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Quartz Medicare Advantage (HMO)

Part D medication step-therapy criteria

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

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

Details

Criteria	Trial of two of the following formulary products: generic bupropion, generic mirtazapine, generic citalopram, generic desvenlafaxine succinate ER, formulary duloxetine, generic escitalopram, generic fluoxetine, generic fluvoxamine, generic paroxetine, generic sertraline, generic 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.

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