

# 2022 CarePartners of Connecticut PPO Step Therapy Prior Authorization Medical Necessity Guidelines

Effective: January 1, 2022

Updated: October 1, 2021

Control #: H0342\_2022\_RXOPS200\_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

|                 |  |
|-----------------|--|
| <b>Criteria</b> | <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 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). Pexeva will be covered for members with a physician-documented diagnosis of GAD, obsessive compulsive disorder (OCD) or panic disorder.</p> |
|-----------------|--|

# 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

## Details

|                 |  |
|-----------------|--|
| <b>Criteria</b> | Aripiprazole, 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. |
|-----------------|--|

# FEBUXOSTAT

---

## Products Affected

### Step 2:

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

## Details

---

|                 |   |
|-----------------|---|
| <b>Criteria</b> | 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 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation. |
|-----------------|---|

---



## Index

|   |   |
|---|---|
| APLENZIN TABLET EXTENDED<br>RELEASE 24 HOUR 174 MG ORAL .....                 | 2 |
| APLENZIN TABLET EXTENDED<br>RELEASE 24 HOUR 348 MG ORAL .....                 | 2 |
| APLENZIN TABLET EXTENDED<br>RELEASE 24 HOUR 522 MG ORAL .....                 | 2 |
| <i>asenapine maleate tablet sublingual 10 mg<br/>sublingual</i> .....         | 3 |
| <i>asenapine maleate tablet sublingual 2.5 mg<br/>sublingual</i> .....        | 3 |
| <i>asenapine maleate tablet sublingual 5 mg<br/>sublingual</i> .....          | 3 |
| EMSAM PATCH 24 HOUR 12 MG/24HR<br>TRANSDERMAL .....                           | 2 |
| EMSAM PATCH 24 HOUR 6 MG/24HR<br>TRANSDERMAL .....                            | 2 |
| EMSAM PATCH 24 HOUR 9 MG/24HR<br>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<br>& 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<br>RELEASE 24 HOUR 120 MG ORAL .....                 | 2 |
| FETZIMA CAPSULE EXTENDED<br>RELEASE 24 HOUR 20 MG ORAL .....                  | 2 |
| FETZIMA CAPSULE EXTENDED<br>RELEASE 24 HOUR 40 MG ORAL .....                  | 2 |
| FETZIMA CAPSULE EXTENDED<br>RELEASE 24 HOUR 80 MG ORAL .....                  | 2 |
| FETZIMA TITRATION CAPSULE ER 24<br>HOUR THERAPY PACK 20 & 40 MG<br>ORAL ..... | 2 |
| PEXEVA TABLET 10 MG ORAL .....  | 2 |
| PEXEVA TABLET 20 MG ORAL .....  | 2 |
| PEXEVA TABLET 30 MG ORAL .....  | 2 |
| PEXEVA TABLET 40 MG ORAL .....  | 2 |