MCS Classicare
2026 Formulary 1
(Step Therapy Criteria)

MCS Classicare MA-PD Groups (HMO), MCS Classicare RxMax (HMO)

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 offered by MCS Advantage, Inc.

Last Updated: 12/09/2025

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.

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.

JOURNAVX-1

Products Affected

Step 2:

- JOURNAVX TABLET 50 MG ORAL

Details

Criteria	Pending CMS Review

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.

PITAVASTATIN

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.

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.

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.

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.

Alphabetical Listing

Notice of availability of language assistance services and auxiliary aids and services

English: If you speak English, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call 1-866-627-8183 (TTY 1-866-627-8182).

Español: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También se encuentran disponibles de forma gratuita ayudas y servicios auxiliares adecuados para proporcionar información en formatos accesibles. Llame al 1-866-627-8183 (TTY 1-866-627-8182).

Chinese: 如果您會說中文，我們可以為您提供免費語言幫助服務。也免費提供適當的輔助工具和服務，以無障礙格式提供資訊。請撥打 1-866-627-8183 (TTY 1-866-627-8182) 。

Tagalog: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyo sa tulong sa wika. Ang naaangkop na mga pantulong na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format ay makukuha rin nang walang bayad. Tumawag sa 1-866-627-8183 (TTY 1-866-627-8182).

French: Si vous parlez français, des services d’assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le 1-866-627-8183 (TTY 1-866-627-8182).

Vietnamese: Nếu bạn nói tiếng Việt, có sẵn các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Các hỗ trợ và dịch vụ phụ trợ phù hợp để cung cấp thông tin ở định dạng dễ tiếp cận cũng được cung cấp miễn phí. Gọi 1-866-627-8183 (TTY 1-866-627-8182).

German: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachassistenzdienste zur Verfügung. Auch entsprechende Hilfsmittel und Services zur Bereitstellung von Informationen in barrierefreien Formaten stehen kostenlos zur Verfügung. Rufen Sie 1-866-627-8183 (TTY 1-866-627-8182) an.

Korean: 한국어를 사용하시는 경우 무료 언어 지원 서비스를 이용하실 수 있습니다. 접근 가능한 형식으로 정보를 제공하는 적절한 보조 지원 및 서비스도 무료로 제공됩니다. 1-866-627-8183 (TTY 1-866-627-8182) 로 전화하세요.

Russian: Если вы говорите по-русски, вам доступны бесплатные услуги языковой помощи. Соответствующие вспомогательные средства и услуги по предоставлению информации в доступных форматах также предоставляются бесплатно. Позвоните по номеру 1-866-627-8183 (TTY 1-866-627-8182).

Arabic: إذا كنت تتحدث العربية ، فإن خدمات المساعدة اللغوية المجانية متاحة لك. المساعدات والخدمات المساعدات تتوفر مجانًا إليها الوصول يمكن بتنسيقات المعلومات لتوفير المناسبة. بالرقم اتصل 1-866-627-8183 (TTY 1-866-627-8182).

Italian: Se parli italiano, sono a tua disposizione servizi di assistenza linguistica gratuiti. Sono inoltre disponibili gratuitamente ausili e servizi adeguati per fornire informazioni in formati accessibili. Chiama il numero 1-866-627-8183 (TTY 1-866-627-8182).

Portuguese: Se você fala português, serviços gratuitos de assistência linguística estão disponíveis para você. Também estão disponíveis gratuitamente ajudas e serviços auxiliares adequados para fornecer informações em formatos acessíveis. Ligue para 1-866-627-8183 (TTY 1-866-627-8182).

French Creole: Si w pale kreyòl franse, sèvis asistans lang gratis disponib pou ou. Èd ak sèvis oksilyè apwopriye pou bay enfòmasyon nan fòma aksesib yo disponib tou gratis. Rele 1-866-627-8183 (TTY 1-866-627-8182).

Polish: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Odpowiednie pomoce pomocnicze i usługi umożliwiające dostarczanie informacji w przystępnych formatach są również dostępne bezpłatnie. Zadzwoń pod numer 1-866-627-8183 (TTY 1-866-627-8182).

Hindi: यिद आप हिंदी बोलते हैं, तो मु भाषा सहायता सेवाएं आपके लिए उपल हैं। सुलभ परारूपों में जानकारी पर्दान करने के लिए उपयु सहायक एड्स और सेवाएं भी नि: शु उपल हैं। कॉल 1-866-627-8183 (TTY 1-866-627-8182).

Japanese: 日本語を話せる場合は、無料の言語支援サービスをご利用いただけます。アクセシブルな形式で情報を提供するための適切な補助援助やサービスも無料で利用できます。 1-866-627-8183 (TTY 1-866-627-8182) に電話します。