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# Quartz Medicare Advantage (HMO)

## 2022 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
- **T6:** Tier 6, Vaccines
- **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 11/15/2021.

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)	Lastacaft (T4)	Bepreve
<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) Vyvanse (T4, PA)	Adzenys ER, Adzenys XR-ODT Amphetamine Amphetamine ER Aptensio XR Cotempla XR-ODT Daytrana Evekeo, Evekeo ODT
<b>ANTIPSYCHOTICS</b>		
Aripiprazole (T2) Clozapine (T2) Olanzapine (T2) Quetiapine IR/ER (T2) Risperidone (T1) Risperidone solution (T2) Ziprasidone (T2)	Abilify Maintena (T5) Aripiprazole ODT (T4) Caplyta (T4, ST) Clozapine ODT (T4) Fanapt (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)	Abilify MyCite

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
<b>BLOOD FORMATION MODIFIERS</b>		
<b>LEUKOCYTE (WBC) STIMULANTS</b>		
Nivestym (T5) Nyvepria (T5)	Neupogen (T5, PA)	Fulphila Granix Neulasta Udenyca Zarxio Ziextenzo
<b>ANEMIA AGENTS</b>		
Retacrit (T3, PA)	Aranesp (T4/T5, PA)	Epogen Mircera Procrit
<b>CARDIOVASCULAR</b>		
<b>LIPID-LOWERING AGENTS</b>		
Atorvastatin (T1) Ezetimibe (T1) Lovastatin (T1) Pravastatin (T1) Rosuvastatin (T1) Simvastatin (T1) Simvastatin/ezetimibe (T2)	Fluvastatin IR/ER (T4, ST) Juxtapid (T5, PA)	Altoprev Ezallor sprinkle Folipid Livalo Nexletol Nexlizet 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>		
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 (T1) Metformin ER (T1)		Glyburide Metformin ER (Osmotic)

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
<b>SGLT-2 INHIBITORS</b>		
Farxiga (T3)	Segluromet (T4, ST)	Invokana
Jardiance (T3)	Steglatro (T4, ST)	Invokamet
Synjardy (T3)		Invokamet XR
Synjardy XR (T3)		
Xigduo XR (T3)		
<b>DPP-4 INHIBITORS</b>		
Janumet, Janumet XR (T3)		Alogliptin
Januvia (T3)		Alogliptin/pioglitazone
		Jentadueto, Jentadueto XR
		Kazano
		Kombiglyze XR
		Nesina
		Onglyza
		Oseni
		Tradjenta
<b>DPP-4 INHIBITOR AND SGLT-2 INHIBITOR COMBINATIONS</b>		
Steglujan (T3)		Glyxambi
		Qtern
		Trijardy XR
<b>GLP-1 AGONISTS</b>		
Bydureon (T3)		Adlyxin
Bydureon BCise (T3)		Ozempic
Byetta (T3)		Rybelsus
Trulicity (T3)		Victoza
<b>INSULINS, RAPID-ACTING</b>		
Novolog (T3)		Admelog
Novolog Flexpen (T3)		Afrezza
		Apidra
		Fiasp
		Humalog
		Insulin aspart
		Insulin lispro
<b>INSULINS, SHORT-ACTING</b>		
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 (T3)		
Novolog Mix 70-30 Flexpen (T3)		
Humulin R U-500 (T3)		

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
<b>INSULINS, LONG-ACTING</b>		
Basaglar (T3) Semglee (T3)	Tresiba (T3, PA)	Lantus Levemir Toujeo
<b>INSULIN (LONG-ACTING) AND GLP-1 AGONIST COMBINATIONS</b>		
		Soliqua Xultophy
<b>DIABETIC SUPPLIES</b>		
FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle InsuLinx, and Precision Xtra		All other manufacturers of blood glucose test strips and meters
<b>ENDOCRINE</b>		
<b>ANDROGENS</b>		
Testosterone cypionate (T2, PA) Testosterone enanthate (T2, PA) Testosterone gel (T2, PA)		Androderm patch Methyltestosterone Natesto Testosterone solution Striant
<b>ESTROGENS/ESTROGEN MODIFIERS</b>		
Combipatch (T3) Dotti (T2) Duavee (T3) Estradiol tablets (T1) Estradiol 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
<b>ELECTROLYTE REGULATION</b>		
Sodium polystyrene powder (T2) Sodium polystyrene susp. (T2)	Lokelma (T5) Veltassa (T5)	

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
<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 (T1)		
Raloxifene (T2)		
Risedronate (T2)		
<b>THYROID AND ANTITHYROID AGENTS</b>		
Euthyrox (T1)		Levothyroxine capsules (Tirosint)
Levothyroxine tablets (T1)		
Levo-T (T3)		
Levoxyl (T3)		
Synthroid (T3)		
Unithroid (T3)		
<b>GASTROINTESTINAL</b>		
<b>IRRITABLE BOWEL &amp; CONSTIPATION</b>		
Lubiprostone (T2)	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)	Sovaldi
Sofosbuvir/Velpatasvir (T5, PA)	Vosevi (T5, PA)	Viekira Pak
		Zepatier

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
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## INFLAMMATORY DISEASE

### AUTOIMMUNE AGENTS

Cosentyx (T5, PA)	Actemra (T5, PA)	Kevzara
Enbrel (T5, PA)	Cimzia (T5, PA)	Olumiant
Humira (T5, PA)	Kineret (T5, PA)	Otrexup
Methotrexate (T1)	Orencia (T5, PA)	Rasuvo
Methotrexate vial (T2)	Otezla (T5, PA)	Remicade
Rinvoq (T5, PA)	Stelara (T5, PA)	Siliq
Skyrizi (T5, PA)	Tremfya (T5, PA)	Simponi, Simponi Aria
Xeljanz (T5, PA)	Xatmep (T4)	Taltz
Xeljanz XR (T5, PA)		

## 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
Rebif, Rebif Rebidose (T5, PA)		Copaxone
		Kesimpta
		Mayzent
		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)	Frovatriptan
Celecoxib (T2)	Ajovy (T4, PA)	Onzetra Xsail
Ergotamine-caffeine (T2)	Almotriptan (T4)	Tosymra
Emgality (T3, PA)	Eletriptan (T4)	Treximet
Naratriptan (T2)	Nurtec ODT (T4, PA)	Zembrace Symtouch
Rizatriptan (T2)	Reyvow (T4, PA)	
Sumatriptan (T2)	Sumatriptan injection, nasal (T4)	
	Ubrelvy tablet (T4, PA)	
	Zolmitriptan tablet, nasal (T4)	

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
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**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		Wixela Inhub
AirDuo) (T2)		
Symbicort HFA (T3)		

**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)	Arformoterol (T4)	Arcapta
	Formoterol (T4)	

**INHALED LONG-ACTING MUSCARINIC ANTAGONISTS/LONG-ACTING BETA AGONIST (LAMA/LABA)**

Anoro Ellipta (T3)		Bevespi Aerosphere
Stiolto Respimat (T3)		Duaklir Pressair
		Utibron Neohaler

**INHALED CORTICOSTEROID, MUSCARINIC ANTAGONIST, BETA AGONIST (ICS/LAMA/LABA)**

Trelegy Ellipta (T3)		Breztri Aerosphere
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**ANTI-LEUKOTRIENES**

Montelukast (T1)	Zafirlukast (T4)	Zileuton ER
	Zyflo (T5)	

**SUBCUTANEOUS ASTHMA BIOLOGICS**

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**.

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.

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.

## 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).

