



# 2024 Step Therapy Medical Necessity Guidelines

Effective: July 1, 2024

Updated: July 1, 2024

These guidelines were updated on July 1, 2024. For more recent information or other questions, please contact Mass General Brigham Health Plan Customer Service team. Visit **[MassGeneralBrighamAdvantage.org/Rx-information](https://www.massgeneralbrighamadvantage.org/Rx-information)** for the most up-to-date information on Medicare Part D drug coverage.

You can reach our Customer Service team  
by calling: **855-833-3668** (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 Advantage Secure (HMO-POS)  
Mass General Brigham Advantage (PPO),  
and Mass General Brigham Advantage Premier (PPO)

Mass General Brigham Health Plan is a Medicare Advantage organization with a Medicare contract offering HMO-POS and PPO plans. Enrollment in Mass General Brigham Health Plan depends on contract renewal.

## Step Therapy Criteria

### Step Therapy Group

### Drug Names

### Step Therapy Criteria

#### ANTIDEPRESSANTS

#### APLENZIN, EMSAM, FETZIMA, FETZIMA TITRATION PACK

Step 1 medications covered without Prior Authorization: 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. Step 2 medications: Aplenzin, 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).

### Step Therapy Group

### Drug Names

### Step Therapy Criteria

#### ANTIPSYCHOTICS

#### ASENAPINE MALEATE SL, FANAPT, FANAPT TITRATION PACK

Step 1 medications covered without prior authorization: aripiprazole, lurasidone, olanzapine, olanzapine-fluoxetine, quetiapine, risperidone and ziprasidone. Step 2 medications: Asenapine and Fanapt 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.

### Step Therapy Group

### Drug Names

### Step Therapy Criteria

#### BISPHOSPHONATES

#### FOSAMAX PLUS D

Coverage will be provided if alendronate, ibandronate, or risedronate has been tried (at least a 30 day supply in the prior 180 days).

### Step Therapy Group

### Drug Names

### Step Therapy Criteria

#### GOUT

#### FEBUXOSTAT

Step 1 medication allopurinol is covered without prior authorization. Step 2 medication Febuxostat 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.

### Step Therapy Group

### Drug Names

### Step Therapy Criteria

#### HMG-COA INHIBITORS

#### LIVALO, PITAVASTATIN CALCIUM, ZYPITAMAG

Coverage will be provided if atorvastatin, ezetimibe/simvastatin, fluvastatin, fluvastatin extended-release, lovastatin, pravastatin, rosuvastatin tablets, simvastatin tablets, or amlodipine/atorvastatin has been tried (at least a 30-day supply) in the prior 180 days.

### Step Therapy Group

### Drug Names

### Step Therapy Criteria

#### LEVALBUTEROL

#### LEVALBUTEROL TARTRATE HFA

Coverage will be provided if albuterol HFA or Ventolin HFA have been tried (at least a 30-day supply) in the prior 180 days.

**Step Therapy Group**  
**Drug Names**  
**Step Therapy Criteria**

NASAL STEROIDS

MOMETASONE FUROATE

Coverage will be provided if generic fluticasone nasal spray has been tried (at least a 30-day supply) in the prior 180 days.