

# Quartz Medicare Advantage (HMO) 2021 Formulary Changes

The chart below shows changes to the Quartz Medicare Advantage (HMO) formulary (covered drug list) since January 1, 2021.

Drug Name	Change	Effective Date
Abelcet 5Mg/MI Vial	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Acetic Acid-Aluminum Drops	Remove from formulary	1/1/2021
Acetylcysteine 10%, 20% Vials	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Acthar Gel Vial	Remove from formulary	1/1/2021
Acyclovir 5% Ointment	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Adcetris 50 mg Vial	Remove from formulary	1/1/2021
Adriamycin Vials	Remove from formulary	1/1/2021
Adrucil Vials	Remove from formulary	1/1/2021
Afeditab CR Tablets	Remove from formulary	1/1/2021
Afinitor Tablets	Remove from formulary	1/1/2021
Akynzeo Capsule	Remove from formulary	1/1/2021
Albuterol Sulfate ER Tablets	Remove from formulary	1/1/2021
Alinia 500 mg Tablet	Add QL	1/1/2021
Almotriptan Malate Tablets	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Alocril 2% Eye Drops	Remove from formulary	1/1/2021
Alosetron HCL 0.5 mg Tablet	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Alprazolam Intensol 1 mg/MI	Change to Tier 3 (Preferred Brand)	1/1/2021
Alyq 20 mg Tablet	Change to Tier 2 (Generic)	1/1/2021
Aminocaproic Acid 25% Solution	Change to Tier 2 (Generic)	1/1/2021
Aminocaproic Acid Tablets	Add to Tier 1 (Preferred Generic)	1/1/2021
Amphotericin B 50 mg Vial	Change to Tier 2 (Generic)	1/1/2021
Angeliq Tablets	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Apraclonidine HCL 0.5% Drops	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Apriso ER Capsules	Remove from formulary	1/1/2021
Arcalyst 220 mg Injection	Remove from formulary	1/1/2021
Aripiprazole ODT Tablets	Add ST	1/1/2021
Arsenic Trioxide 10 mg/10MI Vial	Remove from formulary	1/1/2021
Ascomp With Codeine Capsule	Add to Tier 2 (Generic)	1/1/2021
Atazanavir Sulfate Capsules	Change to Tier 2 (Generic)	1/1/2021
Atovaquone Suspension	Change to Tier 2 (Generic)	1/1/2021
Aubagio Tablets	Remove from formulary	1/1/2021
Avastin 25 mg/MI Vial	Remove from formulary	1/1/2021
Avita 0.025% Cream, Gel	Change to Tier 2 (Generic)	1/1/2021

Drug Name	Change	Effective Date
Avonex Vials	Remove from formulary	1/1/2021
Azasite 1% Eye Drops	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Azelaic Acid 15% Gel	Change to Tier 2 (Generic), add PA	1/1/2021
Azelex 20% Cream	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2021
Bactroban Nasal 2% Ointment	Remove from formulary	1/1/2021
Baraclude 0.05 mg/ML Solution	Change to Tier 3 (Preferred Brand)	1/1/2021
Bendeka 25 mg/ML Vial	Remove from formulary	1/1/2021
Benlysta Vials	Remove from formulary	1/1/2021
Betaxolol Tablets	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Bethkis 300 mg/4 mL Ampule	Remove from formulary	1/1/2021
Blisovi Fe 1-20 Tablet	Add to Tier 1 (Preferred Generic)	1/1/2021
Bosentan Tablets	Remove from formulary	1/1/2021
Brimonidine Tartrate 0.15% Drp	Change to Tier 2 (Generic)	1/1/2021
Briviact 50 mg/5 mL Vial	Remove from formulary	1/1/2021
Bromfenac Sodium 0.09% Eye Drp	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Bromsite 0.075% Eye Drops	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Budesonide ER 9 mg Tablet	Change to Tier 2 (Generic)	1/1/2021
Butalb-Aspirin-Caffe 50-325-40	Add to Tier 2 (Generic)	1/1/2021
Butalb-Caff-Acetaminoph-Codein	Add to Tier 2 (Generic)	1/1/2021
Butalbital Comp-Codeine #3 Cap	Add to Tier 2 (Generic)	1/1/2021
Butalbital-Acetaminophn 50-325	Add to Tier 2 (Generic)	1/1/2021
Butalbital-Asa-Caffeine Cap	Add to Tier 2 (Generic)	1/1/2021
Bystolic Tablets	Change to Tier 4 (Nonpreferred Drug), add ST	1/1/2021
Calcipotriene 0.005% Cream	Add QL	1/1/2021
Calcipotriene 0.005% Ointment	Add QL	1/1/2021
Calcitriol 1 Mcg/ML Solution	Change to Tier 2 (Generic)	1/1/2021
Calcitriol 3 Mcg/G Ointment	Remove from formulary	1/1/2021
Carafate 1 Gm/10 mL Susp	Change to Tier 3 (Preferred Brand)	1/1/2021
Carbidopa-Levo ODT	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Carvedilol ER Capsules	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Cefaclor ER 500 mg Tablet	Remove from formulary	1/1/2021
Cefdinir Suspension	Change to Tier 2 (Generic)	1/1/2021
Cefditoren Pivoxil Tablets	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Cefixime 400 mg Capsule	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Cefpodoxime Suspension	Change to Tier 2 (Generic)	1/1/2021
Cerdelga 84 mg Capsule	Add PA	1/1/2021
Chemet 100 mg Capsule	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Chenodal 250 mg Tablet	Add to Tier 5 (Specialty)	1/1/2021
Chlordiazepoxide-Clidinium Cap	Add to Tier 2 (Generic)	1/1/2021
Chlorzoxazone 250 mg , 375 mg, 750 mg Tablets	Remove from formulary	1/1/2021
Chlorzoxazone 500 mg Tablet	Change to Tier 2 (Generic)	1/1/2021
Ciclopirox 8 % Kit	Remove from formulary	1/1/2021

Drug Name	Change	Effective Date
Cidofovir 75 mg/ML Vial	Remove from formulary	1/1/2021
Cipro 5%, 10% Suspensions	Remove from formulary	1/1/2021
Ciprofloxacin 0.2% Otic Soln	Change to Tier 2 (Generic)	1/1/2021
Ciprofloxacin 500 mg/5 mL Susp	Change to Tier 2 (Generic)	1/1/2021
Ciprofloxacin ER Tablets	Remove from formulary	1/1/2021
Cladribine 10 mg/10ML Vial	Remove from formulary	1/1/2021
Climara Pro Patch	Remove from formulary	1/1/2021
Clindamycin Ph 1% Solution	Add QL	1/1/2021
Clindamycin Phos 1% Pledget	Add to Tier 2 (Generic)	1/1/2021
Clindamycin Phosphate 1% Gel	Remove from formulary	1/1/2021
Clindamycin-Benzoyl Perox 1-5%	Remove from formulary	1/1/2021
Clonazepam 1 mg Tablet	Remove QL	1/1/2021
Clonazepam 2 mg Tablet	Remove QL	1/1/2021
Clonazepam ODT	Remove QL	1/1/2021
Clonazepam Tablets	Remove QL	1/1/2021
Clotrimazole 1% Solution	Add to Tier 2 (Generic)	1/1/2021
Clotrimazole 1% Topical Cream	Add to Tier 2 (Generic)	1/1/2021
Combipatch	Change to Tier 3 (Preferred Brand), add QL	1/1/2021
Cyclopentolate 0.5% Eye Drops	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Cyclophosphamide Capsules	Remove ST	1/1/2021
Cyclophosphamide Vials	Remove from formulary	1/1/2021
Cyproheptadine 4 mg Tablet	Change to Tier 2 (Generic)	1/1/2021
Cyproheptadine Syrup	Change to Tier 2 (Generic)	1/1/2021
Cyramza Vials	Remove from formulary	1/1/2021
Cystagon Capsules	Change to Tier 3 (Preferred Brand)	1/1/2021
Dalfampridine ER 10 mg Tablet	Change to Tier 2 (Generic)	1/1/2021
Dapsone 7.5% Gel Pump	Add PA	1/1/2021
Daraprim 25 mg Tablet	Remove from formulary	1/1/2021
Darzalex Vials	Remove from formulary	1/1/2021
Ddavp 10 Mcg/0.1 mL Solution	Remove from formulary	1/1/2021
Deferasirox Tablets	Remove PA	1/1/2021
Desmopressin 0.01% Solution	Change to Tier 2 (Generic)	1/1/2021
Desoximetasone 0.05% Cream	Remove from formulary	1/1/2021
Desoximetasone 0.05% Gel	Remove from formulary	1/1/2021
Desoximetasone 0.05% Ointment	Remove from formulary	1/1/2021
Diastat 2.5 mg	Remove from formulary	1/1/2021
Diastat Acudial	Remove from formulary	1/1/2021
Diflorasone 0.05% Cream	Remove from formulary	1/1/2021
Diflorasone 0.05% Ointment	Remove from formulary	1/1/2021
Dipentum 250 mg Capsule	Remove from formulary	1/1/2021
Dipyridamole Tablets	Change to Tier 2 (Generic)	1/1/2021
Docetaxel Vials	Remove from formulary	1/1/2021
Doptelet 20 mg Tab	Add QL	1/1/2021

Drug Name	Change	Effective Date
Doxorubicin Liposome Vials	Remove from formulary	1/1/2021
Doxorubicin Vials	Remove from formulary	1/1/2021
Drizalma Sprinkle DR Capsules	Add QL	1/1/2021
Dulera Inhalers	Remove from formulary	1/1/2021
Durezol 0.05% Eye Drops	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Dyrenium Capsules	Remove from formulary	1/1/2021
Efavirenz 50 mg, 200 mg Capsules	Change to Tier 2 (Generic)	1/1/2021
Efavirenz 600 mg Tablet	Change to Tier 2 (Generic)	1/1/2021
Eligard Syringe	Remove from formulary	1/1/2021
Eliquis Tablets	Remove QL	1/1/2021
Embeda ER Capsules	Remove from formulary	1/1/2021
Emflaza Oral Suspension	Remove from formulary	1/1/2021
Emflaza Tablets	Remove from formulary	1/1/2021
Empliciti Vials	Remove from formulary	1/1/2021
Emverm 100 mg Tablet Chew	Add to Tier 3 (Preferred Brand)	1/1/2021
Epaned 1 mg/ML Oral Solution	Add to Tier 3 (Preferred Brand)	1/1/2021
Epclusa 400 mg-100 mg Tablet	Remove from formulary	1/1/2021
Epinastine HCL 0.05% Eye Drops	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Ergoloid Mesylates 1 mg Tablet	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Ergotamine-Caffeine 1-100Mg Tablet	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Ergotamine-Caffeine 1Mg/100Mg Tablet	Change to Tier 2 (Generic)	1/1/2021
Ertaczo 2% Cream	Remove from formulary	1/1/2021
Eryped 400 mg/5 mL Suspension	Remove from formulary	1/1/2021
Ery-Tab DR 333 mg Tablet	Remove from formulary	1/1/2021
Estazolam Tablets	Change to Tier 2 (Generic)	1/1/2021
Ethacrynic Acid 25 mg Tablet	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Ethosuximide 250 mg Capsule	Change to Tier 2 (Generic)	1/1/2021
Ethosuximide 250 mg/5 mL Soln	Change to Tier 2 (Generic)	1/1/2021
Eucrisa 2% Ointment	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2021
Eurax 10% Cream	Remove from formulary	1/1/2021
Eurax 10% Lotion	Remove from formulary	1/1/2021
Everolimus Tablets	Add PA	1/1/2021
Exelderm 1% Cream, Solution	Remove from formulary	1/1/2021
Fareston 60 mg Tablet	Remove from formulary	1/1/2021
Farxiga Tablets	Add to Tier 3 (Preferred Brand), QL	1/1/2021
Fasenra 30 mg/ML Syringe	Remove from formulary	1/1/2021
Femring	Remove from formulary	1/1/2021
Fenofibrate 130 mg Capsule	Remove from formulary	1/1/2021
Fenofibrate 43 mg Capsule	Remove from formulary	1/1/2021
Fenofibric Acid DR 135 mg Cap	Remove from formulary	1/1/2021
Fenofibric Acid DR 45 mg Cap	Remove from formulary	1/1/2021
Fenoprofen 600 mg Tablet	Remove from formulary	1/1/2021
Ferriprox 100 mg/ML Solution	Add to Tier 5 (Specialty)	1/1/2021

Drug Name	Change	Effective Date
Ferriprox Tablets	Add to Tier 5 (Specialty)	1/1/2021
Fiasp 100 Unit/ML	Remove from formulary	1/1/2021
Firazyr 30 mg/3 mL Syringe	Remove from formulary	1/1/2021
Firvanq 50 mg/ML Solution	Remove from formulary	1/1/2021
Flarex 0.1% Eye Drops	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Flunisolide 0.025% Spray	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Fluoridex Sensitiv Rlf Paste	Remove from formulary	1/1/2021
Fluorouracil 0.5% Cream	Remove from formulary	1/1/2021
Fluorouracil Vials	Remove from formulary	1/1/2021
Fluvastatin Capsules	Add ST	1/1/2021
Fluvastatin ER 80 mg Tablet	Add to Tier 4 (Nonpreferred Drug), ST	1/1/2021
Foscarnet Infusion	Remove from formulary	1/1/2021
Frovatriptan Succ 2.5 mg Tab	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Fulphila 6 mg/0.6 mL Syringe	Add ST	1/1/2021
Galantamine 4 mg/ML Oral Soln	Change to Tier 2 (Generic)	1/1/2021
Galantamine ER Capsules	Change to Tier 2 (Generic)	1/1/2021
Galantamine Tablets	Change to Tier 2 (Generic)	1/1/2021
Gemcitabine Vial	Remove from formulary	1/1/2021
Genotropin	Remove from formulary	1/1/2021
Glyxambi Ablets	Remove from formulary	1/1/2021
Golytely Packet	Add to Tier 3 (Preferred Brand), QL	1/1/2021
Harvoni 45-200 mg Tablet	Remove from formulary	1/1/2021
Harvoni 90-400 mg Tablet	Remove from formulary	1/1/2021
Heparin 5,000 Unit/0.5 ML	Add to Tier 2 (Generic)	1/1/2021
Herceptin 150Mg & 440Mg Vials	Remove from formulary	1/1/2021
Herceptin Hylecta	Remove from formulary	1/1/2021
Hydrocodone-Acetamin 2.5-325	Remove from formulary	1/1/2021
Hydrocortisone 1% Cream, Ointment	Add to Tier 2 (Generic)	1/1/2021
Hydrocortisone Butyr 0.1% Soln	Remove from formulary	1/1/2021
Hydrocortisone Val 0.2% Cream, Ointment	Remove from formulary	1/1/2021
Hydrocort-Praxox 1%-1% Crm	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Hydroxyprogesterone Vial	Remove from formulary	1/1/2021
Ifosfamide Vials	Remove from formulary	1/1/2021
Ilaris 150 mg/ML Vial	Remove from formulary	1/1/2021
Ilumya 100 mg/ML Syringe	Remove from formulary	1/1/2021
Imatinib Mesylate Tablets	Change to Tier 2 (Generic)	1/1/2021
Indomethacin 25 mg Capsule	Change to Tier 2 (Generic)	1/1/2021
Indomethacin 50 mg Capsule	Change to Tier 2 (Generic)	1/1/2021
Indomethacin ER 75 mg Capsule	Change to Tier 2 (Generic)	1/1/2021
Inflectra 100 mg Vial	Remove from formulary	1/1/2021
Invokamet Tablets	Remove from formulary	1/1/2021
Invokamet XR Tablets	Remove from formulary	1/1/2021

Drug Name	Change	Effective Date
Invokana 300 mg Tablet	Remove from formulary	1/1/2021
Iopidine 0.5% Eye Drops	Remove from formulary	1/1/2021
Irinotecan Vials	Remove from formulary	1/1/2021
Isoniazid 50 mg/5 mL Solution	Change to Tier 2 (Generic)	1/1/2021
Isordil 40 mg Tablet	Remove from formulary	1/1/2021
Itraconazole 100 mg Capsule	Change to Tier 2 (Generic)	1/1/2021
Jadenu Sprinkle	Remove PA	1/1/2021
Jadenu Tablets	Remove from formulary	1/1/2021
Janumet Tablets	Remove ST	1/1/2021
Janumet XR Tablets	Remove ST	1/1/2021
Januvia Tablets	Remove ST	1/1/2021
Jolivette Tablet	Remove from formulary	1/1/2021
Kanjinti 420Mg Vials	Remove from formulary	1/1/2021
Kapsargo Sprinkle Capsules	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Ketoprofen 25 mg, 50 mg, 75 mg Capsules	Remove from formulary	1/1/2021
Ketoprofen ER 200 mg Capsule	Remove from formulary	1/1/2021
Ketorolac Vials	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Kevzara	Remove from formulary	1/1/2021
Keytruda Vial	Remove from formulary	1/1/2021
Klofensaid li 1.5% Topical Sol	Remove from formulary	1/1/2021
Klor-Con M15 Tablet	Change to Tier 2 (Generic)	1/1/2021
Kristalose 20 Gm Packet	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Krystexxa 8 mg/ML Vial	Remove from formulary	1/1/2021
Kyprolis Vials	Remove from formulary	1/1/2021
Lactulose 10 Gm Packet	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Lamotrigine ODT Starter Kit	Remove from formulary	1/1/2021
Lamotrigine Tablet Starter Kit	Remove from formulary	1/1/2021
Lanoxin Tablets	Remove from formulary	1/1/2021
Lansoprazole DR Capsules	Change to Tier 2 (Generic)	1/1/2021
Lansoprazole ODT	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Lantus	Remove from formulary	1/1/2021
Lastacaft 0.25% Eye Drops	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Lemtrada Vial	Remove from formulary	1/1/2021
Leukeran 2 mg Tablet	Change to Tier 3 (Preferred Brand)	1/1/2021
Leuprolide Vial	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Levemir	Remove from formulary	1/1/2021
Levocetirizine 2.5Mg/5ML Solution	Remove QL	1/1/2021
Levofloxacin 0.5% Eye Drops	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Libtayo Vial	Remove from formulary	1/1/2021
Lidocaine HCL 4% Solution	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Lidocaine-Prilocaine Cream	Change to Tier 2 (Generic)	1/1/2021
Lokelma Powder Packets	Change to Tier 4 (Nonpreferred Drug)	1/1/2021

Drug Name	Change	Effective Date
Lomustine Capsules	Remove from formulary	1/1/2021
Lopinavir-Ritonavir 80-20Mg/ML	Change to Tier 2 (Generic)	1/1/2021
Luliconazole 1% Cream	Remove from formulary	1/1/2021
Lumoxiti Vial	Remove from formulary	1/1/2021
Mavenclad Tablets	Remove QL	1/1/2021
Meloxicam 7.5 mg/5 mL Suspension	Remove from formulary	1/1/2021
Mesalamine 800 mg DR Tablet	Add QL	1/1/2021
Mesalamine DR 400 mg Capsule	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Metaproterenol Tablets	Remove from formulary	1/1/2021
Metaxalone 800 mg Tablet	Change to Tier 2 (Generic)	1/1/2021
Methotrexate 2.5 mg Tablet	Change to Tier 1 (Preferred Generic)	1/1/2021
Methotrexate Vials	Remove ST	1/1/2021
Methyclothiazide 5 mg Tablet	Remove from formulary	1/1/2021
Methylphenidate ER 72 mg Tab	Remove from formulary	1/1/2021
Metoprolol Tartrate 37.5 mg, 75 mg Tablets	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Metoprolol-Hctz 100-25 mg Tablets	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Midazolam HCL 2 mg/ML Syrup	Change to Tier 2 (Generic)	1/1/2021
Montelukast Sod 10 mg Tablet	Remove QL	1/1/2021
Montelukast Sod Chew Tablets	Remove QL	1/1/2021
Morphine Sulfate Ir 15 mg, 30 mg Tab	Change to Tier 3 (Preferred Brand)	1/1/2021
Motegrity Tablets	Add QL	1/1/2021
Multaq 400 mg Tablet	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Mupirocin 2% Cream	Remove from formulary	1/1/2021
Naftifine HCL 1%, 2% Creams	Remove from formulary	1/1/2021
Naproxen 125 mg/5 mL Suspension	Remove from formulary	1/1/2021
Naproxen Dr, Ec 375 mg Tablets	Change to Tier 2 (Generic)	1/1/2021
Nebupent 300 mg Inhal Powder	Remove from formulary	1/1/2021
Nifedipine 10 mg Capsule	Change to Tier 2 (Generic), remove PA	1/1/2021
Nitro-Bid 2% Ointment	Change to Tier 3 (Preferred Brand)	1/1/2021
Nitroglycerin 400 Mcg Spray	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Nitroglycerin Patch	Remove QL	1/1/2021
Noctiva Spray, 0.83 Mcg & 1.66 Mcg	Remove from formulary	1/1/2021
Norpace Cr Capsules	Change to Tier 3 (Preferred Brand)	1/1/2021
Nortriptyline 10 mg/5 mL Sol	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Noxafil DR 100 mg Tablet	Remove from formulary	1/1/2021
Nucala Vial	Remove from formulary	1/1/2021
Nucynta ER Tablets	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Nucynta Tablets	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Nuvaring	Remove from formulary	1/1/2021
Nuversa Vaginal 1.3% Gel	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Nymalize Solution	Add to Tier 3 (Preferred Brand)	1/1/2021
Olmsartan-Amlodipine-Hctz Tablets	Remove from formulary	1/1/2021

Drug Name	Change	Effective Date
Olumiant Tablet	Remove from formulary	1/1/2021
Omnitrope	Remove from formulary	1/1/2021
Onivyde Vial	Remove from formulary	1/1/2021
Ontruzant	Remove from formulary	1/1/2021
Oravig Buccal Tablet	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Orfadin 2 mg, 5 mg, 10 mg Capsule	Remove from formulary	1/1/2021
Orphenad-Asa-Caff 50-770-60 mg	Add to Tier 2 (Generic)	1/1/2021
Oxycodone 10 mg/0.5 mL Oral Syrup	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Paclitaxel Vial	Remove from formulary	1/1/2021
Padcev Vials	Remove from formulary	1/1/2021
Pazeo 0.7% Eye Drops	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Perindopril 2 mg, 4 mg, and 8 mg Tablets	Remove QL	1/1/2021
Perjeta 420Mg/14MI Vial	Remove from formulary	1/1/2021
Piroxicam Capsules	Change to Tier 2 (Generic)	1/1/2021
Plegridy	Remove from formulary	1/1/2021
Polivy Vial	Remove from formulary	1/1/2021
Potassium Cl 20 Meq Packet	Remove from formulary	1/1/2021
Potassium Cl ER 10 Meq Capsule	Change to Tier 2 (Generic)	1/1/2021
Potassium Cl ER 10 Meq Tablet	Change to Tier 2 (Generic)	1/1/2021
Potassium Cl ER 8 Meq Capsule	Change to Tier 2 (Generic)	1/1/2021
Praluent	Remove from formulary	1/1/2021
Pramipexole ER Tablets	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Pred Mild 0.12% Eye Drops	Remove from formulary	1/1/2021
Prefest Tablet	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Prevident 0.2% Rinse	Add to Tier 3 (Preferred Brand)	1/1/2021
Prevident 1.1% Gel	Add to Tier 3 (Preferred Brand)	1/1/2021
Prevident 5000	Add to Tier 3 (Preferred Brand)	1/1/2021
Prevident Dental Rinse	Add to Tier 3 (Preferred Brand)	1/1/2021
Prevymis Vials	Remove from formulary	1/1/2021
Prilovix Lite Plus 2.5%-2.5%	Remove from formulary	1/1/2021
Primisol 50 mg/5 mL Oral Soln	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Proair Respiclick 90 Mcg Inhlr	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Proglycem 50 mg/MI Oral Susp	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Prolensa 0.07% Eye Drops	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Promethazine Suppositories	Change to Tier 2 (Generic)	1/1/2021
Pyridostigmine 60 mg/5 mL Soln	Change to Tier 2 (Generic)	1/1/2021
Pyridostigmine ER 180 mg Tab	Change to Tier 2 (Generic)	1/1/2021
Qbrexys 1Mg/MI Solution	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Qbrexa 2.4% Cloth	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2021
Rabeprazole Sod DR 20 mg Tab	Change to Tier 2 (Generic)	1/1/2021
Radicava Bag	Remove from formulary	1/1/2021
Rebetol 40 mg/MI Solution	Remove from formulary	1/1/2021
Relenza 5 mg Diskhaler	Change to Tier 3 (Preferred Brand)	1/1/2021



Drug Name	Change	Effective Date
Remicade Vial	Remove from formulary	1/1/2021
Renflexis Vial	Remove from formulary	1/1/2021
Rescriptor 100 mg Tablet	Remove from formulary	1/1/2021
Ribasphere 200 mg Capsule, Tablet	Remove from formulary	1/1/2021
Riomet 500 mg/5 mL Solution	Remove from formulary	1/1/2021
Risedronate Sod DR 35 mg Tab	Remove from formulary	1/1/2021
Risedronate Sodium 5 mg Tablet	Remove from formulary	1/1/2021
Rituxan	Remove from formulary	1/1/2021
Rituxan Hyclea	Remove from formulary	1/1/2021
Romidepsin Vials	Remove from formulary	1/1/2021
Roweepra Tablets	Remove from formulary	1/1/2021
Roweepra XR Tablets	Remove from formulary	1/1/2021
Rozerem 8 mg Tablet	Remove from formulary	1/1/2021
Saizen	Remove from formulary	1/1/2021
Sarclisa Vial	Remove from formulary	1/1/2021
Savella Tablets	Add ST	1/1/2021
Sildenafil Vial	Remove from formulary	1/1/2021
Siliq Syringe	Remove from formulary	1/1/2021
Sildenafil Capsules	Change to Tier 2 (Generic)	1/1/2021
Simponi	Remove from formulary	1/1/2021
Sklice 0.5% Lotion	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Sofosbuvir-Velpatasvir 400-100	Add to Tier 5 (Specialty), PA, QL	1/1/2021
Soolantra 1% Cream	Remove from formulary	1/1/2021
Sotylize 5 mg/ML Oral Solution	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Spiriva 18 Mcg Handihaler	Remove from formulary	1/1/2021
Spiriva Respimat 2.5 Mcg Inh	Remove from formulary	1/1/2021
Spravato Nasal Spray	Remove from formulary	1/1/2021
Stelara Syringe / Vial	Add QL	1/1/2021
Striverdi Respimat Inhal Spray	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Subvenite Tab Starter Kits	Remove from formulary	1/1/2021
Sulconazole Nitrate 1% Cream, Solution	Remove from formulary	1/1/2021
Suprax 400 mg Capsule	Remove from formulary	1/1/2021
Sylvant Vials	Remove from formulary	1/1/2021
Tadalafil 2.5 mg, 5 mg, 20 mg Tablets	Change to Tier 2 (Generic)	1/1/2021
Taltz	Remove from formulary	1/1/2021
Targretin 1% Gel	Add QL	1/1/2021
Tazorac 0.05% Cream, Gel	Change to Tier 3 (Preferred Brand)	1/1/2021
Tazorac 0.1% Gel	Change to Tier 3 (Preferred Brand)	1/1/2021
Tecentriq Vials	Remove from formulary	1/1/2021
Temazepam 7.5 mg, 22.5 mg Capsule	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Temsirolimus Vial	Remove from formulary	1/1/2021
Tencon 50-325 mg Tablet	Add to Tier 2 (Generic)	1/1/2021
Testosterone 10 mg Gel Pump	Remove from formulary	1/1/2021

Drug Name	Change	Effective Date
Theo-24 ER Capsules	Change to Tier 3 (Preferred Brand)	1/1/2021
Theophylline ER 100 mg, 200 mg Tablet	Remove from formulary	1/1/2021
Timoptic 0.25%, 0.5% Ocudose Drop	Remove from formulary	1/1/2021
Tobi Podhaler	Remove from formulary	1/1/2021
Tobradex St Eye Drops	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Tobramycin Pak 300 mg/5 MI	Remove from formulary	1/1/2021
Tobramycin Vials	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Toujeo Max Solostr	Remove from formulary	1/1/2021
Toujeo Solostar	Remove from formulary	1/1/2021
Toviaz ER Tablets	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Travatan Z 0.004% Eye Drop	Remove from formulary	1/1/2021
Trazimera Vial	Remove from formulary	1/1/2021
Treanda Vials	Remove from formulary	1/1/2021
Tretinoin Gel Micro 0.1%, 0.04%	Remove from formulary	1/1/2021
Triamterene 50 mg, 100 mg Capsules	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Trimethobenzamide 300 mg Capsules	Add to Tier 2 (Generic)	1/1/2021
Trimpex 50 mg/5 mL Oral Soln	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Trogarzo Vial	Remove from formulary	1/1/2021
Tybost 150Mg Tablet	Change to Tier 3 (Preferred Brand)	1/1/2021
Tysabri Vial	Remove from formulary	1/1/2021
Udenyca 6 mg/0.6 mL Syringe	Add ST	1/1/2021
Uloric Tablets	Remove from formulary	1/1/2021
Valganciclovir 450 mg Tablet	Change to Tier 2 (Generic)	1/1/2021
Valganciclovir 50 mg/MI	Change to Tier 2 (Generic)	1/1/2021
Velphoro 500 mg Chewable Tab	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Videx Ec 125 mg Capsule	Remove from formulary	1/1/2021
Vinblastine Sulfate Vial	Remove from formulary	1/1/2021
Vincasar Pfs Vials	Remove from formulary	1/1/2021
Vincristine Sulfate Vials	Remove from formulary	1/1/2021
Voriconazole 40 mg/MI Susp	Change to Tier 2 (Generic)	1/1/2021
Voriconazole 50 mg, 200 mg Tablets	Change to Tier 2 (Generic)	1/1/2021
Xadago 50 mg, 100 mg Tablets	Remove from formulary	1/1/2021
Xarelto Tablets	Remove QL	1/1/2021
Xifaxan Tablets	Remove PA	1/1/2021
Xigduo XR Tablets	Add to Tier 3 (Preferred Brand), QL	1/1/2021
Yondelis Vial	Remove from formulary	1/1/2021
Yuvaferm	Change to Tier 2 (Generic)	1/1/2021
Ziextenzo 6 mg/0.6 mL Syringe	Add ST	1/1/2021
Zileuton ER 600 mg Tablet	Remove from formulary	1/1/2021
Zirabev Vial	Remove from formulary	1/1/2021
Zoledronic Acid Vial	Remove from formulary	1/1/2021
Zolpidem ER Tablets	Add to Tier 2 (Generic), QL	1/1/2021
Zomacton Vials	Remove from formulary	1/1/2021

Drug Name	Change	Effective Date
Zomig 2.5 mg Nasal Spray	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Zortress 0.25 mg Tablet	Change to Tier 4 (Nonpreferred Drug)	1/1/2021
Ivermectin 0.5% Lotion	Add to Tier 4 (Nonpreferred Drug)	1/1/2021
Nitazoxanide 500 mg Tablet	Add to Tier 4 (Nonpreferred Drug), QL	1/1/2021
Nymyo Tablets	Add to Tier 1 (Preferred Generic)	1/1/2021
Merzee Tablets	Add to Tier 1 (Preferred Generic)	1/1/2021

- PA = prior authorization required
- QL = quantity limit
- ST = step therapy

## We're here for you

If you have any questions, please contact Customer Service at (800) 394-5566 or TTY 711, Monday through Friday from 8 a.m. – 8 p.m. You may also reach us by email at [CustomerService@QuartzBenefits.com](mailto:CustomerService@QuartzBenefits.com) or visit our website at [QuartzBenefits.com/MedicareAdvantage](https://QuartzBenefits.com/MedicareAdvantage).

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