

2013 Tufts Health Plan
Medicare Preferred
Step Therapy Prior Authorization
Medical Necessity Guidelines

Effective March 1, 2013

Updated February 25, 2013

Step Therapy Group	Algorithm	Steps
ADHD MEDICATIONS	<p>Amphetamine salt combo, Desoxyn, Dexedrine Spansules, dexamethylphenidate HCl, dextroamphetamine, dextroamphetamine ER, Metadate CD, Metadate ER, methamphetamine, Methylin chewable tablet, methylphenidate, methylphenidate ER capsules and methylphenidate oral solution are on Step-1 and are covered without prior authorization. Adderall XR, Concerta, Daytrana, Focalin XR, Quillivant XR, and Vyvanse are on Step-2 may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.</p>	<p>Step 1: Amphetamine Salt Combo 10 mg tablet, Amphetamine Salt Combo 12.5 mg tablet, Amphetamine Salt Combo 15 mg tablet, Amphetamine Salt Combo 20 mg tablet, Amphetamine Salt Combo 30 mg tablet, Amphetamine Salt Combo 5 mg tablet, Amphetamine Salt Combo 7.5 mg tablet, amphetamine-dextroamphetamine ER 10 mg 24hr capsule,extend release, amphetamine-dextroamphetamine ER 15 mg 24hr capsule,extend release, amphetamine-dextroamphetamine ER 20 mg 24hr capsule,extend release, amphetamine-dextroamphetamine ER 25 mg 24hr capsule,extend release, amphetamine-dextroamphetamine ER 30 mg 24hr capsule,extend release, amphetamine-dextroamphetamine ER 5 mg 24hr capsule,extend release, Desoxyn 5 mg tablet, Dexedrine Spansule 10 mg capsule,extended release, Dexedrine Spansule 15 mg capsule,extended release, Dexedrine Spansule 5 mg capsule,extended release, dexamethylphenidate 10 mg tablet, dexamethylphenidate 2.5 mg tablet, dexamethylphenidate 5 mg tablet, dextroamphetamine 10 mg tablet, dextroamphetamine 5 mg tablet, dextroamphetamine ER 10 mg capsule,extended release, dextroamphetamine ER 15 mg capsule,extended release, dextroamphetamine ER 5 mg capsule,extended release, Metadate CD 10 mg capsule,extended release, Metadate CD 20 mg capsule,extended release, Metadate CD 30 mg capsule,extended release, Metadate CD 40 mg capsule,extended release, Metadate CD 50 mg capsule,extended release, Metadate CD 60 mg capsule,extended release, Metadate ER 20 mg tablet,extended release, methamphetamine 5 mg tablet, Methylin 10 mg chewable tablet, Methylin 2.5 mg chewable tablet, Methylin 5 mg chewable tablet, methylphenidate 10 mg tablet, methylphenidate 10 mg/5 mL Oral Soln, methylphenidate 20 mg tablet, methylphenidate 5 mg tablet, methylphenidate 5 mg/5 mL Oral Soln, methylphenidate ER 10 mg multiphase capsule 30-70,extended release, methylphenidate ER 20 mg</p>

Step Therapy Group	Algorithm	Steps
		<p>capsule,extended release multiphase 50-50, methylphenidate</p> <p>ER 20 mg tablet,extended release, methylphenidate ER 27 mg tablet,24 hr extended release, methylphenidate ER 30 mg capsule,extended release multiphase 50-50, methylphenidate ER 40 mg capsule,extended release multiphase 50-50, methylphenidate ER 50 mg multiphase capsule 30-70,extended release, methylphenidate ER 60 mg multiphase capsule 30-70,extended release</p> <p>Step 2: Adderall XR 10 mg capsule,extended release, Adderall XR 15 mg capsule,extended release, Adderall XR 20 mg capsule,extended release, Adderall XR 25 mg capsule,extended release, Adderall XR 30 mg capsule,extended release, Adderall XR 5 mg capsule,extended release, Concerta 18 mg tablet,extended release, Concerta 27 mg tablet,extended release, Concerta 36 mg tablet,extended release, Concerta 54 mg tablet,extended release, Daytrana 10 mg/9 hr daily Patch, Daytrana 15 mg/9 hr daily Patch, Daytrana 20 mg/9 hr daily Patch, Daytrana 30 mg/9 hr daily Patch, Focalin XR 10 mg capsule,extended release, Focalin XR 15 mg capsule,extended release, Focalin XR 20 mg capsule,extended release, Focalin XR 25 mg capsule,extended release, Focalin XR 30 mg capsule,extended release, Focalin XR 35 mg capsule,extended release, Focalin XR 40 mg capsule,extended release, Focalin XR 5 mg capsule,extended release, Quillivant XR 5 mg/mL (25 mg/5 mL) oral suspension,extend release 24hr, Vyvanse 20 mg capsule, Vyvanse 30 mg capsule, Vyvanse 40 mg capsule, Vyvanse 50 mg capsule, Vyvanse 60 mg capsule, Vyvanse 70 mg capsule</p>

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ANTIDEPRESSANT TS	<p>This policy does not apply to members under the age of 18. Budeprion SR, budeprion XL, bupropion HCl, bupropion SR, bupropion XL, citalopram HBr, escitalopram, fluoxetine HCl, fluoxetine ext-rel, fluvoxamine, paroxetine HCl, paroxetine ext-rel, Selfemra, sertraline, venlafaxine and venlafaxine ext-rel capsules are on Step-1 and are covered without prior authorization. Cymbalta, Pristiq, Venlafaxine OSM 24hr ER tablet and Viibryd are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1, Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1, Step-2 or Step-3 medication. Aplenzin, Emsam, Lexapro, Luvox CR, Oleptro ER and Pexeva are on Step-3 and may be covered if the member has had a 30-day trial of a Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-2 or Step-3 medication. Cymbalta (duloxetine) may be covered for members with a physician-documented diagnosis of neuropathic pain, including pain associated with diabetic peripheral neuropathy. Physician documented diagnosis of fibromyalgia. Physician documented diagnosis of chronic musculoskeletal pain including, pain associated with osteoarthritis and chronic lower back pain.</p>	<p>Step 1: Budeprion SR 100 mg tablet,extended release, Budeprion SR 150 mg tablet,extended release, Buproban 150 mg tablet,extended release, bupropion HCl 100 mg tablet, bupropion HCl 75 mg tablet, bupropion HCl SR 100 mg tablet,sustained-release, bupropion HCl SR 150 mg tablet,sustained-release, bupropion HCl SR 200 mg tablet,sustained-release, bupropion HCl XL 150 mg 24 hr tablet, extended release, bupropion HCl XL 300 mg 24 hr tablet, extended release, citalopram 10 mg tablet, citalopram 10 mg/5 mL Oral Soln, citalopram 20 mg tablet, citalopram 40 mg tablet, escitalopram 10 mg tablet, escitalopram 20 mg tablet, escitalopram 5 mg tablet, escitalopram 5 mg/5 mL Oral Soln, fluoxetine 10 mg capsule, fluoxetine 10 mg tablet, fluoxetine 20 mg capsule, fluoxetine 20 mg tablet, fluoxetine 20 mg/5 mL Oral Soln, fluoxetine 40 mg capsule, fluoxetine 60 mg tablet, fluoxetine 90 mg capsule,delayed release, fluvoxamine 100 mg tablet, fluvoxamine 25 mg tablet, fluvoxamine 50 mg tablet, paroxetine 10 mg tablet, paroxetine 20 mg tablet, paroxetine 30 mg tablet, paroxetine 40 mg tablet, paroxetine ER 12.5 mg tablet,extended release 24 hr, paroxetine ER 25 mg tablet,extended release 24 hr, paroxetine ER 37.5 mg tablet,extended release 24 hr, sertraline 100 mg tablet, sertraline 20 mg/mL Oral Concentrate, sertraline 25 mg tablet, sertraline 50 mg tablet, venlafaxine 100 mg tablet, venlafaxine 25 mg tablet, venlafaxine 37.5 mg tablet, venlafaxine 50 mg tablet, venlafaxine 75 mg tablet, venlafaxine ER 150 mg capsule,extended release 24 hr, venlafaxine ER 37.5 mg capsule,extended release 24 hr, venlafaxine ER 75 mg capsule,extended release 24 hr</p> <p>Step 2: Cymbalta 20 mg capsule,delayed release, Cymbalta 30 mg capsule,delayed release, Cymbalta 60 mg capsule,delayed release, Pristiq 100 mg tablet,extended release, Pristiq 50 mg tablet,extended release, venlafaxine ER 150 mg tablet,24 hr extended release, venlafaxine ER 225 mg tablet,24 hr extended release, venlafaxine ER 37.5 mg tablet,24 hr extended release, venlafaxine ER 75 mg tablet,24</p>

Step Therapy Group	Algorithm	Steps
		<p>hr extended release, Viibryd 10 mg (7)-20 mg (7)-40 mg(16)</p> <p>tablets in a dose pack, Viibryd 10 mg tablet, Viibryd 20 mg tablet, Viibryd 40 mg tablet</p> <p>Step 3: Aplenzin 174 mg tablet,extended release, Aplenzin 348 mg tablet,extended release, Aplenzin 522 mg tablet,extended release, Emsam 12 mg/24 hr Transderm 24 hr Patch, Emsam 6 mg/24 hr Transderm 24 hr Patch, Emsam 9 mg/24 hr Transderm 24 hr Patch, Lexapro 10 mg tablet, Lexapro 20 mg tablet, Lexapro 5 mg tablet, Lexapro 5 mg/5 mL Oral Soln, Luvox CR 100 mg capsule,extended release, Luvox CR 150 mg capsule,extended release, Oleptro ER 150 mg tablet,extended release, Oleptro ER 300 mg tablet,extended release, PEXEVA 10 mg tablet, PEXEVA 20 mg tablet, PEXEVA 30 mg tablet, PEXEVA 40 mg tablet</p>

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<p>ATYPICAL ANTIPSYCHOTICS</p>	<p>Risperidone and risperidone ODT are on Step-1 and are covered without prior authorization. Fluoxetine/olanzapine, olanzapine, olanzapine ODT, quetiapine fumarate and ziprasidone are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1, Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1, Step-2 or Step-3 medication. Abilify, Geodon, Invega, Seroquel, Seroquel XR, and Symbyax are on Step-3 and may be covered if the member has had a 30-day trial of a Step-2 or Step-3 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-2 or Step-3 medication. Olanzapine and olanzapine ODT, when given with fluoxetine, are covered for treatment-resistant and bipolar depression. Abilify and Seroquel XR are covered for members with a physician-documented diagnosis of Depression. Coverage of quetiapine fumarate 25 mg & 50 mg tablets and Seroquel 25 mg & 50 mg tablets will not be approved to treat insomnia.</p>	<p>Step 1: risperidone 0.25 mg disintegrating tablet, risperidone 0.25 mg tablet, risperidone 0.5 mg disintegrating tablet, risperidone 0.5 mg tablet, risperidone 1 mg disintegrating tablet, risperidone 1 mg tablet, risperidone 1 mg/mL Oral Soln, risperidone 2 mg disintegrating tablet, risperidone 2 mg tablet, risperidone 3 mg disintegrating tablet, risperidone 3 mg tablet, risperidone 4 mg disintegrating tablet, risperidone 4 mg tablet</p> <p>Step 2: olanzapine 10 mg disintegrating tablet, olanzapine 10 mg tablet, olanzapine 15 mg disintegrating tablet, olanzapine 15 mg tablet, olanzapine 2.5 mg tablet, olanzapine 20 mg disintegrating tablet, olanzapine 20 mg tablet, olanzapine 5 mg disintegrating tablet, olanzapine 5 mg tablet, olanzapine 7.5 mg tablet, olanzapine-fluoxetine 12 mg-25 mg capsule, olanzapine-fluoxetine 12 mg-50 mg capsule, olanzapine-fluoxetine 3 mg-25 mg capsule, olanzapine-fluoxetine 6 mg-25 mg capsule, olanzapine-fluoxetine 6 mg-50 mg capsule, quetiapine 100 mg tablet, quetiapine 200 mg tablet, quetiapine 25 mg tablet, quetiapine 300 mg tablet, quetiapine 400 mg tablet, quetiapine 50 mg tablet, ziprasidone 20 mg capsule, ziprasidone 40 mg capsule, ziprasidone 60 mg capsule, ziprasidone 80 mg capsule</p> <p>Step 3: Abilify 1 mg/mL Oral Soln, Abilify 10 mg tablet, Abilify 15 mg tablet, Abilify 2 mg tablet, Abilify 20 mg tablet, Abilify 30 mg tablet, Abilify 5 mg tablet, Abilify Discmelt 10 mg disintegrating tablet, Abilify Discmelt 15 mg disintegrating tablet, Geodon 20 mg capsule, Geodon 40 mg capsule, Geodon 60 mg capsule, Geodon 80 mg capsule, Invega 1.5 mg tablet,extended release, Invega 3 mg tablet,extended release, Invega 6 mg tablet,extended release, Invega 9 mg tablet,extended release, Seroquel 100 mg tablet, Seroquel 200 mg tablet, Seroquel 25 mg tablet, Seroquel 300 mg tablet, Seroquel 400 mg tablet, Seroquel 50 mg tablet, Seroquel XR 150 mg tablet,extended release, Seroquel XR 200 mg tablet,extended release, Seroquel XR 300 mg</p>

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		<p>tablet,extended release, Seroquel XR 400 mg tablet,extended release, Seroquel XR 50 mg tablet,extended release, Symbyax 12 mg-25 mg capsule, Symbyax 12 mg-50 mg capsule, Symbyax 3 mg-25 mg capsule, Symbyax 6 mg-25 mg capsule, Symbyax 6 mg-50 mg capsule</p>

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ELIDEL AND PROTOPIC	<p>Alclometasone, amcinonide, augmented betamethasone dipropionate, betamethasone benzoate, betamethasone dipropionate, betamethasone valerate, clobetasol propionate, desoximetasone, diflorasone diacetate, flurandrenolide, fluocinonide, fluocinolone acetonide, fluticasone propionate, halobetasol propionate, hydrocortisone butyrate, hydrocortisone valerate, mometasone furoate, prednicarbate, and triamcinolone acetonide are on Step-1 and are covered without prior authorization. Elidel and Protopic are on Step-2 and may be covered if the member has had a 30-day trial of two (2) Step-1 medications or one (1) Step-2 medication within the previous 180 days as evidenced by a paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of two (2) Step-1 medications or one (1) Step-2 medication.</p>	<p>Step 1: Ala-Cort 1 % Topical Cream, alclometasone 0.05 % Topical Cream, alclometasone 0.05 % Topical Ointment, amcinonide 0.1 % Lotion, amcinonide 0.1 % Topical Cream, amcinonide 0.1 % Topical Ointment, betamethasone dipropionate 0.05 % Lotion, betamethasone dipropionate 0.05 % Topical Cream, betamethasone dipropionate 0.05 % Topical Ointment, betamethasone valerate 0.1 % Lotion, betamethasone valerate 0.1 % Topical Cream, betamethasone valerate 0.1 % Topical Ointment, betamethasone, augmented 0.05 % Lotion, betamethasone, augmented 0.05 % Topical Cream, betamethasone, augmented 0.05 % Topical Ointment, clobetasol 0.05 % Lotion, clobetasol 0.05 % Shampoo, clobetasol 0.05 % Topical Foam, clobetasol 0.05 % Topical Gel, clobetasol 0.05 % Topical Ointment, clobetasol 0.05 % Topical Soln, clobetasol-emollient 0.05 % Topical Cream, CLOBEX 0.05 % Lotion, CLOBEX 0.05 % Topical Spray, Cordran 0.05 % Lotion, Cordran 4 mcg/cm2 Tape, Derma-Smoothe/FS Body Oil 0.01 % Topical, desonide 0.05 % Lotion, desonide 0.05 % Topical Cream, desonide 0.05 % Topical Ointment, desoximetasone 0.05 % Topical Cream, desoximetasone 0.05 % Topical Gel, desoximetasone 0.05 % Topical Ointment, desoximetasone 0.25 % Topical Cream, desoximetasone 0.25 % Topical Ointment, diflorasone 0.05 % Topical Cream, diflorasone 0.05 % Topical Ointment, fluocinolone 0.01 % Topical Body Oil, fluocinolone 0.01 % Topical Cream, fluocinolone 0.01 % Topical Soln, fluocinolone 0.025 % Topical Cream, fluocinolone 0.025 % Topical Ointment, fluocinonide 0.05 % Topical Gel, fluocinonide 0.05 % Topical Ointment, fluocinonide 0.05 % Topical Soln, Fluocinonide-E 0.05 % Topical Cream, fluticasone 0.005 % Topical Ointment, fluticasone 0.05 % Lotion, fluticasone 0.05 % Topical Cream, halobetasol propionate 0.05 % Topical Cream, halobetasol propionate 0.05 % Topical Ointment, Halog 0.1 % Topical Cream, Halog 0.1 % Topical Ointment, hydrocortisone 1 % Topical Cream, hydrocortisone 1 % Topical Ointment, hydrocortisone 2.5 %</p>

Step Therapy Group	Algorithm	Steps
		<p>Lotion, hydrocortisone 2.5 % Topical Cream, hydrocortisone 2.5 % Topical Ointment, hydrocortisone butyrate 0.1 % Topical Cream, hydrocortisone butyrate 0.1 % Topical Ointment, hydrocortisone butyrate 0.1 % Topical Soln, hydrocortisone valerate 0.2 % Topical Cream, hydrocortisone valerate 0.2 % Topical Ointment, Kenalog 0.147 mg/gram Topical Aerosol, Locoid Lipocream 0.1 % Topical, LoKara 0.05 % Lotion, Luxiq 0.12 % Topical Foam, mometasone 0.1 % Lotion, mometasone 0.1 % Topical Cream, mometasone 0.1 % Topical Ointment, Pandel 0.1 % Topical Cream, prednicarbate 0.1 % Topical Cream, prednicarbate 0.1 % Topical Ointment, triamcinolone acetonide 0.025 % Lotion, triamcinolone acetonide 0.025 % Topical Cream, triamcinolone acetonide 0.025 % Topical Ointment, triamcinolone acetonide 0.1 % Lotion, triamcinolone acetonide 0.1 % Topical Cream, triamcinolone acetonide 0.1 % Topical Ointment, triamcinolone acetonide 0.5 % Topical Cream, triamcinolone acetonide 0.5 % Topical Ointment, Triderm 0.1 % Topical Cream, U-Cort 1 %-10 % Topical Cream, Vanos 0.1 % Topical Cream, Westcort 0.2 % Topical Ointment</p> <p>Step 2: Elidel 1 % Topical Cream, Protopic 0.03 % Topical Ointment, Protopic 0.1 % Topical Ointment</p>

Step Therapy Group	Algorithm	Steps
EPLERENONE	<p>Spironolactone and spironolactone/hydrochlorothiazide are on Step-1 and are covered without prior authorization. Eplerenone is on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.</p>	<p>Step 1: spironolactone 100 mg tablet, spironolactone 25 mg tablet, spironolactone 25 mg-hydrochlorothiazide 25 mg tablet, spironolactone 50 mg tablet</p> <p>Step 2: eplerenone 25 mg tablet, eplerenone 50 mg tablet</p>

Step Therapy Group	Algorithm	Steps
INSOMNIA	Zaleplon and zolpidem tartrate are on Step-1 and are covered without prior authorization. Lunesta, Rozerem and zolpidem tartrate CR are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication, or the member has a physician-documented contraindication or intolerance to zaleplon or zolpidem.	<p>Step 1: zaleplon 10 mg capsule, zaleplon 5 mg capsule, zolpidem 10 mg tablet, zolpidem 5 mg tablet</p> <p>Step 2: Lunesta 1 mg tablet, Lunesta 2 mg tablet, Lunesta 3 mg tablet, Rozerem 8 mg tablet, zolpidem ER 12.5 mg tablet, extended release, multiphase, zolpidem ER 6.25 mg tablet, extended release, multiphase</p>

Step Therapy Group	Algorithm	Steps
LIPID-LOWERING AGENTS	Atorvastatin 40 mg and 80 mg, fluvastatin, lovastatin, pravastatin and simvastatin are on Step-1 and are covered without prior authorization. Atorvastatin 10 mg and 20 mg, and Vytorin are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.	<p>Step 1: atorvastatin 40 mg tablet, atorvastatin 80 mg tablet, fluvastatin 20 mg capsule, fluvastatin 40 mg capsule, lovastatin 10 mg tablet, lovastatin 20 mg tablet, lovastatin 40 mg tablet, pravastatin 10 mg tablet, pravastatin 20 mg tablet, pravastatin 40 mg tablet, pravastatin 80 mg tablet, simvastatin 10 mg tablet, simvastatin 20 mg tablet, simvastatin 40 mg tablet, simvastatin 5 mg tablet, simvastatin 80 mg tablet</p> <p>Step 2: atorvastatin 10 mg tablet, atorvastatin 20 mg tablet, Vytorin 10-10 10 mg-10 mg tablet, Vytorin 10-20 10 mg-20 mg tablet, Vytorin 10-40 10 mg-40 mg tablet, Vytorin 10-80 10 mg-80 mg tablet</p>

Step Therapy Group	Algorithm	Steps
LYRICA	<p>Gabapentin is on Step-1 and is covered without prior authorization. Lyrica is on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication. Lyrica may be covered for a member when one of the following criteria is met: Physician-documented diagnosis of fibromyalgia, neuropathic pain associated with diabetic peripheral neuropathy or spinal cord injury, and/or partial-onset seizures.</p>	<p>Step 1: gabapentin 100 mg capsule, gabapentin 250 mg/5 mL Oral Soln, gabapentin 300 mg capsule, gabapentin 400 mg capsule, gabapentin 600 mg tablet, gabapentin 800 mg tablet Step 2: Lyrica 100 mg capsule, Lyrica 150 mg capsule, Lyrica 20 mg/mL Oral Soln, Lyrica 200 mg capsule, Lyrica 225 mg capsule, Lyrica 25 mg capsule, Lyrica 300 mg capsule, Lyrica 50 mg capsule, Lyrica 75 mg capsule</p>

Step Therapy Group	Algorithm	Steps
MODAFINIL	<p>Adderall XR, amphetamine salt combo, Concerta, Desoxyn, Dexedrine Spansules, dexamethylphenidate HCl, dextroamphetamine, dextroamphetamine ER, Focalin XR, Metadate CD, Metadate ER, methamphetamine, Methylin, Methylin ER, methylphenidate, methylphenidate ER and methylphenidate oral solution are on Step-1 and are covered without prior authorization. Modafinil is on Step-2 may be covered if the member has had a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred within the previous 180 days or physician-documented use of a 30-day supply of a Step-1 or Step-2 medication. Modafinil is covered without authorization to improve wakefulness for members with obstructive sleep apnea or shift-work sleep disorder.</p>	<p>Step 1: Adderall XR 10 mg capsule,extended release, Adderall XR 15 mg capsule,extended release, Adderall XR 20 mg capsule,extended release, Adderall XR 25 mg capsule,extended release, Adderall XR 30 mg capsule,extended release, Adderall XR 5 mg capsule,extended release, Amphetamine Salt Combo 10 mg tablet, Amphetamine Salt Combo 12.5 mg tablet, Amphetamine Salt Combo 15 mg tablet, Amphetamine Salt Combo 20 mg tablet, Amphetamine Salt Combo 30 mg tablet, Amphetamine Salt Combo 5 mg tablet, Amphetamine Salt Combo 7.5 mg tablet, amphetamine-dextroamphetamine ER 10 mg 24hr capsule,extend release, amphetamine-dextroamphetamine ER 15 mg 24hr capsule,extend release, amphetamine-dextroamphetamine ER 20 mg 24hr capsule,extend release, amphetamine-dextroamphetamine ER 25 mg 24hr capsule,extend release, amphetamine-dextroamphetamine ER 30 mg 24hr capsule,extend release, amphetamine-dextroamphetamine ER 5 mg 24hr capsule,extend release, Concerta 18 mg tablet,extended release, Concerta 27 mg tablet,extended release, Concerta 36 mg tablet,extended release, Concerta 54 mg tablet,extended release, Desoxyn 5 mg tablet, Dexedrine Spansule 10 mg capsule,extended release, Dexedrine Spansule 15 mg capsule,extended release, Dexedrine Spansule 5 mg capsule,extended release, dexamethylphenidate 10 mg tablet, dexamethylphenidate 2.5 mg tablet, dexamethylphenidate 5 mg tablet, dextroamphetamine 10 mg tablet, dextroamphetamine 5 mg tablet, dextroamphetamine ER 10 mg capsule,extended release, dextroamphetamine ER 15 mg capsule,extended release, dextroamphetamine ER 5 mg capsule,extended release, Focalin XR 10 mg capsule,extended release, Focalin XR 15 mg capsule,extended release, Focalin XR 20 mg capsule,extended release, Focalin XR 25 mg capsule,extended release, Focalin XR 30 mg capsule,extended release, Focalin XR 35 mg capsule,extended release, Focalin XR 40 mg capsule,extended release, Focalin XR 5 mg capsule,extended</p>

Step Therapy Group	Algorithm	Steps
		<p>release, Metadate CD 10 mg capsule,extended release,</p> <p>Metadate CD 20 mg capsule,extended release, Metadate CD 30 mg capsule,extended release, Metadate CD 40 mg capsule,extended release, Metadate CD 50 mg capsule,extended release, Metadate CD 60 mg capsule,extended release, Metadate ER 20 mg tablet,extended release, methamphetamine 5 mg tablet, Methylin 10 mg chewable tablet, Methylin 2.5 mg chewable tablet, Methylin 5 mg chewable tablet, methylphenidate 10 mg tablet, methylphenidate 10 mg/5 mL Oral Soln, methylphenidate 20 mg tablet, methylphenidate 5 mg tablet, methylphenidate 5 mg/5 mL Oral Soln, methylphenidate ER 10 mg multiphase capsule 30-70,extended release, methylphenidate ER 20 mg capsule,extended release multiphase 50-50, methylphenidate ER 20 mg tablet,extended release, methylphenidate ER 27 mg tablet,24 hr extended release, methylphenidate ER 30 mg capsule,extended release multiphase 50-50, methylphenidate ER 40 mg capsule,extended release multiphase 50-50</p> <p>Step 2: modafinil 100 mg tablet, modafinil 200 mg tablet, Provigil 100 mg tablet, Provigil 200 mg tablet</p>

Step Therapy Group	Algorithm	Steps
OPHTHALMIC PROSTAGLANDIN S	Latanoprost is on Step-1 and is covered without prior authorization. Lumigan, Travatan Z, and Zioptan are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.	<p>Step 1: latanoprost 0.005 % Eye Drops</p> <p>Step 2: Lumigan 0.01 % Eye Drops, Lumigan 0.03 % Eye Drops, Travatan Z 0.004 % Eye Drops, Zioptan (PF) 0.0015 % Eye Dropperette</p>

Step Therapy Group	Algorithm	Steps
ORAL BISPHOSPHONATES	Alendronate is on Step-1 and is covered without prior authorization. Actonel and ibandronate are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.	<p>Step 1: alendronate 10 mg tablet, alendronate 35 mg tablet, alendronate 40 mg tablet, alendronate 5 mg tablet, alendronate 70 mg tablet</p> <p>Step 2: Actonel 150 mg tablet, Actonel 30 mg tablet, Actonel 35 mg tablet, Actonel 5 mg tablet, ibandronate 150 mg tablet</p>

Step Therapy Group	Algorithm	Steps
PROTON PUMP INHIBITORS	<p>Omeprazole is on Step-1 and is covered without prior authorization. Lansoprazole, omeprazole/sodium bicarbonate and pantoprazole and are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or a Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or a Step-2 medication. For children below 13 years of age, Tufts Medicare Preferred covers lansoprazole soluble tablets, Nexium oral suspension, Prevacid Solutabs and Protonix oral suspension without prior authorization.</p>	<p>Step 1: omeprazole 10 mg capsule, delayed release, omeprazole 20 mg capsule, delayed release, omeprazole 40 mg capsule, delayed release</p> <p>Step 2: lansoprazole 15 mg capsule, delayed release, lansoprazole 30 mg capsule, delayed release, omeprazole-sodium bicarbonate 20 mg-1.1 gram capsule, omeprazole-sodium bicarbonate 40 mg-1.1 gram capsule, pantoprazole 20 mg tablet, delayed release, pantoprazole 40 mg tablet, delayed release</p>

Step Therapy Group	Algorithm	Steps
SAVELLA	<p>Gabapentin is on Step-1 and is covered without prior authorization. Savella is on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 medication, Cymbalta, Lyrica or Savella within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 medication, Cymbalta, Lyrica or Savella. Savella may be covered for members with a physician documented diagnosis of fibromyalgia.</p>	<p>Step 1: Cymbalta 20 mg capsule,delayed release, Cymbalta 30 mg capsule,delayed release, Cymbalta 60 mg capsule,delayed release, gabapentin 100 mg capsule, gabapentin 250 mg/5 mL Oral Soln, gabapentin 300 mg capsule, gabapentin 400 mg capsule, gabapentin 600 mg tablet, gabapentin 800 mg tablet, Lyrica 100 mg capsule, Lyrica 150 mg capsule, Lyrica 200 mg capsule, Lyrica 225 mg capsule, Lyrica 25 mg capsule, Lyrica 300 mg capsule, Lyrica 50 mg capsule, Lyrica 75 mg capsule</p> <p>Step 2: Savella 100 mg tablet, Savella 12.5 mg tablet, Savella 25 mg tablet, Savella 50 mg tablet</p>

Step Therapy Group	Algorithm	Steps
ULORIC	Allopurinol is on Step-1 and is covered without prior authorization. Uloric is on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.	Step 1: allopurinol 100 mg tablet, allopurinol 300 mg tablet Step 2: Uloric 40 mg tablet, Uloric 80 mg tablet

Step Therapy Group	Algorithm	Steps
URINARY ANTISPASMODICS	Gelnique, oxybutynin, oxybutynin ext-rel, oxybutynin oral solution, Oxytrol, Sanctura XR, trospium, trospium ER and Vesicare are on Step-1 and are covered without prior authorization. Detrol LA, Enablex and Myrbetriq are on Step-2 and may be covered if the member has had a 30-day trial of a Step-1 or Step-2 medication within the previous 180 days as evidenced by a previous paid claim under the prescription benefit administered by Tufts Health Plan Medicare Preferred or physician-documented use of a Step-1 or Step-2 medication.	<p>Step 1: flavoxate 100 mg tablet, Gelnique 10 % (100 mg/gram) Transdermal Gel Packet, oxybutynin chloride 5 mg tablet, oxybutynin chloride 5 mg/5 mL Syrup, oxybutynin chloride ER 10 mg tablet,24 hr extended release, oxybutynin chloride ER 15 mg tablet,24 hr extended release, oxybutynin chloride ER 5 mg tablet,24 hr extended release, Oxytrol 3.9 mg/24 hr Transderm Patch, Sanctura XR 60 mg capsule,extended release, trospium 20 mg tablet, trospium ER 60 mg capsule,extended release 24 hr, Vesicare 10 mg tablet, Vesicare 5 mg tablet</p> <p>Step 2: Detrol LA 2 mg capsule,extended release, Detrol LA 4 mg capsule,extended release, Enablex 15 mg tablet,extended release, Enablex 7.5 mg tablet,extended release, Myrbetriq 25 mg tablet,extended release, Myrbetriq 50 mg tablet,extended release</p>

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Abilify 1 mg/mL Oral Soln.....	5	Adderall XR 30 mg capsule,extended release.....	13	Amphetamine Salt Combo 7.5 mg tablet.....	1
Abilify 10 mg tablet.....	5	Adderall XR 5 mg capsule,extended release.....	2	Amphetamine Salt Combo 7.5 mg tablet.....	13
Abilify 15 mg tablet.....	5	Adderall XR 5 mg capsule,extended release.....	13	amphetamine-dextroamphetamine ER 10 mg 24hr capsule,extend release.....	1
Abilify 2 mg tablet.....	5	Ala-Cort 1 % Topical Cream.....	7	amphetamine-dextroamphetamine ER 10 mg 24hr capsule,extend release.....	13
Abilify 20 mg tablet.....	5	alclometasone 0.05 % Topical Cream.....	7	amphetamine-dextroamphetamine ER 15 mg 24hr capsule,extend release.....	1
Abilify 30 mg tablet.....	5	alclometasone 0.05 % Topical Ointment.....	7	amphetamine-dextroamphetamine ER 15 mg 24hr capsule,extend release.....	13
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Actonel 5 mg tablet.....	16	allopurinol 300 mg tablet.....	19	amphetamine-dextroamphetamine ER 5 mg 24hr capsule,extend release.....	1
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Adderall XR 20 mg capsule,extended release.....	13	Amphetamine Salt Combo 12.5 mg tablet.....	1	atorvastatin 20 mg tablet.....	11
Adderall XR 25 mg capsule,extended release.....	2	Amphetamine Salt Combo 12.5 mg tablet.....	13	atorvastatin 40 mg tablet.....	11
Adderall XR 25 mg capsule,extended release.....	13	Amphetamine Salt Combo 15 mg tablet.....	1	atorvastatin 80 mg tablet.....	11
Adderall XR 30 mg capsule,extended release.....	2	Amphetamine Salt Combo 15 mg tablet.....	13		
		Amphetamine Salt Combo 20 mg tablet.....	1		
		Amphetamine Salt Combo 20 mg tablet.....	13		
		Amphetamine Salt Combo 30 mg tablet.....	1		
		Amphetamine Salt Combo 30 mg tablet.....	13		
		Amphetamine Salt Combo 5 mg tablet.....	1		
		Amphetamine Salt Combo 5 mg tablet.....	13		

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betamethasone dipropionate 0.05 % Topical Cream.....	7	citalopram 40 mg tablet.....	3	desonide 0.05 % Lotion.....	7
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Budeprion SR 150 mg tablet,extended release.....	3	CLOBEX 0.05 % Topical Spray.....	7	Desoxyn 5 mg tablet.....	13
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bupropion HCl 75 mg tablet.....	3	Concerta 27 mg tablet,extended release.....	2	Dexedrine Spansule 10 mg capsule,extended release.....	1
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		Cymbalta 20 mg capsule,delayed release.....	3	dexmethylphenidate 10 mg tablet.....	13
		Cymbalta 20 mg capsule,delayed release.....	18	dexmethylphenidate 2.5 mg tablet.....	1
		Cymbalta 30 mg capsule,delayed release.....	3	dexmethylphenidate 2.5 mg tablet.....	13
		Cymbalta 30 mg capsule,delayed release.....	18	dexmethylphenidate 5 mg tablet.....	1
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		Daytrana 20 mg/9 hr daily Patch.....	2		
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dextroamphetamine 10 mg tablet.....	1	fluocinolone 0.01 % Topical Soln.....	7	Focalin XR 25 mg capsule,extended	
dextroamphetamine 10 mg tablet.....	13	fluocinolone 0.025 % Topical Cream.....	7	release.....	2
dextroamphetamine 5 mg tablet.....	1	fluocinolone 0.025 % Topical Ointment.....	7	Focalin XR 25 mg capsule,extended	
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eplerenone 50 mg tablet.....	9	release.....	2	gabapentin 600 mg tablet.....	12
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escitalopram 5 mg tablet.....	3	Focalin XR 20 mg capsule,extended		gabapentin 800 mg tablet.....	18
escitalopram 5 mg/5 mL Oral Soln.....	3	release.....	2	Gelnique 10 % (100 mg/gram) Transdermal	
flavoxate 100 mg tablet.....	20	Focalin XR 20 mg capsule,extended		Gel Packet.....	20
fluocinolone 0.01 % Topical Body Oil.....	7	release.....	2	Geodon 20 mg capsule.....	5
fluocinolone 0.01 % Topical Cream.....	7	Focalin XR 20 mg capsule,extended		Geodon 40 mg capsule.....	5
		release.....	13		

Geodon 60 mg capsule.....	5	Lexapro 5 mg tablet.....	4	Metadate CD 10 mg capsule,extended release.....	1
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Halog 0.1 % Topical Ointment.....	7	lovastatin 20 mg tablet.....	11	Metadate CD 30 mg capsule,extended release.....	14
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hydrocortisone valerate 0.2 % Topical Cream.....	8	Luxiq 0.12 % Topical Foam.....	8	methamphetamine 5 mg tablet.....	14
hydrocortisone valerate 0.2 % Topical Ointment.....	8	Lyrica 100 mg capsule.....	12	Methylin 10 mg chewable tablet.....	1
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Invega 3 mg tablet,extended release.....	5	Lyrica 150 mg capsule.....	18	Methylin 2.5 mg chewable tablet.....	14
Invega 6 mg tablet,extended release.....	5	Lyrica 20 mg/mL Oral Soln.....	12	Methylin 5 mg chewable tablet.....	1
Invega 9 mg tablet,extended release.....	5	Lyrica 200 mg capsule.....	12	Methylin 5 mg chewable tablet.....	14
Kenalog 0.147 mg/gram Topical Aerosol.....	8	Lyrica 200 mg capsule.....	18		
lansoprazole 15 mg capsule,delayed release.....	17	Lyrica 225 mg capsule.....	12		
lansoprazole 30 mg capsule,delayed release.....	17	Lyrica 225 mg capsule.....	18		
latanoprost 0.005 % Eye Drops.....	15	Lyrica 25 mg capsule.....	12		
Lexapro 10 mg tablet.....	4	Lyrica 25 mg capsule.....	18		
Lexapro 20 mg tablet.....	4	Lyrica 300 mg capsule.....	12		
		Lyrica 300 mg capsule.....	18		
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		Lyrica 50 mg capsule.....	18		
		Lyrica 75 mg capsule.....	12		
		Lyrica 75 mg capsule.....	18		

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methylphenidate 10 mg tablet.....	14	methylphenidate ER 50 mg multiphase capsule 30-70,extended release.....	2	Oleptro ER 300 mg tablet,extended release.....	4
methylphenidate 10 mg/5 mL Oral Soln.....	1	methylphenidate ER 60 mg multiphase capsule 30-70,extended release.....	2	omeprazole 10 mg capsule,delayed release.....	17
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methylphenidate 20 mg tablet.....	1	modafinil 200 mg tablet.....	14	omeprazole 40 mg capsule,delayed release.....	17
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methylphenidate 5 mg tablet.....	1	mometasone 0.1 % Topical Cream.....	8	omeprazole-sodium bicarbonate 40 mg-1.1 gram capsule.....	17
methylphenidate 5 mg tablet.....	14	mometasone 0.1 % Topical Ointment.....	8	oxybutynin chloride 5 mg tablet.....	20
methylphenidate 5 mg/5 mL Oral Soln.....	1	Myrbetriq 25 mg tablet,extended release.....	20	oxybutynin chloride 5 mg/5 mL Syrup.....	20
methylphenidate 5 mg/5 mL Oral Soln.....	14	Myrbetriq 50 mg tablet,extended release.....	20	oxybutynin chloride ER 10 mg tablet,24 hr extended release.....	20
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methylphenidate ER 40 mg capsule,extended release multiphase 50-50.....	2	olanzapine-fluoxetine 12 mg-25 mg capsule.....	5	paroxetine ER 12.5 mg tablet,extended release 24 hr.....	3
		olanzapine-fluoxetine 12 mg-50 mg capsule.....	5	paroxetine ER 25 mg tablet,extended release 24 hr.....	3
		olanzapine-fluoxetine 3 mg-25 mg capsule.....	5		
		olanzapine-fluoxetine 6 mg-25 mg capsule.....	5		
		olanzapine-fluoxetine 6 mg-50 mg capsule.....	5		

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risperidone 0.25 mg tablet.....	5	sertraline 50 mg tablet.....	3	Uloric 40 mg tablet.....	19
risperidone 0.5 mg disintegrating tablet.....	5	simvastatin 10 mg tablet.....	11	Uloric 80 mg tablet.....	19
risperidone 0.5 mg tablet.....	5	simvastatin 20 mg tablet.....	11	Vanos 0.1 % Topical Cream.....	8
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venlafaxine ER 37.5 mg tablet,24 hr extended release.....	3	zolpidem 10 mg tablet.....	10
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Vytorin 10-20 10 mg-20 mg tablet.....	11		
Vytorin 10-40 10 mg-40 mg tablet.....	11		
Vytorin 10-80 10 mg-80 mg tablet.....	11		
Vyvanse 20 mg capsule.....	2		
Vyvanse 30 mg capsule.....	2		
Vyvanse 40 mg capsule.....	2		
Vyvanse 50 mg capsule.....	2		
Vyvanse 60 mg capsule.....	2		