

Medicare Part D Formulary Changes



Please note the following revisions, additions and deletions to the 2019 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. 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
Aranesp	5	
Epogen	4	
Noxafil, inj 300mg/16.7ml	4	
Noxafil, susp 40mg/ml	5	
Noxafil, tab 100mg	5	
Procrit	5	
Vancomycin, inj 250mg	2	
Voriconazole	5	

HMO and HMO-POS Additions

Drug Name	Drug Tier	Requirements/Limits
Aemcolo, tab 194mg	3	QL
Acyclovir, cream 5%	2	
Aminocaproic acid, tab 500mg, 1000mg	2	
Argatroban in sodium chloride, IV 0.9% 50mg/50ml	5	
Baclofen intrathecal	2	
Buprenorphine hcl-naloxone hcl SL, film 2-0.5mg, 4-1mg, 12-3mg	2	QL
Calcium gluconate sodium, inj	2	
Cinacalcet, tab	5	
Elzonris, sol 1000mcg	5	PA
Glycopyrrolate, inj 0.2mg/ml, 0.4mg/2ml	2	
Krintafel, tab 100mg/150mg	3	QL
Levorphanol tartrate, tab 3mg	5	QL
Levothyroxin, inj	2	
Mesalamine, suppository 1000mg	2	
Nivestym	5	
Nuzyra, tab 150mg	5	
Pifeltro, tab 100mg	5	
Pimecrolimus, cream 1%	2	
Promacta, powder 12.5mg	5	PA
Ranolazine, tab 500mg ER, 1000mg	2	
Sevelamer hcl, tab 800mg	2	
Sirolimus, sol 1mg/ml	5	PA
Toremifene, tab 60mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
Treprostinil, inj 1mg/ml, 2.5mg/ml, 5mg/ml, 10mg/ml	5	PA
Tresciba, inj 100 unit	4	QL
Vancomycin, inj 1.25gm	4	
Vigabatrin, tab 500mg	5	
Xerava, sol 50mg	5	
Xofluza, tab 20mg, 40mg	4	
Xospata, tab 40mg	5	PA
Zemdri, inj 500mg/10ml	5	

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 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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If you need these services, contact customer service.

If you believe that Health Alliance 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, 3310 Fields South Drive, Champaign, IL 61822 or 316 Fifth Street, Wenatchee, WA 98801, telephone for members in Illinois, Indiana, Iowa and Ohio: 1-800-965-4022; telephone for members in Washington: 1-877-750-3350 TTY: 711, fax: 217-902-9705, 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. 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)。

UWAGA: Jeśli mówić Polskie, usługi pomocy języka, bezpłatnie, są dostępne dla Ciebie. IA, IL, IN, OH: Zadzwoń 1-800-965-4022, WA: Zadzwoń 1-877-750-3350 (TTY: 711).

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주의: 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-965-4022 IA, IL, IN, OH: 전화 WA: 1-877-750-3350 전화 (TTY: 711).

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)。

LET OP: Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. IA, IL, IN, OH: Bel 1-800-965-4022, WA: Bel 1-877-750-3350 (TTY: 711).

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