2027

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

Autorización Previa de Terapia Escalonada Directrices de Necesidad Médica 2027

Effective: 01/01/27

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

TUFTS Health Plan

a Point32Health company

H5134_2027_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 Sl
- Fanapt
- Fanapt Titration Pack A
- Fanapt Titration Pack B
- Fanapt Titration Pack C

Details

Criteria	Aripiprazole, lurasidone, olanzapine, 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.

SGLT2 INHIBITORS

Products Affected

- Farxiga

Details

Criteria	Dapagliflozin is on Step-1 and covered without authorization. Farxiga 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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