

2014 Tufts Health Plan
Medicare Preferred
Step Therapy Prior Authorization
Medical Necessity Guidelines

Effective January 1, 2014

Updated October 01, 2014

| Step Therapy Group | Algorithm | Steps |
|--------------------|---|--|
| ADHD MEDICATIONS | <p>Amphetamine salt combo, Desoxyn, Dexedrine Spansules, dexamethylphenidate, dexamethylphenidate ER, dextroamphetamine, dextroamphetamine ER, dextroamphetamine-amphetamine ER, Metadate CD, Metadate ER, methamphetamine, Methylin chewable tablet, methylphenidate, methylphenidate ER and methylphenidate oral solution are on Step-1 and are covered without prior authorization. Adderall XR, 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 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, 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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| ANTIDEPRESSANTS | <p>This policy does not apply to members under the age of 18. Budeprion SR, bupropion, bupropion SR, bupropion XL, citalopram, desvenlafaxine, duloxetine, escitalopram, fluoxetine, fluoxetine delayed-release, fluvoxamine, paroxetine, paroxetine ER, sertraline, venlafaxine and venlafaxine ER capsules are on Step-1 and are covered without prior authorization. Cymbalta, 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, Brintellix, Emsam, Fetzima, Khedezla, 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 and 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 2: Cymbalta 20 mg capsule, delayed release, Cymbalta 30 mg capsule, delayed release, Cymbalta 60 mg capsule, delayed release, venlafaxine ER 150 mg tablet, extended release 24 hr, venlafaxine ER 225 mg tablet, extended release 24 hr, venlafaxine ER 37.5 mg tablet, extended release 24 hr, venlafaxine ER 75 mg tablet, extended release 24 hr, Viibryd 10 mg (7)-20 mg (7)-40 mg (16) 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, Brintellix 10 mg tablet, Brintellix 20 mg tablet, Brintellix 5 mg tablet, Emsam 12 mg/24 hr transdermal 24 hour patch, Emsam 6 mg/24 hr transdermal 24 hour patch, Emsam 9 mg/24 hr transdermal 24 hour patch, Fetzima 120 mg capsule, extended release, Fetzima 20 mg (2)-40 mg (26) capsule, extended release, 24 hr, dose pack, Fetzima 20 mg capsule, extended release, Fetzima 40 mg capsule, extended release, Fetzima 80 mg capsule, extended release, Khedezla 100 mg tablet, extended release, Khedezla 50 mg tablet, extended release, 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. Olanzapine, olanzapine ODT, olanzapine-fluoxetine, quetiapine 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, Abilify Discmelt, Invega and Seroquel XR 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 25 mg & 50 mg tablets will not be approved to treat insomnia.</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 solution, 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, 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 XR 150 mg tablet,extended release, Seroquel XR 200 mg tablet,extended release, Seroquel XR 300 mg tablet,extended release, Seroquel XR 400 mg tablet,extended release, Seroquel XR 50 mg tablet,extended release</p> |

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| ELIDEL AND PROTOPIC | <p>Ala-cort, alclometasone, amcinonide, augmented betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, clobetasol propionate, Clobex spray, Cordran tape, desonide, desoximetasone, diflorasone diacetate, flurandrenolide, fluocinolone acetonide, fluocinonide, fluticasone propionate, Halog, halobetasol propionate, hydrocortisone butyrate, hydrocortisone valerate, Kenalog spray, Lokara, 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 2: Elidel 1 % topical cream, Protopic 0.03 % topical ointment, Protopic 0.1 % topical ointment</p> |

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| EPLERENONE | <p>Spirolactone 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 2: eplerenone 25 mg tablet, eplerenone 50 mg tablet</p> |

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| INSOMNIA | <p>Zaleplon and zolpidem tartrate are on Step-1 and are covered without prior authorization. Lunesta, Rozerem, zolpidem tartrate CR, and Zolpimist 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> | <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, Zolpimist 5 mg/spray (0.1 mL) oral spray</p> |

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| 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 2: Lyrica 100 mg capsule, Lyrica 150 mg capsule, Lyrica 20 mg/mL oral solution, 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> |

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| MODAFINIL AND NUVIGIL | <p>Adderall XR, amphetamine salt combo, amphetamine-dextroamphetamine ER, 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 and Nuvigil are 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 trial of a Step-1 or Step-2 medication. Modafinil and Nuvigil are covered without authorization to improve wakefulness for members with obstructive sleep apnea or shift-work sleep disorder.</p> | <p>Step 2: modafinil 100 mg tablet, modafinil 200 mg tablet, Nuvigil 150 mg tablet, Nuvigil 250 mg tablet, Nuvigil 50 mg tablet</p> |

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| OPHTHALMIC PROSTAGLANDIN S | Latanoprost and travoprost are on Step-1 and are 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. | Step 2: Lumigan 0.01 % eye drops, Travatan Z 0.004 % eye drops, Zioptan (PF) 0.0015 % eye drops in a dropperette |

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| ORAL BISPHOSPHONAT ES | 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. | Step 2: Actonel 150 mg tablet, Actonel 30 mg tablet, Actonel 35 mg tablet, Actonel 5 mg tablet, ibandronate 150 mg tablet |

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| 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, duloxetine, 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, duloxetine, Lyrica or Savella. Savella may be covered for members with a physician documented diagnosis of fibromyalgia.</p> | <p>Step 2: Savella 100 mg tablet, Savella 12.5 mg tablet, Savella 25 mg tablet, Savella 50 mg tablet</p> |

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| ULORIC | <p>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.</p> | <p>Step 2: Uloric 40 mg tablet, Uloric 80 mg tablet</p> |

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| URINARY ANTISPASMODICS | <p>Flavoxate, Gelnique, oxybutynin, oxybutynin ER, oxybutynin oral solution, Oxytrol, tolterodine, 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> | <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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