



MCS Classicare 2025 Formulary 2 (Step Therapy Criteria)

MCS Classicare Del Caribe (HMO), MCS Classicare En Tu Hogar (HMO), MCS Classicare Efectivo (HMO), MCS Classicare Essential (HMO-POS), MCS Classicare Exacto (HMO), MCS Classicare Excede (HMO), MCS Classicare Firme (HMO), MCS Classicare Hero (HMO), MCS Classicare Intelicare (HMO), MCS Classicare MA-PD Group (HMO-POS), MCS Classicare Primero (HMO C-SNP) MCS Classicare Platino Ideal (HMO D-SNP), MCS Classicare Platino MasCa\$h (HMO D-SNP), MCS Classicare Platino Maximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP).

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)。



Medicare Platino Logo: Authorized by the Office of the Election Comptroller OCE-SA_2024-01715

Last Updated: 09/26/2024

H5577_2960824_C

Step Therapy Criteria

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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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 2 - Formulary ID: 25511

Effective date: 01/01/2025 Last Updated: 09/26/2024

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 2 - Formulary ID: 25511

Effective date: 01/01/2025 Last Updated: 09/26/2024

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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Effective date: 01/01/2025 Last Updated: 09/26/2024

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

MCS Classicare Formulary 2 - Formulary ID: 25511

Effective date: 01/01/2025 Last Updated: 09/26/2024

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 3
celecoxib capsule 200 mg oral 3
celecoxib capsule 400 mg oral 3
celecoxib capsule 50 mg oral 3

D

DIFICID TABLET 200 MG ORAL 2

F

FETZIMA CAPSULE EXTENDED
RELEASE 24 HOUR 120 MG ORAL 1
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 6

R

RYTARY CAPSULE EXTENDED
RELEASE 23.75-95 MG ORAL 4
RYTARY CAPSULE EXTENDED
RELEASE 36.25-145 MG ORAL..... 4
RYTARY CAPSULE EXTENDED
RELEASE 48.75-195 MG ORAL..... 4
RYTARY CAPSULE EXTENDED
RELEASE 61.25-245 MG ORAL..... 4

S

SOLIQUA SOLUTION PEN-INJECTOR
100-33 UNT-MCG/ML
SUBCUTANEOUS..... 5

T

tacrolimus ointment 0.03 % external 6
tacrolimus ointment 0.1 % external 6
TRINTELLIX TABLET 10 MG ORAL 1
TRINTELLIX TABLET 20 MG ORAL 1
TRINTELLIX TABLET 5 MG ORAL 1

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