



HELP YOUR PATIENTS SAVE MONEY ON MEDS

When prescribing medications to Health Alliance Medicare Advantage members, please keep in mind they have no copay and no deductible for Tier 1 generics at preferred cost-sharing pharmacies. Below are some of the most-prescribed drug classes for our Medicare Advantage members with lower-cost options listed.

Statins

- Prescribe Atorvastatin or Simvastatin
- Avoid Livalo and Fluvastatin
- Average savings of \$200 per prescription

Beta Blockers

- Prescribe Metoprolol Tartrate or Atenolol
- Avoid Bystolic
- Average savings of \$100 per prescription

ACE Inhibitors

- Prescribe Lisinopril or Benazepril
- Avoid Captopril
- Average savings of \$65 per prescription

Calcium Channel Blockers

- Prescribe Amlodipine, Verapamil or Verapamil ER tablets
- Avoid Nisoldipine ER and Verapamil ER capsules
- Average savings of \$50 per prescription

Proton Pump Inhibitors*

- Prescribe Omeprazole or Pantoprazole
- Avoid Dexilant and Esomeprazole
- Average savings of \$200 per prescription

Thyroid Hormones

- Prescribe Levothyroxine
- Avoid Armour Thyroid or NP Thyroid and Tirosint
- Average savings of \$70 per prescription

Our members can also call the Customer Service number on the back of their ID cards to have a pharmacist review their medications to see if lower-cost options are available.

Note: Estimated savings are based on the Health Alliance drug formulary. *Should be limited to eight weeks of therapy for most patients. Recent addition to Beers List due to C. diff and bone-loss risk. These recommendations should not outweigh clinical considerations for choosing higher-cost drugs. Please note that prescribing more costly drugs can cause members to hit the coverage gap earlier in the year.

DISCRIMINATION IS AGAINST THE LAW

Health Alliance complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Health Alliance does not exclude people or treat them differently because of race, color, national origin, age, disability or sex. Health Alliance:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

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 Medical Plans, Customer Service, 3310 Fields South Drive, Champaign, IL 61822, telephone: 1-800-851-3379, TTY: 711, fax: 217-902-9705, CustomerService@healthalliance.org. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, Customer Service 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. Llame 1-800-851-3379 (TTY: 711).

注意：如果你講中文，語言協助服務，免費的，都可以給你。呼叫1-800-851-3379 (TTY: 711)。

Polish: UWAGA: Je li mówią Polskie, usługi pomocy językowej, bezpłatnie, są dostępne dla Ciebie. Zadzwoń 1-800-851-3379 (TTY: 711).

Chú ý: Nếu bạn nói Tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ, miễn phí, có sẵn cho bạn. Gọi 1-800-851-3379 (TTY: 711).

주의: 당신이 한국어, 무료 언어 지원 서비스를 말하는 경우 사용할 수 있습니다. 1-800-851-3379 전화 (TTY: 711).

ВНИМАНИЕ: Если вы говорите русский, вставки услуги языковой помощи, бесплатно, доступны для вас. Вызов 1-800-851-3379 (TTY: 711).

Pansin: Kung magsalita ka Tagalog, mga serbisyo ng tulong sa wika, nang walang bayad, ay magagamit sa iyo. Tumawag 1-800-851-3379 (TTY: 711).

استدعاء: إذا كنت تتحدث اللغة العربية، خدمات المساعدة اللغوية، مجاناً، تتوفر لك. 1-800-851-3379 (TTY: 711).

Wenn Sie Deutsch sprechen, Sprachassistentendienste sind kostenlos, zur Verfügung. Anruf 1-800-851-3379 (TTY: 711).

ATTENTION: Si vous parlez français, les services d'assistance linguistique, gratuitement, sont à votre disposition. Appelez 1-800-851-3379 (TTY: 711).

ધ્યાન: તમે વાત તો ગુજરાતી, ભાષા સહાય સેવાઓ, મફત, તમારા માટે ઉપલબ્ધ છે. કોલ 1-800-851-3379 (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。1-800-851-3379コール (TTY: 711)。

LET OP: Als je spreekt pennsylvania nederlandse, taalkundige bijstand diensten, gratis voor u beschikbaar zijn. Bel 1-800-851-3379 (TTY: 711).

УВАГА: Якщо ви говорите український, вставки послуги мовної допомоги, безкоштовно, доступні для вас. Виклик 1-800-851-3379 (TTY: 711).

ATTENZIONE: Se si parla italiano, servizi di assistenza linguistica, a titolo gratuito, sono a vostra disposizione. Chiamare 1-800-851-3379 (TTY: 711).