



# 2026 Medicare Group Rx (PDP) Step Therapy Medical Necessity Guidelines

Effective: May 1, 2026

Updated: April 1, 2026

These guidelines were updated on April 1, 2026. For more recent information or other questions, please contact Mass General Brigham Health Plan Member Services. Visit [www.massgeneralbrighamadvantage.org/plans/rx-information](http://www.massgeneralbrighamadvantage.org/plans/rx-information) for the most up to date information on Medicare Part D drug coverage.

You can reach Member Services  
by calling: **855-833-3668** (TTY: 711)

October 1 – March 31  
8:00 AM to 8:00 PM EST, Monday through Sunday

April 1 – September 30  
8:00 AM to 8:00 PM EST, Monday through Friday

Mass General Brigham Medicare Group Rx (PDP)

Mass General Brigham Health Plan is a Medicare Advantage organization with a Medicare contract offering PDP plan. Enrollment in Mass General Brigham Health Plan depends on contract renewal.

# ACTINIC KERATOSIS - SCORE

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## Products Affected

- Diclofenac Sodium GEL 3%

## Details

<b>Criteria</b>	Trial of either topical fluorouracil or topical imiquimod
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Last Updated: 04/01/2026  
Effective Date: 05/01/2026

# ANTIDEPRESSANTS - SCORE

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## Products Affected

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

## Details

<b>Criteria</b>	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.
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# ATYPICAL ANTIPSYCHOTICS - SCORE

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## Products Affected

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

## Details

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<b>Criteria</b>	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 - SCORE

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## Products Affected

- Invega Hafyera

## Details

<b>Criteria</b>	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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# RELISTOR - SCORE

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## Products Affected

- Relistor

## Details

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<b>Criteria</b>	Trial of lubiprostone, Constulose, Enulose, Generlac, or lactulose
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# ZONISADE SUSPENSION - SCORE

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## Products Affected

- Zonisade

## Details

<b>Criteria</b>	Trial of generic zonisamide capsule. Step applies to new starts only. Approve for continuation of prior therapy.
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