

Annual Notice of Change for 2022

Medicare Part D Formulary Changes



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Please note the following revisions, additions and deletions to the 2022 Simplete formulary. These changes apply to Medicare members in Illinois and western Indiana. If you have any questions about the information here, please contact Member Services at (800) 933-8475. 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.

Additions MAPD and PDP

Drug Name	Drug Tier	Requirements/Limits
COSENTYX INJ 150MG/ML	5	PA
COSENTYX PEN INJ 150MG/ML	5	PA
COSENTYX PEN INJ 300DOSE	5	PA
DEXILANT CAP 30MG DR	4	ST
DEXILANT CAP 60MG DR	4	ST
DUEXIS TAB 800-26.6	4	ST
LUMIGAN SOL 0.01%	3	
NEXLIZET TAB 180/10MG	3	PA, QL (#30/30)
NOVOLOG INJ 100/ML	4	ST, QL (60ml/30 days)
NOVOLOG INJ FLEXPEN	4	ST, QL (60ml/30 days)
NOVOLOG INJ PENFILL	4	ST, QL (60ml/30 days)
NOVOLOG INJ RELION	4	ST, QL (60ml/30 days)
NOVOLOG MIX INJ 70/30	4	ST, QL (60ml/30 days)
NOVOLOG MIX INJ FLEX REL	4	ST, QL (60ml/30 days)
NOVOLOG MIX INJ FLEXPEN	4	ST, QL (60ml/30 days)
NOVOLOG RELI INJ 70/30	4	ST, QL (60ml/30 days)
OXERVATE SOL 20MCG/ML	5	PA
RETACRIT INJ 10000UNT	4	PA
RETACRIT INJ 20000UNI	4	PA
RETACRIT INJ 3000UNIT	4	PA
RETACRIT INJ 40000UNT	4	PA
RETACRIT INJ 4000UNIT	4	PA
ROCKLATAN DRO	4	
RUXIENCE INJ 100/10ML	5	PA
RUXIENCE INJ 500/50ML	5	PA
TREMFYA INJ 100MG/ML	5	PA
VYZULTA SOL 0.024%	4	
XERMELO TAB 250MG	5	PA, QL (#90/30 days)

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Changes MAPD and PDP

Drug Name	Drug Tier	Requirements/Limits
ACTHIB INJ	Tier 3	
ACYCLOVIR CRE 5%	Tier 4	
ACYCLOVIR OIN 5%	Tier 4	
ADCETRIS INJ 50MG	Tier 5	
ADEFOV DIPIV TAB 10MG	Tier 2	
ALBUTEROL AER HFA (*some formulations)	Tier 1	
AMOXAPINE TAB 100MG	Tier 2	
AMOXAPINE TAB 150MG	Tier 2	
AMOXAPINE TAB 25MG	Tier 2	
AMOXAPINE TAB 50MG	Tier 2	
ARALAST NP INJ 500MG	Tier 4	PA
ATOVAQUONE SUS 750/5ML	Tier 2	
AZITHROMYCIN INJ 500MG	Tier 2	
BACLOFEN INJ 40MG/20	Tier 2	B/D
BEXSERO INJ	Tier 3	
BUPROPN HCL TAB 450MG XL	Tier 4	ST
BYDUREON BC INJ 2/0.85ML	Tier 4	no ST
BYDUREON PEN INJ 2MG	Tier 4	no ST
BYNFEZIA PEN INJ 2500MCG	Tier 4	PA
CABENUVA SUS 400-600	Tier 5	PA
CABENUVA SUS 600-900	Tier 5	PA
CARB/LEVO ER TAB 25-100MG	Tier 2	
CARB/LEVO ER TAB 50-200MG	Tier 2	
CASPOFUNGIN INJ 70MG	Tier 4	
CEFIXIME CAP 400MG	Tier 2	
CINACALCET TAB 60MG	Tier 4	
CODEINE SULF TAB 15MG	Tier 2	QL (180 per 30 days)
CODEINE SULF TAB 30MG	Tier 2	QL (180 per 30 days)
CODEINE SULF TAB 60MG	Tier 2	QL (180 per 30 days)
COLISTIMETH INJ 150MG	Tier 4	
CROMOLYN SOD CON 100/5ML	Tier 4	
CROMOLYN SOD NEB 20MG/2ML	Tier 4	B/D
CYCLOPHOSPH INJ 1GM	Tier 2	
CYCLOPHOSPH INJ 500MG	Tier 2	
DEFEROX MESY INJ 500MG	Tier 5	PA
DIASTAT ACDL GEL 12.5-20	Tier 4	
DIASTAT PED GEL 2.5M GEL	Tier 4	
DIAZOXIDE SUS 50MG/ML	Tier 2	
DIFICID SUS	Tier 5	NO ST
DIFICID TAB 200MG	Tier 5	NO ST

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Drug Name	Drug Tier	Requirements/Limits
DIMETHYL FUM MIS STARTER	Tier 5	QL (#120/365)
DIPHEN/ATROP LIQ 2.5/5	Tier 4	
DIPHEN/ATROP TAB	Tier 4	
DIPHEN/ATROP TAB 2.5/.025	Tier 4	
DIPHEN/ATROP TAB 2.5MG	Tier 4	
DOCETAXEL INJ 160/16ML	Tier 2	
DOCETAXEL INJ 160/8ML	Tier 2	
DOCETAXEL INJ 200/10	Tier 2	
DOCETAXEL INJ 20MG/ML	Tier 2	
DOCETAXEL INJ 80MG/4ML	Tier 2	
DOCETAXEL INJ 80MG/8ML	Tier 2	
DURAMORPH INJ 0.5MG/ML	Tier 2	B/D
DURAMORPH INJ 1MG/ML	Tier 2	B/D
EFAVIRENZ CAP 200MG	Tier 4	
EFAVIRENZ TAB 600MG	Tier 4	
EMGALITY INJ 120MG/ML	Tier 4	Pa; QL (2ml/28 days)
ENGERIX-B INJ 10/0.5ML	Tier 3	B/D
ENOXAPARIN INJ 120/0.8	Tier 4	QL (inc) (35ml/90 days)
ENOXAPARIN INJ 60/0.6ML	Tier 4	QL (inc) (35ml/90 days)
EPOPROSTENOL INJ 0.5MG	Tier 2	PA
ERY PAD 2%	Tier 2	
ERYTHROMYCIN GEL 2%	Tier 2	
ETRAVIRINE TAB 100MG	Tier 4	
EVEROLIMUS TAB 0.25MG	Tier 2	B/D
FLOXURIDINE INJ 0.5GM	Tier 2	B/D
FLUDARABINE INJ 50MG/2ML	Tier 1	
FLUOCINONIDE GEL 0.05%	Tier 4	
FLUOCINONIDE OIN 0.05%	Tier 4	
FLURANDRENOL CRE 0.05%	Tier 4	
FLURANDRENOL OIN 0.05%	Tier 4	
FLUVOXAMINE CAP 100MG ER	Tier 4	no ST
FLUVOXAMINE CAP 150MG ER	Tier 4	no ST
FORFIVO XL TAB 450MG	Tier 4	ST
GEMCITABINE INJ 1GM/26.3ML	Tier 2	
GEMCITABINE INJ 200MG/5.26ML	Tier 2	
GEMCITABINE INJ 2GM/52.6ML	Tier 2	
GENTAMICIN CRE 0.1%	Tier 2	
GENTAMICIN OIN 0.1%	Tier 2	
GLYDO GEL 2%	Tier 1	PA; QL (30ml/ 30 days)
HAVRIX INJ 1440UNIT	Tier 3	
HAVRIX INJ 720UNIT	Tier 3	
HEP SOD/NACL INJ 25000UNT	Tier 2	

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Drug Name	Drug Tier	Requirements/Limits
HEPARIN/NACL INJ 25000UNT	Tier 2	
HIBERIX SOL 10MCG	Tier 3	
HUMULIN INJ 70/30	Tier 2	Select Insulin; QL (60ml/ 30 days)
HUMULIN N INJ U-100	Tier 2	Select Insulin; QL (60ml/ 30 days)
HUMULIN R INJ U-100	Tier 2	Select Insulin; QL (60ml/ 30 days)
HYDRO/ACETA SOL 10-325MG	Tier 4	QL (2700ml/ 30 days)
HYDROCORT ENE 100MG	Tier 4	
HYDROCORT TAB 10MG	Tier 2	
HYDROCORT TAB 20MG	Tier 2	
HYDROCORT TAB 5MG	Tier 2	
HYPERHEP B INJ	Tier 4	B/D
IDARUBICIN INJ 10/10ML	Tier 2	
IDARUBICIN INJ 20/20ML	Tier 2	
IDARUBICIN INJ 5MG/5ML	Tier 2	
IMVEXXY MAIN SUP 10MCG	Tier 4	PA
IMVEXXY MAIN SUP 4MCG	Tier 4	PA
IMVEXXY STRT SUP 10MCG	Tier 4	PA
IMVEXXY STRT SUP 4MCG	Tier 4	PA
INTELENCE TAB 100MG	Tier 4	
INVOKAMET TAB 150-1000	Tier 3	dropped ST; QL (60/30 days)
INVOKAMET TAB 150-500	Tier 3	dropped ST; QL (60/30 days)
INVOKAMET TAB 50-1000	Tier 3	dropped ST; QL (60/30 days)
INVOKAMET TAB 50-500MG	Tier 3	dropped ST; QL (60/30 days)
INVOKAMET XR TAB 150-1000	Tier 3	dropped ST; QL (60/30 days)
INVOKAMET XR TAB 150-500	Tier 3	dropped ST; QL (60/30 days)
INVOKAMET XR TAB 50-1000	Tier 3	dropped ST; QL (60/30 days)
INVOKAMET XR TAB 50-500MG	Tier 3	dropped ST; QL (60/30 days)
INVOKANA TAB 100MG	Tier 3	dropped ST; QL (30/30 days)
INVOKANA TAB 300MG	Tier 3	dropped ST; QL (30/30 days)
JARDIANCE TAB 10MG	Tier 3	no ST
JARDIANCE TAB 25MG	Tier 3	no ST
LANOXIN TAB 0.125MG	Tier 4	
LANOXIN PED INJ 0.1MG/ML	Tier 4	
LIDO/PRILOCN CRE 2.5-2.5%	Tier 2	PA; QL (30gm/ 30 days)
LIDOCAINE GEL 2%	Tier 1	PA
LIDOCAINE GEL 2% JELLY	Tier 4	PA
LIDOCAINE OIN 5%	Tier 2	PA; QL (150 gm/ 30 days)
LIDOCAINE SOL 4%	Tier 1	PA; QL (250ml/ 30 day)
LINEZOLID INJ 2MG/ML	Tier 2	
LOPIN/RITON SOL 80-20/ML	Tier 4	
LUPRON DEPOT INJ 30MG	Tier 5	PA

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Drug Name	Drug Tier	Requirements/Limits
MELPHALAN INJ 50MG	Tier 2	PA
MENACTRA INJ	Tier 3	
MENQUADFI INJ	Tier 3	
MENVEO INJ	Tier 3	
MESALAMINE CAP 400MG DR	Tier 2	
METHERGINE TAB 0.2MG	Tier 5	
METHYLERGON TAB 0.2MG	Tier 5	
MICAFUNGIN INJ 100MG	Tier 2	
MINOCYCLINE TAB 135MG ER	Tier 2	
MINOCYCLINE TAB 45MG ER	Tier 2	
MINOCYCLINE TAB 90MG ER	Tier 2	
MOMETASONE SOL 0.1%	Tier 1	
MORPHINE SUL INJ 0.5MG/ML	Tier 2	B/D
MORPHINE SUL INJ 1MG/ML	Tier 2	B/D
MORPHINE SUL INJ 2MG/ML	Tier 2	B/D
MORPHINE SUL INJ 4MG/ML	Tier 2	B/D
MUPIROCIN OIN 2%	Tier 2	
NAFCILLIN INJ 10GM	Tier 2	
NAFCILLIN INJ 2GM	Tier 2	
NEO/POLY/HC SUS 1% OTIC	Tier 2	
NEXLETOL TAB 180MG	Tier 3	PA, QL (30/30 days)
NOLIX CRE 0.05%	Tier 4	
NORTHERA CAP 100MG	Tier 5	ST
NORTHERA CAP 200MG	Tier 5	ST
NORTHERA CAP 300MG	Tier 5	ST
OCTREOTIDE INJ 1000MCG	Tier 4	
OCTREOTIDE INJ 5000/5ML	Tier 4	
OXALIPLATIN INJ 50/10ML	Tier 2	
OXANDROLONE TAB 10MG	Tier 2	PA; QL (60/30 days)
OZEMPIC INJ 2/1.5ML	Tier 3	no ST
OZEMPIC INJ 4MG/3ML	Tier 3	no ST
PALIPERIDONE TAB ER 9MG	Tier 4	ST
PAXIL SUS 10MG/5ML	Tier 4	ST
PEDVAX HIB INJ	Tier 3	
PLIAGLIS CRE 7-7%	Tier 4	PA; QL (30gm/30 days)
PROLASTIN-C INJ 1000MG	Tier 4	PA
PROQUAD INJ	Tier 3	
RECOMBIVAX HB INJ 10MCG/ML	Tier 3	B/D
RECOMBIVAX HB INJ 5MCG/0.5	Tier 3	B/D
RECOMBIVAX-HB INJ 40MCG/ML	Tier 3	B/D
RUFINAMIDE TAB 200MG	Tier 3	
RYBELSUS TAB 14MG	Tier 3	no ST

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Drug Name	Drug Tier	Requirements/Limits
RYBELSUS TAB 3MG	Tier 3	no ST
RYBELSUS TAB 7MG	Tier 3	no ST
SYNJARDY TAB	Tier 3	no ST
SYNJARDY TAB 12.5-500	Tier 3	no ST
SYNJARDY TAB 5-1000MG	Tier 3	no ST
SYNJARDY TAB 5-500MG	Tier 3	no ST
SYNJARDY XR TAB	Tier 3	no ST
SYNJARDY XR TAB 10-1000	Tier 3	no ST
SYNJARDY XR TAB 25-1000	Tier 3	no ST
SYNJARDY XR TAB 5-1000MG	Tier 3	no ST
TERBUTALINE TAB 2.5MG	Tier 2	
TERBUTALINE TAB 5MG	Tier 2	
THEOPHYLLINE TAB 300MG ER	Tier 2	
THEOPHYLLINE TAB 400MG ER	Tier 2	
THEOPHYLLINE TAB 600MG ER	Tier 2	
THIOLA EC TAB 100MG	Tier 5	
THIOLA EC TAB 300MG	Tier 5	
TIGECYCLINE INJ 50MG	Tier 2	
TOPOTECAN INJ 4MG/4ML	Tier 2	
TRELSTAR MIX INJ 11.25MG	Tier 4	PA
TRESIBA INJ 100UNIT	Tier 3	Select Insulin; QL (54ml/ 30 days)
TRESIBA FLEX INJ 100UNIT	Tier 3	Select Insulin; QL (54ml/ 30 days)
TRESIBA FLEX INJ 200UNIT	Tier 3	Select Insulin; QL (54ml/ 30 days)
TRULICITY INJ 0.75/0.5	Tier 3	no ST
TRULICITY INJ 1.5/0.5	Tier 3	no ST
TRULICITY INJ 3/0.5	Tier 3	no ST
TRULICITY INJ 4.5/0.5	Tier 3	no ST
TRUMENBA INJ	Tier 3	
VALGANCICLOV TAB 450MG	Tier 2	
VAQTA INJ 25/0.5ML	Tier 3	
VAQTA INJ 50UNT/ML	Tier 3	
VARIVAX INJ	Tier 3	
VENCLEXTA TAB 50MG	Tier 5	PA
VICTOZA INJ 18MG/3ML	Tier 3	no ST
VIMPAT SOL 10MG/ML	Tier 5	
VORICONAZOLE INJ 200MG	Tier 5	PA
VORICONAZOLE TAB 200MG	Tier 4	
WINRHO SDF INJ 2500UNIT	Tier 5	
WINRHO SDF INJ 5000UNIT	Tier 5	
XCOPRI PAK 100-150	Tier 4	

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Deletions MAPD and PDP

Drug Name	
AJOVY	INJ 225/1.5
ALINIA	SUS 100/5ML
ALINIA	TAB 500MG
ATRIPLA	TAB
BANZEL	SUS 40MG/ML
BANZEL	TAB 200MG
BANZEL	TAB 400MG
BUTRANS	DIS 7.5/HR
CHOLESTYRAM	POW 4GM LITE
DARAPRIM	TAB 25MG
DEMSER	CAP 250MG
DIPHEN	ELX 12.5/5ML
DI-PHEN	ELX 12.5/5ML
EMTRIVA	CAP 200MG
FERRIPROX	TAB 500MG
GABLOFEN	INJ 40000/20
GEODON	INJ 20MG
HYDROCORT	CRE 2.5%
ISOLYTE-S	INJ
KUVAN	POW 100MG
KUVAN	POW 500MG
KUVAN	TAB 100MG
LIORESAL INT	INJ 40MG/20
MIFEPRISTONE	TAB 200MG
MINITRAN	DIS 0.1MG/HR
MINITRAN	DIS 0.2MG/HR
MINITRAN	DIS 0.4MG/HR
MINITRAN	DIS 0.6MG/HR
MONUROL	PAK GRANULES
MOVIPREP	SOL
MUPIROCIN	CRE 2%
ORALAIR CHLD	SUB 100 IR
PROGLYCEM	SUS 50MG/ML
PROSTIN E2	SUP 20MG
RIOMET	SOL
RIOMET	SOL 500/5ML
SAMSCA	TAB 30MG
SAPHRIS	SUB 10MG
SAPHRIS	SUB 2.5MG
SAPHRIS	SUB 5MG

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Drug Name	
SKLICE	LOT 0.5%
SUMATRIPTAN	INJ 4MG/0.5 (base, preservative-free)
SYMFI	TAB
SYMFI LO	TAB
TECFIDERA	CAP 120MG
TECFIDERA	CAP 240MG
TECFIDERA	MIS STARTER
THIOLA	TAB 100MG
TRUVADA	TAB 100-150
TRUVADA	TAB 133-200
TRUVADA	TAB 167-250
TRUVADA	TAB 200-300
TYKERB	TAB 250MG
VASCEPA	CAP 1GM
VINATE II	TAB
ZORTRESS	TAB 0.25MG
ZORTRESS	TAB 0.5MG
ZORTRESS	TAB 0.75MG
ZYTIGA	TAB 500MG

+ This prescription may be available only at certain pharmacies. For more information, consult your PharmacyDirectory 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.