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.

Index Of Drugs

A	
Antidepressants	1
Asenapine Maleate Sl	2
Atypical Antipsychotics	2
\boldsymbol{E}	
Emsam	1
F	
Fanapt	2
Fanapt Titration Pack A	2
Fanapt Titration Pack B	2
Fanapt Titration Pack C	
Fetzima	
Fetzima Titration Pack	1

Flovent Diskus	
Fluticasone Propionate Diskus	3
Fluticasone Propionate Hfa	
I	
Inhaled Corticosteroids	3
Interferons	
R	
Rebif	
Rebif Rebidose	
Rebif Rebidose Titration Pack	
Rebif Titration Pack	