Harvard Pilgrim Health Care
Stride\textsuperscript{SM} Basic Rx (HMO),
Stride\textsuperscript{SM} Value Rx (HMO),
Stride\textsuperscript{SM} Value Rx Plus (HMO), and
Stride\textsuperscript{SM} Choice Rx (HMO-POS)

Step Therapy Requirements

Updated 08/01/2023

Harvard Pilgrim Health Care includes
ANTIDEPRESSANTS

Products Affected

- Aplenzin
- Emsam
- Fetzima
- Fetzima Titration Pack
- Pexeva

Details

| Criteria | This policy does not apply to members under the age of 18. 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, Fetzima, and Pexeva 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). Pexeva will be covered for members with a physician-documented diagnosis of GAD, obsessive compulsive disorder (OCD) or panic disorder. |


ATYPICAL ANTIPSYCHOTICS

Products Affected

- Asenapine Maleate Sl
- Fanapt
- Fanapt Titration Pack

Details

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<th>Criteria</th>
</tr>
</thead>
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<tr>
<td>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.</td>
</tr>
</tbody>
</table>
FEBUXOSTAT

Products Affected

- Febuxostat

Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>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 or Step-2 medication within the previous 180 days as evidenced by a paid claim or physician documentation.</th>
</tr>
</thead>
</table>
INHALED CORTICOSTEROIDS

Products Affected

- Flovent Diskus
- Flovent Hfa
- Fluticasone Propionate Hfa

Details

<table>
<thead>
<tr>
<th>Criteria</th>
<th>QVAR is on Step-1 and covered without authorization. Flovent 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.</th>
</tr>
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