ATYPICAL ANTIPSYCHOTIC THERAPY - UHCMR

Products Affected

- Fanapt
- Fanapt Titration Pack
- Vraylar

Details

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

Products Affected

- Drizalma Sprinkle

Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step 1: Generic duloxetine. Step 2: Drizalma</th>
</tr>
</thead>
</table>
### RIVASTIGMINE PATCH THERAPY - UHCMR

**Products Affected**

- Rivastigmine Transdermal System

**Details**

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step 1: Formulary generic, oral rivastigmine capsule. Step 2: Rivastigmine transdermal systems</th>
</tr>
</thead>
</table>
# 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 |
**SNRI THERAPY - UHCMR**

### Products Affected

- Fetzima
- Fetzima Titration Pack

### Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Step 1: Generic venlafaxine extended release capsules. Step 2: Fetzima</th>
</tr>
</thead>
</table>

# Topical Immunomodulator Therapy - UHCMR

## Products Affected

- Pimecrolimus
- Tacrolimus OINT

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>
**ULORIC THERAPY - UHCMR**

**Products Affected**

- Febuxostat

**Details**

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

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.IOVEX3386716] Formulary ID# 00020044PV Y0066_130404_093413 CMS Approved