

Please note the following revisions, additions and deletions to the 2019 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 Health Alliance 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
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

continued on next page

Drug Name	Drug Tier	Requirements/Limits
Toremifene, tab 60mg	5	PA
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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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).

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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).

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).

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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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