



2025 Step Therapy Medical Necessity Guidelines

Effective: January 1, 2025

Updated: October 15, 2024

These guidelines were updated on October 15, 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)
Mass General Brigham Advantage Premier (PPO)
Mass General Brigham Advantage Signature (PPO)
Mass General Brigham Advantage Group (PPO)

Mass General Brigham Health Plan is a Medicare Advantage organization with a Medicare contract offering HMO-POS, PPO and Employer Group Waiver 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

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

PITAVASTATIN CALCIUM, ZYPITAMAG

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