



MCS Classicare 2024 Formulary 1 (Step Therapy Criteria)

MCS Classicare Metro (HMO); MCS Classicare MAPD Groups (HMO-POS)

In some cases, MCS Classicare requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and B both treat your medical condition, MCS Classicare may not cover Drug B (Step 2) unless you try Drug A first (Step 1). If Drug A does not work for you, MCS Classicare will then cover Drug B.

MCS Classicare is an HMO plan subscribed by MCS Advantage, Inc.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1.866.627.8183 (TTY: 1.866.627.8182).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.866.627.8183 (TTY: 1.866.627.8182).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1.866.627.8183 (TTY: 1.866.627.8182)。

Last Updated: 03/19/2024

Step Therapy Requirements

ANTIDEPRESSANTS

Products Affected

Step 2:

- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL
- TRINTELLIX TABLET 10 MG ORAL
- TRINTELLIX TABLET 20 MG ORAL
- TRINTELLIX TABLET 5 MG ORAL

Details

Criteria	Claim will pay automatically for Fetzima or Trintellix if enrollee has a paid claim for at least a 1 days supply of any 2 generic formulary antidepressants. Otherwise, Fetzima and Trintellix require a step therapy exception request indicating: (1) history of inadequate treatment response with any 2 generic formulary antidepressants, OR (2) history of adverse event with any 2 generic formulary antidepressants, OR (3) any 2 generic formulary antidepressants are contraindicated.
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Step Therapy Criteria

MCS Classicare Formulary 1 - Formulary ID: 24445 -Version 11

Effective Date: 04/01/2024 Last Updated: 03/19/2024

DIFICID

Products Affected

Step 2:

- DIFICID TABLET 200 MG ORAL

Details

Criteria	Claim will pay automatically for Dificid if enrollee has a paid claim for at least a 1 day supply of vancomycin. Otherwise, Dificid requires a step therapy exception request indicating: (1) history of inadequate treatment response with Vancomycin, OR (2) history of adverse event with Vancomycin, OR (3) Vancomycin is contraindicated.
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Step Therapy Criteria

MCS Classicare Formulary 1 - Formulary ID: 24445 -Version 11

Effective Date: 04/01/2024 Last Updated: 03/19/2024

LIVALO

Products Affected

Step 2:

- *pitavastatin calcium tablet 1 mg oral*
- *pitavastatin calcium tablet 2 mg oral*
- *pitavastatin calcium tablet 4 mg oral*

Details

Criteria	Claim will pay automatically for pitavastatin if enrollee has a paid claim for at least a 1 days supply of any generic formulary statin. Otherwise, pitavastatin requires a step therapy exception request indicating: (1) history of inadequate treatment response with any other generic formulary statin, OR (2) history of adverse event with any other generic formulary statin, OR (3) any other generic formulary statin is contraindicated.
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Step Therapy Criteria

MCS Classicare Formulary 1 - Formulary ID: 24445 -Version 11

Effective Date: 04/01/2024 Last Updated: 03/19/2024

NSAID

Products Affected

Step 2:

- *celecoxib capsule 100 mg oral*
- *celecoxib capsule 200 mg oral*
- *celecoxib capsule 400 mg oral*
- *celecoxib capsule 50 mg oral*

Details

Criteria	Claim will pay automatically for Celecoxib if enrollee has a paid claim for at least a 1 days supply of any generic formulary NSAID. Otherwise, Celecoxib requires a step therapy exception request indicating: (1) history of inadequate treatment response with any generic formulary NSAID, (2) history of adverse event with any generic formulary NSAID, OR (3) any generic formulary NSAID is contraindicated.
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Step Therapy Criteria

MCS Classicare Formulary 1 - Formulary ID: 24445 -Version 11

Effective Date: 04/01/2024 Last Updated: 03/19/2024

RYTARY

Products Affected

Step 2:

- RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL
- RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL

Details

Criteria	Claim will pay automatically for Rytary if enrollee has a paid claim for at least a 1 days supply of any carbidopa/levodopa combination. Otherwise, Rytary requires a step therapy exception request indicating: (1) history of inadequate treatment response with any carbidopa/levodopa combination, OR (2) history of adverse event with any carbidopa/levodopa combination, OR (3) any carbidopa/levodopa combination is contraindicated.
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Step Therapy Criteria

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SOLIQUA

Products Affected

Step 2:

- SOLIQUA SOLUTION PEN-INJECTOR
100-33 UNT-MCG/ML
SUBCUTANEOUS

Details

Criteria	Claim will pay automatically for Soliqua if enrollee has a paid claim for at least a one day supply of insulin glargine, Lantus or Toujeo. Otherwise, Soliqua requires a step therapy exception request indicating: (1) history of inadequate treatment response with insulin glargine, Lantus or Toujeo, OR (2) history of adverse event with insulin glargine, Lantus or Toujeo, OR (3) Insulin glargine, Lantus or Toujeo are contraindicated.
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Step Therapy Criteria

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TOPICAL ANTI-INFLAMMATORY

Products Affected

Step 2:

- *pimecrolimus cream 1 % external*
- *tacrolimus ointment 0.03 % external*
- *tacrolimus ointment 0.1 % external*

Details

Criteria	Claim will pay automatically for Pimecrolimus or Tacrolimus if enrollee has a paid claim for at least a 1 days supply of any one formulary topical corticosteroid. Otherwise, Pimecrolimus or Tacrolimus requires a step therapy exception request indicating: (1) history of inadequate treatment response with any one formulary topical corticosteroid, OR (2) history of adverse event with any one formulary topical corticosteroid, OR (3) any one formulary topical corticosteroid is contraindicated.
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Step Therapy Criteria

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Alphabetical Listing

C

celecoxib capsule 100 mg oral.....	4
celecoxib capsule 200 mg oral.....	4
celecoxib capsule 400 mg oral.....	4
celecoxib capsule 50 mg oral.....	4

D

DIFICID TABLET 200 MG ORAL	2
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F

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FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL	1
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL	1
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL	1
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL.....	1

P

pimecrolimus cream 1 % external.....	7
pitavastatin calcium tablet 1 mg oral	3

pitavastatin calcium tablet 2 mg oral	3
pitavastatin calcium tablet 4 mg oral	3

R

RYTARY CAPSULE EXTENDED RELEASE 23.75-95 MG ORAL	5
RYTARY CAPSULE EXTENDED RELEASE 36.25-145 MG ORAL	5
RYTARY CAPSULE EXTENDED RELEASE 48.75-195 MG ORAL	5
RYTARY CAPSULE EXTENDED RELEASE 61.25-245 MG ORAL	5

S

SOLIQUA SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML SUBCUTANEOUS.....	6
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T

tacrolimus ointment 0.03 % external	7
tacrolimus ointment 0.1 % external	7
TRINTELLIX TABLET 10 MG ORAL.....	1
TRINTELLIX TABLET 20 MG ORAL.....	1
TRINTELLIX TABLET 5 MG ORAL.....	1

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