Quartz Medicare Advantage and Dual Eligible 2026 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/pharmacy/part-d.**

- **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 will pay $35 or 25% (whichever is less) for a one-month supply of any 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 8/12/2025.

Preferred drug	Non-preferred drug
Allergy	
Nasal corticosteroids	
Fluticasone (T1)	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)	Atomoxetine cap (T4) Dextroamphetamine ER cap (T4) Methylphenidate ER tab (T4) Methylphenidate sol (T4)
Antipsychotics	
Aripiprazole (T2) Olanzapine tab (T2, PA) Olanzapine ODT (T3, PA) Quetiapine IR/ER tabs (T2) Risperidone tab (T1) Risperidone solution (T2) Ziprasidone cap (T3)	Aripiprazole ODT (T4/T5) Asenapine tablet (T4) Caplyta (T5) Fanapt (T4/T5, ST) Lurasidone (T4) Lybalvi tabs (T5, ST) Nuplazid (T5, PA) Opipza Film (T5, PA) Paliperidone (T4) Rexulti (T5) Risperidone ODT (T4) Secuado (T5, ST) Vraylar (T4/T5)
Blood formation modifiers	
Leukocyte (white blood cells) stimulants	
Neulasta, Neulasta Onpro (T5, PA) Udenyca, Udenyca Onbody (T5, PA) Zarxio (T5)	Xolremdi cap (T5, PA)

Preferred drug	Non-preferred drug
Anemia agents	
	Retacrit (T4/T5, PA) Procrit (T4/T5, PA)
Cardiovascular	
Lipid-lowering agents	
Atorvastatin (T6) Ezetimibe (T1) Fenofibrate (T2) 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)	Dabigatran (T4)
Dermatology	
Actinic keratosis agents	
Fluorouracil 5% (T2) Imiquimod 5% (T3)	Diclofenac 3% (T4, ST)
Endocrine	
Diabetes, Blood Glucose Meters/test strips	
Accu-Chek meters & test strips	All other brands of blood glucose meters/strips

Preferred drug	Non-preferred drug
Diabetes, oral agents (miscellaneous)	
Glimepiride (T6) Glipizide IR/ER (T6) Glipizide/metformin (T6) Glyburide (T6) Glyburide Micro (T1) Metformin (T6) Metformin ER (generic Glucophage XR) (T6) Nateglinide (T6) Pioglitazone (T6) Repaglinide (T6)	Metformin OSM Tab (T2)
Diabetes, SGLT-2 inhibitors	
Dapagliflozin (T3) Farxiga (T3) Jardiance (T3) Synjardy, Synjardy XR (T3) Xigduo XR (T3)	
Diabetes, DPP-4 inhibitors	
Janumet, Janumet XR (T3) Januvia (T3) Tradjenta (T3) Jentadueto (T3)	
Diabetes, DPP-4 inhibitor and sglt-2 inhibitor combinations	
Glyxambi (T3) Trijardy XR (T3)	
Diabetes, GLP-1 agonists	
Trulicity (T3, PA) Liraglutide (T3, PA) Mounjaro (T3, PA)	
Diabetes, insulins, rapid-acting	
Fiasp, Fiasp Flexpen (T3) Humalog, Humalog Kwikpen (T3) Insulin Aspart, Insulin Aspart Flexpen (T3) Insulin Lispro (T3) Lyumjev, Lyumjev Kwikpen (T3) Novolog, Novolog Flexpen (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, Tresiba Flextouch (T3)	
Androgens	
Testosterone cyp. Inj (T2, PA) Testosterone enan. Inj (T3, PA) Testosterone 1.62% gel (T3, PA)	Testosterone 1% gel (T4, PA)
Estrogens/estrogen modifiers	
Estradiol tablets (T2) Estradiol 0.01% cream (T2) Estradiol weekly patches (T3) Medroxyprogesterone tab (T1) Osphena (T3, PA) Progesterone, micronized (T2)	Dotti (T4) Estradiol twice-weekly patches (T4) Estradiol 10mcg vag. tab (T3) Estring (T4) Estradiol Gel (T4) Norethindrone ac-eth estradiol (T4) Premarin (T4) Premphase (T4) Prempro (T4) Yuvafem (T4)
Electrolyte regulation	
Sodium polystyrene pow. (T3) SPS suspension (T3)	Lokelma (T4) Veltassa (T4)
Osteoporosis agents	
Alendronate Tab (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	
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) Prucalopride (T3)	Alosetron (T4, T5, PA) Lubiprostone (T4)
Inflammatory bowel disease agents	
Sulfasalazine (T2)	Balsalazide (T4) Mesalamine (gen. Apriso, Delzicol, Lialda, Pentasa) (T4) Medalamine enema, suppository (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-ADBM (T5, PA) Hadlima (T5, PA) Hyrimoz (T5, PA) Cosentyx (T5, PA) Enbrel (T5, PA) Methotrexate tab, vial (T2) Orencia (T5, PA) Otezla (T5, PA) Rinvoq (T5, PA) Stelara (T5, PA) Steqeyma (T4/T5, PA) Xatmep (T4, PA) Xeljanz (T5, PA) Yesintek (T4, 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) Rebif, Rebif Rebidose (T5, PA)
Ophthalmic agents	
Dry eyes	
Cyclosporine 0.05% (T3) Restasis 0.05% (T3)	Xiidra (T4)
Glaucoma- Prostaglandins	
Lumigan (T3) Latanoprost (T1)	Vyzulta (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	
Aimovig (T3, PA) Butalbital/Acetamin/Caffeine tablet (T3) Celecoxib (T2) Ergotamine-caffeine (T3) Naratriptan (T3) Rizatriptan (T2) Sumatriptan (T2) Zolmitriptan tablet (T3)	Almotriptan (T4) Dihydroergotamine Nasal (T4, PA) 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)
Inhaled corticosteroid/long-acting beta agonist (ICS/LABA)	
Airsupra (T3) Advair HFA (T3) Breo Ellipta (T3) Fluticasone-salmet (gen. Advair Diskus) (T2) Wixela Inhub (T2)	Dulera (T4, PA) Breyna (T4)
Inhaled long-acting muscarinic antagonists (LAMA)	
Incruse Ellipta (T3) Spiriva Respimat (T3)	Tiotripium cap (T4) Yupelri (T5)
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 (T2) Doxazosin (T2) 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 (T2) Oxybutynin sol (T2) Solifenacin (T2) 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 people with disabilities reasonable modifications and free appropriate auxiliary aids and services 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 assistance services to people whose primary language is not English, which may include:
  - 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, or sex, you can file a grievance with:

Chief 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, our Chief 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.**

Quartz

Notice of Availability of Language Assistance Services and Auxiliary Aids and Services

ATTENTION: If you speak another language, free language assistance services are available to you. Appropriate auxiliary aids and services to provide information in accessible formats are also available free of charge. Call (800) 394-5566 (TTY: 711) or speak to your provider.

Español / Spanish

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Lus Hmoob / Hmong

LUS CEEV TSHWJ XEEB: Yog hais tias koj hais Lus Hmoob muaj cov kev pab cuam txhais lus pub dawb rau koj. Cov kev pab thiab cov kev pab cuam ntxiv uas tsim nyog txhawm rau muab lus qhia paub ua cov hom ntaub ntawv uas tuaj yeem nkag cuag tau rau los kuj yeej tseem muaj pab dawb tsis xam tus nqi dab tsi ib yam nkaus. Hu rau (800) 394-5566 (TTY: 711) los sis sib tham nrog koj tus kws muab kev saib xyuas kho mob.

Soomaali / Somali

FIIRO GAAR AH: Haddaad ku hadasho Soomaali, adeegyo kaalmada luuqadda ah oo bilaash ah ayaad heli kartaa. Qalab caawinaad iyo adeegyo oo habboon si loogu bixiyo macluumaadka qaabab la adeegsan karo ayaa sidoo kale bilaa lacag heli karaa. Wac (800) 394-5566 (TTY: 711) ama la hadal bixiyahaaga.

Việt / Vietnamese

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí. Vui lòng gọi theo số (800) 394-5566 (Người khuyết tật: 711) hoặc trao đổi với người cung cấp dịch vụ của bạn.

中文 / Chinese

注意：如果您说[中文]，我们将免费为您提供语言协助服务。我们还免费提供适当的辅助工具和服务，以无障碍格式提供信息。致电 (800) 394-5566（文本电话：711）或咨询您的服务提供商。

РУССКИЙ / Russian

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Deutsch / German

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ລາວ / Laotian

ເຊີນຊາບ: ຖ້າທ່ານເວົ້າພາສາ ລາວ, ຈະມີບໍລິການຊ່ວຍດ້ານພາສາແບບບໍ່ເສຍຄ່າໃຫ້ທ່ານ. ມີເຄື່ອງຊ່ວຍ ແລະ ການບໍລິການແບບບໍ່ເສຍຄ່າທີ່ເໝາະສົມເພື່ອໃຫ້ຂໍ້ມູນໃນຮູບແບບທີ່ສາມາດເຂົ້າເຖິງໄດ້. ໂທຫາເບີ (800) 394-5566 (TTY: 711) ຫຼື ລົມກັບຜູ້ໃຫ້ບໍລິການຂອງທ່ານ.

አማርኛ / Amharic

ማሳሰቢያ፦ አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎት በነፃ ይቀርብልዎታል። መረጃን በተደራሽ ቅርጸት ለማቅረብ ተገቢ የሆኑ ተጨማሪ እገዛዎች እና አገልግሎቶች እንዲሁ በነፃ ይገኛሉ። በስልክ ቁጥር (800) 394-5566 (TTY: 711) ይደውሉ ወይም አገልግሎት አቅራቢዎን ያናግሩ።

ထၢနှာ်လီၤဖဲအံၤ / Karen

ဆူ– နမ့်ကတိၤ ထၢနှာ်လီၤဖဲအံၤ အဃိ, တၢ်အိဉ်ဒီး ကျိာ်တၢ်ဆီဉ်ထွဲမၤစၢၤ လၢတလာ် ဘူဉ်လာ်စ့ၤလၢနဂီၢ်လီၤ. တၢ်အိဉ်ဒီး တၢ်မၤစၢၤတၢ်နှၤ်ဟူပီးလီဒီး တၢ်မၤစၢၤတၢ်မၤ လၢအ ကြၢးအဘဉ် လၢကဟ့ဉ်တၢ်ဂ့ၢ်တၢ်ကျိၤ လၢတၢ်မၤနှ်အီၤသ့တဖဉ် လၢတလာ်ဘူဉ်လာ်စ့ၤ လၢနဂီၢ်လီၤ. ကိး (800) 394-5566 (TTY: 711) မ့တမ့်ၢ် ကတိၤတၢ်ဒီး နပှၤလၢဟ့ဉ် နၤတၢ်ကွၢ်ထွဲမၤစၢၤတက့ၢ်.

Српски / Serbian

ПАЖЊА: Ако говорите Српски, обезбеђена вам је преводилачка услуга. Додатна одговарајућа помоћ и услуге за пружање информација у доступним форматима такође су доступни без надокнаде. Назовите (800) 394-5566 (TTY: 711) или разговарајте са вашим пружаоцем услуга.

ភាសាខ្មែរ / Khmer

សូ មយកចិត្តទុកដាក់៖ ប្រសិនបើអ្នកនិយាយ ភាសាខ្មែរ បសវាកមែជំនួយភាសា ឥត្ថិត្ថែគឺមានសប្ារ់អ្នក។ ជំនួយ និងបសវាកមែឧ ែលជាការជួយ៉ែសមរមយ កន ុងការផ្តល់ព័ត៌មានតាមទប្ង ឧ ែលអាចចូលបប្រើប្ាស់ាន ក៏អាចរកាន បងាយឥត្ថិត្ថែផ្ឧ ែរ។ ចៅទូរសពទចៅ (800) 394-5566 (TTY: 711) ឬនិយាយចៅកាន់អ្នកផ្តល់បសវាររស់អ្នក។

Français / French

ATTENTION : Si vous parlez Français, des services d'assistance linguistique gratuits sont à votre disposition. Des aides et services auxiliaires appropriés pour fournir des informations dans des formats accessibles sont également disponibles gratuitement. Appelez le (800) 394-5566 (TTY : 711) ou parlez à votre fournisseur.

한국어 / Korean

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Tagalog / Tagalog

PAALALA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga libreng serbisyong tulong sa wika. Magagamit din nang libre ang mga naaangkop na auxiliary na tulong at serbisyo upang magbigay ng impormasyon sa mga naa-access na format. Tumawag sa (800) 394-5566 (TTY: 711) o makipag-usap sa iyong provider.