

Quartz Medicare Advantage (HMO) 2022 Formulary & Criteria Changes

The chart below shows changes to the Quartz Medicare Advantage (HMO) formulary (covered drug list) and prior authorization criteria since December 31, 2021.

Drug Name	Change	Effective Date
Omnipod Dash Pod	Add PA, QL	1/1/2022
Mavenclad 10 mg Tablet	Add QL	1/1/2022
Xolair 75mg/0.5mL Syringe, 150 mg/mL Syringe, Vial	Add QL	1/1/2022
Deferasirox 90mg, 180mg, 360mg Tablets	Change to Tier 2 (Generic)	1/1/2022
Isolyte P With Dextrose Iv Solution	Change to Tier 2 (Generic)	1/1/2022
Isolyte S Iv Solution	Change to Tier 2 (Generic)	1/1/2022
Ludent Fluoride 0.25mg, 0.5mg, 1mg Chew Tablets	Change to Tier 2 (Generic)	1/1/2022
Plasma-Lyte Electrolyte Solution	Change to Tier 2 (Generic)	1/1/2022
TPN Electrolytes	Change to Tier 2 (Generic)	1/1/2022
Fluticasone Propionate 0.05% Lotion	Change to Tier 2 (Generic)	1/1/2022
Tresiba Flextouch U100, U200	Change to Tier 3 (Preferred Brand)	1/1/2022
Tresiba Vial	Change to Tier 3 (Preferred Brand)	1/1/2022
Anusol-HC 0.025 Cream	Change to Tier 3 (Preferred Brand)	1/1/2022
Digoxin 0.05 mg/mL Solution	Change to Tier 3 (Preferred Brand)	1/1/2022
Morphine Sulfate 10 mg/mL Syringe	Change to Tier 3 (Preferred Brand)	1/1/2022
Morphine Sulfate 2 mg/mL Vial	Change to Tier 3 (Preferred Brand)	1/1/2022
Neuac 1.2(1)%-5% Gel	Change to Tier 3 (Preferred Brand)	1/1/2022
Novolog 100 Unit/mL Cartridge	Change to Tier 3 (Preferred Brand)	1/1/2022
Novolog 100 Unit/mL Flexpen, Vial	Change to Tier 3 (Preferred Brand)	1/1/2022
Novolog Mix 70-30 Flexpen, Vial	Change to Tier 3 (Preferred Brand)	1/1/2022
Acitretin 17.5mg Capsules	Change to Tier 4 (Nonpreferred Drug)	1/1/2022
Caspofungin Acetate 70mg Vial	Change to Tier 4 (Nonpreferred Drug)	1/1/2022
Fentanyl Citrate 200mcg Lozenge	Change to Tier 4 (Nonpreferred Drug)	1/1/2022
Itraconazole 10mg/mL Solution	Change to Tier 4 (Nonpreferred Drug)	1/1/2022
Lanthanum Carbonate 500mg, 750mg, 1000mg Chew Tablets	Change to Tier 4 (Nonpreferred Drug)	1/1/2022
Linezolid 600mg, 0.9% NaCl Piggyback	Change to Tier 4 (Nonpreferred Drug)	1/1/2022
Tabloid (Thioguanine) 40mg Tablets	Change to Tier 4 (Nonpreferred Drug)	1/1/2022
Leucovorin Calcium 10 mg, 15 mg, 25 mg Tablets	Change to Tier 4 (Nonpreferred Drug)	1/1/2022
Sevelamer HCl 400mg Tablet	Change to Tier 4 (Nonpreferred Drug)	1/1/2022
Venclexta 10 mg Tablet	Change to Tier 4 (Nonpreferred Drug)	1/1/2022
Budesonide ER 9 mg Tablets	Change to Tier 5 (Specialty)	1/1/2022
Lysodren 500mg Tablets	Change to Tier 5 (Specialty)	1/1/2022
Alosetron 0.5mg, 1 mg Tablet	Change to Tier 5 (Specialty)	1/1/2022
Fanapt 1 mg, 2 mg, 4 mg Tablets	Change to Tier 5 (Specialty)	1/1/2022

Drug Name	Change	Effective Date
Fycompa 4 mg, 6 mg, 8 mg, 10 mg, 12 mg Tablets, 0.5 mg/mL Susp	Change to Tier 5 (Specialty)	1/1/2022
Kaletra 200/50 Tablets	Change to Tier 5 (Specialty)	1/1/2022
Veltassa 8.4 g, 16.8 g, 16.8 g Powder Packet	Change to Tier 5 (Specialty)	1/1/2022
Venclexta 50 mg Tablet	Change to Tier 5 (Specialty)	1/1/2022
ActHib Vaccine Vial	Change to Tier 6 (Vaccine)	1/1/2022
Adacel Tdap Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
Bexsero 50-50/0.5mL Syringe	Change to Tier 6 (Vaccine)	1/1/2022
Boostrix Tdap Vaccine Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
Daptacel Dtap 15-10-5/.5 Vial	Change to Tier 6 (Vaccine)	1/1/2022
Diphtheria-Tetanus Toxoids-Ped Vial	Change to Tier 6 (Vaccine)	1/1/2022
Engerix-B 10 mcg/0.5 Syringe, 20 mcg/mL Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
Gardasil 9 0.5 mL Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
Havrix 720/0.5mL, 1,440 Units/mL Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
Hiberix 10 mcg/0.5 Vial	Change to Tier 6 (Vaccine)	1/1/2022
Imovax Rabies Vaccine 2.5 Unit Vial	Change to Tier 6 (Vaccine)	1/1/2022
Infanrix Dtap Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
Ipol Vial	Change to Tier 6 (Vaccine)	1/1/2022
Ixiaro 6mcg/0.5mL Syringe	Change to Tier 6 (Vaccine)	1/1/2022
Kinrix Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
Menactra 4mcg/0.5mL Vial	Change to Tier 6 (Vaccine)	1/1/2022
Menquadfi 10 mcg/0.5 Vial	Change to Tier 6 (Vaccine)	1/1/2022
Menveo A-C-Y-W-135-Dip Vial Kt	Change to Tier 6 (Vaccine)	1/1/2022
M-M-R II Vaccine Vial	Change to Tier 6 (Vaccine)	1/1/2022
Pediarix 45955 Syringe	Change to Tier 6 (Vaccine)	1/1/2022
Pedvaxhib Vaccine Vial	Change to Tier 6 (Vaccine)	1/1/2022
Pentacel 15-20-5-10 Kit	Change to Tier 6 (Vaccine)	1/1/2022
Proquad 3-4.3-3 Vial	Change to Tier 6 (Vaccine)	1/1/2022
Quadracel Dtap-Ipv 15-20-20 Vial	Change to Tier 6 (Vaccine)	1/1/2022
Rabavert 2.5 Unit Vial	Change to Tier 6 (Vaccine)	1/1/2022
Recombivax HB Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
Rotarix Vial	Change to Tier 6 (Vaccine)	1/1/2022
Rotateq 2 mL Solution	Change to Tier 6 (Vaccine)	1/1/2022
Shingrix Vial Kit	Change to Tier 6 (Vaccine)	1/1/2022
Tdvax Vial	Change to Tier 6 (Vaccine)	1/1/2022
Tenivac Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
Trumenba 120 mcg/0.5 mL Vaccin	Change to Tier 6 (Vaccine)	1/1/2022
Twinrix Vaccine Syringe	Change to Tier 6 (Vaccine)	1/1/2022
Typhim Vi 25mcg/0.5 Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
Vaqta 25/0.5mL Syringe, Vial	Change to Tier 6 (Vaccine)	1/1/2022
YF-Vax Vial	Change to Tier 6 (Vaccine)	1/1/2022
Varivax Vaccine 1350 Unit Vial	Change to Tier 6 (Vaccine), Add QL	1/1/2022
BCG Vaccine (Tice Strain) 50 mg Vial	Change to Tier 6 (Vaccine), Remove PA	1/1/2022

Drug Name	Change	Effective Date
Abilify Mycite 2 mg, 5 mg, 10 mg, 15 mg, 20 mg, 30 mg Tablets	Remove from formulary	1/1/2022
Abiraterone Acetate 500 mg Tablet	Remove from formulary	1/1/2022
Afirmelle Tablets	Remove from formulary	1/1/2022
Amethia Lo Tablets	Remove from formulary	1/1/2022
Amitiza 8 mcg, 24 mcg Capsules	Remove from formulary	1/1/2022
Anadrol-50 Tablets	Remove from formulary	1/1/2022
Atropine Sulfate Syringes	Remove from formulary	1/1/2022
Aurovela 24 Fe Tablets	Remove from formulary	1/1/2022
Aurovela Fe Tablets	Remove from formulary	1/1/2022
Aurovela Tablets	Remove from formulary	1/1/2022
Autoject 2	Remove from formulary	1/1/2022
Autopen	Remove from formulary	1/1/2022
Ayuna Tablets	Remove from formulary	1/1/2022
Azactam 1 G Vial	Remove from formulary	1/1/2022
Azopt 1% Eye Drops	Remove from formulary	1/1/2022
Banzel 200mg, 400mg Tablets	Remove from formulary	1/1/2022
Banzel 40 mg/mL Oral Suspension	Remove from formulary	1/1/2022
Bekyree Tablets	Remove from formulary	1/1/2022
Bepreve 1.5% Drops	Remove from formulary	1/1/2022
Bleomycin Sulfate 15 Unit, 30 Unit Vials	Remove from formulary	1/1/2022
Branded Prenatal Vitamins	Remove from formulary	1/1/2022
Buprenorphine 75mcg, 150mcg, 300mcg, 450mcg, 600mcg, 750mcg, 900mcg Film	Remove from formulary	1/1/2022
Captopril-HCTZ Tablets	Remove from formulary	1/1/2022
Carisoprodol Cmpd 200-325 mg Tab	Remove from formulary	1/1/2022
Cefazolin Sodium-Dextrose Piggyback	Remove from formulary	1/1/2022
Cequir Simplicity	Remove from formulary	1/1/2022
Chateal EQ Tablets	Remove from formulary	1/1/2022
Chateal Tablets	Remove from formulary	1/1/2022
Chlordiazepoxide-Clidinium 5 mg-2.5mg Capsule	Remove from formulary	1/1/2022
Ciprofloxacin Hcl 750mg	Remove from formulary	1/1/2022
Clindamycin 150 mg/mL Vial	Remove from formulary	1/1/2022
Colocort 100mg/60mL Enema	Remove from formulary	1/1/2022
Crixivan 200mg Capsules	Remove from formulary	1/1/2022
Darzalex Faspro	Remove from formulary	1/1/2022
Dasetta Tablets	Remove from formulary	1/1/2022
Daysee Tablets	Remove from formulary	1/1/2022
Decadron 0.5 mg, 4 mg, 6 mg Tablets	Remove from formulary	1/1/2022
Dextrose 5%-0.225% NaCl 5 %-0.2 % IV	Remove from formulary	1/1/2022
Dextrose 5%-KCl 40 meq/L IV	Remove from formulary	1/1/2022
Didanosine 125 mg, 200 mg, 250 mg, 400 mg DR Capsules	Remove from formulary	1/1/2022
E.E.S. 400 mg Tablet	Remove from formulary	1/1/2022
Elinest Tablets	Remove from formulary	1/1/2022
Epinephrine 1mg/mL Vial	Remove from formulary	1/1/2022

Drug Name	Change	Effective Date
Etidronate Disodium 200mg Tablets	Remove from formulary	1/1/2022
Freamine HBC 0.069 IV Soln	Remove from formulary	1/1/2022
Frovatriptan 2.5 mg Tablet	Remove from formulary	1/1/2022
Fulphila 6mg Injection	Remove from formulary	1/1/2022
Geodon 20mg/1mL Vial	Remove from formulary	1/1/2022
Gianvi Tablets	Remove from formulary	1/1/2022
Gilenya 0.5mg Capsules	Remove from formulary	1/1/2022
Guanidine 125 mg Tablets	Remove from formulary	1/1/2022
Hailey Fe Tablets	Remove from formulary	1/1/2022
Hailey Tablets	Remove from formulary	1/1/2022
Heather Tablets	Remove from formulary	1/1/2022
Humapen Luxura HD	Remove from formulary	1/1/2022
Iclevia Tablets	Remove from formulary	1/1/2022
Imbruvica 140 mg Tablet	Remove from formulary	1/1/2022
Inject-Ease	Remove from formulary	1/1/2022
Inpen	Remove from formulary	1/1/2022
Inveltys 0.01% Drops Susp	Remove from formulary	1/1/2022
Kalliga Tablets	Remove from formulary	1/1/2022
Kionex Powder	Remove from formulary	1/1/2022
Lanoxin 187.5 mg Tablets	Remove from formulary	1/1/2022
Larin 24 Fe Tablets	Remove from formulary	1/1/2022
Lillow Tablets	Remove from formulary	1/1/2022
Lojaimiess Tablets	Remove from formulary	1/1/2022
Lopreeza 1 mg-0.5mg Tablet	Remove from formulary	1/1/2022
Lorcet 5 mg-325mg Tablet	Remove from formulary	1/1/2022
Lorcet HD 10mg-325mg Tablet	Remove from formulary	1/1/2022
Lorcet Plus 7.5-325 mg Tablet	Remove from formulary	1/1/2022
Lotemax 0.5% Gel Drops	Remove from formulary	1/1/2022
Lo-Zumandimine Tablets	Remove from formulary	1/1/2022
Lucemyra 0.18 mg Tablet	Remove from formulary	1/1/2022
Maprotiline HCl 25mg, 50mg, 75mg Tablets	Remove from formulary	1/1/2022
Mayzent 0.25 mg, 2 mg Tablets	Remove from formulary	1/1/2022
Menest 2.5mg Tablets	Remove from formulary	1/1/2022
Metaxall 800mg Tablets	Remove from formulary	1/1/2022
Metipranolol 0.3% Drops	Remove from formulary	1/1/2022
Moxeza 0.005% Drops Visc	Remove from formulary	1/1/2022
Multivitamin With Fluoride	Remove from formulary	1/1/2022
Neo-Polycin HC Ointment	Remove from formulary	1/1/2022
Neo-Polycin Ointment	Remove from formulary	1/1/2022
Nephramine 0.054 IV	Remove from formulary	1/1/2022
Normosol-M / Dextrose 0.05% IV	Remove from formulary	1/1/2022
Northera 100mg, 200mg, 300Mg	Remove from formulary	1/1/2022
Nylia Tablets	Remove from formulary	1/1/2022
Nymalize Solution	Remove from formulary	1/1/2022
Nymyo Tablets	Remove from formulary	1/1/2022
Ogestrel 0.5 mg-50 Tablet	Remove from formulary	1/1/2022

Drug Name	Change	Effective Date
Omnipod Pump & Cartridge	Remove from formulary	1/1/2022
Oxycodone-Aspirin 4.835 mg-325mg Tablets	Remove from formulary	1/1/2022
Oxycodone-Ibuprofen 400 mg-5mg Tablet	Remove from formulary	1/1/2022
Pazeo 0.007% Drops	Remove from formulary	1/1/2022
Phenadoz 12.5 mg, 25 mg Rectal Suppository	Remove from formulary	1/1/2022
Philith Tablets	Remove from formulary	1/1/2022
Phospholine Iodide 0.125% Drops	Remove from formulary	1/1/2022
Pirmella Tablets	Remove from formulary	1/1/2022
Polyethylene Glycol 3350 Powder	Remove from formulary	1/1/2022
Prednicarbate 0.1% Cream	Remove from formulary	1/1/2022
Propantheline Bromide 15mg Tablet	Remove from formulary	1/1/2022
Propranolol-Hydrochlorothiazide 40mg-25mg, 80mg-25mg	Remove from formulary	1/1/2022
Ranitidine 150mg, 300mg Tablets	Remove from formulary	1/1/2022
Ranitidine 15mg/mL Syrup	Remove from formulary	1/1/2022
Repaglinide-Metformin 1mg-500mg, 2mg-500mg	Remove from formulary	1/1/2022
Rifater 120-50-300mg Tablet	Remove from formulary	1/1/2022
Sevelamer Hcl 800 mg Tablet	Remove from formulary	1/1/2022
Simliya Tablets	Remove from formulary	1/1/2022
Simpesse Tablets	Remove from formulary	1/1/2022
Sovaldi 150 mg, 200 mg, 400 mg Pelet Pack	Remove from formulary	1/1/2022
Stimate 150/Spray Spray/Pump	Remove from formulary	1/1/2022
Sumatriptan 6mg/0.5mL Syringe	Remove from formulary	1/1/2022
Sylatron 200, 300 mcg mcg Kits	Remove from formulary	1/1/2022
Tecfidera 120-240	Remove from formulary	1/1/2022
Thiola 100mg Tablets	Remove from formulary	1/1/2022
Tilia Fe Tablets	Remove from formulary	1/1/2022
Tolmetin 400mg Capsules, 600mg Tablets	Remove from formulary	1/1/2022
Tri Femynor Tablets	Remove from formulary	1/1/2022
Tri-Linyah Tablets	Remove from formulary	1/1/2022
Tri-Lo-Marzia Tablets	Remove from formulary	1/1/2022
Tri-Lo-Mili Tablets	Remove from formulary	1/1/2022
Trimpex 50 mg/5 mL Solution	Remove from formulary	1/1/2022
Trophamine 0.06 IV Soln	Remove from formulary	1/1/2022
Truvada 100/150 mg, 133/200 mg, 167/250 mg Tablets	Remove from formulary	1/1/2022
Tulana Tablets	Remove from formulary	1/1/2022
Udenyca 6mg Injection	Remove from formulary	1/1/2022
Vancomycin Hcl 1.5 g Vial	Remove from formulary	1/1/2022
V-Go	Remove from formulary	1/1/2022
Videx 10mg/mL Soln	Remove from formulary	1/1/2022
Viorele Tablets	Remove from formulary	1/1/2022

Drug Name	Change	Effective Date
Volnea Tablets	Remove from formulary	1/1/2022
Wera Tablets	Remove from formulary	1/1/2022
Ziextenzo 6mg Injection	Remove from formulary	1/1/2022
Zomig 2.5mg, 5mg Nasal Spray	Remove from formulary	1/1/2022
Zostavax Vial	Remove from formulary	1/1/2022
Zytiga 500mg Tablet	Remove from formulary	1/1/2022
Nitroglycerin Patches 0.1mg/hr, 0.2mg/hr, 0.4mg/hr, 0.6mg/hr	Remove QL	1/1/2022
Bydureon BCise Injection	Remove ST	1/1/2022
Byetta Injection	Remove ST	1/1/2022
Nyvepria Injection	Remove ST	1/1/2022
Trulicity Injection	Remove ST	1/1/2022
Briviact Solution & Tablets	Remove PA, add ST	1/1/2022
Dapsone 7.5% Gel	Remove PA, add ST	1/1/2022
Myrbetriq 8 mg/mL Suspension	Add to Tier 3 (Preferred Brand), QL	1/1/2022
Dojolvi Liquid	Add to Tier 5 (Specialty), PA	1/1/2022
Estradiol Valerate Vial	Add to Tier 2 (Generic)	1/1/2022
Solu-Cortef Vial	Add to Tier 3 (Preferred Brand)	1/1/2022
Vyvanse Capsules and Chewables	Add to Tier 4 (Nonpreferred Drug), PA, QL	1/1/2022
Aranesp 10mcg, 25mcg, 40mcg Syringes, 25mcg and 40mcg Vials	Add to Tier 4 (Nonpreferred Drug), PA	1/1/2022
Aranesp 60mcg, 100mcg, 150mcg, 200mcg, 300mcg, 500mcg Syringes, 60mcg, 100mcg, 300mcg Vials	Add to Tier 5 (Specialty), PA	1/1/2022
Naloxone 4mg Nasal Spray	Add to Tier 1 (Preferred Generic), QL	1/1/2022
Nylia Tablets	Add to Tier 1 (Preferred Generic)	1/1/2022
Insulin Glargine- YFGN Vial	Add to Tier 3 (Preferred Brand), QL	1/1/2022
Insulin Glargine- YFGN Pen	Add to Tier 3 (Preferred Brand), QL	1/1/2022
Chantix 0.5mg, 1 mg tablets	Remove from formulary (Generic Available)	1/1/2022
Bystolic 2.5mg, 5mg, 10mg, 20mg Tablets	Remove from formulary (Generic Available)	1/1/2022
Afinitor Disperz 2mg, 3mg, 5mg Tablets	Remove from formulary (Generic Available)	1/1/2022
Afinitor 10mg Tablets	Remove from formulary (Generic Available)	1/1/2022
Paxil 10mg/5mL Suspension	Remove from formulary (Generic Available)	1/1/2022
Epaned 1 mg/mL Solution	Remove from formulary (Generic Available)	1/1/2022
Durezol 0.05% Eye drops	Remove from formulary (Generic Available)	1/1/2022
Paxlovid Tablets 300-100mg	Add to Tier 3 (Preferred Brand), QL	1/8/2022
Molnupiravir Capsules	Add to Tier 3 (Preferred Brand), QL	1/8/2022
Glycopyrrolate 1mg/5mL Solution	Add to Tier 4 (Nonpreferred Drug)	1/15/2022
Naloxone 4mg Nasal Spray	Add to Tier 1 (Preferred Generic), QL	1/22/2022
Carglumic acid 200mg Tablet	Add to Tier 5 (Specialty)	1/22/2022
Brimonidine/Timolol 0.2%/0.5% eye drops	Add to Tier 2 (Generic)	1/29/2022
Eprontia 25 mg/mL Solution	Add to Tier 4 (Nonpreferred Drug), QL	1/29/2022
Scemblix 20mg, 40mg Tablets	Add to Tier 5 (Specialty), PA	1/29/2022
Ticovac Injection	Add to Tier 6 (Vaccines)	1/29/2022
DARBEPOETIN ALFA (ARANESP) Prior Authorization Criteria (Part D)	Update criteria based on CMS feedback	2/1/2022

Drug Name	Change	Effective Date
OLANZAPINE/SAMIDORPHAN MALATE (LYBALVI)) Prior Authorization Criteria (Part D)	Update criteria based on CMS feedback	2/1/2022
BLOOD PRESSURE (BETA BLOCKERS) Step Therapy Criteria (Part D)	Update criteria based on CMS feedback	2/1/2022
Lanreotide acetate (120mg/0.5mL) Syringe	Add to Tier 5 (Specialty)	2/5/2022
Phexxi Gel	Add to Tier 3 (Preferred Brand)	2/5/2022
Accutane 10mg Capsules	Add to Tier 4 (Nonpreferred Drug)	2/5/2022
Maraviroc 150mg, 300mg Tablets	Add to Tier 5 (Specialty), QL	2/19/2022
Betaine 1g powder	Add to Tier 5 (Specialty)	2/19/2022
Gvoke 1mg/0.2mL Vial	Add to Tier 3 (Preferred Brand), QL	2/19/2022
Deferiprone 1000mg Tablets (3 times a day formulation)	Add to Tier 5 (Specialty)	3/1/2022
Amphotericin B Liposome 50mg Vial	Add to Tier 5 (Specialty), PA	3/1/2022
Ivermectin 3mg Capsules	Add QL	3/1/2022
Quadracel DTAP-IPV Vial, Syringe	Add to Tier 6 (Vaccines)	3/1/2022
Palivizumab (Synagis) Prior Authorization Criteria (Part B)	Update criteria for extended RSV season	3/1/2022
Corticotropin Gel Prior Authorization Criteria (Part B)	Add Cortrophin to criteria	3/1/2022
Plasminogen (Ryplazim) Prior Authorization Criteria (Part B)	Add prior authorization criteria	3/1/2022
Galsulfase (Naglazyme) Prior Authorization Criteria (Part B)	Add prior authorization criteria	3/1/2022
Infused Oncology Agents Prior Authorization Criteria (Part B)	Add Fyarro and Kimmtrak to criteria	3/1/2022
Inclisiran (Leqvio) Prior Authorization Criteria (Part B)	Add prior authorization criteria	3/1/2022
Efgartigimod alfa (Vygart) Prior Authorization Criteria (Part B)	Add prior authorization criteria	3/1/2022
Mepolizumab (Nucala) Prior Authorization Criteria	Update criteria with new indications	3/1/2022
Erythromycin lactobionate 500mg Vial	Add to Tier 4 (Nonpreferred Drug)	3/5/2022
Talzenna 0.5mg, 0.75mg Capsules	Add to Tier 5 (Specialty), PA, QL	3/5/2022
Takhzyro 300mg/2mL Syringe	Add to Tier 5 (Specialty), PA, QL	3/5/2022
Lenalidomide 5mg, 10mg, 15mg, 25mg Capsule	Add to Tier 5 (Specialty), PA, QL	3/12/2022
Descovy 120-15mg Tablet	Add to Tier 5 (Specialty), QL	3/12/2022
Digoxin 62.5mg Tablet	Add to Tier 4 (Nonpreferred Drug), QL	3/12/2022
Lacosamide 50mg, 100mg, 150mg, 200mg Tablets	Add to Tier 4 (Nonpreferred Drug), QL	3/26/2022
Cyclosporine 0.05% Eye Drops	Add to Tier 2 (Generic), QL	3/26/2022
Biologic Therapy for Rheumatology, Dermatology, and Gastroenterology Criteria (Part B)	Update criteria with new indications and other updates	4/1/2022

Drug Name	Change	Effective Date
Acute Migraine Treatments Prior Authorization Criteria	Update criteria with new indications	4/1/2022
Immunomodulators (1) – Preferred Prior Authorization Criteria	Update criteria with new indications	4/1/2022
Immunomodulators (2) – Nonpreferred Prior Authorization Criteria	Update criteria with new indications	4/1/2022
Breztri Aerosphere Inhaler	Add to Tier 3 (Preferred Brand), QL	4/1/2022
Bylvay 200mcg, 400mcg, 600mcg, 1200mcg Capsules	Add to Tier 5 (Specialty), PA, QL	4/1/2022
Dimethyl Fumarate 120mg, 240mg, Capsules	Change to Tier 2 (Generic)	4/1/2022
Fenofibric Acid 45mg, 135mg Capsules	Add to Tier 4 (Nonpreferred Drug)	4/1/2022
Levofloxacin 1.5% Eye Drops	Add to Tier 4 (Nonpreferred Drug)	4/1/2022
Livmarli Solution	Add to Tier 5 (Specialty), PA, QL	4/1/2022
Livtency 200mg Tablet	Add to Tier 5 (Specialty), PA, QL	4/1/2022
Myfembree Tablets	Add to Tier 3 (Preferred Brand), PA, QL	4/1/2022
Oxbryta 300mg Susp Tablet	Add to Tier 5 (Specialty), PA, QL	4/1/2022
Oxbryta 500mg Tablets	Update QL to 150 tablets / 30 days	4/1/2022
Rinvoq 30mg Tablet	Add to Tier 5 (Specialty), PA, QL	4/1/2022
Vuity 1.25% Eye Drops	Add to Tier 4 (Nonpreferred Drug), QL	4/1/2022
Xarelto 1mg/mL Solution	Add to Tier 3 (Preferred Brand)	4/1/2022
Zimhi 5mg/0.5mL Syringe	Add to Tier 3 (Preferred Brand)	4/1/2022
Zeposia Capsules	Add to Tier 5 (Specialty), PA, QL	4/1/2022
Rinvoq 45mg Tablets	Add to Tier 5 (Specialty), PA, QL	4/2/2022
Triumeq PD Tablets for Suspension	Add to Tier 5 (Specialty), QL	4/16/2022
Apomorphine HCL 10 mg/mL Cartridge	Add to Tier 5 (Specialty), QL	4/23/2022
Isosorbide dinitrate/hydralazine 20mg-37.5mg Tablets	Add to Tier 4 (Nonpreferred Drug)	4/23/2022
Paxlovid Tablets 150-100mg	Add to Tier 3 (Preferred Brand), QL	4/30/2022
Varenicline Starter Pack	Add to Tier 3 (Preferred Brand), QL	5/14/2022
Pirfenidone 267mg, 801mg Tablets	Add to Tier 5 (Specialty), PA, QL	5/14/2022
Mesalamine 500mg ER Capsule (generic Pentasa)	Add to Tier 4 (Nonpreferred Drug), QL	5/28/2022
Prehevbrio injection	Add to Tier 6 (Vaccine), PA	6/1/2022
Omnipod 5 and Omnipod 5 Starter Kit	Add to Tier 4 (Nonpreferred Drug), PA, QL	6/1/2022
OMNIPOD DASH Prior Authorization Criteria (Part D)	Update criteria to include diagnosis of Type II diabetes mellitus	6/1/2022
Immunomodulators (2) – Nonpreferred Prior Authorization Criteria (Part D)	Update criteria with new indications	6/1/2022
Biologic Therapy for Rheum, Derm, & GI Prior Authorization Criteria (Part B)	Update criteria with new indications	6/1/2022
Revlimid 5mg, 10mg, 15mg, 25mg Capsules	Remove from formulary (Generic Available)	6/1/2022
Vimpat 50mg, 100mg, 150mg, 200mg Tablets	Remove from formulary (Generic Available)	6/1/2022
Bexarotene 1% Gel	Add to Tier 5 (Specialty), PA, QL	6/4/2022
Lacosamide 10 mg/mL solution	Add to Tier 4 (Nonpreferred Drug), QL	6/4/2022

Drug Name	Change	Effective Date
Sorafenib 200mg Tablets	Add to Tier 5 (Specialty), PA, QL	6/18/2022
Priorix Vial	Add to Tier 6 (Vaccine)	6/18/2022
Nucala 40mg/0.4mL Vial	Add to Tier 5 (Specialty), PA, QL	6/25/2022
Sutimlimab (Enjaymo) Prior Authorization Criteria (Part B)	Add prior authorization criteria	7/1/2022
Severe Asthma or Eosinophilic Conditions Prior Authorization Criteria (Part B)	Add prior authorization criteria to address criteria for tezepelumab (Tezspire)	7/1/2022
Infused Oncology Agents Prior Authorization Criteria (Part B)	Update criteria to include Lu-177 vipivotide tetraxetan (Pluvicto) and Nivolumab/relatlimab (Opdualag)	7/1/2022
HIV PrEP Injection Prior Authorization Criteria (Part B)	Add prior authorization criteria for cabotegravir injection (Apretude)	7/1/2022
Esketamine Nasal Inhalation (Spravato) Prior Authorization Criteria (Part B)	Update criteria with indication of major depressive disorder with acute suicidal ideation	7/1/2022
Efgartigimod alfa (Vygart) Prior Authorization Criteria (Part B)	Update criteria to clarify requirements for use of prior therapies	7/1/2022
Continuous Glucose Monitors (CGM) Prior Authorization Criteria (Part B)	Update approval duration	7/1/2022
Complement Inhibitors Prior Authorization Criteria (Part B)	Update criteria to include diagnosis of myasthenia gravis for ravulizumab (Ultomris)	7/1/2022
Bezlotoxumab (Zinplava) Prior Authorization Criteria (Part B)	Update criteria to remove requirement of fecal microbiota transplant	7/1/2022
FENFLURAMINE (FINTEPLA) Prior Authorization Criteria (Part D)	Update criteria to include diagnosis of Lennox-Gastaut seizures	7/1/2022
Immunomodulators (2) – Nonpreferred Prior Authorization Criteria (Part D)	Update criteria with new indications	7/1/2022
Pyrukynd 5mg, 20mg, 50mg tablets, 50mg-5mg pack, 50mg-20mg pack	Add to Tier 5 (Specialty), PA, QL	7/1/2022
Qulipta 10mg, 30mg, 60mg tablets	Add to Tier 4 (Nonpreferred Drug), PA, QL	7/1/2022
Verkazia 0.1% eye drops	Add to Tier 5 (Specialty), PA, QL	7/1/2022
Viibryd starter pack	Change QL to accommodate alternate dosing	7/1/2022
Vonjo 100mg capsule	Add to Tier 5 (Specialty), PA, QL	7/1/2022
Ticovac 1.2/0.25mL Syringe	Add to Tier 6 (Vaccines)	7/2/2022
Bidil 20 mg / 37.5 mg Tablets	Remove from Formulary (Generic Available)	8/1/2022
Esbriet 267 mg & 801 mg Tablets	Remove from Formulary (Generic Available)	8/1/2022
Vimpat 10mg/mL solution	Remove from Formulary (Generic Available)	8/1/2022
Oravig 50mg tablet	Remove from Formulary (no longer Part D eligible)	8/1/2022

- PA = prior authorization required
- QL = quantity limit
- ST = step therapy

We're here for you

If you have any questions, please contact Customer Service at (800) 394-5566 or TTY 711, Monday through Friday from 8 a.m. – 8 p.m. You may also reach us by email at CustomerService@QuartzBenefits.com or visit our website at QuartzBenefits.com/MedicareAdvantage.

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