Tufts Health One Care (Medicare-Medicaid Plan)

# 2025 Step Therapy Prior Authorization Medical Necessity Guidelines

Effective: 12/01/25

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



a Point32Health company

# **ANTIDEPRESSANTS**

#### **Products Affected**

- 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, paroxetine, sertraline, venlafaxine and venlafaxine ER are on Step-1 and are covered without prior authorization. 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.

# **ATYPICAL ANTIPSYCHOTICS**

# **Products Affected**

- Asenapine Maleate Sl
- Fanapt
- Fanapt Titration Pack A

- Fanapt Titration Pack B
- Fanapt Titration Pack C

# **Details**

risperido authoriza the mem	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 prayious 180 days as evidenced by a paid claim or physician
	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.

# **INTERFERONS**

## **Products Affected**

- Rebif
- Rebif Rebidose

- Rebif Rebidose Titration Pack
- Rebif Titration Pack

## **Details**

# Avonex, Betaseron, and Plegridy are on Step-1 and covered without prior authorization. Rebif and Rebif Rebidose are on Step-2 and will be covered if the member has filled for two or more Step-1 medications within the previous 180 days as evidenced by a paid claim or physician documentation.

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