2027

Tufts Health One Care (D-SNP)
Tufts Health One Care CW (D-SNP)

2027 Step Therapy Prior Authorization Medical Necessity Guidelines

Effective: 01/01/27

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

TUFTS Health Plan

a Point32Health company

H5134_2027_RXOPS479_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 Sl
- Fanapt
- Fanapt Titration Pack A
- Fanapt Titration Pack B
- Fanapt Titration Pack C

Details

Criteria	Pending CMS Review

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.

SGLT2 INHIBITORS

Products Affected

- Farxiga

Details

Criteria	Pending CMS Review

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
Farxiga 4
Fetzima 1
Fetzima Titration Pack 1
Fluticasone Propionate Diskus 3
Fluticasone Propionate Hfa 3

I

Inhaled Corticosteroids 3

S

Sglt2 Inhibitors 4