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# Quartz Medicare Advantage (HMO)

## 2021 Alternative Drugs List

Quartz Medicare Advantage (HMO) lists covered drugs in our Part D formulary (drug list). If a drug is not listed or if it's in a non-preferred tier, it usually has an alternative that often costs less.

You'll also find a few of the following common medication categories, along with drug information displayed.

- **PREFERRED DRUG:** These drugs are available in the lower drug tiers and/or do not require stepping through alternatives within that category.
- **NON-PREFERRED DRUG:** These drugs are covered in a higher drug tier and/or may require stepping through alternatives within that category.
- **NONFORMULARY DRUG:** These drugs are not covered by the plan (unless approved under a formulary exception request).

Displayed after each drug name is its drug 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
- **PA:** Prior Authorization required. For coverage criteria, visit [QuartzBenefits.com/MAformularypage](https://QuartzBenefits.com/MAformularypage).
- **ST:** Step Therapy required. For coverage criteria, visit [QuartzBenefits.com/MAformularypage](https://QuartzBenefits.com/MAformularypage).

For the most up-to-date, comprehensive formulary, along with prior authorization and step therapy criteria, visit [QuartzBenefits.com/MAformularypage](https://QuartzBenefits.com/MAformularypage).

Note: Brand drugs are normally removed from the formulary when a generic becomes available and they will not be included here.

This information was last updated on 08/31/2020.

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
<b>ALLERGY</b>		
<b>NASAL CORTICOSTEROIDS</b>		
Fluticasone (T2)	Azelastine/fluticasone (T4) Flunisolide (T4) Mometasone (T4)	Beconase AQ Omnaris Qnasl Zetonna
<b>OPHTHALMIC ANTIHISTAMINES</b>		
Azelastine (T2) Olopatadine (T2)	Bepreve (T4) Lastacaft (T4) Pazeo (T4)	
<b>BEHAVIORAL HEALTH</b>		
<b>ADHD AGENTS</b>		
Dexmethylphenidate (T2) Dextroamphetamine (T2) Dextroamphetamine/ amphetamine (T2) Methylphenidate (T2)	Dexmethylphenidate ER (T4) Dextroamphetamine (T4) Dextroamphetamine ER (T4) Dextroamphetamine/amphetamine ER (T4) Methylphenidate ER, CD, LA (T4) Methylphenidate sol/chew (T4)	Adzenys ER, Adzenys XR-ODT Amphetamine Amphetamine ER Aptensio XR Cotempla XR-ODT Daytrana Evekeo, Evekeo ODT Vyvanse
<b>ANTIPSYCHOTICS</b>		
Aripiprazole (T2) Clozapine (T2) Olanzapine (T2) Quetiapine IR/ER (T2) Risperidone (T1) Risperidone solution (T2) Ziprasidone (T2)	Abilify MyCite (T5, PA) Abilify Maintena (T5) Aripiprazole ODT (T4) Caplyta (T4, ST) Clozapine ODT (T4) Fanapt (T4/T5, ST) Latuda (T5, ST) Nuplazid (T5, PA) Olanzapine ODT (T4) Paliperidone (T4) Rexulti (T5, ST) Risperdal consta (T4/T5) Risperidone ODT (T4) Saphris (T4, ST) Secuado (T5, ST) Versacloz (T5) Vraylar (T4/T5, ST) Ziprasidone mesylate IM (T4)	

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
<b>BLOOD FORMATION MODIFIERS</b>		
<b>LEUKOCYTE (WBC) STIMULANTS</b>		
Nivestym (T5)	Fulphila (T5, ST) Neupogen (T5, PA) Udenyca (T5, ST) Ziextenzo (T5, ST)	Granix Neulasta Zarxio
<b>ANEMIA AGENTS</b>		
Retacrit (T3, PA)		Aranesp Epogen Mircera Procrit
<b>CARDIOVASCULAR</b>		
<b>LIPID-LOWERING AGENTS</b>		
Atorvastatin (T1) Ezetimibe (T2) Lovastatin (T1) Pravastatin (T1) Rosuvastatin (T1) Simvastatin (T1) Simvastatin/ezetimibe (T2)	Fluvastatin IR/ER (T4)	Altoprev Ezallor sprinkle Folipid Livalo Zypitamag
<b>PCSK9 INHIBITORS</b>		
Repatha (T3, PA)		Praluent
<b>ANTICOAGULANTS</b>		
Eliquis (T3) Xarelto (T3)		Bevyxxa Pradaxa Savaysa
<b>DERMATOLOGY</b>		
<b>ACTINIC KERATOSIS AGENTS</b>		
Diclofenac 1% (T2) Fluorouracil 5% (T2) Fluoroplex (T3) Imiquimod 5% (T2)	Diclofenac 3% (T4, PA) Picato (T5)	Carac 0.5% Fluorouracil 0.5% Tolak Zyclara
<b>DIABETES</b>		
<b>ORAL AGENTS (MISCELLANEOUS)</b>		
Glimepiride (T1) Glipizide IR/ER (T1) Glipizide/metformin (T1) Metformin IR/ER (T1)		Glyburide Metformin ER (Osmotic)
<b>SGLT-2 INHIBITORS</b>		
Farxiga (T3) Jardiance (T3) Synjardy (T3) Synjardy XR (T3) Xigduo XR (T3)	Segluromet (T4, ST) Steglatro (T4, ST)	Invokana Invokamet Invokamet XR

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
<b>DPP-4 INHIBITORS</b>		
Janumet, Janumet XR (T3, ST) Januvia (T3, ST)		Alogliptin Alogliptin/pioglitazone Jentadueto, Jentadueto XR Kazano Kombiglyze XR Nesina Onglyza Oseni Trijardy XR
<b>DPP-4 INHIBITOR AND SGLT-2 INHIBITOR COMBINATIONS</b>		
		Glyxambi Qtern Steglujan Trijardy XR
<b>GLP-1 AGONISTS</b>		
Bydureon (T3, ST) Bydureon BCise (T3, ST) Byetta (T3, ST) Trulicity (T3, ST)		Adlyxin Ozempic Rybelsus Victoza
<b>INSULINS, RAPID-ACTING</b>		
Novolog (T2) Novolog Flexpen (T2)		Admelog Afrezza Apidra Fiasp Humalog Insulin aspart Insulin Lispro (authorized generic)
<b>INSULINS, SHORT-ACTING</b>		
Novolin R Novolin R Flexpen (T3) Novolin N, Novolin N Flexpen (T3) Novolin 70-30 (T3) Novolin 70-30 Flexpen (T3) Novolog Mix 70-30 (T2) Novolog Mix 70-30 Flexpen (T2) Humulin R U-500 (T3)		Humulin 70/30 Humulin R U-100 Humulin N
<b>INSULINS, LONG-ACTING</b>		
Basaglar (T3)	Tresiba (T4, PA)	Lantus Levemir Toujeo
<b>INSULIN (LONG-ACTING) AND GLP-1 AGONIST COMBINATIONS</b>		
		Soliqua Xultophy

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
<b>DIABETIC SUPPLIES</b>		
Abbott diabetic strips (Precision Xtra, FreeStyle, FreeStyle Lite, etc)		All other manufacturers of diabetic test strips and meters
<b>ENDOCRINE</b>		
<b>ANDROGENS</b>		
Testosterone cypionate (T2, PA)		Androderm patch
Testosterone enanthate (T2, PA)		Methyltestosterone
Testosterone gel (T2, PA)		Natesto
		Testosterone solution
		Striant
<b>ESTROGENS/ESTROGEN MODIFIERS</b>		
Combipatch (T3)	Depo-SubQ Provera (T4)	Crinone
Dotti (T2)	Divigel (T4)	Estrogel
Duavee (T3)	Osphena (T4)	Femring
Estradiol tablets, patches (T2)	Prefest (T4)	Imvexy
Estradiol 0.01% cream (T2)		Intrarosa
Estradiol/norethindrone (T2)		
Estring (T3)		
Medroxyprogesterone (T2)		
Menest (T3)		
Norethindrone ac-eth estradiol (T1)		
Premarin (T3)		
Premphase (T3)		
Prempro (T3)		
Progesterone, micronized (T2)		
Yuvaferm (T2)		
<b>ELECTROLYTE REGULATION</b>		
Sodium polystyrene powder (T2)	Lokelma (T4)	
Sodium polystyrene susp. (T2)	Veltassa (T4)	
<b>OSTEOPOROSIS AGENTS</b>		
Alendronate (T1)	Forteo (T5, PA)	Binosto
Alendronate solution (T2)	Teriparatide (T5, PA)	Evenity
Calcitonin, synthetic (T2)	Tymlos (T5, PA)	Risedronate DR
Ibandronate (T2)		
Raloxifene (T2)		
Risedronate (T2)		
<b>THYROID AND ANTITHYROID AGENTS</b>		
Euthyrox (T1)		Tirosint
Levothyroxine (T1)		
Levo-T (T3)		
Levoxyl (T3)		
Synthroid (T3)		
Unithroid (T3)		

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
<b>GASTROINTESTINAL</b>		
<b>IRRITABLE BOWEL &amp; CONSTIPATION</b>		
Amitiza (T3)	Motegrity (T4, PA)	Symproic
Linzess (T3)		Trulance
Movantik (T3)		Zelnorm
<b>INFLAMMATORY BOWEL DISEASE AGENTS</b>		
Balsalazide disodium (T2)	Mesalamine DR/ER (T4)	Dipentum
Mesalamine (T2)	Pentasa (T4)	Lialda
Sulfasalazine (T1)		
<b>PANCREATIC ENZYMES</b>		
Creon (T3)		Pancreaze
		Pertzye
		Zenpep
<b>HEPATITIS C AGENTS</b>		
<b>HEPATITIS C AGENTS</b>		
Mavyret (T5, PA)	Harvoni (T5, PA)	Viekira Pak
Sofosbuvir/Velpatasvir (T5, PA)	Sovaldi (T5, PA)	Zepatier
	Vosevi (T5, PA)	
<b>INFLAMMATORY DISEASE</b>		
<b>AUTOIMMUNE AGENTS</b>		
Cosentyx (T5, PA)	Actemra (T5, PA)	Inflectra
Enbrel (T5, PA)	Cimzia (T5, PA)	Kevzara
Humira (T5, PA)	Kineret (T5, PA)	Olumiant
Methotrexate (T1)	Orencia (T5, PA)	Otrexup
Methotrexate vial (T2, PA)	Otezla (T5, PA)	Rasuvo
Rinvoq (T5, PA)	Stelara (T5, PA)	Remicade
Skyrizi (T5, PA)	Simponi (PA)	Renflexis
Xeljanz (T5, PA)	Tremfya (T5, PA)	Siliq
Xeljanz XR (T5, PA)	Xatmep (T4)	Simponi Aria
		Taltz
<b>MULTIPLE SCLEROSIS AGENTS</b>		
<b>MULTIPLE SCLEROSIS AGENTS</b>		
Gilenya (T5, PA)	Avonex (T5, PA)	Ampyra
Glatiramer (T5, PA)	Extavia (T5, PA)	Aubagio
Glatopa (T5, PA)	Mavenclad (T5, PA)	Betaseron
Rebif, Rebif Rebidose (T5, PA)	Mayzent (T4/T5, PA)	Copaxone
Tecfidera (T5, PA)		Plegridy
		Vumerity
<b>PAIN MANAGEMENT</b>		
<b>FENTANYL</b>		
Fentanyl patch (T2)	Fentanyl citrate lozenge (T5, PA)	Fentora
		Lazanda
		Subsys

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
<b>HEADACHE/MIGRAINE TREATMENT</b>		
Butalbital/Acetamin/Caffeine tablet (T2)	Aimovig (T4, PA) Ajovy (T4, PA)	Onzetra Xsail Tosymra
Emgality (T3, PA)	Almotriptan (T4)	Treximet
Naratriptan (T2)	Eletriptan (T4)	Zembrace Symtouch
Rizatriptan (T2)	Frovatriptan (T4)	
Sumatriptan (T2)	Sumatriptan injection, nasal (T4) Zolmitriptan tablet, nasal (T4)	
<b>RESPIRATORY</b>		
<b>INHALED CORTICOSTEROIDS (ICS)</b>		
Arnuity Ellipta (T3)		Alvesco
Flovent HFA / Flovent Diskus (T3)		ArmonAir Respiclick Asmanex / Asmanex HFA Pulmicort / Pulmicort Flexhaler Qvar Redihaler
<b>INHALED CORTICOSTEROID/LONG-ACTING BETA AGONIST (ICS/LABA)</b>		
Advair Diskus (T2)		Dulera
Advair HFA (T3)		Fluticasone-salmeterol (generic Advair Diskus)
Breo Ellpita (T3)		Wixela Inhub
Fluticasone-salmeterol (generic AirDuo) (T2)		
Symbicort HFA (T3)		
<b>INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)</b>		
Incruse Ellipta (T3)	Spiriva Respimat 1.25 mcg (T4)	Lonhala Magnair Seebri Neohaler Spiriva Handihaler Spiriva Respimat 2.5 mcg Tudorza Pressair Yupelri
<b>INHALED LONG-ACTING BETA AGONIST (LABA)</b>		
Serevent Diskus (T3)	Brovana (T4, PA) Perforomist (T4, PA)	Arcapta
<b>INHALED LONG-ACTING MUSCARINIC ANTAGONISTS/LONG-ACTING BETA AGONIST (LAMA/LABA)</b>		
Anoro Ellipta (T3)		Bevespi Aerosphere
Stiolto Respimat (T3)		Duaklir Pressair Utibron Neohaler
<b>INHALED CORTICOSTEROID, MUSCARINIC ANTAGONIST, BETA AGONIST (ICS/LAMA/LABA)</b>		
Trelegy Ellipta (T3)		
<b>ANTI-LEUKOTRIENES</b>		
Montelukast (T1)	Zafirlukast (T4) Zyflo (T5)	Zileuton ER
<b>SUBCUTANEOUS ASTHMA BIOLOGICS</b>		
Dupixent (T5, PA)	Nucala (T5, PA)	
Fasenra (T5, PA)		

## Customer Service: (800) 394-5566.

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

From Oct. 1 through March 31, we're also available daily from 8 a.m. to 8 p.m.

**Deaf, hard of hearing or speech impaired?** Call **TTY: 711** or **(800) 877-8973**.

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. Enrollment in this plan 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 or toll free (800) 877-8973.

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 or toll free (800) 877-8973.



## NOTICE OF NONDISCRIMINATION

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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 Service 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 or sex, you can file a grievance with –

**Kristie Meier, Compliance Officer; 840 Carolina Street, Sauk City, WI 53583**  
**Phone: (800) 362-3310; TTY: 711 or toll free (800) 877-8973; Fax: (608) 644-3500**  
**Email: [AppealsSpecialists@QuartzBenefits.com](mailto:AppealsSpecialists@QuartzBenefits.com)**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Kristie Meier, 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](http://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](http://hhs.gov/ocr/office/file/index.html).

