

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
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
Alunbrig, initiation pak, 90mg, 180mg	5	PA
Atazanavir, cap 150mg, 200mg, 300mg	5	
Biktarvy, 50-200-25 tab	5	
Bortezomib, inj 3.5mg	5	PA
Bosulif, tab 400mg	5	PA
Calquence, cap 100mg	5	PA
Cefotaxime, inj 1gm	1	
Cinvanti, inj 130/18ml	4	PA
Clinimix, sol 2.75%, 4.25%	3	PA
Dactinomycin, inj 0.5mg	5	PA
Efavirenz, cap 50mg, 200mg	4	
Efavirenz, tab 600mg	5	
Enbrel mini, inj 50mg/ml	5	PA
Erleada, tab 600mg	5	PA
Esmolol hcl, sol 2000mg/100ml, 2500mg/250ml	4	

Drug Name	Drug Tier	Requirements/Limits
Estradiol, cream 0.01%	2	
Fluoxetine, tab 60mg	2	ST
Gablofen, inj 10000/20	4	PA
Gablofen, inj 40000/20	5	PA
Gemcitabine, inj 1.5gm/15ml, 1gm/10ml, 2gm/20ml, 200mg	2	
Gentamicin, oint 0.1%	1	
Juluca, tab 50-25mg	5	
Mavyret	5	PA
Methadone, inj 10mg/ml	2	
Methylphenidate, tab 72mg ER	2	QL
Metronidazole, inj 5mg/ml	2	
Opdivo, inj 240mg/24ml	5	PA
Oseltamivir, susp 6mg/ml	2	
Phentolamine, inj 5mg	1	
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
Shingrix, inj 50mcg	3	
Symdeko, tab 100-150	5	PA
Tigecycline, inj 50mg	3	
Timolol maleate, ophth soln 0.5% (once daily)	2	
Trientine, cap 250mg	5	
Zenpep	3	

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

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Drug Name
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, tab100mg, 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
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

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Drug Name
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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Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. Anruf 1-800-965-4022 (TTY: 711).

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