



Quartz Medicare Advantage (HMO)

Part D medication step-therapy criteria

[QuartzBenefits.com/MedicareAdvantage](https://www.QuartzBenefits.com/MedicareAdvantage)

These step-therapy criteria apply to Quartz Medicare Advantage and Dual Eligible members for medications covered under Medicare Part D benefits.

Important plan information.

GH00433_C_0925 Y0092_25 141_C

ACTINIC KERATOSIS

Products Affected

- Diclofenac Sodium GEL 3%

Details

Criteria	Trial of either topical fluorouracil or topical imiquimod
-----------------	---

ANTIDEPRESSANTS

Products Affected

- Auvelity
- Emsam
- Exxua
- Exxua Titration Pack
- Fetzima
- Fetzima Titration Pack

Details

Criteria	Trial of two generics of the following formulary products: bupropion, mirtazapine, citalopram (tablet or solution), desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine hydrochloride. Approve for continuation of prior therapy.
-----------------	---

ATYPICAL ANTIPSYCHOTICS

Products Affected

- Fanapt
- Fanapt Titration Pack A
- Fanapt Titration Pack B
- Fanapt Titration Pack C
- Lybalvi
- Secuado

Details

Criteria	Trial of two of the following oral generic formulary atypical antipsychotic agents: asenapine, aripiprazole, olanzapine, paliperidone, quetiapine, risperidone, ziprasidone. Approve for continuation of prior therapy.
-----------------	---

INVEGA HAFYERA THERAPY

Products Affected

- Invega Hafyera

Details

Criteria	Trial of one of the following: Invega Sustenna or Invega Trinza. Step applies to new starts only. Approve for continuation of prior therapy.
-----------------	--

RELISTOR

Products Affected

- Relistor

Details

Criteria	Trial of lubiprostone, Constulose, Enulose, Generlac, or lactulose
-----------------	--

RYTARY

Products Affected

- Rytary

Details

Criteria	Trial of one generic carbidopa/levodopa containing formulation
-----------------	--

ZONISADE SUSPENSION

Products Affected

- Zonisade

Details

Criteria	Trial of generic zonisamide capsule. Step applies to new starts only. Approve for continuation of prior therapy.
-----------------	--

Index Of Drugs

A	
Actinic Keratosis	1
Antidepressants	2
Atypical Antipsychotics	3
Auvelity.....	2
D	
Diclofenac Sodium	1
E	
Emsam	2
Exxua.....	2
Exxua Titration Pack	2
F	
Fanapt	3
Fanapt Titration Pack A.....	3
Fanapt Titration Pack B.....	3
Fanapt Titration Pack C.....	3
Fetzima	2
Fetzima Titration Pack.....	2
I	
Invega Hafyera	4
Invega Hafyera Therapy.....	4
L	
Lybalvi	3
R	
Relistor	5
Rytary	6
S	
Secuado.....	3
Z	
Zonisade	7
Zonisade Suspension	7