
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.
- **ST:** Step Therapy required. For coverage criteria, visit QuartzBenefits.com/MAformularypage.

For the most up-to-date, comprehensive formulary, along with prior authorization and step therapy criteria, visit 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 04/01/2021.

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
ALLERGY		
NASAL CORTICOSTEROIDS		
Fluticasone (T2)	Azelastine/fluticasone (T4) Flunisolide (T4) Mometasone (T4)	Beconase AQ Omnaris Qnasl Zetonna
OPHTHALMIC ANTIHISTAMINES		
Azelastine (T2) Olopatadine (T2)	Bepreve (T4) Lastacaft (T4) Pazeo (T4)	
BEHAVIORAL HEALTH		
ADHD AGENTS		
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
ANTIPSYCHOTICS		
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
BLOOD FORMATION MODIFIERS		
LEUKOCYTE (WBC) STIMULANTS		
Nivestym (T5)	Fulphila (T5, ST) Neupogen (T5, PA) Nyvepria (T5, ST) Udenyca (T5, ST) Ziextenzo (T5, ST)	Granix Neulasta Zarxio
ANEMIA AGENTS		
Retacrit (T3, PA)		Aranesp Epogen Mircera Procrit
CARDIOVASCULAR		
LIPID-LOWERING AGENTS		
Atorvastatin (T1) Ezetimibe (T2) Lovastatin (T1) Pravastatin (T1) Rosuvastatin (T1) Simvastatin (T1) Simvastatin/ezetimibe (T2)	Fluvastatin IR/ER (T4, ST)	Altoprev Ezallor sprinkle Folipid Livalo Nexletol Nexlizet Zypitamag
PCSK9 INHIBITORS		
Repatha (T3, PA)		Praluent
ANTICOAGULANTS		
Eliquis (T3) Xarelto (T3)		Bevyxxa Pradaxa Savaysa
DERMATOLOGY		
ACTINIC KERATOSIS AGENTS		
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
DIABETES		
ORAL AGENTS (MISCELLANEOUS)		
Glimepiride (T1) Glipizide IR/ER (T1) Glipizide/metformin (T1) Metformin (T1) Metformin ER (T1)		Glyburide Metformin ER (Osmotic)

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

PREFERRED DRUG**NON-PREFERRED DRUG****NON-FORMULARY DRUG****INSULIN (LONG-ACTING) AND GLP-1 AGONIST COMBINATIONS**

Soliqua
Xultophy

DIABETIC SUPPLIES

Abbott blood glucose meters/strips-
Precision Xtra, FreeStyle: Lite,
Freedom Lite, InsuLinx, Precision Neo

All other manufacturers of blood
glucose test strips and meters

ENDOCRINE**ANDROGENS**

Testosterone cypionate (T2, PA)
Testosterone enanthate (T2, PA)
Testosterone gel (T2, PA)

Androderm patch
Methyltestosterone
Natesto
Testosterone solution
Striant

ESTROGENS/ESTROGEN MODIFIERS

Combipatch (T3)
Dotti (T2)
Duavee (T3)
Estradiol tablets, patches (T2)
Estradiol 0.01% cream (T2)
Estradiol/norethindrone (T2)
Estring (T3)
Medroxyprogesterone (T2)
Menest (T3)
Norethindrone ac-eth estradiol(T1)
Premarin (T3)
Premphase (T3)
Prempro (T3)
Progesterone, micronized (T2)
Yuvafem (T2)

Depo-SubQ Provera (T4)
Divigel (T4)
Osphena (T4)
Prefest (T4)

Crinone
Estrogel
Femring
Imvexxy
Intrarosa

ELECTROLYTE REGULATION

Sodium polystyrene powder (T2) Lokelma (T4)
Sodium polystyrene susp. (T2) Veltassa (T4)

OSTEOPOROSIS AGENTS

Alendronate (T1) Forteo (T5, PA)
Alendronate solution (T2) Teriparatide (T5, PA)
Calcitonin, synthetic (T2) Tymlos (T5, PA)
Ibandronate (T2)
Raloxifene (T2)
Risedronate (T2)

Binosto
Evenity
Risedronate DR

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
THYROID AND ANTITHYROID AGENTS		
Euthyrox (T1)		Tirosint
Levothyroxine (T1)		
Levo-T (T3)		
Levoxyl (T3)		
Synthroid (T3)		
Unithroid (T3)		
GASTROINTESTINAL		
IRRITABLE BOWEL & CONSTIPATION		
Lubiprostone (T2)	Motegrity (T4, PA)	Symproic
Linzess (T3)		Trulance
Movantik (T3)		Zelnorm
INFLAMMATORY BOWEL DISEASE AGENTS		
Balsalazide disodium (T2)	Mesalamine DR/ER (T4)	Dipentum
Mesalamine (T2)	Pentasa (T4)	Lialda
Sulfasalazine (T1)		
PANCREATIC ENZYMES		
Creon (T3)		Pancreaze
		Pertzye
		Zenpep
HEPATITIS C AGENTS		
HEPATITIS C AGENTS		
Mavyret (T5, PA)	Harvoni (T5, PA)	Viekira Pak
Sofosbuvir/Velpatasvir (T5, PA)	Sovaldi (T5, PA)	Zepatier
	Vosevi (T5, PA)	
INFLAMMATORY DISEASE		
AUTOIMMUNE AGENTS		
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)	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

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
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MULTIPLE SCLEROSIS AGENTS

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Dimethyl fumarate (T5, PA)	Avonex (T5, PA)	Ampyra
Gilenya (T5, PA)	Extavia (T5, PA)	Aubagio
Glatiramer (T5, PA)	Kesimpta (T5, PA)	Bafiertam
Glatopa (T5, PA)	Mavenclad (T5, PA)	Betaseron
Plegridy (T5, PA)	Mayzent (T4/T5, PA)	Copaxone
Rebif, Rebif Rebidose (T5, PA)		Kesimpta
		Plegridy
		Vumerity
		Zeposia

PAIN MANAGEMENT

FENTANYL

Fentanyl patch (T2)	Fentanyl citrate lozenge (T5, PA)	Fentora
		Lazanda
		Subsys

HEADACHE/MIGRAINE TREATMENT

Butalbital/Acetamin/Caffeine tablet (T2)	Aimovig (T4, PA)	Onzetra Xsail
Emgality (T3, PA)	Ajovy (T4, PA)	Tosymra
Naratriptan (T2)	Almotriptan (T4)	Treximet
Rizatriptan (T2)	Eletriptan (T4)	Zembrace Symtouch
Sumatriptan (T2)	Frovatriptan (T4)	
	Nurtec ODT (T4, PA)	
	Reyvow (T4, PA)	
	Sumatriptan injection, nasal (T4)	
	Ubrelvy tablet (T4, PA)	
	Zolmitriptan tablet, nasal (T4)	

RESPIRATORY

INHALED CORTICOSTEROIDS (ICS)

Arnuity Ellipta (T3)		Alvesco
Flovent HFA / Flovent Diskus (T3)		ArmonAir Respiclick
		Asmanex / Asmanex HFA
		Pulmicort / Pulmicort Flexhaler
		Qvar Redihaler

INHALED CORTICOSTEROID/LONG-ACTING BETA AGONIST (ICS/LABA)

Advair Diskus (T2)		Dulera
Advair HFA (T3)		Fluticasone-salmeterol (generic
Breo Ellipta (T3)		Advair Diskus)
Fluticasone-salmeterol (generic AirDuo) (T2)		Wixela Inhub
Symbicort HFA (T3)		

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS (LAMA)		
Incruse Ellipta (T3)	Spiriva Respimat 1.25 mcg (T4)	Lonhala Magnair Seebri Neohaler Spiriva Handihaler Spiriva Respimat 2.5 mcg Tudorza Pressair Yupelri
INHALED LONG-ACTING BETA AGONIST (LABA)		
Serevent Diskus (T3)	Brovana (T4) Perforomist (T4)	Arcapta
INHALED LONG-ACTING MUSCARINIC ANTAGONISTS/LONG-ACTING BETA AGONIST (LAMA/LABA)		
Anoro Ellipta (T3) Stiolto Respimat (T3)		Bevespi Aerosphere Duaklir Pressair Utibron Neohaler
INHALED CORTICOSTEROID, MUSCARINIC ANTAGONIST, BETA AGONIST (ICS/LAMA/LABA)		
Trelegy Ellipta (T3)		Breztri Aerosphere
ANTI-LEUKOTRIENES		
Montelukast (T1)	Zafirlukast (T4) Zyflo (T5)	Zileuton ER
SUBCUTANEOUS ASTHMA BIOLOGICS		
Dupixent (T5, PA) Fasenra (T5, PA)	Nucala (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

Quartz Medicare Advantage (HMO) is the marketing name operating under the entities of Quartz Health Plan Corporation and Quartz Health Plan MN Corporation. These companies are separate legal entities. In this notice, “we” refers to these companies. We comply with applicable federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex.

- 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

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 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.

