

Quartz Medicare Advantage & Dual Eligible 2023 Alternative Drug 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 medication categories. For the most up-to-date formulary, prior authorization, and step therapy criteria, visit QuartzBenefits.com/MAformularypage.

- **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.
- **Non-formulary drug:** These drugs are not covered by the plan (unless approved under a formulary exception request).

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: Vaccines
- **PA:** Prior Authorization required
- **ST:** Step Therapy required

Insulins: You won't pay more than \$35 for a one-month supply of each insulin product covered by our plan, no matter its cost-sharing tier.

Vaccines: Most Part D vaccines are covered at no cost to you. Many doctors are not able to 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 reimbursement forms to Quartz. To make it easier and avoid delays with reimbursement, we encourage you to get vaccines at a pharmacy.

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 02/01/2023.

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 (eye) antihistamines		
Azelastine (T2) Olopatadine (T2) Ketorolac (T2)	Loteprednol (T4) Bepotastine (T4)	Lastacaft
Behavioral health		
ADHD agents		
Dexmethylphenidate (T2) Dextroamphetamine/ amphetamine (T2) Dextroamphetamine/ amphetamine ER (T2) Methylphenidate (T2)	Dexmethylphenidate ER (T4) Dextroamphetamine (T4) Dextroamphetamine ER (T4) Methylphenid. ER, CD, LA (T4) Methylphenid. sol/chew (T4) Vyvanse (T4, PA)	Adzenys ER, Adzenys XR-ODT, Amphetamine, Amphetamine ER, Aptensio XR, Cotempla XR- ODT, Daytrana, Evekeo, Evekeo ODT
Antipsychotics		
Aripiprazole (T2) Clozapine (T2) Olanzapine (T2) Quetiapine IR/ER (T2) Risperidone (T1) Risperidone solution (T2) Ziprasidone (T2)	Abilify Maintena (T5) Aripiprazole ODT (T4) Asenapine tablet (T4, ST) 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) 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 (white blood cells) stimulants		
Nivestym (T5) Nyvepria (T5)	Neupogen (T5, PA)	Fulphila, Fylnetra, Granix, Releuko, Stimufend, Neulasta, Udenyca, Zarxio, Ziextenzo
Anemia agents		
Retacrit (T3, PA)	Aranesp (T4, T5, PA)	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) Imiquimod 5% (T2)	Diclofenac 3% (T4, PA)	Carac 0.5%, Fluorouracil 0.5%, Tolak, Zyclara

Preferred drug	Non-preferred drug	Non-formulary drug
Endocrine		
Diabetes, oral agents (miscellaneous)		
Glimepiride (T1) Glipizide IR/ER (T1) Glipizide/metformin (T1) Metformin (T1) Metformin ER (generic Glucophage XR) (T1) Nateglinide (T1) Repaglinide (T1)		Glyburide, Metformin ER (Osmotic) (generic Fortamet), Metformin ER (Gastric) (generic Glumetza)
Diabetes, SGLT-2 inhibitors		
Farxiga (T3) Jardiance (T3) Synjardy (T3) Synjardy XR (T3) Xigduo XR (T3)	Segluromet (T4, ST) Steglatro (T4, ST)	Invokana, Invokamet, Invokamet XR
Diabetes, DPP-4 inhibitors		
Janumet, Janumet XR (T3) Januvia (T3)		Alogliptin, Alogliptin/pioglitazone, Jentadueto, Jentadueto XR, Kazano, Kombiglyze XR, Nesina, Onglyza, Oseni, Trijardy
Diabetes, DPP-4 inhibitor and sgl-2 inhibitor combinations		
Steglujan (T3)		Glyxambi, Qtern, Trijardy XR
Diabetes, GLP-1 agonists		
Bydureon BCise (T3) Byetta (T3) Trulicity (T3)		Adlyxin, Mounjaro, Ozempic, Rybelsus, Victoza

Preferred drug	Non-preferred drug	Non-formulary drug
Diabetes, insulins, rapid-acting		
Novolog (T3) Novolog Flexpen (T3)		Admelog , Afrezza, Apidra, Fiasp, Humalog, Insulin aspart, Insulin lispro
Diabetes, insulins, short-acting & intermediate-acting		
Novolin R vial, Flexpen (T3) Novolin N vial, Flexpen (T3) Novolin 70-30 vial, pen (T3) Novolog Mix 70-30 vial (T3) Novolog Mix 70-30 pen (T3) Humulin R U-500 (T3)		Humulin 70/30, Humulin R U-100, Humulin N
Diabetes, insulins, long-acting		
Insulin Glargine-YFGN (T3)	Tresiba (T3, PA) Insulin Degludec (T3, PA)	Basaglar, Lantus, Levemir, Semglee, Toujeo
Diabetes, insulin (long-acting) and GLP-1 agonist combinations		
		Soliqua, Xultophy
Diabetic supplies, blood glucose test strips & meters		
FreeStyle Lite, FreeStyle Freedom Lite, FreeStyle Precision Neo, and Precision Xtra		All other manufacturers of blood glucose test strips and meters are not covered
Androgens		
Testosterone cyp. (T2, PA) Testosterone enan. (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) Dotti (T2) Duavee (T3) Estradiol tablets (T1) Estradiol patches (T2) Estradiol 0.01% cream (T2) Estradiol/norethindrone (T2) Estring (T3) Medroxyprogesterone (T2) Norethindrone ac-eth estradiol(T1) Premarin (T3) Premphase (T3) Prempro (T3) Progesterone, micronized (T2) Yuvaferm (T2)	Depo-SubQ Provera (T4) Divigel (T4) Osphena (T4) Prefest (T4)	Crinone, Estrogel, Femring, Imvexxy, Intrarosa, Menest
Electrolyte regulation		
Sodium polystyrene pow. (T2) SPS suspension (T2)	Lokelma (T4) Veltassa (T5)	
Osteoporosis agents		
Alendronate (T1) Alendronate solution (T2) Calcitonin, synthetic (T2) Ibandronate (T1) Raloxifene (T2) Risedronate (T2)	Forteo (T5, PA) Teriparatide (T5, PA) Tymlos (T5, PA)	Binosto, Evenity, Risedronate DR
Thyroid and antithyroid agents		
Euthyrox (T1) Levothyroxine tablets (T1) Levo-T (T3) Levoxyl (T3) Synthroid (T3) Unithroid (T3)		Levothyroxine capsules (Tirosint)

Preferred drug	Non-preferred drug	Non-formulary drug
Gastrointestinal		
Irritable bowel & constipation		
Lubiprostone (T2) Linzess (T3) Movantik (T3)	Motegrity (T4, PA)	Symproic, Trulance, Zelnorm
Inflammatory bowel disease agents		
Balsalazide (T2) Mesalamine (gen. Lialda) (T2) Mesalamine (gen. Asacol) (T2) Sulfasalazine (T1)	Mesalamine (gen. Delzicol) (T4) Mesalamine (gen. Apriso) (T4) Pentasa (T4)	Dipentum
Pancreatic enzymes		
Creon (T3)		Pancreaze, Pertzye, Zenpep
Hepatitis C agents		
Hepatitis C agents		
Mavyret (T5, PA) Sofosbuvir/Velpat. (T5, PA)	Vosevi (T5, PA)	Sovaldi, Harvoni, Viekira Pak, Zepatier
Inflammatory disease		
Autoimmune agents		
Cosentyx (T5, PA) Enbrel (T5, PA) Humira (T5, PA) Methotrexate (T1) Methotrexate vial (T2) Rinvoq (T5, PA) Skyrizi (T5, PA) Xeljanz (T5, PA) Xeljanz XR (T5, PA)	Actemra (T5, PA) Cimzia (T5, PA) Kineret (T5, PA) Orencia (T5, PA) Otezla (T5, PA) Stelara (T5, PA) Tremfya (T5, PA) Xatmep (T4)	Kevzara, Olumiant, Otrexup, Rasuvo, Remicade, Siliq, Simponi, Simponi Aria, Taltz
Multiple sclerosis agents		
Dimethyl fumarate (T2, PA) Gilenya (T5, PA) Glatiramer (T5, PA) Glatopa (T5, PA) Rebif, Rebif Rebidose (T5, PA)	Avonex (T5, PA) Extavia (T5, PA) Kesimpta (T5, PA) Mavenclad (T5, PA)	Ampyra, Aubagio, Bafiertam, Betaseron, Copaxone, Mayzent, Plegridy, Vumerity, Zeposia

Preferred drug	Non-preferred drug	Non-formulary drug
Ophthalmic agents		
Dry eyes		
Cyclosporine 0.05% (generic Restasis) (T2)	Verkazia (T5, PA)	Cequa, Restasis, Tyrvaya, Xiidra
Pain management		
Fentanyl		
Fentanyl patch (12mcg, 25mcg, 50mcg, 75mcg, 100mcg) (T2)	Fentanyl lozenge (T5, PA)	Fentanyl patch (37.5mcg, 62.5mcg, 87.5mcg), Fentora Lazanda, Subsys
Headache/migraine treatment		
Butalbital/Acetamin/Caffeine tablet (T2) Celecoxib (T2) Ergotamine-caffeine (T2) Emgality (T3, PA) Naratriptan (T2) Rizatriptan (T2) Sumatriptan (T2)	Aimovig (T4, PA) Ajovy (T4, PA) Almotriptan (T4) Eletriptan (T4) Nurtec ODT (T4, PA) Qulipta (T4, PA) Reyvow (T4, PA) Sumatriptan injection (T4) Sumatriptan nasal (T4) Ubrelvy tablet (T4, PA) Zolmitriptan tablet (T4) Zolmmitriptan nasal (T4)	Frovatriptan, Onzetra Xsail, Tosymra, Treximet, Zembrace Symtouch
Respiratory		
Inhaled corticosteroids (ICS)		
Arnuity Ellipta (T3) Flovent HFA, Diskus (T3)		Alvesco, ArmonAir Respiclick, Asmanex, Asmanex HFA, Pulmicort, Pulmicort Flexhaler, Qvar Redihaler
Inhaled corticosteroid/long-acting beta agonist (ICS/LABA)		
Advair Diskus (T2) Advair HFA (T3) Breo Ellipta (T3) Fluticasone-salmeterol (generic AirDuo) (T2) Symbicort HFA (T3)		Dulera, Fluticasone-salmeterol (generic Advair Diskus), Wixela Inhub

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)	Arformoterol (T4) Formoterol (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 (T3)		
Anti-leukotrienes		
Montelukast (T1)	Zafirlukast (T4) Zyflo (T5)	Zileuton ER
Subcutaneous asthma biologics		
Dupixent (T5, PA) Fasenra (T5, PA) Xolair (T5, PA)	Nucala (T5, PA)	

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 Med 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 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 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, gender identity, or sexual orientation, you can file a grievance with:

**Kristie Breunig, Compliance Officer; 2650 Novation Parkway, Madison, WI 53713
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 Breunig, 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.



Multi-Language Insert

Multi-Language Interpreter Services

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-394-5566 (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-800-394-5566 (TTY: 711).

Chinese: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-394-5566 (TTY: 711)。

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-394-5566 (TTY: 711).

Arabic: ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة من أجلك، يُرجى الاتصال على الرقم 1-800-394-5566 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-394-5566 (телетайп: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-394-5566 (711)번으로 전화해 주십시오.

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-394-5566 (TTY: 711).

Pennsylvania Dutch: Wann du [Deutsch (Pennsylvania German / Dutch)] schwetzsch, kansch du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schpooch. Ruf selli Nummer uff: Call 1-800-394-5566 (TTY: 711).

Laotian: ໂປດຊາບ: ຖ້າວ່າທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ. ໂທ 1-800-394-5566 (TTY: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-394-5566 (ATS : 711).

Amharic: ማሳሰቢያ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-394-5566 (መስማት ለተሳናቸው: 711)።

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-800-394-5566 (TTY: 711) पर कॉल करें।

Serbo-Croatian: OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-394-5566 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-394-5566 (TTY: 711).