

2023

Tufts Health Unify
(Medicare-Medicaid Plan)

Autorización Previa de Terapia Escalonada Directrices de Necesidad Médica 2023

Actualizado: 12/01/2023

El formulario pueden cambiar en cualquier momento. Usted recibirá una notificación cuando sea necesario.



a Point32Health company

091323

ANTIDEPRESSANTS

Products Affected

- Aplenzin
- Emsam
- Fetzima
- Fetzima Titration Pack
- Pexeva

Details

Criteria	This policy does not apply to members under the age of 18. 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).
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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.
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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 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation.
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INHALED CORTICOSTEROIDS

Products Affected

- Flovent Diskus
- Flovent Hfa
- Fluticasone Propionate Diskus
- Fluticasone Propionate Hfa

Details

Criteria	QVAR is on Step-1 and covered without authorization. Flovent 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.
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