

Quartz Medicare Advantage and Dual Eligible 2025 Top-Drug Categories List

Understanding your covered prescription drugs

We list covered drugs in our Part D formulary (drug list). If a drug is not listed or is in a non-preferred tier, it usually has an alternative that often costs less.

This list only highlights some common medications and categories. For the most comprehensive and up-to-date formulary, prior authorization, and step therapy criteria, visit QuartzBenefits.com/MAformularypage.

- **Preferred drug:** These drugs are available in the lower drug tiers and/or do not require previous trial and failure with alternatives within that category.
- **Non-preferred drug:** These drugs are covered in a higher drug tier and/or may require previous trial and failure with alternatives within that category.

Displayed after each drug is its tier and if it requires a Prior Authorization (PA) or Step Therapy (ST).

- **(T1)** Tier 1: Preferred generic
- **(T2)** Tier 2: Generic
- **(T3)** Tier 3: Preferred brand
- **(T4)** Tier 4: Non-preferred drug
- **(T5)** Tier 5: Specialty
- **(T6)** Tier 6: Select care drug (\$0 copay)
- **PA:** Prior Authorization required
- **ST:** Step Therapy required

Insulins: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter its cost-sharing tier.

Vaccines: Most Part D vaccines are covered at no additional cost to you. Many doctors do not bill Part D. When a Part D vaccine is given at a doctor's office instead of a pharmacy, you may have to pay the doctor out-of-pocket and then submit additional forms for reimbursement. To make it easier and avoid delays with reimbursement, we encourage getting vaccines at a pharmacy.

This information was last updated on 8/26/2024. For the complete and current formulary, see QuartzBenefits.com/MAFormularyPage.

Preferred drug	Non-preferred drug
Allergy	
Nasal corticosteroids	
Fluticasone (T1) Azelastine/fluticasone (T2)	Flunisolide (T4) Mometasone (T4)
Ophthalmic (eye) antihistamines	
Cromolyn (T1) Azelastine (T2) Ketorolac 0.5% (T2) Ketorolac 0.4% (T3) Olopatadine (T3)	
Behavioral health	
ADHD agents	
Dexmethylphenidate (T2) Dextroamphetamine 5mg & 10 mg tabs (T3) Dextroamphetamine/amphet tab (T3) Dextroamphetamine/amphet ER cap (T3) Methylphenidate tab (T2)	Dextroamphetamine ER cap (T4) Methylphenidate ER (T4) Methylphenidate sol (T4)
Antipsychotics	
Aripiprazole (T2) Clozapine 25mg, 50mg tab (T3) Olanzapine tab (T2, PA) Olanzapine ODT (T3, PA) Quetiapine IR/ER tabs (T2) Risperidone tab (T1) Risperidone solution (T2) Ziprasidone cap (T3)	Abilify Maintena (T5) Aripiprazole ODT (T4/T5) Asenapine tablet (T4) Caplyta (T5) Clozapine ODT (T4/T5) Fanapt (T4/T5, ST) Lurasidone (T4) Nuplazid (T5, PA) Paliperidone (T4) Rexulti (T5) Risperidone ODT (T4) Secuado (T5, ST) Versacloz (T5) Vraylar (T4/T5) Ziprasidone mesylate IM (T4)
Blood formation modifiers	
Leukocyte (white blood cells) stimulants	
Neulasta, Neulasta Onpro (T5) Udenyca, Udenyca Onbody (T5) Zarxio (T5)	

Preferred drug	Non-preferred drug
Anemia agents	
	Retacrit (T4/T5, PA)
Cardiovascular	
Lipid-lowering agents	
Atorvastatin (T6) Ezetimibe (T1) Lovastatin (T6) Pravastatin (T6) Rosuvastatin (T6) Simvastatin (T6) Simvastatin/ezetimibe (T6) Niacin ER (T3)	Fluvastatin IR/ER (T4) Nexletol (T4, PA) Nexlizet (T4, PA) Pitavastatin (T4)
PCSK9 inhibitors	
Praluent (T3, PA) Repatha (T3, PA)	
Anticoagulants	
Eliquis (T3) Xarelto (T3) Warfarin (T1)	
Dermatology	
Actinic keratosis agents	
Fluorouracil 5% (T2) Imiquimod 5% (T3)	Diclofenac 3% (T4, ST)
Endocrine	
Diabetes, Blood Glucose Meters/test strips	
OneTouch Verio Reflect meter (OneTouch Verio Test strips) OneTouch Verio Flex meter (OneTouch Verio Test strips) OneTouch Ultra Plus Flex meter (OneTouch Ultra Plus strips) OneTouch Ultra 2 meter (OneTouch Ultra Strips)	All other meters/strips

Preferred drug	Non-preferred drug
Diabetes, oral agents (miscellaneous)	
<ul style="list-style-type: none"> Glimepiride (T6) Glipizide IR/ER (T6) Glipizide/metformin (T6) Glyburide (T6) Metformin (T6) Metformin ER (generic Glucophage XR) (T6) Nateglinide (T6) Pioglitazone (T6) Repaglinide (T6) 	
Diabetes, SGLT-2 inhibitors	
<ul style="list-style-type: none"> Dapagliflozin (T3) Jardiance (T3) Synjardy, Synjardy XR (T3) Xigduo XR (T3) 	
Diabetes, DPP-4 inhibitors	
<ul style="list-style-type: none"> Janumet, Janumet XR (T3) Januvia (T3) Tradjenta (T3) Jentadueto (T3) 	
Diabetes, DPP-4 inhibitor and sglit-2 inhibitor combinations	
<ul style="list-style-type: none"> Glyxambi (T3) Trijardy XR (T3) 	
Diabetes, GLP-1 agonists	
<ul style="list-style-type: none"> Trulicity (T3, PA) Mounjaro (T3, PA) 	<ul style="list-style-type: none"> Bydureon BCise (T4, PA) Byetta (T4, PA) Liraglutide (T4, PA)
Diabetes, insulins, rapid-acting	
<ul style="list-style-type: none"> Novolog (T3) Novolog Flexpen (T3) Humalog (T3) Humalog Kwikpen (T3) Lyumjev (T3) Lyumjev Kwikpen (T3) Insulin Lispro (T3) 	

Preferred drug	Non-preferred drug
Diabetes, insulins, short-acting & intermediate-acting	
Humulin R (T3) Humulin N (T3) Novolin R (T3) Novolin N (T3) Novolin 70-30 (T3) Novolog Mix 70-30 (T3)	
Diabetes, insulins, long-acting	
Insulin Glargine-YFGN (T3) Tresiba (T3)	
Androgens	
Testosterone cyp. (T2, PA) Testosterone enan. (T3, PA) Testosterone 1.62% gel pkts (T3, PA)	Testosterone 1% gel (T4, PA) Testosterone 1.62% gel pump (T4, PA)
Estrogens/estrogen modifiers	
Estradiol tablets (T2) Estradiol 0.01% cream (T2) Estradiol 10mcg vag. tab (T3) Estradiol weekly patches (T3) Medroxyprogesterone tab (T1) Ospheña (T3, PA) Progesterone, micronized (T2) Yuvaferm (T3)	Dotti (T4) Estradiol twice-weekly patches (T4) Estring (T4) Estradiol Gel Packet (T4) Norethindrone ac-eth estradiol (T4) Premarin (T4) Premphase (T4) Prempro (T4)
Electrolyte regulation	
Sodium polystyrene pow. (T3) SPS suspension (T3)	Lokelma (T4) Veltassa (T4)
Osteoporosis agents	
Alendronate (T6) Calcitonin (T3) Ibandronate (T6) Raloxifene (T2)	Forteo (T5, PA) Risedronate (T4) Teriparatide (T5, PA) Tymlos (T5, PA)

Preferred drug	Non-preferred drug
Thyroid and antithyroid agents	
Euthyrox (T2) Levothyroxine tablets (T1) Levo-T (T3) Levoxyl (T2) Liothyronine (T2) Methimazole (T2) Synthroid (T3) Unithroid (T2)	Adthyza (T4) Armour thyroid (T4)
Gastrointestinal	
Irritable bowel & constipation	
Linzess (T3) Motegrity (T3)	Lubiprostone (T4)
Inflammatory bowel disease agents	
Sulfasalazine (T2)	Balsalazide (T4) Mesalamine (gen. Apriso, Delzicol, Lialda, Pentasa) (T4) Medalamine enema, suppository (T4) Pentasa (T4)
Pancreatic enzymes	
Creon (T3) Zenpep (T3)	
Hepatitis C agents	
Hepatitis C agents	
Mavyret (T5, PA) Sofosbuvir/Velpat. (T5, PA) Vosevi (T5, PA)	

Preferred drug	Non-preferred drug
Inflammatory disease	
Autoimmune agents	
Adalimumab-ADAZ (T5, PA) Adalimumab-ADB (T5, PA) Cyltezo (T5, PA) Hadlima (T5, PA) Hyrimoz (T5, PA) Cosentyx (T5, PA) Enbrel (T5, PA) Methotrexate tab, vial (T2) Orencia (T5, PA) Otezla (T5, PA) Stelara (T5, PA) Xatmep (T4, PA) Xeljanz (T5, PA)	Kineret (T5, PA)
Multiple sclerosis agents	
Avonex (T5, PA) Betaseron (T5, PA) Dalfampridine (T3, PA) Dimethyl fumarate (T4, PA) Fingolimod (T5, PA) Glatiramer (T5, PA) Mayzent (T4/T5, PA) Teriflunomide (T5, PA)	Kesimpta (T5, PA) Mavenclad (T5, PA) Rebif, Rebif Rebidose (T5, PA) Zeposia (T5, PA)
Ophthalmic agents	
Dry eyes	
Cyclosporine 0.05% (T3) Restasis 0.05% (T3)	Xiidra (T4)
Glaucoma- Prostaglandins	
Lumigan (T3) Latanoprost (T1)	Vyzulta (T4)
Glaucoma- Adrenergics & Carbonic anhydrase inhibitors	
Brimonidine 0.1% sol (T3) Brimonidine 0.2% sol (T1) Dorzolamide sol (T2) Simbrinza sus (T3)	Brinzolamide sus (T4)

Preferred drug	Non-preferred drug
Pain management	
Short & Long-acting opioids	
Hydromorphone tab (T2) Methadone tab (T2) Methadone solution (T3) Morphine sulfate ER tab (T3) Oxycodone tabs, sol (T2/T3) Tramadol 50mg tab (T1) Xtampza ER cap (T3)	Buprenorphine patch (T4) Fentanyl patch (25mcg, 50mcg, 75mcg, 100mcg) (T4) Fentanyl lozenge (T4/T5, PA)
Headache/migraine	
Butalbital/Acetamin/Caffeine tablet (T3) Celecoxib (T2) Ergotamine-caffeine (T3) Naratriptan (T3) Rizatriptan (T2) Sumatriptan (T2) Zolmitriptan tablet (T3)	Aimovig (T4, PA) Almotriptan (T4) Eletriptan (T4) Emgality (T3/T5, PA) Qulipta (T5, PA) Sumatriptan injection, nasal (T4) Ubrelvy tablet (T5, PA)
Respiratory	
Inhaled corticosteroids (ICS)	
Arnuity Ellipta (T3) Qvar Redihaler (T3)	Asmanex (T4) Budesonide neb (T4)
Inhaled corticosteroid/long-acting beta agonist (ICS/LABA)	
Advair HFA (T3) Breo Ellipta (T3) Fluticasone-salmeterol (gen. Advair Diskus) (T2) Wixela Inhub (T2)	Dulera (T4, PA) Breyna (T4)
Inhaled long-acting muscarinic antagonists (LAMA)	
Incruse Ellipta (T3) Spiriva Respimat (T3)	Tiotropium cap (T4)
Inhaled long-acting muscarinic antagonists/long-acting beta agonist (LAMA/LABA)	
Anoro Ellipta (T3) Stiolto Respimat (T3)	
Inhaled corticosteroid, muscarinic antagonist, beta agonist (ICS/LAMA/LABA)	
Trelegy Ellipta (T3) Breztri Aerosphere (T3)	

Preferred drug	Non-preferred drug
Anti-leukotrienes	
Montelukast tab (T1) Monteleukast chew (T2)	Zafirlukast (T4)
Subcutaneous asthma biologics	
Dupixent (T5, PA) Adbry (T5, PA) Fasenra (T5, PA) Nucala (T5, PA) Xolair (T5, PA)	
Urinary	
BPH	
Alfuzosin (T1) Doxazosin (T1) Dutasteride (T2) Finasteride (T1) Prazosin (T2) Tamsulosin (T1) Terazosin (T1)	Silodosin (T4) Tadalafil 2.5mg, 5mg tab (T3, PA)
Antispasmodics & misc.	
Myrbetriq (T3) Oxybutynin tabs (T1) Oxybutynin sol (T2) Solifenacin (T1) Tolterodine (T3) Trospium tab (T3)	Gemtesa (T4) Trospium ER cap (T4)

Quartz Champion team: (800) 394-5566.

Monday through Friday from 8 a.m. to 8 p.m.

From October 1 through March 31, we're available seven days a week, from 8 a.m. to 8 p.m.

Deaf, hard of hearing, or speech impaired? Call **TTY: 711**.

You may also call through a video relay service of your choice. Interpreter services are provided free of charge.

Quartz Medicare Advantage (HMO) is an HMO plan with a Medicare contract. Quartz Medicare Advantage Dual Eligible with Rx is a D-SNP HMO plan that has a contract with Medicare and with a State Medicaid program. Enrollment in these plans depends on contract renewal.

Quartz Health Plan Corporation and Quartz Health Plan MN Corporation comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex.

Spanish – ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de ayuda con el idioma. Llame al (800) 362-3310 (TTY: 711). Hmong – LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau (800) 362-3310 (TTY: 711).

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- We provide free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- We provide free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact Customer Success at (800) 362-3310.

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, gender identity, or sexual orientation, you can file a grievance with:

Kristie Breunig, Compliance Officer; 2650 Novation Parkway, Fitchburg, WI 53713
Phone: (800) 362-3310 (TTY: 711); Fax: (608) 644-3500
Email: AppealsSpecialists@QuartzBenefits.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Kristie Breunig, Compliance Officer, is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov/ocr/portal/lobby.jsf or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F HHH Building
Washington, D.C. 20201
(800) 368-1019; (800) 537-7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.



Multi-Language Insert

Multi-language Interpreter Services

English: We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-394-5566 (TTY: 711). Someone who speaks English/Language can help you. This is a free service.

Spanish: Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-394-5566 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin: 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-394-5566 (TTY: 711)。我们的中文工作人员很乐意帮助您。这是一项免费服务。

Chinese Cantonese: 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-394-5566 (TTY:711)。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-394-5566 (TTY:711). Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

French: Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-394-5566 (TTY: 711). Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

Vietnamese: Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-394-5566 (TTY: 711) sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí .

German: Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-394-5566 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean: 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-394-5566 (TTY: 711) 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian: Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-394-5566 (TTY:711). Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Arabic: إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-394-5566 (TTY: 711) سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi: हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं। एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-394-5566 (TTY: 711) पर फोन करें। कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है। यह एक मुफ्त सेवा है।

Italian: È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-394-5566 (TTY: 711). Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese: Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-394-5566 (TTY: 711). Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

French Creole: Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-394-5566 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish: Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-394-5566 (TTY: 711). Ta usługa jest bezpłatna.

Japanese: 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-394 5566 (TTY: 711) にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。