuprofen/famotidine

## Details

<b>Criteria</b>	Step 1: Formulary single ingredient, generic ibuprofen tablet AND formulary single ingredient generic famotidine tablet. Step 2: Generic ibuprofen/famotidine
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# DULOXETINE THERAPY - UHCMR

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## Products Affected

- Drizalma Sprinkle

## Details

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<b>Criteria</b>	Step 1: Formulary, generic duloxetine. Step 2: Drizalma. Approve for continuation of prior therapy.
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# FANAPT THERAPY - UHCMR

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## Products Affected

- Fanapt
- Fanapt Titration Pack

## Details

<b>Criteria</b>	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.
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# LEVOLEUCOVORIN THERAPY - UHCMR

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## Products Affected

- Levoleucovorin INJ 50MG
- Levoleucovorin Calcium

## Details

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Criteria	N/A
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# RIVASTIGMINE PATCH THERAPY - UHCMR

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## Products Affected

- Rivastigmine Transdermal System

## Details

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

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## Products Affected

- Fetzima
- Fetzima Titration Pack

## Details

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

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## 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
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# UCERIS ORAL THERAPY - UHCMR

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## Products Affected

- Budesonide Er

## Details

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<b>Criteria</b>	Step 1: One of the following: Apriso or generic mesalamine capsule 0.375 gm, AND generic sulfasalazine. Step 2: Generic budesonide ER tablet
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# ULORIC THERAPY - UHCMR

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## Products Affected

- Febuxostat

## Details

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Criteria	Step 1: Oral, generic allopurinol. Step 2: Generic febuxostat
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# ZONISADE SUSPENSION THERAPY

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## Products Affected

- Zonisade

## Details

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Criteria	N/A
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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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