



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_0726 Y0092_26 14_C

ACTINIC KERATOSIS

Products Affected

- Diclofenac Sodium GEL 3%

Details

Criteria	Trial of either topical fluorouracil or topical imiquimod
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ANTIDEPRESSANTS

Products Affected

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

Details

Criteria	Trial of two generics of the following formulary products: bupropion, mirtazapine, citalopram, desvenlafaxine succinate ER, duloxetine, escitalopram, fluoxetine, fluvoxamine, paroxetine, sertraline, venlafaxine hydrochloride. Approve for continuation of prior therapy.
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ATYPICAL ANTIPSYCHOTICS

Products Affected

- Fanapt
- Fanapt Titration Pack A
- Fanapt Titration Pack B
- Fanapt Titration Pack C
- 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.
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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.
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LYBALVI

Products Affected

- Lybalvi

Details

Criteria	Trial of one oral generic formulary olanzapine. Approve for continuation of prior therapy.
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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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