



2017 Year-To-Date Formulary Additions and Deletions

Revised 06/01/2017

Health Choice Generations may add or remove drugs from our formulary during the year. If we remove drugs from our formulary, add prior authorization, quantity limits and/or step therapy restrictions on a drug, and/or move a drug at a higher cost-sharing tier, we will notify you of the change at least 60 days before the date that the change becomes effective. However, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we will immediately remove the drug from our formulary.

The tables below provide information about changes to our formulary that may impact you. You can also view the most recent formulary changes on our website at HealthChoiceGenerations.com. If you have any questions or concerns, please call us. We always want to help you. This information is available for free in other languages. Please call our customer service number at 800-656-8991 (TTY 711), 8 a.m. - 8 p.m., 7 days a week.

This table shows drugs that have been removed from the 2017 Health Choice Generations Formulary.

Name of Drug	Description of Change	Alternative Drug	Alternative Drug Tier	Effective Date
8-MOP CAP 10MG	CMS Required Deletion	methoxsalen rapid oral capsule 10mg	Tier 1	3/01/2017
Amethyst Tab 90-20mcg	CMS Required Deletion	Levonorgest-ethinyl estradiol oral tablet 90-20mcg	Tier 1	6/01/2017
Amifostine SOL 500 MG IV	CMS Required Deletion	Formulary chemotherapy agents	Tier 1	4/01/2017
Azilect TAB 0.5 MG	Removed from Formulary – generic added	rasagiline mes tab 0.5 mg	Tier 1	5/01/2017
Azilect TAB 1 MG	Removed from Formulary – generic added	rasagiline mes tab 1 mg	Tier 1	5/01/2017
Azor TAB 10-20 MG	Removed from Formulary – generic added	amlodipine-olmesartan tab 10-20 mg	Tier 1	5/01/2017
Azor TAB 10-40 MG	Removed from Formulary – generic added	amlodipine-olmesartan tab 10-40 mg	Tier 1	5/01/2017
Azor TAB 5-20 MG	Removed from Formulary – generic added	amlodipine-olmesartan tab 5-20 mg	Tier 1	5/01/2017
Azor TAB 5-40 MG	Removed from Formulary – generic added	amlodipine-olmesartan tab 5-40 mg	Tier 1	5/01/2017
Benicar HCT TAB 20-12.5 MG	Removed from Formulary – generic added	olmesartan medoxomil-hctz tab 20-12.5 MG	Tier 1	5/01/2017
Benicar HCT TAB 40-12.5 MG	Removed from Formulary – generic added	olmesartan medoxomil-hctz tab 40-12.5 mg	Tier 1	5/01/2017

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Benicar HCT TAB 40-25 MG	Removed from Formulary – generic added	olmesartan medoxomil-hctz tab 40-25 MG	Tier 1	5/01/2017
Benicar TAB 20 MG	Removed from Formulary – generic added	olmesartan medoxomil tab 20 mg	Tier 1	5/01/2017
Benicar TAB 40 MG	Removed from Formulary – generic added	olmesartan medoxomil tab 40 mg	Tier 1	5/01/2017
Benicar TAB 5 MG	Removed from Formulary – generic added	olmesartan medoxomil tab 5 mg	Tier 1	5/01/2017
BUPROBAN TAB 150MG	CMS Required Deletion	bupropion er tablet 150mg	Tier 1	3/01/2017
CellCept IV SOL 500 MG IV	Removed from Formulary – generic added	mycophenolate mofetil hcl sol 500 mg iv	Tier 1 + BvD	5/01/2017
CERVARIX INJ	CMS Required Deletion	Gardasil	Tier 1	3/01/2017
Cubicin SOL 500 MG IV	Removed from Formulary – generic added	daptomycin sol 500 mg iv	Tier 1	5/01/2017
DOCEFREZ INJ 20MG	CMS Required Deletion	Docetaxel, paclitaxel	Tier 1, Tier 1 + BvD	3/01/2017
Doxycycline HYC SOL 100 MG IV	CMS Required Deletion	Formulary IV and oral antibiotics	Tier 1	4/01/2017
Emend CAP 125 MG	Removed from Formulary – generic added	aprepitant cap 125 mg	Tier 1 + BvD + QL 2	5/01/2017
Emend CAP 40 MG	Removed from Formulary – generic added	aprepitant cap 40 mg	Tier 1 + BvD + QL 1	5/01/2017
Emend CAP 80 & 125 MG	Removed from Formulary – generic added	aprepitant cap 80 & 125 mg	Tier 1 + BvD + QL 12	5/01/2017
Emend CAP 80 MG	Removed from Formulary – generic added	aprepitant cap 80 mg	Tier 1 + BvD + QL 8	5/01/2017
EPINEPHrine SOL Auto-INJ 0.15 MG/0.15ML INJ	CMS Required Deletion	EPINEPHRINE INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML	Tier 1	5/01/2017
EPINEPHrine SOL Auto-INJ 0.3 MG/0.3ML INJ	CMS Required Deletion	EPINEPHrine SOL Auto-INJ 0.3 MG/0.3ML INJ	Tier 1	5/01/2017
Epzicom TAB 600-300 MG	Removed from Formulary – generic added	abacavir sul-lamivudine tab 600-300 mg	Tier 1	5/01/2017

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ERGOMAR SUB 2MG	CMS Required Deletion	Ergotamine/caf tab, triptan	Tier 1	3/01/2017
GILDESS 24 TAB FE 1/20	CMS Required Deletion	Blisolvi 24 tab Fe 1/20	Tier 1	3/01/2017
GILDESS TAB 1.5/30	CMS Required Deletion	Blisolvi Fe tab 1.5/30	Tier 1	3/01/2017
KALETRA SOL 400-100MG/5ML	Removed from Formulary- generic added	Lopinavir 80mg/ml / ritonavir 20mg/ml	Tier 1	6/01/2017
KETEK TAB 300MG	CMS Required Deletion	azithromycin	Tier 1	3/01/2017
KETEK TAB 400MG	CMS Required Deletion	azithromycin	Tier 1	3/01/2017
MELOXICAM SUS 7.5/5ML	CMS Required Deletion	meloxicam tab 7.5mg, 15mg	Tier 1	3/01/2017
MENEST TAB 2.5MG	CMS Required Deletion	estradiol, Premarin	Tier 1 + PA	3/01/2017
Menomune INJECTABLE SUBQ	CMS Required Deletion	Menactra, Menveo	Tier 1	4/01/2017
MetFORMIN HCl ER (OSM) TAB ER 24H 1000 MG	CMS Required Deletion	metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	Tier 1	5/01/2017
Methylphenidate HCl ER (LA) CAP ER 24H 20 MG	CMS Required Deletion	Methylphenidate HCl ER (CD) CAP ER 20 MG	Tier 1 + QL 90	4/01/2017
Methylphenidate HCl ER (LA) CAP ER 24H 40 MG	CMS Required Deletion	methylphenidate hcl er (cd) oral capsule extended release 40 mg	Tier 1 + QL 30	5/01/2017
NAPHAZOLINE SOL 0.1% OP	CMS Required Deletion	azelastine, epinastine, olopatadine	Tier 1	3/01/2017
Necon 1/35 (28) TAB 1-35 MG-MCG	CMS Required Deletion	Alyacen, Cyclofam, Nortrel, Pirmella	Tier 1	4/01/2017
NIFEDICAL XL TAB 30MG	CMS Required Deletion	nifedipine ER tab 30mg	Tier 1	3/01/2017
NIFEDICAL XL TAB 60MG	CMS Required Deletion	nifedipine ER tab 60mg	Tier 1	3/01/2017
Nilandron TAB 150 MG	Removed from Formulary – generic added	nilutamide tab 150 MG	Tier 1	5/01/2017

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Nitrostat TAB SL 0.3 MG SL	Removed from Formulary – generic added	nitroglycerin tab sl 0.3 mg sl	Tier 1	5/01/2017
Nitrostat TAB SL 0.4 MG SL	Removed from Formulary – generic added	nitroglycerin tab sl 0.4 mg sl	Tier 1	5/01/2017
Nitrostat TAB SL 0.6 MG SL	Removed from Formulary – generic added	nitroglycerin tab sl 0.6 mg sl	Tier 1	5/01/2017
PLASMA-LYTE INJ 56/D5W	CMS Required Deletion	Plasma-Lyte inj 148	Tier 1	3/01/2017
Praluent SOL PFS 75MG/ML SUBQ	CMS Required Deletion	PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150MG/ML	Tier 1 + PA	06/01/2017
Praluent SOL PFS 150 MG/ML SUBQ	CMS Required Deletion	PRALUENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 150 MG/ML	Tier 1 + PA	4/01/2017
RANITIDINE INJ 50MG/2ML	CMS Required Deletion	ranitidine inj 150mg/6mL	Tier 1	3/01/2017
RESERPINE TAB 0.1MG	CMS Required Deletion	formulary anti-hypertensives, haloperidol for psychosis	Tier 1	3/01/2017
RHEUMATREX TAB 2.5MG 4X2	CMS Required Deletion	methotrexate tab 2.5mg	Tier 1	3/01/2017
RHEUMATREX TAB 2.5MG 4X3	CMS Required Deletion	methotrexate tab 2.5mg	Tier 1	3/01/2017
RHEUMATREX TAB 2.5MG 4X4	CMS Required Deletion	methotrexate tab 2.5mg	Tier 1	3/01/2017
RHEUMATREX TAB 2.5MG 4X5	CMS Required Deletion	methotrexate tab 2.5mg	Tier 1	3/01/2017
RHEUMATREX TAB 2.5MG 4X6	CMS Required Deletion	methotrexate tab 2.5mg	Tier 1	3/01/2017
SEROquel XR TAB ER 24H 150 MG	Removed from Formulary – generic added	quetiapine fum er tab er 24h 150 mg	Tier 1	5/01/2017
SEROquel XR TAB ER 24H 200 MG	Removed from Formulary – generic added	quetiapine fum er tab er 24h 200 mg	Tier 1	5/01/2017
SEROquel XR TAB ER 24H 300 MG	Removed from Formulary – generic added	quetiapine fum er tab er 24h 300 mg	Tier 1	5/01/2017

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SEROquel XR TAB ER 24H 400 MG	Removed from Formulary – generic added	quetiapine fum er tab er 24h 400 mg	Tier 1	5/01/2017
SEROquel XR TAB ER 24H 50 MG	Removed from Formulary – generic added	quetiapine fum er tab er 24h 50 mg	Tier 1	5/01/2017
STAVUDINE SOL 1MG/ML	CMS Required Deletion	lamivudine, Emtriva, Videx, zidovudine, Ziagen	Tier 1	3/01/2017
Tamiflu CAP 30 MG	Removed from Formulary – generic added	oseltamivir phos cap 30 mg	Tier 1	5/01/2017
Tamiflu CAP 45 MG	Removed from Formulary – generic added	oseltamivir phos cap 45 mg	Tier 1	5/01/2017
Tamiflu CAP 75 MG	Removed from Formulary – generic added	oseltamivir phos cap 75 mg	Tier 1	5/01/2017
TRAVOPROST DRO 0.004%	CMS Required Deletion	Travatan Z	Tier 1	3/01/2017
Tribenzor TAB 20-5-12.5 MG	Removed from Formulary – generic added	olmesartan-amlodipine-hctz tab 20-5-12.5 mg	Tier 1	5/01/2017
Tribenzor TAB 40-10-12.5 MG	Removed from Formulary – generic added	olmesartan-amlodipine-hctz tab 40-10-12.5 mg	Tier 1	5/01/2017
Tribenzor TAB 40-10-25 MG	Removed from Formulary – generic added	olmesartan-amlodipine-hctz tab 40-10-25 mg	Tier 1	5/01/2017
Tribenzor TAB 40-5-12.5 MG	Removed from Formulary – generic added	olmesartan-amlodipine-hctz tab 40-5-12.5 mg	Tier 1	5/01/2017
Tribenzor TAB 40-5-25 MG	Removed from Formulary – generic added	olmesartan-amlodipine-hctz tab 40-5-25 mg	Tier 1	5/01/2017
TYZEKA TAB 600MG	CMS Required Deletion	adefovir, lamivudine, Viread	Tier 1	3/01/2017
VARIZIG INJ 125UNIT	CMS Required Deletion	No current alternative	Tier 1	3/01/2017
VITEKTA TAB 150MG	CMS Required Deletion	Isentress, Tivicay	Tier 1	3/01/2017
VITEKTA TAB 85MG	CMS Required Deletion	Isentress, Tivicay	Tier 1	3/01/2017





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This table shows drugs that have been added to the 2017 Health Choice Generations Formulary.

Name of Drug	Description of Change	Drug Coverage	Previous Coverage	Effective Date
Abacavir SUL-Lamivudine TAB 600-300 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Adriamycin SOL 2 MG/ML IV	Addition to Formulary	Tier 1 + BvD	NA	3/1/2017
Alyacen 1/35 TAB 1-35 MG-MCG	Addition to Formulary	Tier 1	NA	3/1/2017
Amiodarone HCl TAB 100 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Amlodipine-Olmesartan TAB 10-20 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Amlodipine-Olmesartan TAB 10-40 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Amlodipine-Olmesartan TAB 5-20 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Amlodipine-Olmesartan TAB 5-40 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Aprepitant CAP 125 MG	Addition to Formulary	Tier 1 + QL 2 + BvD	NA	3/1/2017
Aprepitant CAP 40 MG	Addition to Formulary	Tier 1 + QL 1 + BvD	NA	3/1/2017
Aprepitant CAP 80 & 125 MG	Addition to Formulary	Tier 1 + QL 12 + BvD	NA	3/1/2017
Aprepitant CAP 80 MG	Addition to Formulary	Tier 1 + QL 8 + BvD	NA	3/1/2017
Aubagio TAB 14 MG	Step Therapy Change	Tier 1 + PA + LA + ST2	Tier 1 + PA + LA + ST1	5/1/2017
Aubagio TAB 7 MG	Step Therapy Change	Tier 1 + PA + LA + ST2	Tier 1 + PA + LA + ST1	5/1/2017
Azithromycin TAB 500 MG (3 pack)	Addition to Formulary	Tier 1	NA	3/1/2017
Bystolic TAB 10 MG	Step Therapy Change	Tier 1 + ST2	Tier 1 + ST1	5/1/2017

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Bystolic TAB 2.5 MG	Step Therapy Change	Tier 1 + ST2	Tier 1 + ST1	5/1/2017
Bystolic TAB 20 MG	Step Therapy Change	Tier 1 + ST2	Tier 1 + ST1	5/1/2017
Bystolic TAB 5 MG	Step Therapy Change	Tier 1 + ST2	Tier 1 + ST1	5/1/2017
Calcium Acetate TAB 667 MG	Addition to Formulary	Tier 1	NA	5/1/2017
DAPTOmycin SOL 500 MG IV	Addition to Formulary	Tier 1	NA	3/1/2017
Desvenlafaxine SUCC ER TAB 24HR 25MG	Addition to Formulary	Tier 1	NA	6/1/2017
Desvenlafaxine SUCC ER TAB 24HR 50MG	Addition to Formulary	Tier 1	NA	6/1/2017
Desvenlafaxine SUCC ER TAB 24HR 100MG	Addition to Formulary	Tier 1	NA	6/1/2017
Dexmethylphenidate HCl ER CAP 24 HR 25 MG	Addition to Formulary	Tier 1 + QL 30	NA	4/1/2017
Dexmethylphenidate HCl ER CAP 24 HR 35 MG	Addition to Formulary	Tier 1 + QL 30	NA	4/1/2017
Epclusa TAB 400-100 MG	Addition to Formulary	Tier 1 + PA	NA	3/1/2017
EPINEPHrine SOL Auto-INJ 0.15 MG/0.3ML INJ	Addition to Formulary	Tier 1	NA	3/1/2017
EPINEPHrine SOL Auto-INJ 0.3 MG/0.3ML INJ	Addition to Formulary	Tier 1	NA	5/1/2017
Epirubicin HCl SOL 200 MG/100ML IV	Addition to Formulary	Tier 1 + BvD	NA	3/1/2017
Ergotamine-CAF TAB 1-100 MG	Addition to Formulary	Tier 1 + QL 40/28	NA	3/1/2017

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Ethinodiol Diac-Eth Estradiol TAB 1-50 MG- MCG	Addition to Formulary	Tier 1	NA	3/1/2017
Femynor TAB 0.25-35 MG- MCG	Addition to Formulary	Tier 1	NA	3/1/2017
FentaNYL PAT 72 HR 37.5 MCG/HR TD	Step Therapy Change	Tier 1 + QL 10 + ST2	Tier 1 + QL 10 + ST1	5/1/2017
FentaNYL PAT 72 HR 62.5 MCG/HR TD	Step Therapy Change	Tier 1 + QL 10 + ST2	Tier 1 + QL 10 + ST1	5/1/2017
FentaNYL PAT 72 HR 87.5 MCG/HR TD	Step Therapy Change	Tier 1 + QL 10 + ST2	Tier 1 + QL 10 + ST1	5/1/2017
GamaSTAN S/D INJECTABLE IM (10ML)	Addition to Formulary	Tier 1 + BvD	NA	3/1/2017
GamaSTAN S/D INJECTABLE IM (2ML)	Addition to Formulary	Tier 1 + BvD	NA	3/1/2017
Gammagard S/D Less IgA SOL 10 GM IV	Addition to Formulary	Tier 1 + BvD	NA	3/1/2017
Gammagard S/D Less IgA SOL 5 GM IV	Addition to Formulary	Tier 1 + BvD	NA	3/1/2017
Humira Pediatric Crohn's Starter 40 mg/0.8 mL sq syr kit (6 pack)	Change in Quantity Limit	Tier 1	Tier 1 + QL 6	6/1/2017
Humira Pediatric Crohn's Starter PFS Start 40 mg/0.8 mL sq syr kit (3 pack)	Change in Quantity Limit	Tier 1	Tier 1 + QL 3	6/1/2017
Humira Pen Crohn's-Ulc Colitis-Hid Sup Starter 40 mg/0.8 mL subcut kit	Change in Quantity Limit	Tier 1	Tier 1 + QL 6	6/1/2017

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Humira Pen Pen-INJ Kit 40MG/0.8ML SUBQ	Change in Quantity Limit	Tier 1	Tier 1 + QL 2	6/1/2017
Humira PFS Kit 10MG/0.2ML SUBQ	Change in Quantity Limit	Tier 1	Tier 1 + QL 2	6/1/2017
Humira PFS Kit 20MG/0.4ML SUBQ	Change in Quantity Limit	Tier 1	Tier 1 + QL 2	6/1/2017
Humira PFS Kit 40MG/0.8ML SUBQ	Change in Quantity Limit	Tier 1	Tier 1 + QL 2	6/1/2017
Imogam Rabies-HT INJECTABLE 150 U/ML IM	Addition to Formulary	Tier 1	NA	3/1/2017
Invokamet XR TAB ER 24H 150-1000 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Invokamet XR TAB ER 24H 150-500 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Invokamet XR TAB ER 24H 50-1000 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Invokamet XR TAB ER 24H 50-500 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Kinrix SUSP IM	Addition to Formulary	Tier 1	NA	3/1/2017
Kisqali 200 Dose TAB 200MG	Addition to Formulary	1 + PA	NA	6/1/2017
Kisqali 400 Dose TAB 200MG	Addition to Formulary	1 + PA	NA	6/1/2017
Kisqali 600 Dose TAB 200MG	Addition to Formulary	1 + PA	NA	6/1/2017
Klor-Con M10 TAB ER 10 MEQ	Addition to Formulary	Tier 1	NA	5/1/2017

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Klor-Con M20 TAB ER 20 MEQ	Addition to Formulary	Tier 1	NA	5/1/2017
Kyprolis SOL 30 MG IV	Addition to Formulary	Tier 1 + BvD	NA	3/1/2017
Kyprolis SOL 60 MG IV	Addition to Formulary	Tier 1 + BvD	NA	3/1/2017
Lartruvo SOL 500 MG/50ML IV	Addition to Formulary	1 + PA + LA	NA	3/1/2017
Levalbuterol HCl NEB SOL 1.25 MG/0.5ML INH (2.5mg/mL)	Addition to Formulary	1 + BvD	NA	3/1/2017
Linzess CAP 72 MCG	Addition to Formulary	Tier 1	NA	5/1/2017
Lopinavir-Ritonavir SOL 400-100 MG/5ML	Addition to Formulary	Tier 1	NA	4/1/2017
Low-Ogestrel TAB 0.3-30 MG-MCG	Addition to Formulary	Tier 1	NA	3/1/2017
Methotrexate SOD SOL 50 MG/2ML INJ	Addition to Formulary	Tier 1	NA	3/1/2017
Menomune INJ SUBQ	Addition to Formulary	Tier 1	NA	5/1/2017
Methylphenidate HCl ER (CD) CAP ER 20 MG	Addition to Formulary	Tier 1 + QL 90	NA	5/1/2017
Methylphenidate HCl ER (CD) CAP ER 40 MG	Addition to Formulary	Tier 1 + QL 30	NA	5/1/2017
Mycophenolate Mofetil HCl SOL 500 MG IV	Addition to Formulary	Tier 1 + BvD	NA	3/1/2017
Namzaric CAP ER 24H 21-10 MG	Addition to Formulary	Tier 1 + QL 30	NA	3/1/2017

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Namzaric CAP ER 24H 7 & 14 & 21 & 28 -10 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Namzaric CAP ER 24H 7-10 MG	Addition to Formulary	Tier 1 + QL 30	NA	3/1/2017
NIFEdipine ER Osmotic Release TAB ER 24H 30 MG	Addition to Formulary	Tier 1	NA	3/1/2017
NIFEdipine ER Osmotic Release TAB ER 24H 60 MG	Addition to Formulary	Tier 1	NA	3/1/2017
NIFEdipine ER Osmotic Release TAB ER 24H 90 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Norethindrone Acet-Ethinyl Est TAB 1-20 MG-MCG	Addition to Formulary	Tier 1	NA	3/1/2017
Norgestimate-Eth Estradiol TAB 0.25-35 MG-MCG	Addition to Formulary	Tier 1	NA	4/1/2017
Ofloxacin TAB 300 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Olmesartan Medoxomil TAB 20 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Olmesartan Medoxomil TAB 40 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Olmesartan Medoxomil TAB 5 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Olmesartan Medoxomil-HCTZ TAB 20-12.5 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Olmesartan Medoxomil-HCTZ TAB 40-12.5 MG	Addition to Formulary	Tier 1	NA	3/1/2017

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Olmesartan Medoxomil-HCTZ TAB 40-25 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Olmesartan-Amlodipine-HCTZ TAB 20-5-12.5 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Olmesartan-Amlodipine-HCTZ TAB 40-10-12.5 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Olmesartan-Amlodipine-HCTZ TAB 40-10-25 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Olmesartan-Amlodipine-HCTZ TAB 40-5-12.5 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Olmesartan-Amlodipine-HCTZ TAB 40-5-25 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Orkambi TAB 100-125 MG	Addition to Formulary	Tier 1 + PA + LA	NA	3/1/2017
Pediarix SUSP IM	Addition to Formulary	Tier 1	NA	3/1/2017
Potassium Chloride Crys ER TAB 10 MEQ	Addition to Formulary	Tier 1	NA	5/1/2017
Potassium Chloride Crys ER TAB 20 MEQ	Addition to Formulary	Tier 1	NA	5/1/2017
Pradaxa CAP 110 MG	Step Therapy Change	Tier 1 + QL 60 + ST2	Tier 1 + QL 60 + ST1	5/1/2017
Pradaxa CAP 150 MG	Step Therapy Change	Tier 1 + QL 60 + ST2	Tier 1 + QL 60 + ST1	5/1/2017
Prolia SOL 60 MG/ML SUBQ	Step Therapy Change	Tier 1 + ST2	Tier 1 + ST1	5/1/2017
QUetiapine fum ER TAB ER 24H 150 MG	Addition to Formulary	Tier 1	NA	3/1/2017
QUetiapine fum ER TAB ER 24H 200 MG	Addition to Formulary	Tier 1	NA	3/1/2017

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2017 Year-To-Date Formulary Additions and Deletions

Revised 06/01/2017

Name of Drug	Description of Change	Drug Coverage	Previous Coverage	Effective Date
QUetiapine fum ER TAB ER 24H 300 MG	Addition to Formulary	Tier 1	NA	3/1/2017
QUetiapine fum ER TAB ER 24H 400 MG	Addition to Formulary	Tier 1	NA	3/1/2017
QUetiapine fum ER TAB ER 24H 50 MG	Addition to Formulary	Tier 1	NA	3/1/2017
RaNITidine HCl SOL 50 MG/2ML INJ	Addition to Formulary	Tier 1	NA	4/1/2017
Rapaflo CAP 4 MG	Step Therapy Change	Tier 1 + ST2	Tier 1 + ST1	5/1/2017
Rapaflo CAP 8 MG	Step Therapy Change	Tier 1 + ST2	Tier 1 + ST1	5/1/2017
Relpax TAB 20 MG	Step Therapy Change	Tier 1 + QL 9 + ST2	Tier 1 + QL 9 + ST1	5/1/2017
Relpax TAB 40 MG	Step Therapy Change	Tier 1 + QL 9 + ST2	Tier 1 + QL 9 + ST1	5/1/2017
Rasagiline MES TAB 0.5 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Rasagiline MES TAB 1 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Ribasphere RibaPak TAB 200 & 400 MG	Addition to Formulary	Tier 1	NA	4/1/2017
Rivastigmine PAT 24H 13.3 MG/24HR TD	Addition to Formulary	Tier 1	NA	5/1/2017
Rivastigmine PAT 24H 4.6 MG/24HR TD	Addition to Formulary	Tier 1	NA	5/1/2017
Rivastigmine PAT 24H 9.5 MG/24HR TD	Addition to Formulary	Tier 1	NA	5/1/2017
Rubraca TAB 200 MG	Addition to Formulary	Tier 1 + PA + LA	NA	3/1/2017
Rubraca TAB 300 MG	Addition to Formulary	Tier 1 + PA + LA	NA	3/1/2017
Selzentry TAB 25 MG	Addition to Formulary	Tier 1	NA	5/1/2017
Selzentry TAB 75 MG	Addition to Formulary	Tier 1	NA	5/1/2017
Stelara SOL 130 MG/26ML IV	Addition to Formulary	Tier 1 + ST	NA	3/1/2017

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Revised 06/01/2017

Name of Drug	Description of Change	Drug Coverage	Previous Coverage	Effective Date
ValGANciclovir HCl SOL 50 MG/ML	Addition to Formulary	Tier 1	NA	3/1/2017
Vemlidy TAB 25 MG	Addition to Formulary	Tier 1 + ST	NA	3/1/2017
Yuvafem TAB 10 MCG VAG	Addition to Formulary	Tier 1	NA	3/1/2017
Zarah TAB 3-0.03 MG	Addition to Formulary	Tier 1	NA	3/1/2017
Zerit SOL 1 MG/ML	Addition to Formulary	Tier 1	NA	3/1/2017

