

CarePartners of Connecticut 2025 Step Therapy Medical Necessity Guidelines

Effective: December 1, 2025

ANTIDEPRESSANTS

Products Affected

- Emsam
- Fetzima

• Fetzima Titration Pack

Details

Criteria

Bupropion, bupropion SR, bupropion XL, citalopram, desvenlafaxine ER, duloxetine delayed-release capsules, escitalopram, fluoxetine, fluoxetine delayed-release, fluvoxamine, paroxetine, sertraline, venlafaxine and venlafaxine ER are on Step-1 and are covered without prior authorization. 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.

ATYPICAL ANTIPSYCHOTICS

Products Affected

- Asenapine Maleate Sl
- Fanapt
- Fanapt Titration Pack A

- Fanapt Titration Pack B
- Fanapt Titration Pack C

Details

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.

INHALED CORTICOSTEROIDS

Products Affected

- Flovent Diskus
- Fluticasone Propionate Diskus

• Fluticasone Propionate Hfa

Details

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

INTERFERONS

Products Affected

- Rebif
- Rebif Rebidose

- Rebif Rebidose Titration Pack
- Rebif Titration Pack

Details

Avonex, Betaseron, and Plegridy are on Step-1 and covered without prior authorization. Rebif and Rebif Rebidose are on Step-2 and will be covered if the member has filled for two or more Step-1 medications within the previous 180 days as evidenced by a paid claim or physician documentation.

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