Step Therapy Criteria
2026 MCORE
Last Updated: 11/1/2026

# BAFIERTAM THERAPY - UHCMR

## Products Affected

- Bafiertam

## Details

| | |
|---|---|
| **Criteria** | Step 1: Generic dimethyl fumarate-containing product. Step 2: Bafiertam. |

# 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 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. |

# LYBALVI THERAPY 2 - UHCMR

## Products Affected

- Lybalvi

## Details

| | |
|---|---|
| **Criteria** | Step 1: One 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. |

# RHO KINASE INHIBITOR THERAPY - UHCMR

## Products Affected

- Rhopressa
- Rocklatan

## Details

| | |
|---|---|
| **Criteria** | Step 1: Lumigan or generic latanoprost. Step 2: Rhopressa, Rocklatan. |

# RIVASTIGMINE PATCH THERAPY - UHCMR

## Products Affected

- Rivastigmine Transdermal System

## Details

| | |
|---|---|
| **Criteria** | Step 1: Generic, oral rivastigmine capsule. Step 2: Generic rivastigmine transdermal systems |

# 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. |

# 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. |

# 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 |

# UCERIS ORAL THERAPY - UHCMR

## Products Affected

- Budesonide Er

## Details

| | |
|---|---|
| **Criteria** | Step 1: Generic mesalamine capsule 0.375g or generic mesalamine 1.2g, AND generic sulfasalazine. Step 2: Generic budesonide ER tablet |

# ULORIC THERAPY - UHCMR

## Products Affected

- Febuxostat

## Details

| | |
|---|---|
| **Criteria** | Step 1: Oral, generic allopurinol. Step 2: Generic febuxostat |

# ZONISADE SUSPENSION THERAPY

## Products Affected

- Zonisade

## Details

| | |
|---|---|
| **Criteria** | 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# 00026002**
**Y0066_130404_093413 CMS Approved**