

*Tufts Health Unify*

# **Autorización Previa de Terapia Escalonada Directrices de Necesidad Médica 2020**

**Vigencia:** 12/2020

**Actualizado:** 12/2020



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](http://TuftsHealthUnify.org)

Controlar #: H7419\_2020\_RXOPS123\_SPA\_C



## Details

<b>Criteria</b>	Amphetamine sulfate, amphetamine ER suspension, Amphetamine-dextroamphetamine, amphetamine-dextroamphetamine ER, amphetamine salt combo, Desoxyn, Dexedrine, dexamethylphenidate, dexamethylphenidate ER, dextroamphetamine, dextroamphetamine 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

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## 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

<b>Criteria</b>	<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

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## 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

<b>Criteria</b>	<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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# FEBUXOSTAT

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## Products Affected

### Step 2:

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

## Details

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<b>Criteria</b>	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.
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# PIMECROLIMUS

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## Products Affected

### Step 2:

- *pimecrolimus cream 1 % external*

## Details

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<b>Criteria</b>	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, halcinonide, halobetasol propionate, Halog, hydrocortisone, hydrocortisone butyrate, hydrocortisone valerate, Kenalog spray, mometasone furoate, prednicarbate, tacrolimus, Tovet, triamcinolone acetonide, Trianex, and Triderm are on Step-1 and are covered without prior authorization. Pimecrolimus 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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# SAVELLA

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## 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

<b>Criteria</b>	Duloxetine 20, 30 & 60 mg delayed-release capsules, gabapentin, and pregabalin 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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