

2021 CarePartners of Connecticut HMO Step Therapy Prior Authorization Medical Necessity Guidelines

Effective: December 1, 2021

Updated: December 1, 2021

Control #: H5273_2021_RXOPS194_C



ANTIDEPRESSANTS

Products Affected

Step 2:

- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL
- APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL
- EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL
- EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL
- FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL
- PEXEVA TABLET 10 MG ORAL
- PEXEVA TABLET 20 MG ORAL
- PEXEVA TABLET 30 MG ORAL
- PEXEVA TABLET 40 MG ORAL

Details

Criteria	<p>This policy does not apply to members under the age of 18. Bupropion, bupropion SR, bupropion XL, citalopram, desvenlafaxine ER, duloxetine delayed-release capsules, escitalopram, fluoxetine, fluoxetine delayed-release, fluvoxamine, fluvoxamine ER, paroxetine, paroxetine ER, Paxil oral suspension, sertraline, venlafaxine and venlafaxine ER are on Step-1 and are covered without prior authorization. Aplenzin, Emsam, Fetzima, and Pexeva is on Step-2 and may 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 may be covered for members with a physician-documented diagnosis of seasonal affective disorder (SAD). Pexeva may be covered for members with a physician-documented diagnosis of GAD, obsessive compulsive disorder (OCD) or panic disorder.</p>
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ATYPICAL ANTIPSYCHOTICS

Products Affected

Step 2:

- *asenapine maleate tablet sublingual 10 mg sublingual*
- *asenapine maleate tablet sublingual 2.5 mg sublingual*
- *asenapine maleate tablet sublingual 5 mg sublingual*
- FANAPT TABLET 1 MG ORAL
- FANAPT TABLET 10 MG ORAL
- FANAPT TABLET 12 MG ORAL
- FANAPT TABLET 2 MG ORAL
- FANAPT TABLET 4 MG ORAL
- FANAPT TABLET 6 MG ORAL
- FANAPT TABLET 8 MG ORAL
- FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL
- LATUDA TABLET 120 MG ORAL
- LATUDA TABLET 20 MG ORAL
- LATUDA TABLET 40 MG ORAL
- LATUDA TABLET 60 MG ORAL
- LATUDA TABLET 80 MG ORAL
- SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL
- SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL

Details

Criteria	Aripiprazole, olanzapine, olanzapine-fluoxetine, quetiapine, risperidone and ziprasidone are on Step-1 and covered without authorization. Asenapine, Fanapt, Latuda, and Saphris are on Step-2 and may 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

Step 2:

- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

Details

Criteria	Allopurinol is on Step-1 and is covered without prior authorization. Febuxostat is on Step-2 and may 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.
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Index

APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL.....	2	PEXEVA TABLET 10 MG ORAL.....	2
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL.....	2	PEXEVA TABLET 20 MG ORAL.....	2
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL.....	2	PEXEVA TABLET 30 MG ORAL.....	2
<i>asenapine maleate tablet sublingual 10 mg sublingual.....</i>	3	PEXEVA TABLET 40 MG ORAL.....	2
<i>asenapine maleate tablet sublingual 2.5 mg sublingual.....</i>	3	SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL.....	3
<i>asenapine maleate tablet sublingual 5 mg sublingual.....</i>	3	SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL.....	3
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL.....	2	SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL.....	3
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL.....	2		
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL.....	2		
FANAPT TABLET 1 MG ORAL.....	3		
FANAPT TABLET 10 MG ORAL.....	3		
FANAPT TABLET 12 MG ORAL.....	3		
FANAPT TABLET 2 MG ORAL.....	3		
FANAPT TABLET 4 MG ORAL.....	3		
FANAPT TABLET 6 MG ORAL.....	3		
FANAPT TABLET 8 MG ORAL.....	3		
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL.....	3		
<i>febuxostat tablet 40 mg oral.....</i>	4		
<i>febuxostat tablet 80 mg oral.....</i>	4		
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL.....	2		
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL.....	2		
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	2		
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL.....	2		
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL.....	2		
LATUDA TABLET 120 MG ORAL.....	3		
LATUDA TABLET 20 MG ORAL.....	3		
LATUDA TABLET 40 MG ORAL.....	3		
LATUDA TABLET 60 MG ORAL.....	3		
LATUDA TABLET 80 MG ORAL.....	3		