

a Point32Health company

Tufts Health Plan Senior Care Options (HMO-SNP) 2024 Step Therapy Medical Necessity Guidelines

Effective: April 1, 2024

H8330_2024_RXOP\$192_C

Products Affected

- Aplenzin Emsam

Details

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).

• Fetzima

• Fetzima Titration Pack

ATYPICAL ANTIPSYCHOTICS

Products Affected

• Asenapine Maleate Sl

• Fanapt Titration Pack

• Fanapt

Details

Criteria

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.
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INHALED CORTICOSTEROIDS

Products Affected

• Flovent Diskus

• Fluticasone Propionate Hfa

• Fluticasone Propionate Diskus

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.

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