



2024 Step Therapy Medical Necessity Guidelines

Effective: April 1, 2024

Updated: April 1, 2024

These guidelines were updated on April 1, 2024. For more recent information or other questions, please contact Mass General Brigham Health Plan Customer Service team. Visit **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.