



# 2026 SCO Step Therapy Medical Necessity Guidelines

Effective: August 1, 2026

Updated: July 1, 2026

These guidelines were updated on July 1, 2026. For more recent information or other questions, please contact Mass General Brigham Health Plan Member Services. Visit **[MGBAdvantage.org/dsnp/rx-information](https://MGBAdvantage.org/dsnp/rx-information)** for the most up-to-date information on Medicare Part D drug coverage.

You can reach Member Services  
by calling: **888-816-6000** (TTY: 711)

October 1 – March 31  
8:00 AM to 8:00 PM EST, Monday through Sunday

April 1 – September 30  
8:00 AM to 8:00 PM EST, Monday through Friday

Mass General Brigham SCO (HMO D-SNP)

Mass General Brigham Health Plan is a Medicare Advantage organization with a Medicare contract offering SCO D-SNP plan. Enrollment in Mass General Brigham Health Plan depends on contract renewal.

# ANTIDEPRESSANTS

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## Products Affected

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

## Details

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| <b>Criteria</b> | Step 1 medications covered without Prior Authorization: Bupropion, bupropion SR, bupropion XL, citalopram, desvenlafaxine ER, duloxetine DR, escitalopram, fluoxetine, fluoxetine delayed-release, fluvoxamine, fluvoxamine ER, paroxetine, paroxetine ER, sertraline, venlafaxine and venlafaxine ER. Step 2 medications: Aplenzin, Auvelity, Emsam, Exxua, 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). |
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Effective Date: 08/01/2026

Last Updated: 07/01/2026

# ANTIPSYCHOTICS

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## Products Affected

- Asenapine Maleate SI
- Fanapt
- Fanapt Titration Pack A
- Secuado
- Vraylar CAPS

## Details

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|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Criteria</b> | 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. |
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Effective Date: 08/01/2026

Last Updated: 07/01/2026

# HMG-COA INHIBITORS

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## Products Affected

- Pitavastatin Calcium
- Zypitamag TABS 2MG, 4MG

## Details

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| <b>Criteria</b> | 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 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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Effective Date: 08/01/2026

Last Updated: 07/01/2026