

a Point32Health company

Tufts Medicare Preferred 2024 Step Therapy Medical Necessity Guidelines

Effective: February 1, 2024

H2256_2024_RXOPS189_C S0655_2024_RxOPS190_C H9907_2024_RXOPS252_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	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.
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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 Hfa

• Fluticasone Propionate Diskus

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