

# Medicare Part D Formulary Changes



Please note the following revisions, additions and deletions to the 2018 Health Alliance Medicare formulary. These changes apply to Medicare members in Illinois, Iowa and western Indiana. If you have any questions about the information here, please contact Health Alliance Member Services at 1-800-965-4022. 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
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

## HMO and HMO-POS Additions

Drug Name	Drug Tier	Requirements/Limits
Bortezomib, inj 3.5mg	5	PA
Bosulif, tab 400mg	5	PA
Calquence, cap 100mg	5	PA
Cinvanti, inj 130/18ml	4	PA
Clinimix, sol 2.75%, 4.25%	3	PA
Efavirenz, cap 50mg, 200mg	4	
Enbrel mini, inj 50mg/ml	5	PA
Fluoxetine, tab 60mg	2	ST
Gablofen, inj 10000/20	4	PA
Gablofen, inj 40000/20	5	PA
Juluca, tab 50-25mg	5	
Methadone, inj 10mg/ml	2	
Metronidazole, inj 5mg/ml	2	
Oseltamivir, susp 6mg/ml	2	
Phentolamine, inj 5mg	1	
Prevymis, inj 240/12, 480/24	5	PA
Prevymis, tab 240mg, 480mg	5	

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Drug Name	Drug Tier	Requirements/Limits
Procainamide, inj 100mg/ml, 500mg/ml	1	
Qvar rediha, aer 80mcg	3	ST
Shingrix, inj 50mcg	3	
Tigecycline, inj 50mg	3	
Timolol maleate, ophth soln 0.5% (once daily)	2	

## HMO and HMO-POS 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

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Drug Name
Minimed, mis sensor
Neostigmine, inj 5mg/10ml
Neostigmine meth, inj 10/10ml
Nilandron, tab 150mg
Olm med/hetz, tab 20-12.5, 40-12.5, 40-25mg
Olmesa medox, tab 5mg, 20mg, 40mg
Olmepra/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
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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Esta información está disponible sin cargo en otros idiomas. Para obtener información adicional, llamar a nuestro número de servicio al cliente al 1-877-933-2564 (TTY: 711). Nuestro horario es de 8 a.m. a 8 p.m., los 7 días de la semana, 1 de octubre a 14 de febrero, y lunes a viernes el resto del año.