

2019 Tufts Health Plan Medicare Preferred Step Therapy Prior Authorization Medical Necessity Guidelines

Effective: January 1, 2019
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Control #: H2256_2019_RXOPS40_C
S0655_2019_RXOPS41_C



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
- Vyvanse TABLET CHEWABLE 10 MG Oral
- Vyvanse TABLET CHEWABLE 20 MG Oral
- Vyvanse TABLET CHEWABLE 30 MG Oral
- Vyvanse TABLET CHEWABLE 40 MG Oral
- Vyvanse TABLET CHEWABLE 50 MG Oral
- Vyvanse TABLET CHEWABLE 60 MG Oral

Details

Criteria	Amphetamine sulfate, Amphetamine-dextroamphetamine, amphetamine-dextroamphetamine ER, amphetamine salt combo, Desoxyn, Dexedrine, dexamethylphenidate, dexamethylphenidate ER, dextroamphetamine, dextroamphetamine ER, Metadate ER, methamphetamine, Methylin, methylphenidate, methylphenidate CD, methylphenidate ER, methylphenidate LA, methylphenidate chewable tablets, methylphenidate oral solution, and Relexxii 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:

- 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 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
- 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 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. Viibryd is 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, Emsam, Fetzima, 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. 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>
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ATYPICAL ANTIPSYCHOTICS

Products Affected

Step 2:

- *aripiprazole solution 1 mg/ml oral*
- *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 er tablet extended release 24 hour 150 mg oral*
- *quetiapine fumarate er tablet extended release 24 hour 200 mg oral*
- *quetiapine fumarate er tablet extended release 24 hour 300 mg oral*
- *quetiapine fumarate er tablet extended release 24 hour 400 mg oral*
- *quetiapine fumarate er tablet extended release 24 hour 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
- 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	<p>Risperidone is on Step-1 and covered without authorization. Aripiprazole, olanzapine, olanzapine-fluoxetine, quetiapine, and ziprasidone are on Step-2 and may be covered if the member has filled for one or more Step-1, Step-2, or Step-3 medications within the previous 180 days as evidenced by a paid claim or physician documentation. Fanapt, Latuda, and Saphris are on Step-3 and may be covered if the member has filled for one or more Step-2 or Step-3 medications within the previous 180 days as evidenced by a paid claim or physician documentation. Olanzapine, when given with fluoxetine, is covered without authorization for treatment-resistant and bipolar depression. Aripiprazole and quetiapine ER are covered without authorization as an adjunct to an antidepressant for members with a 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
- *pimecrolimus cream 1 % external*

Details

Criteria	Ala-cort, alclometasone, amcinonide, ApexiCon E, augmented betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, clobetasol propionate, Cordran tape, 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 and pimecrolimus 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.
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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 CR Tablet Extended Release 24 Hour 165 MG Oral
- Lyrica CR Tablet Extended Release 24 Hour 330 MG Oral
- Lyrica CR Tablet Extended Release 24 Hour 82.5 MG Oral
- Lyrica SOLUTION 20 MG/ML ORAL

Details

Criteria	Details
	Gabapentin is on Step-1 and is covered without prior authorization. Lyrica and Lyrica CR 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. Lyrica may be covered with a physician-documented diagnosis of fibromyalgia or neuropathic pain associated with spinal cord injury. Lyrica and Lyrica CR may be covered with a physician-documented diagnosis of the neuropathic pain associated with diabetic peripheral neuropathy.

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
- Savella Titration Pack 12.5 & 25 & 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.
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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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