

# Medicare Part D Formulary Changes



Please note the following revisions, additions and deletions to the 2020 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 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
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
Ajovy, inj 225/1.5	4	PA
Ayvakit, tab 100mg, 200mg, 300mg	5	PA
Bafiertam, cap 95mg	5	QL 120/30
Caplyta, cap 42mg	5	ST
Cefepime, sol 100gm	3	
Cipro/Dexa, susp 0.3-0.1%	2	
Cyclophosphamide, inj 500mg, 1gm	5	
Cystadrops, sol 0.37%	5	PA, MDL 20/28 days
Darzalex, sol faspro 1800-30000mg-unit/15ml	5	PA
Diazoxide, susp 50mg/ml	5	
Dimethyl fumarate, cap 120mg DR, 240mg DR	5	QL 60/30
Doxepin, tab 3mg, 6mg	2	
Droplet Micr Mis, 34GX9/64	3	
Efavir/Lamiv, tab tenofovi	5	
Emtricitabin, cap 200mg	2	
Enhertu, inj 100mg	5	PA
Everolimus, tab 0.25mg, 0.5mg, 0.75mg, 2.5mg, 5mg, 7.5mg	5	PA
Ferprx 2-day, tab 1000mg	5	
Gavreto, cap 100mg	5	PA
Harvoni, pak 45-200mg	5	PA
Hizentra, inj 1gm/5ml, 2gm/10ml	5	PA
Hizentra, sol 20%	5	PA
Herzuma, inj 150mg, 420mg	5	PA
Ibrance, tab 75mg	5	PA
Inqovi, tab 35-100mg	5	PA
Jynarque, pak 30-15mg	5	PA
Jynarque, tab 15mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
Koselugo, cap 10mg	5	PA
Loperamide, sol 1/7.5ml, 2mg/15ml	2	
Metformin, sol 500/5ml	1	
Metyrosine, cap 250mg	5	
Monjuvi, inj 200mg	5	PA
Nicardipine, sol 20/200ml, 40/200ml	3	
Nymalize, sol 6mg/ml	5	
Ontruzant, inj 150mg, 420mg	5	PA
Onureg, tab 200mg, 300mg	5	
Ortikos, er cap 6mg, 9mg	5	
Paclitaxel, inj 100/16.7	1	
Padcev, inj 20mg, 30mg	5	PA
Paraplatin, inj 1000mg	1	
Peg/Nasul C, sol nacl/pot	2	
Penicillamin, tab 250mg	5	
Pentamidine INH, soln 300mg	2	
Procysbi, gra 75mg, 300mg	5	PA
Promacta, pak 25mg	5	PA
Pyrimethamin, tab 25mg	5	
Qinlock, tab 50mg	5	PA
Retevmo, cap 40mg, 80mg	5	PA
Romidepsin, inj 27.5mg	5	
Rukobia, er tab 600mg	5	
Sapropterin, pow 100mg, 500mg	5	PA
Sapropterin, tab 100mg	5	PA
Sarclisa, sol 100/5ml, 500/25ml	5	PA
Secuado, dis 3.8mg, 5.7mg, 7.6mg	4	ST
Sirturo, tab 20mg	5	PA
Solvaldi, pak 150mg, 200mg	5	PA
Tabrecta, tab 150mg, 200mg	5	PA
Teriparatide, inj	5	PA
Thiotepa, inj 100mg	5	PA
Tivicay PD, tab 5mg	4	
Tolvaptan, tab 30mg	5	PA
Valtoco, liq 15mg, 20mg	5	
Valtoco, spr 5mg, 10mg	5	
Vancomycin, inj 750mg, 1.25gm	4	
Vancomycin, sol 1.75gm	4	
Xcorpi, pak 12.5-25mg	4	
Xcorpi, pak 50-100mg, 150-200mg	5	
Xcorpi, tab 50mg, 100mg, 150mg, 200mg	5	
Xeljanz XR, tab 22mg	5	PA

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Drug Name	Drug Tier	Requirements/Limits
Xpovio, pak 40mg (40mg once weekly), 40mg (40mg twice weekly), 60mg (60mg twice weekly)	5	PA
Zepzelca, sol 4mg	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.