

2024

**Tufts Health One Care**  
(Medicare-Medicaid Plan)

# 2024 Step Therapy Prior Authorization Medical Necessity Guidelines

Effective: 12/01/2024

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



a Point32Health company

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# ANTIDEPRESSANTS

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## Products Affected

- Aplenzin
- Emsam
- Fetzima
- Fetzima Titration Pack

## Details

<b>Criteria</b>	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

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## Products Affected

- Asenapine Maleate SI
- Fanapt
- Fanapt Titration Pack

## Details

<b>Criteria</b>	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

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## Products Affected

- Febuxostat

## Details

<b>Criteria</b>	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.
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# INHALED CORTICOSTEROIDS

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## Products Affected

- Flovent Diskus
- Fluticasone Propionate Diskus
- Fluticasone Propionate Hfa

## Details

<b>Criteria</b>	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.
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