

Tufts Health Unify

Autorización Previa de Terapia Escalonada Directrices de Necesidad Médica 2021

Vigencia: January 1, 2021

Actualizado: 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

Controlar #: H7419_2021_RXOPS198_SPA_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>
-----------------	--

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 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. 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.
-----------------	--

FEBUXOSTAT - pending CMS review

Products Affected

Step 2:

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

Details

Criteria	Pending CMS Review
----------	--------------------

Index

APLENZIN TABLET EXTENDED RELEASE 24 HOUR 174 MG ORAL.....	1	SAPHRIS TABLET SUBLINGUAL 2.5 MG SUBLINGUAL.....	2
APLENZIN TABLET EXTENDED RELEASE 24 HOUR 348 MG ORAL.....	1	SAPHRIS TABLET SUBLINGUAL 5 MG SUBLINGUAL.....	2
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		
<i>febuxostat tablet 40 mg oral</i>	3		
<i>febuxostat tablet 80 mg oral</i>	3		
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		