

Please note the following revisions, additions and deletions to the 2020 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 Member Services at 1-877-749-3253. TTY/TDD users, please call 711. Representatives are available 8 a.m. to 8 p.m. local time. Voicemail is used on holidays and weekends from April 1 to September 30.

HMO and HMO-POS Revisions

Drug Name	Drug Tier	Requirements/Limits
Humulin 70/30, inj 30unit/ml, 70unit/ml	1	
Humulin N, inj 100unit/ml	1	
Humulin R, inj 100unit/ml	1	
Proair HFA, aers 108mcg/act	2	
Ventolin HFA, aers 108mcg/act	2	

HMO and HMO-POS Additions

Drug Name	Drug Tier	Requirements/Limits
Ayvakit, tab 100mg, 200mg, 300mg	5	PA
Caplyta, cap 42mg	5	ST
Doxepin, tab 3mg, 6mg	2	
Droplet Micr Mis, 34GX9/64	3	
Enhertu, inj 100mg	5	PA
Everolimus, tab 0.25mg, 0.5mg, 0.75mg, 2.5mg, 5mg, 7.5mg	5	PA
Herzuma, inj 150mg, 420mg	5	PA
Ibrance, tab 75mg	5	PA
Padcev, inj 20mg, 30mg	5	PA
Penicillamin, tab 250mg	5	
Pentamidine INH, soln 300mg	2	
Procysbi, gra 75mg, 300mg	5	PA
Pyrimethamin, tab 25mg	5	
Sarclisa, sol 100/5ml, 500/25ml	5	PA
Secuado, dis 3.8mg, 5.7mg, 7.6mg	4	ST
Valtoco, liq 15mg, 20mg	5	
Valtoco, spr 5mg, 10mg	5	
Xeljanz XR, tab 22mg	5	PA
Ziprasidone, inj 20mg	2	

HMO and HMO-POS Deletions

Drug Name
-none-

- + This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Member 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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If you need these services, contact customer service.

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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. IA, IL, IN, OH: Llame 1-800-965-4022, WA Llame: 1-877-750-3350 (TTY: 711).

注意: 如果你講中文, 語言協助服務, 免費的, 都可以給你。IA, IL, IN, OH: 呼叫 1-800-965-4022, WA: 呼叫 1-877-750-3350 (TTY: 711)。

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Chú ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. IA, IL, IN, OH: Gọi 1-800-965-4022, WA: Gọi 1-877-750-3350 (TTY: 711).

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ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. IA, IL, IN, OH: Вызов 1-800-965-4022, WA: Вызов 1-877-750-3350 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. IA, IL, IN, OH: Tumawag 1-800-965-4022, WA: Tumawag 1-877-750-3350 (TTY: 711).

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).

ધ્યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. IA, IL, IN, OH: કોલ 1-800-965-4022, WA: કોલ 1-877-750-3350 (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 IA, IL, IN, OH: コール 1-877-750-3350 WA: コール (TTY: 711)。

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