



a Point32Health company

Tufts Medicare Preferred 2025 Step Therapy Medical Necessity Guidelines

Effective: January 1, 2025

H2256_2025_RXOPS189_C

H9907_2025_RXOPS252_C

ANTIDEPRESSANTS

Products Affected

- Emsam
- Fetzima
- Fetzima Titration Pack

Details

Criteria	Pending CMS Review
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ATYPICAL ANTIPSYCHOTICS

Products Affected

- Asenapine Maleate SI
- Fanapt
- Fanapt Titration Pack

Details

Criteria	Aripiprazole, lurasidone, olanzapine, olanzapine-fluoxetine, quetiapine, risperidone and ziprasidone are on Step-1 and covered without authorization. Asenapine and Fanapt are on Step-2 and will be covered if the member has filled for one or more Step-1 or Step-2 medications within the previous 180 days as evidenced by a paid claim or physician documentation.
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INHALED CORTICOSTEROIDS

Products Affected

- Flovent Diskus
- Fluticasone Propionate Diskus
- Fluticasone Propionate Hfa

Details

Criteria	QVAR is on Step-1 and covered without authorization. Fluticasone is on Step-2 and will be covered if the member has filled for one or more Step-1 medications within the previous 180 days as evidenced by a paid claim or physician documentation.
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INTERFERONS

Products Affected

- Rebif
- Rebif Rebidose
- Rebif Rebidose Titration Pack
- Rebif Titration Pack

Details

Criteria	Avonex, Betaseron, and Plegridy are on Step-1 and covered without prior authorization. Rebif and Rebif Rebidose are on Step-2 and will be covered if the member has filled for two or more Step-1 medications within the previous 180 days as evidenced by a paid claim or physician documentation.
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