2025

Tufts Health One Care
(Medicare-Medicaid Plan)

# Autorización Previa de Terapia Escalonada Directrices de Necesidad Médica 2025

Effective: 11/01/25

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

TUFTS Health Plan

a Point32Health company

081324

# 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

| | |
|---|---|
| **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. |

# 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

| | |
|---|---|
| **Criteria** | 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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