
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.
- **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 08/01/2021.

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)	
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 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
BLOOD FORMATION MODIFIERS		
LEUKOCYTE (WBC) STIMULANTS		
Nivestym (T5) Nyvepria (T5)	Neupogen (T5, PA)	Fulphila Granix Neulasta Udenyca Zarxio Ziextenzo
ANEMIA AGENTS		
Retacrit (T3, PA)		Aranesp Epogen Mircera Procrit
CARDIOVASCULAR		
LIPID-LOWERING AGENTS		
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 Flolipid Livalo Nexletol Nexlizet Zypitamag
PCSK9 INHIBITORS		
Repatha (T3, PA)		Praluent
ANTICOAGULANTS		
Eliquis (T3) Xarelto (T3)		Bevyxxa Pradaxa Savaysa
DERMATOLOGY		
ACTINIC KERATOSIS AGENTS		
Fluorouracil 5% (T2) Fluoroplex (T3) Imiquimod 5% (T2)	Diclofenac 3% (T4, PA) Picato (T5)	Carac 0.5% Fluorouracil 0.5% Tolak Zyclara

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
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DIABETES

ORAL AGENTS (MISCELLANEOUS)

Glimepiride (T1)		Glyburide
Glipizide IR/ER (T1)		Metformin ER (Osmotic)
Glipizide/metformin (T1)		
Metformin (T1)		
Metformin ER (T1)		

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)		Adlyxin
Bydureon BCise (T3)		Ozempic
Byetta (T3)		Rybelsus
Trulicity (T3)		Victoza

INSULINS, RAPID-ACTING

Novolog (T3)		Admelog
Novolog Flexpen (T3)		Afrezza
		Apidra
		Fiasp
		Humalog
		Insulin aspart
		Insulin lispro

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
INSULINS, SHORT-ACTING		
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 (T3) Novolog Mix 70-30 Flexpen (T3) Humulin R U-500 (T3)		Humulin 70/30 Humulin R U-100 Humulin N
INSULINS, LONG-ACTING		
Basaglar (T3) Semglee (T3)	Tresiba (T3, PA)	Lantus Levemir Toujeo
INSULIN (LONG-ACTING) AND GLP-1 AGONIST COMBINATIONS		
		Soliqua Xultophy
DIABETIC SUPPLIES		
FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, FreeStyle InsuLinx, and Precision Xtra		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

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
ESTROGENS/ESTROGEN MODIFIERS		
Combipatch (T3)	Depo-SubQ Provera (T4)	Crinone
Dotti (T2)	Divigel (T4)	Estrogel
Duavee (T3)	Osphena (T4)	Femring
Estradiol tablets (T1)	Prefest (T4)	Imvexxy
Estradiol patches (T2)		Intrarosa
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)		
ELECTROLYTE REGULATION		
Sodium polystyrene powder (T2)	Lokelma (T5)	
Sodium polystyrene susp. (T2)	Veltassa (T5)	
OSTEOPOROSIS AGENTS		
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)		
THYROID AND ANTITHYROID AGENTS		
Euthyrox (T1)		Levothyroxine capsules (Tirosint)
Levothyroxine tablets (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

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
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)	Sovaldi
Sofosbuvir/Velpatasvir (T5, PA)	Vosevi (T5, PA)	Viekira Pak Zepatier
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		
MULTIPLE SCLEROSIS AGENTS		
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

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
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HEADACHE/MIGRAINE TREATMENT

Butalbital/Acetamin/Caffeine tablet (T2)	Aimovig (T4, PA) Ajovy (T4, PA)	Frovatriptan Onzetra Xsail
Celecoxib (T2)	Almotriptan (T4)	Tosymra
Ergotamine-caffeine (T2)	Eletriptan (T4)	Treximet
Emgality (T3, PA)	Nurtec ODT (T4, PA)	Zembrace Symtouch
Naratriptan (T2)	Reyvow (T4, PA)	
Rizatriptan (T2)	Sumatriptan injection, nasal (T4)	
Sumatriptan (T2)	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 Advair Diskus)
Breo Ellipta (T3)		Wixela Inhub
Fluticasone-salmeterol (generic 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
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INHALED LONG-ACTING BETA AGONIST (LABA)

Serevent Diskus (T3)	Arformoterol (T4) Formoterol (T4)	Arcapta
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INHALED LONG-ACTING MUSCARINIC ANTAGONISTS/LONG-ACTING BETA AGONIST (LAMA/LABA)

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

PREFERRED DRUG	NON-PREFERRED DRUG	NON-FORMULARY DRUG
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)	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.