

2024

Tufts Health One Care
(Medicare-Medicaid Plan)

2024 Step Therapy Prior Authorization Medical Necessity Guidelines

Effective: 05/01/2024

The Formulary may change at any time. You will receive notice when necessary.



a Point32Health company

080323

ANTIDEPRESSANTS

Products Affected

- Aplenzin
- Emsam
- Fetzima
- Fetzima Titration Pack

Details

Criteria	Bupropion, bupropion SR, bupropion XL, citalopram, desvenlafaxine ER, duloxetine delayed-release capsules, escitalopram, fluoxetine, fluoxetine delayed-release, fluvoxamine, fluvoxamine ER, paroxetine, paroxetine ER, sertraline, venlafaxine and venlafaxine ER are on Step-1 and are covered without prior authorization. Aplenzin, Emsam, and Fetzima are on Step-2 and will be covered if the member has filled for a Step-1 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation. Aplenzin will be covered for members with a physician-documented diagnosis of seasonal affective disorder (SAD).
-----------------	---

ATYPICAL ANTIPSYCHOTICS

Products Affected

- Asenapine Maleate SI
- Fanapt
- Fanapt Titration Pack

Details

Criteria	Aripiprazole, lurasidone, olanzapine, olanzapine-fluoxetine, quetiapine, risperidone and ziprasidone are on Step-1 and covered without authorization. Asenapine and Fanapt are on Step-2 and will be covered if the member has filled for one or more Step-1 or Step-2 medications within the previous 180 days as evidenced by a paid claim or physician documentation.
-----------------	--

FEBUXOSTAT

Products Affected

- Febuxostat

Details

Criteria	Allopurinol is on Step-1 and is covered without prior authorization. Febuxostat is on Step-2 and will be covered if the member has filled for a Step-1 medication within the previous 180 days as evidenced by a paid claim or physician documentation.
-----------------	--

INHALED CORTICOSTEROIDS

Products Affected

- Flovent Diskus
- Fluticasone Propionate Diskus
- Fluticasone Propionate Hfa

Details

Criteria	QVAR is on Step-1 and covered without authorization. Fluticasone is on Step-2 and will be covered if the member has filled for one or more Step-1 medications within the previous 180 days as evidenced by a paid claim or physician documentation.
-----------------	---

Index Of Drugs

A

Antidepressants.....	1
Aplenzin	1
Asenapine Maleate Sl.....	2
Atypical Antipsychotics	2

E

Emsam.....	1
------------	---

F

Fanapt.....	2
-------------	---

Fanapt Titration Pack	2
Febuxostat.....	3
Fetzima.....	1
Fetzima Titration Pack	1
Flovent Diskus.....	4
Fluticasone Propionate Diskus	4
Fluticasone Propionate Hfa	4

I

Inhaled Corticosteroids	4
-------------------------------	---