



CLINICAL MAILING NOTIFICATION

Type of Mailing: Formulary Change

Drugs Affected: See Table

Projected Mailing Date:** 7/1/2017

The purpose of this letter is to tell you that beginning 07/01/2017, the following medication[s] will be changing on your formulary: <DRUG_NAME>.

Our records show you may be taking or using <DRUG_NAME>.

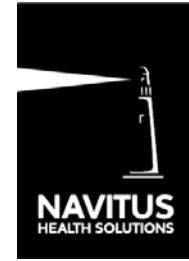
If you are currently taking or using [this][these] prescription[s], you will be able to get [them][it] at the current coverage until 9/30/2017.

What to do if you take the medication[s] listed above:

- Show this letter to your prescriber before 10/1/2017
- Discuss with your prescriber whether one of the following covered alternatives is right for you:

Drug Affected	New Coverage Effective 10/1/2017	Possible Covered Alternatives
ALSUMA INJECTION	Not Covered	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL
doxycycline susp	Tier 2	Tier 1 minocycline capsule Tier 1 doxycycline tablet Tier 1 doxycycline capsules
SUMATRIPTAN INJ 6MG/0.5ML	Tier 2	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL
sumatriptan injection	Tier 2	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL
sumatriptan injection	Tier 2	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL
sumatriptan injection	Tier 2	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL
SUMAVEL DOSEPRO INJECTION	Not Covered	Tier 1 sumatriptan tablet QL Tier 1 rizatriptan tablet QL

**This is an estimated date



Drug Affected	New Coverage Effective 10/1/2017	Possible Covered Alternatives
venlafaxine ER tab	Not Covered	Tier 1 venlafaxine ER capsules Tier 2 duloxetine EC capsules QL Tier 2 desvenlafaxine ER tablets
VENLAFAXINE ER TAB 225MG	Not Covered	Tier 1 venlafaxine ER capsules Tier 2 duloxetine EC capsules QL Tier 2 desvenlafaxine ER tablets

**Note: All possible covered alternatives may not be listed.*

QL: Quantity Limits apply

**This is an estimated date

Notice of Non-Discrimination

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

Alliant Health Plans:

- 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 Sabrina LeBeau.

If you believe that Alliant Health Plans 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: Sabrina LeBeau, Compliance Officer, 1503 N. Tibbs Rd. Dalton, GA 30720, Ph: (706) 237-8802 or (888) 533-6507 ext 125, Fax: (706) 229-6289, Email: Compliance@AlliantPlans.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Sabrina LeBeau 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, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

