

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
Sabril	5	

HMO and HMO-POS 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	
Estradiol, cream 0.01%	2	

Drug Name	Drug Tier	Requirements/Limits
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 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

continued on next page

Drug Name
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/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

continued on next page

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.

med-ILIAformulary18updates-0318a • Updated March 1, 2018
Y0034_18_58214

Health Alliance Medicare is a Medicare Advantage Organization with a Medicare contract. Enrollment in Health Alliance Medicare depends on contract renewal. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments and restrictions may apply. Benefits and co-payments/co-insurance may change on January 1 of each year. This information is available for free in other languages. Please call our customer service number at 1-877-933-2564 (TTY: 711), 8 a.m. to 8 p.m. daily from October 1 to February 14 and weekdays the rest of the year.

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.

DISCRIMINATION IS AGAINST THE LAW

Health Alliance Medicare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Health Alliance Medicare does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Health Alliance Medicare:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact customer service.

If you believe that Health Alliance Medicare has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with: Health Alliance Medicare, Member Services, 301 S. Vine Street, Urbana, IL 61801, telephone: 1-800-965-4022 TTY: 711, fax: 217-337-3425, MemberServices@healthalliance.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Member Services is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, TTY: 1-800-537-7697.

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla Español, servicios de asistencia lingüística, de forma gratuita, están disponibles para usted. Llame 1-800-965-4022 (TTY: 711).

注意：如果你講中文，語言協助服務，免費的，都可以給你。呼叫 1-800-965-4022 (TTY: 711)。

UWAGA: Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. Zadzwoń 1-800-965-4022 (TTY: 711).

Chú ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi 1-800-965-4022 (TTY: 711).

주의: 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-965-4022 전화 (TTY: 711).

ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. Вызов 1-800-965-4022 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tumawag 1-800-965-4022 (TTY: 711).

1-800-965-4022 (TTY: 711): إذا كنت تتحدث اللغة العربية، خدمات المساعدة اللغوية، مجاناً، تتوفر لك. استدعاء

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

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez 1-800-965-4022 (TTY: 711).

ધ્યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. કોલ 1-800-965-4022 (TTY: 711).

注意：あなたは、日本語、無料で言語支援サービスを、話す場合は、あなたに利用可能です。1-800-965-4022コール (TTY: 711)。

LET OP: Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. Bel 1-800-965-4022 (TTY: 711).

УВАГА: Якщо ви говорите український, вставки послуги мовної допомоги, безкоштовно, доступні для вас. Виклик 1-800-965-4022 (TTY: 711).

ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. Chiamare 1-800-965-4022 (TTY: 711).

cmp-nondiscnotice15MW-0617