Mass General Brigham
Health Plan

Step Therapy
Medical Necessity Guidelines

Effective: March 1, 2023
Updated: March 1, 2023

These guidelines were updated on March 1, 2023. 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.

H6847_0619MKT_C H9485_0619MKT_C

Step Therapy Criteria

Step Therapy Group	BISPHOSPHONATES
Drug Names	FOSAMAX PLUS D
Step Therapy Criteria	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	HMG-COA INHIBITORS
Drug Names	ALTOPREV, EZALLOR SPRINKLE, LIVALO, ZYPITAMAG
Step Therapy Criteria	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	LEVALBUTEROL
Drug Names	LEVALBUTEROL TARTRATE HFA
Step Therapy Criteria	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	NASAL STEROIDS
Drug Names	MOMETASONE FUROATE, OMNARIS
Step Therapy Criteria	Coverage will be provided if generic fluticasone nasal spray has been tried (at least a 30-day supply) in the prior 180 days.
Step Therapy Group	PPI
Drug Names	ESOMEPRAZOLE MAGNESIUM, LANSOPRAZOLE
Step Therapy Criteria	Coverage will be provided if two of the following generic alternatives: omeprazole capsules, pantoprazole tablets, or lansoprazole capsules have been tried (at least a 30 day supply in the prior 180 days).
Step Therapy Group	URINARY ANTISPASMODICS
Drug Names	DARIFENACIN HYDROBROMIDE, TOLTERODINE TARTRATE ER
Step Therapy Criteria	Coverage will be provided if fesoterodine, mirabegron, oxybutynin, oxybutynin extended-release, solifenacin tablets, tolterodine tablets, trospium immediate-release, or vibegron has been tried (at least a 30-day supply in the prior 180 days).