

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.

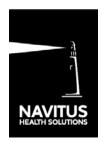
What to do if you take the medication[s] listed above:

• Show this letter to your prescriber before 10/1/0217

• 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	Tier 2	Tier 1 sumatriptan tablet QL
6MG/0.5ML		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	Not Covered	Tier 1 sumatriptan tablet QL
INJECTION		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

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
 - o 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.

9.2017

Language Assistance

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Alliant Health Plans, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al (800) 811-4793.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Alliant Health Plans, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xi ngọi (800) 811-4793.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Alliant Health Plans 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는(800) 811-4793 로 전화하십시오.

如果您,或是您正在協助的對象,有關於[插入SBM項目的名稱Alliant Health Plans]方面的問題,您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員,請撥電話[在此插入數字(800)811-4793。

તમને વિના મૂલ્યે તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો અધિકાર છે. આરોગ્ય વીમા વ્યાપારબજાર વિશે દુભાષિયા સાથે ગુજરાતીમાં વાતચીત કરવા, કૉલ કરો (800) 811-4793.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Alliant Health Plans, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez (800) 811-4793.

እርስዎ፡ ወይምእርስዎየ ሚግዙትግለሰብ፡ ስለAlliant Health Plansጥያቄ ካላቸሁ፡ ያለ ምንምክፍያበቋ ንቋዎ እርዳታና መጃ የ ማገኘት ጣበት አላቸሁ፡፡ ከአስተርዓሚ ጋር ለጣ ጋገር፡ (800) 811-4793 ይደጣለ፡፡

यदि आपके ,या आप द्वारा सहायता ककए जा रहे ककसी व्यक्तत के Alliant Health Plans के बारे में प्रश्न हैं ,तो आपके पास अपनी भाषा में मुफ्त में सहायता और सचना प्राप्त करने का अधिकार है। ककसी भाषाष्ट्र से बात करने के लिए. (800) 811-4793 पर कॉ करें।

Si oumenm oswa yon moun wapede gen kesyon konsènan Alliant Health Plans, se dwa w pou resevwa asistans akenfòmasyon nan lang ou pale a, san ou pa gen pou peye pou sa. Pou pale avèk yon entèprèt, rele nan (800) 811-4793.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Alliant Health Plans, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону (800) 811-4793.

Se você, ou alguém a quem você está a judando, tem perguntas sobre o Alliant Health Plans, você tem o direito de obter a juda e informação em seu idioma e sem custos. Para falar com um intérprete, ligue para (800) 811-4793.

ار دوخ ن لبنز هبت اع الط ا وک کې مک دير اد ار زي اق ح ديش لب نش اد ،Alliant Health Plans دروم رد ل اوس ، ديرنځ ي مک کې و ا هب اېښ مک ي سرک ا دي ي امن لهس احس احت .4793-811 (800) دي ي امن شف لير دن گسي ار روط هب

Falls Sie oder je mand, dem Sie helfen, Fragen zum Alliant Health Plans haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer (800) 811-4793 an.

ご本人様、またはお客様の身の回りの方でも Alliant Health Plans についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、(800) 811-4793までお電話ください。

TTY/TDD

ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call (800) 811-4793 (TTY/TDD: (800) 811-4793).