



# CarePartners of Connecticut 2025 Step Therapy Medical Necessity Guidelines

Effective: January 1, 2025

# ANTIDEPRESSANTS

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## Products Affected

- Emsam
- Fetzima
- Fetzima Titration Pack

## Details

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<b>Criteria</b>	Pending CMS Review
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# ATYPICAL ANTIPSYCHOTICS

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## Products Affected

- Asenapine Maleate SI
- Fanapt
- Fanapt Titration Pack

## Details

<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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# INHALED CORTICOSTEROIDS

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## Products Affected

- Flovent Diskus
- Fluticasone Propionate Diskus
- Fluticasone Propionate Hfa

## Details

<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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# INTERFERONS

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## Products Affected

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

## Details

<b>Criteria</b>	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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