PREFERRED CARE NETWORK
A UnitedHealthcare Company

Step Therapy Criteria
2027 MCORE
Last Updated: 10/15/2026

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.

FARXIGA THERAPY

Products Affected

- Farxiga

Details

Criteria	Step 1: Generic dapagliflozin. Step 2: Brand Farxiga

FLUVASTATIN THERAPY

Products Affected

- Fluvastatin
- Fluvastatin Sodium Er

Details

Criteria	Step 1: Generic ezetimibe and one of the following generics: atorvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin. Step 2: Generic fluvastatin capsule, generic fluvastatin ER tablet

LYBALVI THERAPY - 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.

RISPERIDONE ODT THERAPY

Products Affected

- Risperidone Odt

Details

Criteria	Step 1: Generic risperidone tablet. Step 2: Generic risperidone ODT. Approve for continuation of prior therapy.

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.

SHORT - ACTING BETA AGONIST THERAPY - UHCMR

Products Affected

- Levalbuterol Tartrate Hfa

Details

Criteria	Step 1: Albuterol HFA. Step 2: Levalbuterol aerosol

SNRI THERAPY

Products Affected

- Fetzima
- Fetzima Titration Pack

Details

Criteria	Step 1: Two of the following formulary generics: desvenlafaxine, fluoxetine, fluvoxamine, escitalopram, citalopram, paroxetine, sertraline, mirtazapine, venlafaxine, or bupropion. 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

TOPIRAMATE SOLUTION THERAPY

Products Affected

- Topiramate SOLN 25MG/ML

Details

Criteria	Step 1: Generic topiramate IR tablet. Step 2: Generic Topiramate solution. Approve for continuation of prior therapy.

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

VERSACLOZ THERAPY

Products Affected

- Versacloz

Details

Criteria	Step 1: Generic clozapine ODT. Step 2: Versacloz. Approve for continuation of prior therapy.

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# 00027002
Y0066_130404_093413 CMS Approved