

a Point32Health company

# Tufts Medicare Preferred 2024 Step Therapy Medical Necessity Guidelines

Effective: May 1, 2024

### **ANTIDEPRESSANTS**

#### **Products Affected**

- Aplenzin
- 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, 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).

## **ATYPICAL ANTIPSYCHOTICS**

## **Products Affected**

- Asenapine Maleate Sl
- 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.
	documentation.

## **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 medication 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.

## **Index Of Drugs**

$\boldsymbol{A}$	
Antidepressants	1
Aplenzin	1
Asenapine Maleate S1	2
Atypical Antipsychotics	2
$\boldsymbol{E}$	
Emsam	1
F	
Fanant	2

Fanapt Titration Pack
Febuxostat3
Fetzima1
Fetzima Titration Pack1
Flovent Diskus4
Fluticasone Propionate Diskus4
Fluticasone Propionate Hfa4
I
Inhaled Corticosteroids4