



# **CarePartners of Connecticut PPO 2024 Step Therapy Medical Necessity Guidelines**

Effective: May 1, 2024

# ANTIDEPRESSANTS

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## Products Affected

- Aplenzin
- Emsam
- Fetzima
- Fetzima Titration Pack

## Details

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|-----------------|---|
| <b>Criteria</b> | Bupropion, bupropion SR, bupropion XL, citalopram, desvenlafaxine ER, duloxetine delayed-release capsules, escitalopram, fluoxetine, fluoxetine delayed-release, fluvoxamine, fluvoxamine ER, paroxetine, paroxetine ER, sertraline, venlafaxine and venlafaxine ER are on Step-1 and are covered without prior authorization. Aplenzin, Emsam, and Fetzima are on Step-2 and will 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. Aplenzin will be covered for members with a physician-documented diagnosis of seasonal affective disorder (SAD). |
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# ATYPICAL ANTIPSYCHOTICS

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## Products Affected

- Asenapine Maleate SI
- Fanapt
- Fanapt Titration Pack

## Details

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| <b>Criteria</b> | 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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# FEBUXOSTAT

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## Products Affected

- Febuxostat

## Details

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| <b>Criteria</b> | Allopurinol is on Step-1 and is covered without prior authorization.<br>Febuxostat is on Step-2 and will be covered if the member has filled for a Step-1 medication within the previous 180 days as evidenced by a paid claim or physician documentation. |
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# INHALED CORTICOSTEROIDS

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## Products Affected

- Flovent Diskus
- Fluticasone Propionate Diskus
- Fluticasone Propionate Hfa

## Details

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|-----------------|---|
| <b>Criteria</b> | 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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