

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

Effective: January 1, 2026 Updated: September 22, 2025

These guidelines were updated on September 22, 2025. For more recent information or other questions, please contact Mass General Brigham Health Plan Member Services. Visit **MassGeneralBrighamAdvantage.org/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**

# **Products Affected**

• Diclofenac Sodium GEL 3%

# **Details**

Criteria	Trial of either topical fluorouracil or topical imiquimod
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# ANTIDEPRESSANTS - SCORE

# **Products Affected**

- Auvelity
- Emsam

- 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, fluoxamine, paroxetine, sertraline (tablet or solution), venlafaxine hydrochloride.
	Approve for continuation of prior therapy.

# **ATYPICAL ANTIPSYCHOTICS - SCORE**

# **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.
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# INVEGA HAFYERA THERAPY - SCORE

# **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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# RELISTOR - SCORE

# **Products Affected**

• Relistor

# **Details**

Criteria	Trial of lubiprostone, Constulose, Enulose, Generlac, or lactulose
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# ZONISADE SUSPENSION - SCORE

# **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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