

2026

Tufts Health One Care
(HMO D-SNP)

Autorización Previa de Terapia Escalonada Directrices de Necesidad Médica 2026

Effective: 07/01/26

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



a Point32Health company

H5314_2026_RXOPS479_SPA_C

ANTIDEPRESSANTS

Products Affected

- Emsam
- Exxua
- Exxua Titration Pack
- 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, Fetzima, and Exxua 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 SI
- 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

- 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.
-----------------	---

Index Of Drugs

A

Antidepressants.....	1
Asenapine Maleate Sl.....	2
Atypical Antipsychotics.....	2

E

Emsam.....	1
Exxua.....	1
Exxua Titration Pack.....	1

F

Fanapt.....	2
Fanapt Titration Pack A.....	2
Fanapt Titration Pack B.....	2
Fanapt Titration Pack C.....	2

Fetzima.....	1
Fetzima Titration Pack.....	1
Fluticasone Propionate Diskus.....	3
Fluticasone Propionate Hfa.....	3

I

Inhaled Corticosteroids.....	3
Interferons.....	4

R

Rebif.....	4
Rebif Rebidose.....	4
Rebif Rebidose Titration Pack.....	4
Rebif Titration Pack.....	4