Mass General Brigham
Health Plan

Pautas de necesidad médica para la terapia escalonada de One Care 2026

Entrada en vigencia: 1 de enero de 2026
Actualizado: 23 de septiembre de 2025

Estas pautas se actualizaron el 23 de septiembre de 2025. Para obtener información más reciente o si tiene otras preguntas, comuníquese con los Servicios para Miembros de Mass General Brigham Health Plan. Visite **MassGeneralBrighamAdvantage.org/Rx-information** para obtener la información más actualizada sobre la cobertura de medicamentos de la Parte D de Medicare.

Puede comunicarse con los Servicios para Miembros
llamando al: **855-833-3668** (TTY: 711)

Del 1 de octubre al 31 de marzo
De 8:00 a. m. a 8:00 p. m., hora del este, de lunes a domingo

Del 1 de abril al 30 de septiembre
De 8:00 a. m. a 8:00 p. m., hora del este, de lunes a viernes

Mass General Brigham One Care (HMO D-SNP)

Mass General Brigham Health Plan es una organización de Medicare Advantage con un contrato de Medicare que ofrece el plan D-SNP de One Care. La inscripción en Mass General Brigham Health Plan depende de la renovación del contrato.

H1611_0033CLN_C_S

ANTIDEPRESSANTS

Products Affected

- Aplenzin
- Auvelity
- Emsam
- Fetzima
- Fetzima Titration Pack

Details

Criteria	Step 1 medications covered without Prior Authorization: Bupropion, bupropion SR, bupropion XL, citalopram, desvenlafaxine ER, duloxetine, duloxetine DR, escitalopram, fluoxetine, fluoxetine delayed-release, fluvoxamine, fluvoxamine ER, paroxetine, paroxetine ER, sertraline, venlafaxine and venlafaxine ER. Step 2 medications: Aplenzin, Auvelity, Emsam, and Fetzima 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).

Effective Date: 01/01/2026
Last Updated: 09/23/2025

ANTIPSYCHOTICS

Products Affected

- Asenapine Maleate Sl
- Fanapt
- Fanapt Titration Pack A
- Fanapt Titration Pack C
- Secuado
- Vraylar CAPS

Details

Criteria	Step 1 medications covered without prior authorization: aripiprazole, lurasidone, olanzapine, quetiapine, quetiapine ER, risperidone and ziprasidone. Step 2 medications: Asenapine, Fanapt, Secuado, and Vraylar 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.

HMG-COA INHIBITORS

Products Affected

- Pitavastatin Calcium
- Zypitamag TABS 2MG, 4MG

Details

Criteria	Step 1 medications covered without prior authorization: amlodipine/atorvastatin, atorvastatin, ezetimibe/simvastatin, fluvastatin, fluvastatin ER, lovastatin, pravastatin, rosuvastatin, and simvastatin. Step 2 medications: pitavastatin and Zypitamag will be coved 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.