2021 Tufts Health Unify
Step Therapy Prior Authorization
Medical Necessity Guidelines

Effective: January 1, 2021
Updated: October 1, 2020

Tufts Health Plan
P.O. Box 9194
Watertown, MA 02471-9194
Phone: 855-393-3154

Seven days a week, from 8 a.m. to 8 p.m.
TuftsHealthUnify.org
Control # H7419_2021_RXOPS196_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 | 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. |
ATYPICAL ANTIPSYCHOTICS

Products Affected

Step 2:

- 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
- SAPHRIS TABLET SUBLINGUAL 2.5 MG
- SAPHRIS TABLET SUBLINGUAL 5 MG
- SAPHRIS TABLET SUBLINGUAL 10 MG

Details

<table>
<thead>
<tr>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aripiprazole, olanzapine, olanzapine-fluoxetine, quetiapine, risperidone and ziprasidone are on Step-1 and covered without authorization. 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.</td>
</tr>
</tbody>
</table>
# FEBUXOSTAT

## Products Affected

**Step 2:**
- *febuxostat tablet 40 mg oral*
- *febuxostat tablet 80 mg oral*

## Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>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.</th>
</tr>
</thead>
</table>
Products Affected

Step 2:

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

Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Pending CMS Review</th>
</tr>
</thead>
</table>

FEBUXOSTAT - pending CMS review
Index
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL........... 1
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL........... 1
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 522 MG ORAL........... 1
EMSAM PATCH 24 HOUR 12 MG/24HR TRANSDERMAL.............................. 1
EMSAM PATCH 24 HOUR 6 MG/24HR TRANSDERMAL.............................. 1
EMSAM PATCH 24 HOUR 9 MG/24HR TRANSDERMAL.............................. 1
FANAPT TABLET 1 MG ORAL.................. 2
FANAPT TABLET 10 MG ORAL................ 2
FANAPT TABLET 12 MG ORAL................ 2
FANAPT TABLET 2 MG ORAL.............. 2
FANAPT TABLET 4 MG ORAL.............. 2
FANAPT TABLET 6 MG ORAL.............. 2
FANAPT TABLET 8 MG ORAL.............. 2
FANAPT TITRATION PACK TABLET 1 & 2 & 4 & 6 MG ORAL...................... 2
febuxostat tablet 40 mg oral......................3, 4
febuxostat tablet 80 mg oral......................3, 4
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 120 MG ORAL........... 1
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL........... 1
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL........... 1
FETZIMA CAPSULE EXTENDED RELEASE 24 HOUR 80 MG ORAL........... 1
FETZIMA TITRATION CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ORAL.......................................................... 1
LATUDA TABLET 120 MG ORAL........... 2
LATUDA TABLET 20 MG ORAL........... 2
LATUDA TABLET 40 MG ORAL........... 2
LATUDA TABLET 60 MG ORAL........... 2
LATUDA TABLET 80 MG ORAL........... 2
PEXEVA TABLET 10 MG ORAL........... 1
PEXEVA TABLET 20 MG ORAL........... 1
PEXEVA TABLET 30 MG ORAL........... 1
PEXEVA TABLET 40 MG ORAL........... 1
SAPHRIS TABLET SUBLINGUAL 10 MG SUBLINGUAL.............................. 2
SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL.............................. 2
SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL.............................. 2