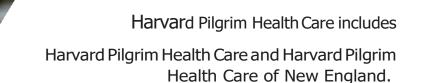


a Point32Health company

# Harvard Pilgrim Health Care Stride<sup>SM</sup> Basic Rx (HMO), Stride<sup>SM</sup> Value Rx (HMO), Stride<sup>SM</sup> Value Rx Plus (HMO), and Stride<sup>SM</sup> Choice Rx (HMO-POS)

# Step Therapy Requirements

Effective 12/01/2024



H6750\_24060\_C

## **Products Affected**

- Aplenzin Emsam

### Details

Details	
Criteria	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 are on Step-1 and are covered without prior authorization. Aplenzin, Emsam, and Fetzima are on Step-2 and 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).

• Fetzima

• Fetzima Titration Pack

# **ATYPICAL ANTIPSYCHOTICS**

## **Products Affected**

• Asenapine Maleate Sl

• Fanapt Titration Pack

• Fanapt

### Details

Criteria	Aripiprazole, lurasidone, olanzapine, olanzapine-fluoxetine, quetiapine, risperidone and ziprasidone are on Step-1 and covered without authorization. Asenapine and Fanapt are on Step-2 and 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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# FEBUXOSTAT

# **Products Affected**

• Febuxostat

#### Details

Criteria	Allopurinol is on Step-1 and is covered without prior authorization. Febuxostat is on Step-2 and will be covered if the member has filled for a Step-1 medication within the previous 180 days as evidenced by a paid claim or physician documentation.
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# INHALED CORTICOSTEROIDS

## **Products Affected**

• Flovent Diskus

• Fluticasone Propionate Hfa

• Fluticasone Propionate Diskus

### Details

Criteria	QVAR is on Step-1 and covered without authorization. Fluticasone is on Step-2 and will be covered if the member has filled for one or more Step- 1 medications within the previous 180 days as evidenced by a paid claim or physician documentation.

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