

Medicare Part D Formulary Changes

HealthAlliance**MEDICARE**

Please note the following revisions, additions and deletions to the January 1, 2012, Health Alliance Medicare formulary. If you have any questions about the information here, please contact Health Alliance Medicare Services at 1-800-965-4022, TTY/TDD 1-800-526-0844 (Illinois Relay). Representatives are available 8 a.m. to 8 p.m., Monday through Friday.

Additions

Brand Name	Dosage	Dosage Form	Tier	Requirements/ Limits	Therapeutic Category	Effective Date
CONZIP	100 MG	CPMP 25-75	4		OPIATE AGONISTS	1/1/2012
fondaparinux sodium	2.5 MG/ 0.5	DISP SYRIN	1		ANTICOAGULANTS	1/1/2012
NUCYNTA ER	100 MG	TAB ER 12H	4		OPIATE AGONISTS	1/1/2012
SYLATRON 4-PACK	444 MCG	KIT	5	PA	OPIATE AGONISTS	1/1/2012

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PA - This abbreviation indicates the drug needs **Prior Authorization** from Health Alliance Medicare before a prescription can be filled.

ST - This abbreviation indicates the drug is subject to **Step Therapy** requirements.

QL - This abbreviation indicates the drug has a **Quantity Limit** per prescription.

* This prescription drug will be provided at zero cost-sharing the first time you fill it.

+ This prescription may be available only at certain pharmacies. For more information, consult your Pharmacy Directory or call Health Alliance Medicare Services at 1-800-965-4022. TTY/TDD users should call 1-800-526-0844 (Illinois Relay).