

Medicare Part D Formulary Changes



Please note the following revisions, additions and deletions to the January 1, 2017, Health Alliance Medicare formulary. These changes apply to Medicare members in Illinois, Indiana, Iowa, Ohio and Washington. If you have any questions about the information here, please contact Health Alliance Medicare Services at 1-800-965-4022 for Illinois members, 1-877-917-8550 for Iowa members, 1-877-749-3253 for Indiana and Ohio members and 1-877-750-3350 for Washington members. TTY/TDD users, please call 711. Representatives are available 8 a.m. to 8 p.m., Monday through Friday.

HMO and HMO-POS Revisions

Drug Name	Drug Tier	Requirements/Limits
Abacavir/Lamivudine Tab/Zidovudine	5	
Adefovir Dipivoxil, Tab 10mg	4	PA
Alosetron, Tab 1mg, 0.5mg	5	
Amitiza	3	QL
Apriso	3	
Aptivus, Cap 250mg	5	
Aripiprazole, Tab 10mg ODT, 15mg ODT	5	
Aristada, Inj 441mg/1, 662mg/2, 882mg/3	5	ST
Astagraf XL, Cap 5mg	5	
Atovaquone, Susp 750/5ml	5	
Banzel, Susp 40mg/ml	5	
Banzel, Tab 200mg, 400mg	5	
Budesonide, Cap 3mg/24hr	4	
Clozapine, Tab 200/ODT	5	
Corlanor	3	
Crestor	4	
Cuprimine, Cap 250mg	5	
Cystadane, Powder	5	
Daraprim, Tab 25mg	5	
Depen Titra, Tab 250mg	5	
Diclofenac, Gel 3%	5	
Dificid, Tab 200mg	5	ST
Dipentum, Cap 250mg	5	
Doxycycline, Cap 75mg, 150mg	5	
Edurant, Tab 25mg	5	
Eliquis	3	
Emsam, Dis 6mg/24hr, 9mg/24hr, 12mg/24hr	5	QL
Entresto	3	
Fentanyl OT, Loz 200mcg	4	QL
Ferriprox, Tab 500mg	5	
Flucytosine, Cap 250mg, 500mg	5	
Fluorouracil, Cream 0.5%	5	
Fosrenol, Chew 500mg, 750mg, 1000mg	5	
Fosrenol, Powder 750mg, 1000mg	5	

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Drug Name	Drug Tier	Requirements/Limits
Invega Sustenna, Inj 78/0.5ml	5	ST
Invirase, Cap 200mg	5	
Invirase, Tab 500mg	5	
Kineret	5	PA
Latuda, Tab 20mg, 40mg, 60mg, 80mg, 120mg	5	ST
Lazanda, Spr 100mcg, 400mcg	5	PA
Lexiva, Tab 700mg	5	
Methoxsalen, Cap 10mg	5	
Myobloc, Inj 5000/ml	4	
Nilandron, Tab 150mg	5	
Nimodipine, Cap 30mg	5	
Noxafil, Susp 40mg/ml	5	PA
Noxafil, Tab 100mg	5	PA
Nuplazid	5	PA
Phenoxybenzamine, Cap 10mg	5	
Premarin, Cream	3	
Prezista, Tab 600mg	5	
Procysbi, Cap 75mg	5	PA
Proglycem, Susp 50mg/ml	5	
Purixan, Susp 20mg/ml	5	
Rapamune, Sol 1mg/ml	5	
Regranex, Gel 0.01%	5	PA
Relistor, Inj 12/0.6ml	5	PA
Rexulti, Tab 0.25mg, 0.5mg, 1mg, 2mg, 3mg, 4mg	5	ST
Ridaura, Cap 3mg	5	
Risperdal, Inj 25mg	5	ST
Rituxan	5	PA
Seroquel XR, Tab 400mg	5	
Sporanox, Sol 10mg/ml	5	
Sustiva, Tab 600mg	5	
Syprine, Cap 250mg	5	
Targetin, Gel 1%	5	PA
Trokendi XR, Cap 200mg	5	
Tyzeka, Tab 600mg	5	PA
Valganciclovir, Tab 450mg	5	
Veregen, Oint 15%	5	
Viracept, Tab 250mg, 625mg	5	
Voriconazole, Susp 40mg/ml	5	PA
Zelapar, Tab 1.25mg	5	
Zyprexa Relprevv, Inj 210mg, 300mg, 405mg	5	

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HMO and HMO-POS Additions

Drug Name	Drug Tier	Requirements/Limits
Abacavir, 20mg/ml sol	2	
Abatacept, 125mg/ml	5	PA
Aliqopa, 60mg inj	5	PA
Alunbrig	5	PA
Aprepitant (Emend), 40mg	4	PA
Aristada, 1064mg inj	5	ST
Atomoxetine, 10mg, 18mg, 25mg, 40mg, 60mg, 80mg, 100mg cap	2	
Aubagio	5	
Avonex	5	
Bavencio, 20mg/ml inj	5	PA
Besponsa	5	PA
Betaseron	5	
Caspofungin, 50mg inj	1	
Chlorzoxazone	5	
Clofarabine	3	
Daxbia, 333mg	4	
Desloratadine	2	
Dexmethylphenidate ER CP24, 25mg, 35mg	2	QL
Docetaxel	4	
Doxepin hcl, 75mg cap	4	PA
Doxorubicin, 2mg/ml	1	PA
Elitek	5	PA
Enbrel	5	
Epirubicin, 2mg/ml inj	1	
Esbriet, 267mg, 801mg	5	PA
Extavia	5	
Fosamprenavi, 700mg tab	5	
Gammaplex	5	PA
Gilenya	5	
Glatiramier, 40mg/ml inj	5	
Haegarda	5	PA
Herceptin, 150mg	3	PA
Hiberix	4	
Idhifa, tab 50mg, 100mg	5	PA
Ilaris, 150mg/ml inj	5	PA
Imfinzi	5	PA
Ingrezza, 80mg cap	5	PA
Isoproteren, 0.2mg/ml inj	2	
Kisqali, 200mg, 200 Pak, 400 Pak	5	PA
Lanthanum	5	
Lartruvo, 190/19ml inj	5	PA

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Drug Name	Drug Tier	Requirements/Limits
Lemtrada	5	PA
Levoceterizine	2	
Levoleucovorin, 175mg inj	5	
Lialda	3	
Lidocaine, 1.5% inj	1	
Linzess, 72mcg	3	
Lynparza	5	PA
Mesalamine, tab 1.2gm	1	
Moxifloxacin, 0.5% sol, 400/250ml inj	2	
Mylotarg	5	PA
Myrbetriq	3	
Nerlynx, tab 40mg	5	PA
Olopatadine, 0.2% sol	2	
Orencia, 50/0.4, 87.5/0.7 inj	5	PA
Paroxetine, 7.5mg cap	2	
Pentobarbital	4	
Piperacillin/Tazobactam, 12/1.5gm	1	
Plegridy	5	
Prasugrel	2	
Rasagiline (Azilect), 0.5mg, 1mg	2	
Rubraca, 250mg tab	5	PA
Rydapt	5	PA
Scopolamine, disc 1mg/3 days	4	
Selenium Sulfate, 2.25% lotion	2	
Selzentry, 20mg/ml sol	5	
Selzentry, 25mg	4	
Selzentry, 75mg	5	
Sevelamer, 0.8gm, 2.4gm powder	2	
Sevelamer, tab 800mg	2	
Sodium Phenylbutyrate, 500mg tab	5	
Stamaril	4	
Stiolto	4	
Tepadina	5	PA
Tresiba	4	
Verzenio	5	PA
Vigabatrin	5	PA
Vyxeos	5	PA
Xatmep	4	
Xultophy 100u/3.6ml inj	4	ST
Zejula, 100mg	5	PA
Zepatier	5	PA
Zytiga, 500mg	5	PA

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HMO and HMO-POS Deletions

Drug Name
Abilify, Sol 1mg/ml
Androgel, Gel Pump 1%
Brintellix, 5mg, 10mg, 20mg
Cerebyx, Inj 100/2ml
Cialis, 2.5mg
Cordran, Cream
Denavir, Cream 1%
Eloxatin, Inj 50mg
Glyset
Invega, Tab 1.5mg, 3mg, 6mg, 9mg
Lincocin, Inj 300mg/ml
Lindane, 10mg/ml topical lotion
Mavik, 4mg
Megace ES, Susp 625/5ml
Mestinon, Tab Timespan
Myozyme
Namenda, Sol 10mg/5ml
Namenda, Tab 5-10mg, 5mg, 10mg
Oncaspar, 750 unit/ml
Orap, Tab 1mg, 2mg
Patanol, Sol 0.1% OP
Ponstel, 250mg
Pulmicort, Susp 1mg/2ml
Rebetol, 200mg
Relistor, Kit 12/0.6ml
Rythmol, 150mg
Surmontil, Cap 25mg, 50mg, 100mg
Targretin, Cap 75mg
Tikosyn
Tolcapone, Tab 100mg
Ultram, 100mg, 200mg
Viramune XR, Tab 100mg
Voltaren, Gel 1%
Xenazine, Tab 12.5mg, 25mg
Zemplar, Inj 2mcg/ml, 5mcg/ml
Zovirax, Cream 5%
Zyflo, Tab 600mg
Zyflo CR, Tab 600mg
Zyvox, Susp 100mg/5ml

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- + 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.

med-formulary17updates-1117 • Updated November 1, 2017

Y0034_16_40949

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ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. IA, IL, IN, OH: Llame 1-800-965-4022, WA Llame: 1-877-750-3350 (TTY: 711).

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انتباه: إذا كنت تتكلم العربية، فإن خدمات المساعدة اللغوية متوفرة لك مجاناً. إيلينوي، إنديانا، أو هاواي: اتصل بالرقم 1-800-965-4022، ولاية واشنطن: اتصل بالرقم: 1-877-750-3350 (إذا كنت تعاني من الصمم أو صعوبة في السمع فاتصل على الرقم 711)

Aufmerksamkeit: Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. IA, IL, IN, OH: Anruf 1-800-965-4022, WA: Anruf 1-877-750-3350 (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. IA, IL, IN, OH: Appelez 1-800-965-4022, WA: Appelez 1-877-750-3350 (TTY: 711).

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