

Please note the following revisions, additions and deletions to the 2018 Health Alliance Medicare formulary. These changes apply to Medicare members in eastern Indiana and Ohio. If you have any questions about the information here, please contact Health Alliance Member Services at 1-877-749-3253. TTY/TDD users, please call 711. Representatives are available 8 a.m. to 8 p.m., Monday through Friday.

HMO Revisions

Drug Name	Drug Tier	Requirements/Limits
Byetta, inj 5mcg, 10mcg	4	ST
Cinvanti	4	PA
Cyclobenzaprine hcl, tab 5mg, 7.5mg	2	PA
Doxercalciferol, cap 0.5mcg, 2.5mcg	2	PA
Doxercalciferol, cap 1mcg	4	PA
Doxercalciferol, inj 4mcg/2ml	2	PA
Enbrel, inj 25mg	5	PA
Humira, kit 20mg/0.4, 40mg/0.8	5	PA
Humira Pen, inj 40mg/0.8, crohns, Psoriasis	5	PA
Invokamet XR, tab 50-500mg, 50-1000mg, 150-500mg, 150-1000mg	3	ST, QL
Janumet, tab 50-500mg, 50-1000mg	3	ST
Janumet XR, tab 50-500mg, 50-1000mg, 100-1000mg	3	ST
Januvia, tab 25mg, 50mg, 100mg	3	ST
Lupron depot-ped, inj 7.5mg, 11.25mg, 15mg, 30mg	5	PA
Oxycodone hcl ER, tab 15mg, 30mg, 60mg	2	QL
Sabril	5	

HMO Additions

Drug Name	Drug Tier	Requirements/Limits
Acetaminophen/caffeine/dihydrocodeine bitartrate	2	QL
Aimovig, inj 70mg	4	QL
Alunbrig, initiation pak, 90mg, 180mg	5	PA
Aristada, inj 675mg/2.4ml	5	ST
Atazanavir, cap 150mg, 200mg, 300mg	5	
Bevyxxa, cap 40mg, 80mg	4	QL
Biktarvy, tab 50-200-25	5	
Bortezomib, inj 3.5mg	5	PA
Bosulif, tab 400mg	5	PA
Braftovi, cap 50mg, 75mg	5	PA
Budesonide ER, tab 9mg	5	
Calquence, cap 100mg	5	PA
Cefotaxime, inj 1gm	1	
Cimduo, tab 300mg	5	

Drug Name	Drug Tier	Requirements/Limits
Cinvanti, inj 130/18ml	4	PA
Clinimix, sol 2.75%, 4.25%	3	PA
Crotan, lotion 10%	1	
Crysvita, inj 10mg/ml, 20mg/ml, 30mg/ml	5	
Dactinomycin, inj 0.5mg	5	PA
Daliresp, tab 250mcg	4	ST
Daptomycin, sol 350mg/ml	5	
Duloxetine, 40mg	2	ST
Efavirenz, cap 50mg, 200mg	4	
Efavirenz, tab 600mg	5	
Enbrel mini, inj 50mg/ml	5	PA
Erleada, tab 600mg	5	PA
Ertapenem, inj 1gm	2	
Esmolol hcl, sol 2000mg/100ml, 2500mg/250ml	4	
Estradiol, cream 0.01%	2	
Fluoxetine, tab 60mg	2	ST
Gablofen, inj 10000/20	4	PA
Gablofen, inj 40000/20	5	PA
Ganciclovir, inj 500mg	2	
Gemcitabine, inj 1.5gm/15ml, 1gm/10ml, 2gm/20ml, 200mg	2	
Gentamicin, oint 0.1%	1	
Gilenya, cap 0.25mg	5	
Heplisav-B, inj 20/0.5ml	4	PA
Humira, inj 10/0.1ml, 20/0.2ml, 40/0.4ml	5	PA
Humira Pedia, inj Crohns	5	PA
Humira Pen, inj 40/0.4ml	5	PA
Humira Pen, kit CD/UC/HS, PS/UV	5	PA
Hyperrab, inj 300 unit, 1500 unit	3	
Imbruvica, cap 70mg	5	PA
Imbruvica, tab 140mg, 280mg, 420mg, 560mg	5	PA
Imvexxy, susp 4mcg, 10mcg	4	
Juluca, tab 50-25mg	5	
Jynarque, pak 45-15mg, 60-30mg, 90-30mg	5	PA
Kaspargo, cap 25mg, 50mg, 100mg, 200mg	4	
Ketoprofen, cap 25mg	2	
Kyprolis, sol 10mg	5	
Lucemyra, tab 0.18mg	4	
Mavyret	5	PA
Mektovi, tab 15mg	5	PA
Memantine ER, cap 7mg, 14mg, 21mg, 28mg	2	
Mesalamine DR, tab 800mg	4	
Methadone, inj 10mg/ml	2	
Methylphenidate, tab 72mg ER	2	QL

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Drug Name	Drug Tier	Requirements/Limits
Methylprednisolone, susp 50mg/ml	2	
Metronidazole, inj 5mg/ml	2	
Miglustat, cap 100mg	5	PA
Morphine sulfate, inj 4mg/ml, 5mg/ml, 8mg/ml, 10mg/ml	2	
Movantik	4	QL
Nevirapine, susp 50mg/5ml	2	
Norvir, powder 100mg	3	
Nuplazid, cap 34mg	5	PA, QL
Nuplazid, tab 10mg	5	PA, QL
Opdivo, inj 240mg/24ml	5	PA
Oseltamivir, susp 6mg/ml	2	
Palonosetron, inj 0.25/2ml	4	
Phentolamine, inj 5mg	1	
Praziquantel, tab 600mg	2	
Prevymis, inj 240/12, 480/24	5	PA
Prevymis, tab 240mg, 480mg	5	
Procainamide, inj 100mg/ml, 500mg/ml	1	
Prolastin-C, inj 1000mg	5	PA
Qvar rediha, aer 80mcg	3	ST
Rhopressa, sol 0.02%	4	
Ritonavir, tab 100mg	2	
Roxybond, tab 15mg, 30mg	5	QL
Rytary	4	
Shingrix, inj 50mcg	3	
Siklos, tab 100mg	4	
Symdeko, tab 100-150	5	PA
Symfi, tab	5	
Symfi Lo, tab	5	
Symproic	4	QL
Symtuza	5	
Tadalafil, tab 20mg	5	PA
Tasigna, cap 50mg	5	PA
Temsirolimus, sol 25mg/ml	5	
Tiagabine, tab 12mg, 16mg	2	
Tibsovo, tab 250mg	5	PA
Tigecycline, inj 50mg	3	
Timolol maleate, ophth soln 0.5% (once daily)	2	
Trientine, cap 250mg	5	
Trogarzo, inj 150mg/ml	5	
Xeljanz	5	PA
Yonsa, tab 125mg	5	PA
Zenpep, cap 1000 unit, 3000 unit, 15000 unit	3	

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HMO Deletions

Drug Name
Aggrenox, cap 25-200mg
Amlodipine/Olmesartan, tab 5-20mg, 5-40mg, 10-20mg, 10-40mg
Augmentin, susp 125/5ml
Butrans, dis 5mcg/hr, 10mcg/hr, 15mcg/hr, 20mcg/hr
Cafergot, tab 1-100mcg
CGMS, mis software
CGMS cable, mis
Cordran, lotion 0.05%
Cordran, oint 0.05%
Crestor, tab 5mg, 10mg, 20mg, 40mg
Cytra-3, syp
Dexcom G5, mis receiver
Dexcom G5, mis transmitter
Edecrin, tab 25mg
Emend, cap 40mg, 80mg
Emend Tripak, pak 80 & 125
Enlite Gluco, mis sensor
Epzicom, tab 600-300
Eryped, susp 400/5ml
Esomepra mag DR, cap 20mg, 40mg
Famotidine, inj 40mg/4ml
Fluocinonide, cream 0.1%
G4 platinum ped, mis receiver/shar
G4 platinum, mis pediatric, receiver/shar, receiver, transmitter
G4 sensor, mis
G5/G4, mis sensor
Gleevec, tab 100mg, 400mg
Guardian, mis transmitter
Guardian RT, kit, kit starter, kit system ped, kit system, mis charger, mis replace ped, mis replace, mis software, mis tst plug
Kaletra, sol
Methamphetamine, tab 5mg
Minimed, mis sensor
Neostigmine, inj 5mg/10ml
Neostigmine meth, inj 10/10ml
Nilandron, tab 150mg
Olm med/hctz, tab 20-12.5, 40-12.5, 40-25mg
Olmesa medox, tab 5mg, 20mg, 40mg
Olmeptra/bicar, cap 20-1100, 40-1100
Ondansetron, inj 40/20ml

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Drug Name
Pataday, sol 0.2%
Peg-intron, kit 50mcg
Pristiq, tab 25mg, 50mg, 100mg
Real-time, kit
Relion all, mis in-one
Scopolamine, dis 1mg/3 day
Selenium sul, sha 2.25%
Seroquel XR, tab 50mg, 150mg, 200mg, 300mg, 400mg
Sidekick, kit system
Sodium chloride, inj 0.9%
Sof-sensor, mis
Strattera, cap 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg
Synera, dis 70-70mg
Test plug, mis
Transmitter, mis tape
Tropicamide OP, sol 0.5%
Vagifem, tab 10mcg
Valcyte, sol 50mg/ml
Zetia, tab 10mg

+ This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Health Alliance Medicare Services at the number on your member ID card.

^ We provide coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information.

* This prescription drug will be provided at zero cost-sharing the first time you fill it.

PA This means the drug needs **Prior Authorization** from Health Alliance Medicare before a prescription can be filled.

ST This means the drug is subject to **Step Therapy** requirements.

QL This means the drug has a **Quantity Limit** per prescription.

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