

2015 Tufts Health Plan
Medicare Preferred
Step Therapy Prior Authorization
Medical Necessity Guidelines

Effective January 1, 2015

Updated September 2015

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, methylphenidate LA, 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 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. Vyvanse is covered without authorization for members with a documented diagnosis of Binge Eating disorder (B.E.D.)</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 10 mg capsule, 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> <p>Step 3: duloxetine 40 mg capsule,delayed release, Irenka 40 mg capsule,delayed release</p>

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ANTIDEPRESSANTS	<p>This policy does not apply to members under the age of 18. Bupropion, bupropion SR, bupropion XL, citalopram, duloxetine 20, 30 and 60 mg delayed-release capsules, escitalopram, fluoxetine, fluoxetine delayed-release, fluvoxamine, fluvoxamine ER, paroxetine, paroxetine ER, Paxil oral suspension, sertraline, venlafaxine and venlafaxine ER capsules are on Step-1 and are covered without prior authorization. Devenlafaxine ER, Khedezla, Pristiq, and Viibryd are on Step-2 and may be covered if the member has filled for a Step-1, Step-2, or Step-3 medication within the previous 180 days as evidenced by a paid claim or physician documentation. Aplenzin, Brintellix, duloxetine 40 mg delayed-release capsule, Emsam, Fetzima, Irenka, Pexeva, and Venlafaxine OSM 24hr ER tablet are on Step-3 and may be covered if the member has filled for a Step-2 or Step-3 medication within the previous 180 days as evidenced by a paid claim or physician documentation. Duloxetine delayed-release capsules, including Irenka, may be covered for members with a physician-documented diagnosis one or more of the following:</p> <p>a) Neuropathic pain, including pain associated with diabetic peripheral neuropathy b) Chronic musculoskeletal pain, including pain associated with osteoarthritis and chronic lower back pain c) Generalized anxiety disorder (GAD). Duloxetine 20 mg, 30 mg & 60 mg delayed-release capsules may be covered for members with a physician-documented diagnosis of fibromyalgia.</p>	<p>Step 2: desvenlafaxine ER 100 mg tablet,extended release 24 hr, desvenlafaxine ER 50 mg tablet,extended release 24 hr, Khedezla 100 mg tablet,extended release, Khedezla 50 mg tablet,extended release, Pristiq 100 mg tablet,extended release, Pristiq 25 mg tablet,extended release, Pristiq 50 mg tablet,extended release, 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, duloxetine 40 mg capsule,delayed release, 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, Irenka 40 mg capsule,delayed release, Pexeva 10 mg tablet, Pexeva 20 mg tablet, Pexeva 30 mg tablet, Pexeva 40 mg tablet, 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</p>

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ATYPICAL ANTIPSYCHOTICS	<p>Risperidone and risperidone ODT are on Step-1 and are covered without prior authorization. Aripiprazole, olanzapine, olanzapine ODT, olanzapine-fluoxetine, quetiapine and ziprasidone are on Step-2 and may be covered if the member has filled for a Step-1, Step-2, or Step-3 medication within the previous 180 days as evidenced by a paid claim or physician documentation. Abilify, Abilify Discmelt, Fanapt, Invega, Latuda, Saphris, and Seroquel XR are on Step-3 and may be covered if the member has filled for a Step-2 or Step-3 medication within the previous 180 days as evidenced by a paid claim or physician documentation. Olanzapine and olanzapine ODT, when given with fluoxetine, are covered for treatment-resistant and bipolar depression. Abilify, aripiprazole and Seroquel XR are covered as an adjunct to an antidepressant for members with a physician-documented diagnosis of Major Depressive Disorder. Abilify and aripiprazole are covered for the treatment of irritability associated with autistic disorder in pediatric patients 6 to 17 years of age.</p>	<p>Step 2: aripiprazole 10 mg tablet, aripiprazole 15 mg tablet, aripiprazole 2 mg tablet, aripiprazole 20 mg tablet, aripiprazole 30 mg tablet, aripiprazole 5 mg tablet, 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 10 mg tablet, Abilify 15 mg tablet, Abilify 2 mg tablet, Abilify 20 mg tablet, Abilify 30 mg tablet, Abilify 5 mg tablet, Fanapt 1 mg tablet, Fanapt 10 mg tablet, Fanapt 12 mg tablet, Fanapt 1mg(2)-2 mg(2)-4mg(2)-6 mg(2) tablets in a dose pack, Fanapt 2 mg tablet, Fanapt 4 mg tablet, Fanapt 6 mg tablet, Fanapt 8 mg 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, Latuda 120 mg tablet, Latuda 20 mg tablet, Latuda 40 mg tablet, Latuda 60 mg tablet, Latuda 80 mg tablet, Saphris (black cherry) 10 mg sublingual tablet, Saphris (black cherry) 2.5 mg sublingual tablet, Saphris (black cherry) 5 mg sublingual tablet, Saphris 10 mg sublingual tablet, Saphris 5 mg sublingual tablet, 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</p>

Step Therapy Group	Algorithm	Steps
		tablet,extended release, Seroquel XR 50 mg tablet,extended release

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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, halobetasol propionate, Halog, hydrocortisone butyrate, hydrocortisone valerate, Kenalog spray, mometasone furoate, prednicarbate, tacrolimus, 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 trial of one (1) Step-1 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation.</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>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 filled for a Step-1 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation.</p>	<p>Step 2: eplerenone 25 mg tablet, eplerenone 50 mg tablet</p>

Step Therapy Group	Algorithm	Steps
INSOMNIA	<p>Eszopiclone, zaleplon and zolpidem are on Step-1 and are covered without prior authorization. Rozerem, zolpidem CR, and Zolpimist are 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, or the member has a physician-documented contraindication or intolerance to all Step-1 drugs.</p>	<p>Step 2: 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>

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 filled for a Step-1 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation. Lyrica may be covered for a member when one (1) of the following criteria is met: a) Physician-documented diagnosis of fibromyalgia b) Physician-documented diagnosis of neuropathic pain associated with diabetic peripheral neuropathy or spinal cord injury c) Physician-documented diagnosis of 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>

Step Therapy Group	Algorithm	Steps
MODAFINIL AND NUVIGIL	<p>Adderall XR, amphetamine salt combo, Daytrana, Desoxyn, Dexedrine Spansules, dexamethylphenidate, dexamethylphenidate ER, dextroamphetamine, dextroamphetamine ER, dextroamphetamine-amphetamine ER, Focalin XR, Metadate CD, Metadate ER, methamphetamine, Methylin chewable tablet, methylphenidate, methylphenidate ER, methylphenidate LA, methylphenidate oral solution, Quillivant XR, and Vyvanse are on Step-1 and are covered without prior authorization. Modafinil and Nuvigil are 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. 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 200 mg tablet, Nuvigil 250 mg tablet, Nuvigil 50 mg tablet</p>

Step Therapy Group	Algorithm	Steps
OPHTHALMIC PROSTAGLANDIN S	Latanoprost and travoprost 0.004% 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 filled for a Step-1 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation.	Step 2: Lumigan 0.01 % eye drops, Lumigan 0.03 % eye drops, Travatan Z 0.004 % eye drops, Zioptan (PF) 0.0015 % eye drops in a dropperette

Step Therapy Group	Algorithm	Steps
ORAL BISPHOSPHONATES	Alendronate is on Step-1 and is covered without prior authorization. Actonel, ibandronate and risedronate tablets are 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.	Step 2: Actonel 150 mg tablet, Actonel 30 mg tablet, Actonel 35 mg tablet, Actonel 5 mg tablet, ibandronate 150 mg tablet, risedronate 150 mg tablet, risedronate 30 mg tablet, risedronate 35 mg tablet, risedronate 35 mg tablet (12 pack), risedronate 35 mg tablet, delayed release, risedronate 5 mg tablet

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 filled for a Step-1 or Step-2 medication, duloxetine, or Lyrica, within the previous 180 days as evidenced by a paid claim or physician documentation. 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>

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 filled for a Step-1 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation.	Step 2: Uloric 40 mg tablet, Uloric 80 mg tablet

Step Therapy Group	Algorithm	Steps
URINARY ANTISPASMODICS	<p>Flavoxate, Gelnique, oxybutynin, oxybutynin ER, oxybutynin oral solution, Oxytrol, tolterodine, tolterodine ER, trospium, trospium ER and Vesicare are on Step-1 and are covered without prior authorization. Enablex and Myrbetriq are 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.</p>	<p>Step 2: 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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