



MCS Classicare 2026 Formulary 2 (Step Therapy Criteria)

MCS Classicare Efectivo (HMO), MCS, MCS Classicare Essential (HMO-POS), MCS Classicare Estrella (HMO), MCS Classicare En Tu Hogar (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 Maximo (HMO D-SNP), MCS Classicare Platino Progreso (HMO D-SNP), MCS Classicare Platino Superior (HMO D-SNP), MCS Classicare Platino Total (HMO D-SNP), MCS Classicare Platino 185 (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 offered by MCS Advantage, Inc.



Last Updated: 12/09/2026

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

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Effective date: 01/01/2026 Last Updated: 12/09/2025

JOURNAVX-1

Products Affected

Step 2:

- JOURNAVX TABLET 50 MG ORAL

Details

Criteria	Pending CMS Review
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Step Therapy Criteria

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Effective date: 01/01/2026 Last Updated: 12/09/2025

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

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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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SOLIQUEA

Products Affected

Step 2:

- SOLIQUEA 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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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

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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

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

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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).

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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).

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

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Hindi: यदि आप हिंदी बोलते हैं, तो मु भाषा सहायता सेवाएं आपके लिए उपलब्ध हैं। सुलभ परारूपों में जानकारी प्रदान करने के लिए उपयुक्त सहायक एड्स और सेवाएं भी निःशुल्क उपलब्ध हैं। कॉल 1-866-627-8183 (TTY 1-866-627-8182) करें।

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