

2016 Tufts Health Plan Medicare Preferred Step Therapy Prior Authorization Medical Necessity Guidelines

Effective: January 1, 2016

Updated: October 2016



ADHD MEDICATIONS

Products Affected

Step 2:

- Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG ORAL
- Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG ORAL
- Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG ORAL
- Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL
- Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL
- Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL
- Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL
- Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG ORAL
- Quillivant XR SUSPENSION RECONSTITUTED 25 MG/5ML ORAL
- Vyvanse CAPSULE 10 MG ORAL
- Vyvanse CAPSULE 20 MG ORAL
- Vyvanse CAPSULE 30 MG ORAL
- Vyvanse CAPSULE 40 MG ORAL
- Vyvanse CAPSULE 50 MG ORAL
- Vyvanse CAPSULE 60 MG ORAL
- Vyvanse CAPSULE 70 MG ORAL

Details

Criteria	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, 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.)
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ANTIDEPRESSANTS

Products Affected

Step 2:

- Khedezla TABLET EXTENDED RELEASE 24 HR* 100 MG ORAL
- Khedezla TABLET EXTENDED RELEASE 24 HR* 50 MG ORAL
- Pristiq TABLET EXTENDED RELEASE 24 HR* 100 MG ORAL
- Pristiq TABLET EXTENDED RELEASE 24 HR* 25 MG ORAL
- Pristiq TABLET EXTENDED RELEASE 24 HR* 50 MG ORAL
- Viibryd Starter Pack KIT 10 & 20 MG ORAL
- Viibryd TABLET 10 MG ORAL
- Viibryd TABLET 20 MG ORAL
- Viibryd TABLET 40 MG ORAL

Step 3:

- Aplenzin TABLET EXTENDED RELEASE 24 HR* 174 MG ORAL
- Aplenzin TABLET EXTENDED RELEASE 24 HR* 348 MG ORAL
- Aplenzin TABLET EXTENDED RELEASE 24 HR* 522 MG ORAL
- DULoxetine HCl CAPSULE DELAYED RELEASE PARTICLES 40 MG ORAL
- Emsam PATCH 24 HR 12 MG/24HR TRANSDERMAL
- Emsam PATCH 24 HR 6 MG/24HR TRANSDERMAL
- Emsam PATCH 24 HR 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 20 & 40 MG ORAL
- Irenka CAPSULE DELAYED RELEASE PARTICLES 40 MG ORAL
- Pexeva TABLET 10 MG ORAL
- Pexeva TABLET 20 MG ORAL
- Pexeva TABLET 30 MG ORAL
- Pexeva TABLET 40 MG ORAL
- Trintellix TABLET 10 MG ORAL
- Trintellix TABLET 20 MG ORAL
- Trintellix TABLET 5 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 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 and tablets are on Step-1 and are covered without prior authorization. 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, duloxetine 40 mg delayed-release capsule, Emsam, Fetzima, Irenka, Pexeva, and Trintellix 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: 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, 30 & 60 mg delayed-release capsules may be covered for members with a physician-documented diagnosis of fibromyalgia.</p>
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ATYPICAL ANTIPSYCHOTICS

Products Affected

Step 2:

- *aripiprazole tablet 10 mg oral*
- *aripiprazole tablet 15 mg oral*
- *aripiprazole tablet 2 mg oral*
- *aripiprazole tablet 20 mg oral*
- *aripiprazole tablet 30 mg oral*
- *aripiprazole tablet 5 mg oral*
- *aripiprazole tablet dispersible 10 mg oral*
- *aripiprazole tablet dispersible 15 mg oral*
- *olanzapine tablet 10 mg oral*
- *olanzapine tablet 15 mg oral*
- *olanzapine tablet 2.5 mg oral*
- *olanzapine tablet 20 mg oral*
- *olanzapine tablet 5 mg oral*
- *olanzapine tablet 7.5 mg oral*
- *olanzapine tablet dispersible 10 mg oral*
- *olanzapine tablet dispersible 15 mg oral*
- *olanzapine tablet dispersible 20 mg oral*
- *olanzapine tablet dispersible 5 mg oral*
- *olanzapine-fluoxetine hcl capsule 12-25 mg oral*
- *olanzapine-fluoxetine hcl capsule 12-50 mg oral*
- *olanzapine-fluoxetine hcl capsule 3-25 mg oral*
- *olanzapine-fluoxetine hcl capsule 6-25 mg oral*
- *olanzapine-fluoxetine hcl capsule 6-50 mg oral*
- *quetiapine fumarate tablet 100 mg oral*
- *quetiapine fumarate tablet 200 mg oral*
- *quetiapine fumarate tablet 25 mg oral*
- *quetiapine fumarate tablet 300 mg oral*
- *quetiapine fumarate tablet 400 mg oral*
- *quetiapine fumarate tablet 50 mg oral*
- *ziprasidone hcl capsule 20 mg oral*
- *ziprasidone hcl capsule 40 mg oral*
- *ziprasidone hcl capsule 60 mg oral*
- *ziprasidone hcl capsule 80 mg oral*

Step 3:

- 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
- Invega TABLET EXTENDED RELEASE 24 HR* 1.5 MG ORAL
- Invega TABLET EXTENDED RELEASE 24 HR* 3 MG ORAL
- Invega TABLET EXTENDED RELEASE 24 HR* 6 MG ORAL
- Invega TABLET EXTENDED RELEASE 24 HR* 9 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
- SEROquel XR TABLET EXTENDED RELEASE 24 HR* 150 MG ORAL
- SEROquel XR TABLET EXTENDED RELEASE 24 HR* 200 MG ORAL
- SEROquel XR TABLET EXTENDED RELEASE 24 HR* 300 MG ORAL
- SEROquel XR TABLET EXTENDED RELEASE 24 HR* 400 MG ORAL
- SEROquel XR TABLET EXTENDED RELEASE 24 HR* 50 MG ORAL

Details

Criteria	<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. 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. Aripiprazole and Seroquel XR are covered as an adjunct to an antidepressant for members with a physician-documented diagnosis of Major Depressive Disorder. Aripiprazole is covered without authorization for Tourette's Syndrome and for the treatment of irritability associated with autistic disorder in pediatric patients 6 to 17 years of age.</p>
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ELIDEL

Products Affected

Step 2:

- Elidel CREAM 1 % EXTERNAL

Details

Criteria	Ala-cort, alclometasone, ApexiCon E, amcinonide, augmented betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, clobetasol propionate, Cordran, desonide, desoximetasone, diflorasone diacetate, flurandrenolide, fluocinolone acetonide, fluocinonide, fluticasone propionate, halobetasol propionate, Halog, hydrocortisone, hydrocortisone butyrate, hydrocortisone valerate, Kenalog spray, mometasone furoate, prednicarbate, tacrolimus, triamcinolone acetonide, Trianex, and Triderm are on Step-1 and are covered without prior authorization. Elidel is 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.
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LYRICA

Products Affected

Step 2:

- Lyrica CAPSULE 100 MG ORAL
- Lyrica CAPSULE 150 MG ORAL
- Lyrica CAPSULE 200 MG ORAL
- Lyrica CAPSULE 225 MG ORAL
- Lyrica CAPSULE 25 MG ORAL
- Lyrica CAPSULE 300 MG ORAL
- Lyrica CAPSULE 50 MG ORAL
- Lyrica CAPSULE 75 MG ORAL
- Lyrica SOLUTION 20 MG/ML ORAL

Details

Criteria	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 with one of the following diagnoses as documented by a physician: a) Fibromyalgia b) Neuropathic pain associated with diabetic peripheral neuropathy or spinal cord injury c) Partial-onset seizures d) Postherpetic neuralgia
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OPHTHALMIC PROSTAGLANDINS

Products Affected

Step 2:

- Lumigan SOLUTION 0.01 %
OPHTHALMIC
- Travatan Z SOLUTION 0.004 %
OPHTHALMIC
- Zioptan SOLUTION 0.0015 %
OPHTHALMIC

Details

Criteria	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.
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SAVELLA

Products Affected

Step 2:

- Savella TABLET 100 MG ORAL
- Savella TABLET 12.5 MG ORAL
- Savella TABLET 25 MG ORAL
- Savella TABLET 50 MG ORAL

Details

Criteria	Duloxetine 20, 30 & 60 mg delayed-release capsules, gabapentin and Lyrica are on Step-1 and are covered without prior authorization for this Step Therapy. Savella 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. Savella may be covered for members with a physician-documented diagnosis of fibromyalgia.
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ULORIC

Products Affected

Step 2:

- Uloric TABLET 40 MG ORAL
- Uloric TABLET 80 MG ORAL

Details

Criteria	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.
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URINARY ANTISPASMODICS

Products Affected

Step 2:

- Enablex TABLET EXTENDED RELEASE 24 HR* 15 MG ORAL
- Myrbetriq TABLET EXTENDED RELEASE 24 HR* 25 MG ORAL
- Enablex TABLET EXTENDED RELEASE 24 HR* 7.5 MG ORAL
- Myrbetriq TABLET EXTENDED RELEASE 24 HR* 50 MG ORAL

Details

Criteria	darifenacin ER, flavoxate, Gelnique, oxybutynin, oxybutynin ER, oxybutynin oral solution, 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.
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