

# 2020 Tufts Health Plan Senior Care Options (SNP) Step Therapy Prior Authorization Medical Necessity Guidelines

Effective: December 1, 2020  
Updated: December 2020  
Control #: H2256\_S\_2020\_RXOPS119\_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, 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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You can find information on what the symbols and abbreviations on this table mean by going to page 15.

# 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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You can find information on what the symbols and abbreviations on this table mean by going to page 15.

# 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

You can find information on what the symbols and abbreviations on this table mean by going to page 15.

## Details

<b>Criteria</b>	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.
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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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You can find information on what the symbols and abbreviations on this table mean by going to page 15.

## Index

Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG Oral.....	2	Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 120 MG Oral.....	4
Adderall XR CAPSULE EXTENDED RELEASE 24 HOUR 15 MG Oral.....	2	Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral.....	4
Adderall XR Capsule Extended Release 24 Hour 20 MG Oral.....	2	Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 40 MG Oral.....	4
Adderall XR Capsule Extended Release 24 Hour 25 MG Oral.....	2	Fetzima CAPSULE EXTENDED RELEASE 24 HOUR 80 MG Oral.....	4
Adderall XR Capsule Extended Release 24 Hour 30 MG Oral.....	2	Fetzima Titration Capsule ER 24 Hour Therapy Pack 20 & 40 MG Oral.....	4
Adderall XR Capsule Extended Release 24 Hour 5 MG Oral.....	2	Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 10 MG Oral.....	2
Aplenzin Tablet Extended Release 24 Hour 174 MG Oral.....	4	Focalin XR Capsule Extended Release 24 Hour 15 MG Oral.....	2
Aplenzin Tablet Extended Release 24 Hour 348 MG Oral.....	4	Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 20 MG Oral.....	2
Aplenzin Tablet Extended Release 24 Hour 522 MG Oral.....	4	Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 25 MG ORAL.....	2
<i>aripiprazole solution 1 mg/ml oral.....</i>	5	Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 30 MG ORAL.....	2
<i>aripiprazole tablet 10 mg oral.....</i>	5	Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 35 MG ORAL.....	2
<i>aripiprazole tablet 15 mg oral.....</i>	5	Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 40 MG ORAL.....	2
<i>aripiprazole tablet 2 mg oral.....</i>	5	Focalin XR CAPSULE EXTENDED RELEASE 24 HOUR 5 MG Oral.....	2
<i>aripiprazole tablet 20 mg oral.....</i>	5	Latuda TABLET 120 MG ORAL.....	5
<i>aripiprazole tablet 30 mg oral.....</i>	5	Latuda TABLET 20 MG ORAL.....	5
<i>aripiprazole tablet 5 mg oral.....</i>	5	Latuda TABLET 40 MG ORAL.....	5
<i>aripiprazole tablet dispersible 10 mg oral.....</i>	5	Latuda Tablet 60 MG Oral.....	5
<i>aripiprazole tablet dispersible 15 mg oral.....</i>	5	Latuda TABLET 80 MG ORAL.....	5
Emsam Patch 24 Hour 12 MG/24HR Transdermal.....	4	<i>olanzapine tablet 10 mg oral.....</i>	5
Emsam Patch 24 Hour 6 MG/24HR Transdermal.....	4	<i>olanzapine tablet 15 mg oral.....</i>	5
Emsam Patch 24 Hour 9 MG/24HR Transdermal.....	4	<i>olanzapine tablet 2.5 mg oral.....</i>	5
Fanapt Tablet 1 MG Oral.....	5	<i>olanzapine tablet 20 mg oral.....</i>	5
Fanapt Tablet 10 MG Oral.....	5	<i>olanzapine tablet 5 mg oral.....</i>	5
Fanapt TABLET 12 MG Oral.....	5	<i>olanzapine tablet 7.5 mg oral.....</i>	5
Fanapt Tablet 2 MG Oral.....	5	<i>olanzapine tablet dispersible 10 mg oral.....</i>	5
Fanapt Tablet 4 MG Oral.....	5	<i>olanzapine tablet dispersible 15 mg oral.....</i>	5
Fanapt Tablet 6 MG Oral.....	5	<i>olanzapine tablet dispersible 20 mg oral.....</i>	5
Fanapt Tablet 8 MG Oral.....	5	<i>olanzapine tablet dispersible 5 mg oral.....</i>	5
Fanapt Titration Pack Tablet 1 & 2 & 4 & 6 MG Oral.....	5	<i>olanzapine-fluoxetine hcl capsule 12-25 mg oral.....</i>	5
<i>febuxostat tablet 40 mg oral.....</i>	7	<i>olanzapine-fluoxetine hcl capsule 12-50 mg oral.....</i>	5
<i>febuxostat tablet 80 mg oral.....</i>	7		

<i>olanzapine-fluoxetine hcl capsule 3-25 mg oral</i> .....	5	Viibryd Starter Pack KIT 10 & 20 MG Oral.....	4
<i>olanzapine-fluoxetine hcl capsule 6-25 mg oral</i> .....	5	Viibryd TABLET 10 MG Oral.....	4
<i>olanzapine-fluoxetine hcl capsule 6-50 mg oral</i> .....	5	Viibryd TABLET 20 MG Oral.....	4
Pexeva TABLET 10 MG Oral.....	4	Viibryd TABLET 40 MG Oral.....	4
Pexeva TABLET 20 MG Oral.....	4	Vyvanse CAPSULE 10 MG ORAL.....	2
Pexeva TABLET 30 MG Oral.....	4	Vyvanse Capsule 20 MG Oral.....	2
Pexeva TABLET 40 MG Oral.....	4	Vyvanse Capsule 30 MG Oral.....	2
<i>pimecrolimus cream 1 % external</i> .....	8	Vyvanse Capsule 40 MG Oral.....	2
<i>quetiapine fumarate er tablet extended release 24 hour 150 mg oral</i> .....	5	Vyvanse CAPSULE 50 MG ORAL.....	2
<i>quetiapine fumarate er tablet extended release 24 hour 200 mg oral</i> .....	5	Vyvanse CAPSULE 60 MG ORAL.....	2
<i>quetiapine fumarate er tablet extended release 24 hour 300 mg oral</i> .....	5	Vyvanse Capsule 70 MG Oral.....	2
<i>quetiapine fumarate er tablet extended release 24 hour 400 mg oral</i> .....	5	Vyvanse TABLET CHEWABLE 10 MG Oral.....	2
<i>quetiapine fumarate er tablet extended release 24 hour 50 mg oral</i> .....	5	Vyvanse TABLET CHEWABLE 20 MG Oral.....	2
<i>quetiapine fumarate tablet 100 mg oral</i> .....	5	Vyvanse TABLET CHEWABLE 30 MG Oral.....	2
<i>quetiapine fumarate tablet 200 mg oral</i> .....	5	Vyvanse TABLET CHEWABLE 40 MG Oral.....	2
<i>quetiapine fumarate tablet 25 mg oral</i> .....	5	Vyvanse TABLET CHEWABLE 50 MG Oral.....	2
<i>quetiapine fumarate tablet 300 mg oral</i> .....	5	Vyvanse TABLET CHEWABLE 60 MG Oral.....	2
<i>quetiapine fumarate tablet 400 mg oral</i> .....	5	<i>ziprasidone hcl capsule 20 mg oral</i> .....	5
<i>quetiapine fumarate tablet 50 mg oral</i> .....	5	<i>ziprasidone hcl capsule 40 mg oral</i> .....	5
Quillivant XR Suspension Reconstituted 25 MG/5ML Oral.....	2	<i>ziprasidone hcl capsule 60 mg oral</i> .....	5
Quillivant XR Suspension Reconstituted ER 25 MG/5ML Oral.....	2	<i>ziprasidone hcl capsule 80 mg oral</i> .....	5
Saphris Tablet Sublingual 10 MG Sublingual.....	5		
Saphris TABLET SUBLINGUAL 2.5 MG SUBLINGUAL.....	5		
Saphris Tablet Sublingual 5 MG Sublingual.....	5		
Savella Tablet 100 MG Oral.....	9		
Savella TABLET 12.5 MG ORAL.....	9		
Savella TABLET 25 MG Oral.....	9		
Savella TABLET 50 MG ORAL.....	9		
Savella Titration Pack 12.5 & 25 & 50 MG Oral.....	9		
Trintellix TABLET 10 MG ORAL.....	4		
Trintellix Tablet 20 MG Oral.....	4		
Trintellix Tablet 5 MG Oral.....	4		