



2018 Year-to-date Formulary Additions and Deletions

Revised 01/01/2018

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.

Definitions:

PA = Prior Authorization: Health Choice Generations requires your physician to get prior authorization for certain drugs. This means that you will need to get approval from our plan before you fill your prescriptions. If you don't get approval, Health Choice Generations may not cover the drug.

ST = Step Therapy: In some cases, Health Choice Generations requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, Health Choice Generations may not cover drug B unless you try Drug A first. If Drug A does not work for you, Health Choice Generations will then cover Drug B.

QL = Quantity Limit: For certain drugs, Health Choice Generations limits the amount of the drug that our plan will cover. Unless otherwise noted, the quantity listed is units (capsules, tablets) per 30 days. For example, Health Choice Generations provides 30 units per 30 day prescription for NAMENDA XR. This may be in addition to a standard one month or three month supply.

BvD = Part B versus D: This prescription drug has a Part B versus D administrative prior authorization requirement. This drug may be covered under Medicare Part B or D depending upon the circumstances. Information may need to be submitted describing the use and setting of the drug to make the determination.

***Alternative Drugs:** Alternative drugs are drugs in the same therapeutic category/class or cost-sharing tier as the affected drug. Only your physician can determine if the alternate here is appropriate for you given the individualized nature of the drug therapy. Please consult your physician as to whether this is an appropriate drug for you.

410 N. 44th Street, Suite 510, Phoenix, AZ 85008
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Name of Drug	Description of Change	Alternative Drug*	Alternative Drug Tier	Effective Date
ABACAVIR SULFATE/LAMIVUDINE/ZIDOVUDINE TABS	Tier 1 & QL 60	N/A	N/A	1-Jan-18
ABRAXANE SUSR	Tier 1 & PA	N/A	N/A	1-Jan-18
ACETAMINOPHEN/CODEINE TABS	Tier 1 & QL 400	N/A	N/A	1-Jan-18
ACTEMRA SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
ADAGEN SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
ADCIRCA TABS	Tier 1 & PA & QL 60	N/A	N/A	1-Jan-18
ADEMPAS TABS	Tier 1 & PA & QL 90	N/A	N/A	1-Jan-18
ADVAIR DISKUS	Tier 1 & QL 60	N/A	N/A	1-Jan-18
ADVAIR HFA	Tier 1 & QL 24	N/A	N/A	1-Jan-18
AFINITOR DISPERZ	Tier 1 & PA	N/A	N/A	1-Jan-18
AFINITOR TABS	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
AKYNZEO CAPS	Tier 1 & QL 2 & BvD	N/A	N/A	1-Jan-18
ALBUTEROL SULFATE NEBU	Tier 1 & QL & BvD	N/A	N/A	1-Jan-18
ALDURAZYME SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
ALECENSA	Tier 1 & PA & QL 240	N/A	N/A	1-Jan-18
ALENDRONATE SODIUM TABS 70MG	Tier 1 & QL 4	N/A	N/A	1-Jan-18
ALLZITAL	Non-formulary	butalbital/acetaminophen tabs 325mg; 50mg	Tier 1 & QL 360	1-Jan-18
ALMOTRIPTAN MALATE TABS	Tier 1 & QL 12	N/A	N/A	1-Jan-18

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ALOSETRON HYDROCHLORIDE TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
ALPHAGAN P 0.15%	Non-formulary	ALPHAGAN P SOLN 0.1%	Tier 1	1-Jan-18
ALPRAZOLAM INTENSOL	Tier 1 & PA	N/A	N/A	1-Jan-18
ALPRAZOLAM TABS	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
ALPRAZOLAM XR	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
ALUNBRIG TABS	Tier 1 & PA & QL 180	N/A	N/A	1-Jan-18
AMITIZA CAPS	Tier 1 & QL 60	N/A	N/A	1-Jan-18
AMLODIPINE/OLMESARTAN MEDOXOMIL	Non-formulary	amlodipine, olmesartan separately	Tier 1	1-Jan-18
AMNESTEEM CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
AMOXAPINE TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
AMPHETAMINE/DEXTROAMPHETAMINE CP24	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
AMPHETAMINE/DEXTROAMPHETAMINE TABS	Tier 1 & QL 90	N/A	N/A	1-Jan-18
AMPYRA	Tier 1 & PA & QL 60	N/A	N/A	1-Jan-18
ANADROL-50	Tier 1 & PA	N/A	N/A	1-Jan-18
ANDRODERM	Tier 1 & PA	N/A	N/A	1-Jan-18
ALENZIN TB24	Tier 1 & ST & QL 30	N/A	N/A	1-Jan-18
APOKYN	Tier 1 & PA & QL 90	N/A	N/A	1-Jan-18
APREPITANT	Tier 1 & QL & BvD	N/A	N/A	1-Jan-18
ARCALYST	Tier 1 & PA	N/A	N/A	1-Jan-18

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ARIPIRAZOLE	Tier 1 & QL	N/A	N/A	1-Jan-18
ARIPIRAZOLE ODT	Tier 1 & QL	N/A	N/A	1-Jan-18
ARMODAFINIL TABS	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
ATOMOXETINE CAPS	Tier 1 & QL	N/A	N/A	1-Jan-18
ATRIPLA	Tier 1 & QL 30	N/A	N/A	1-Jan-18
ATROPINE SULFATE 0.25MG/5ML	Non-formulary	diphenoxylate/atropine liqd 0.025mg/5ml	Tier 1 & PA	1-Jan-18
ATROVENT HFA	Tier 1 & QL 25.8	N/A	N/A	1-Jan-18
AUBAGIO	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
AVANDIA	Non-formulary	pioglitazone	Tier 1 & QL	1-Jan-18
AVONEX KIT	Tier 1 & PA & QL 4	N/A	N/A	1-Jan-18
AVONEX PEN	Tier 1 & PA & QL 4	N/A	N/A	1-Jan-18
AZATHIOPRINE TABS	Tier 1 & BvD	N/A	N/A	1-Jan-18
AZELASTINE HCL SOLN	Tier 1 & QL 60	N/A	N/A	1-Jan-18
BARACLUDE SOLN	Tier 1 & QL 600	N/A	N/A	1-Jan-18
BELEODAQ	Tier 1 & PA	N/A	N/A	1-Jan-18
BENLYSTA	Tier 1 & PA	N/A	N/A	1-Jan-18
BIVIGAM	Tier 1 & PA	N/A	N/A	1-Jan-18
BREO ELLIPTA	Tier 1 & QL 60	N/A	N/A	1-Jan-18
BRISDELLE	Non-formulary	paroxetine	Tier 1 & PA	1-Jan-18
BUDESONIDE NASAL SPRAY	Tier 1 & QL 17.2	N/A	N/A	1-Jan-18

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BUDESONIDE SUSP	Tier 1 & QL 120 & BvD	N/A	N/A	1-Jan-18
BUPROPION HCL SR TB12	Tier 1 & QL 90	N/A	N/A	1-Jan-18
BUPROPION HCL XL TB24	Tier 1 & QL 30	N/A	N/A	1-Jan-18
BUTALBITAL/ACETAMINOPHEN TABS 300/50mg	Tier 1 & PA	N/A	N/A	1-Jan-18
BUTALBITAL/ACETAMINOPHEN TABS 325/50mg	Tier 1 & PA & QL 360	N/A	N/A	1-Jan-18
BUTALBITAL/ACETAMINOPHEN/CAFFEINE CAPS 325/50/40mg	Tier 1 & PA & QL 360	N/A	N/A	1-Jan-18
BUTISOL SODIUM 30MG	Non-formulary	no formulary alternative	N/A	1-Jan-18
BYDUREON	Tier 1 & ST & QL 4	N/A	N/A	1-Jan-18
BYDUREON PEN	Tier 1 & ST & QL 4	N/A	N/A	1-Jan-18
BYETTA	Non-formulary	Bydureon, Trulicity, Victoza	Tier 1 & ST	1-Jan-18
CALCITONIN-SALMON SOLN	Tier 1 & QL 3.7	N/A	N/A	1-Jan-18
CAPRELSA TABS 100mg	Tier 1 & PA & QL 60	N/A	N/A	1-Jan-18
CAPRELSA TABS 300mg	Tier 1 & PA	N/A	N/A	1-Jan-18
CARIMUNE NANOFILTERED SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
CAYSTON	Tier 1 & PA	N/A	N/A	1-Jan-18
CELECOXIB CAPS	Tier 1 & QL 60	N/A	N/A	1-Jan-18
CEREZYME	Tier 1 & PA	N/A	N/A	1-Jan-18
CHANTIX	Tier 1 & QL 504/365 days	N/A	N/A	1-Jan-18

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CHLORPROPAMIDE	Non-formulary	glimepiride, glipizide, glyburide, tolazamide	Tier 1 & QL, PA for glyburide	1-Jan-18
CIMZIA	Tier 1 & PA	N/A	N/A	1-Jan-18
CLARAVIS CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
CLONAZEPAM ODT	Tier 1 & QL	N/A	N/A	1-Jan-18
CLOZAPINE ODT	Tier 1 & QL	N/A	N/A	1-Jan-18
COMBIVENT RESPIMAT	Tier 1 & QL 8	N/A	N/A	1-Jan-18
COMETRIQ	Tier 1 & PA	N/A	N/A	1-Jan-18
COMPLERA	Tier 1 & QL 30	N/A	N/A	1-Jan-18
COPAXONE	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
COTELLIC TABS	Tier 1 & PA & QL 90	N/A	N/A	1-Jan-18
CUPRIMINE 250MG	Non-formulary	SYPRINE CAPS 250MG	Tier 1	1-Jan-18
CYCLOPHOSPHAMIDE CAPS	Tier 1 & BvD	N/A	N/A	1-Jan-18
CYCLOSPORINE SOLN	Tier 1 & BvD	N/A	N/A	1-Jan-18
CYRAMZA SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
CYSTARAN SOLN	Tier 1 & PA & 60/28 days	N/A	N/A	1-Jan-18
DALIRESP TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
DECITABINE SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
DEPO-PROVERA	Tier 1 & QL 10/28 days	N/A	N/A	1-Jan-18
DESCOVY TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
DESIPRAMINE HCL TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
DESLORATADINE ODT 2.5MG, 5MG	Non-formulary	desloratadine tabs 5mg	Tier 1	1-Jan-18

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DESVENLAFAXINE ER TB24	Tier 1 & ST & QL	N/A	N/A	1-Jan-18
DEXMETHYLPHENIDATE HCL ER CP24	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
DEXMETHYLPHENIDATE HCL TABS	Tier 1 & PA & QL 60	N/A	N/A	1-Jan-18
DEXTROAMPHETAMINE SULFATE TABS	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
DICLOFENAC SODIUM GEL	Tier 1 & QL 1000	N/A	N/A	1-Jan-18
DICLOFENAC SODIUM SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
DICYCLOMINE HCL SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
DIHYDROERGOTAMINE MESYLATE SOLN	Tier 1 & QL 8	N/A	N/A	1-Jan-18
DIPHENOXYLATE/ATROPINE LIQD	Tier 1 & PA	N/A	N/A	1-Jan-18
DIPHENOXYLATE/ATROPINE TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
DOXEPIN HCL CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
DOXEPIN HCL CONC	Tier 1 & PA	N/A	N/A	1-Jan-18
DULOXETINE HCL CAPS	Tier 1 & QL	N/A	N/A	1-Jan-18
ELAPRASE SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
ELIGARD	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
ELIQUIS TABS	Tier 1 & QL	N/A	N/A	1-Jan-18
EMEND IV SOL 150MG	Non-formulary	ALOXI INJ 0.25MG/5ML , granisetron inj, ondansetron inj	Tier 1 & QL (QL for ondansetron only)	1-Jan-18
EMEND SUSR	Tier 1 & BvD & QL 6	N/A	N/A	1-Jan-18

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EMSAM PT24	Tier 1 & ST & QL 30	N/A	N/A	1-Jan-18
EMVERM	Non-formulary	Albenza, Biltricide, ivermectin	Tier 1	1-Jan-18
ENBREL	Tier 1 & PA	N/A	N/A	1-Jan-18
ENTECAVIR TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
ERBITUX SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
ERIVEDGE CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
ESTAZOLAM TABS	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
EVOTAZ TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
EXJADE	Tier 1 & PA	N/A	N/A	1-Jan-18
FABRAZYME SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
FANAPT TABS	Tier 1 & ST & QL 60	N/A	N/A	1-Jan-18
FANAPT TITRATION PACK	Tier 1 & QL 8/180	N/A	N/A	1-Jan-18
FERRIPROX SOLN	Tier1 & PA	N/A	N/A	1-Jan-18
FERRIPROX TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
FETZIMA CP24	Tier 1 & QL 30	N/A	N/A	1-Jan-18
FETZIMA TITRATION PACK	Tier 1 & QL 56/365 days	N/A	N/A	1-Jan-18
FIRMAGON SOLR	Tier 1 & QL	N/A	N/A	1-Jan-18
FLEBOGAMMA DIF SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
FLECTOR	Non-formulary	diclofenac 1% gel	Tier 1 & QL 1000 gm	1-Jan-18
FLOVENT DISKUS	Tier 1 & QL	N/A	N/A	1-Jan-18
FLOVENT HFA	Tier 1 & QL	N/A	N/A	1-Jan-18

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FLUNISOLIDE SOLN	Tier 1 & QL 50	N/A	N/A	1-Jan-18
FLURAZEPAM HCL	Non-formulary	estazolam, temazepam	Tier 1 & QL 30	1-Jan-18
FLUTICASONE PROPIONATE/SALMETEROL	Non-formulary	Advair Diskus, Advair HFA, Dulera, Symbicort	Tier 1 & QL (depends upon each inhaler)	1-Jan-18
FOLOTYN SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
FONDAPARINUX SODIUM SOLN	Tier 1 & QL	N/A	N/A	1-Jan-18
FORFIVO XL	Non-formulary	Aplenzin; bupropion ER, SR, XL	Tier 1 & QL for all & ST (for Aplenzin only)	1-Jan-18
FORTEO SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
FOSAMAX PLUS D	Tier 1 & ST	N/A	N/A	1-Jan-18
FRAGMIN SOLN	Tier 1 & QL	N/A	N/A	1-Jan-18
FROVATRIPTAN SUCCINATE TABS	Tier 1 & QL 12	N/A	N/A	1-Jan-18
FUSILEV IV SOL 50MG	Non-formulary	levoleucovorin inj 50mg	Tier 1	1-Jan-18
FUZEON SOLR	Tier 1 & QL 60	N/A	N/A	1-Jan-18
GENVOYA TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
GEODON SOLR	Tier 1 & QL 60	N/A	N/A	1-Jan-18
GILENYA CAPS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
GILOTRIF TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
GLIPIZIDE ER TABS	Tier 1 & QL	N/A	N/A	1-Jan-18
GLIPIZIDE/METFORMIN HCL TABS	Tier 1 & QL	N/A	N/A	1-Jan-18
GLYBURIDE MICRONIZED TABS	Tier 1 & QL	N/A	N/A	1-Jan-18
GLYBURIDE TABS	Tier 1 & QL	N/A	N/A	1-Jan-18
HALAVEN SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
HEPARIN SODIUM/D5W 5% 100U/ML; 5% 50U/ML	Non-formulary	heparin sodium/D5W 5% 40U/ML	Tier 1	1-Jan-18

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HETLIOZ CAPS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
HUMIRA	Tier 1 & PA	N/A	N/A	1-Jan-18
HYDROCORTISONE OINT 1%	Non-formulary	hydrocortisone cream 1%, hydrocortisone oint 2.5%	Tier 1	1-Jan-18
HYDROXYZINE HCL SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
HYDROXYZINE HCL SYRP	Tier 1 & PA	N/A	N/A	1-Jan-18
HYDROXYZINE PAMOATE CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
HYPERRAB S/D INJ	Tier 1 & BvsD	N/A	N/A	1-Jan-18
HYSINGLA ER	Non-formulary	buprenorphine patch, Butrans patch, Embeda, fentanyl patch, hydromphone ER, methadone, morphine ER tab/cap, oxymorphone ER tab, tramadol ER tab	Tier 1 & QL (for buprenorphine and Butrans patches only)	1-Jan-18
ILARIS SOLR	Tier 1 & QL 2/28 days	N/A	N/A	1-Jan-18
ILEVRO SUSP	Tier 1 & QL 6	N/A	N/A	1-Jan-18
IMIPRAMINE HCL TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
IMIPRAMINE PAMOATE CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
IMOVAX RABIES (H.D.C.V.)	Tier 1 & BvD	N/A	N/A	1-Jan-18
INCRELEX SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
INLYTA TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
INTRON A	Tier 1 & PA	N/A	N/A	1-Jan-18
INVOKAMET TABS	Tier 1 & QL 60	N/A	N/A	1-Jan-18
INVOKAMET XR TB24	Tier 1 & QL 60	N/A	N/A	1-Jan-18
INVOKANA TABS	Tier 1 & QL	N/A	N/A	1-Jan-18

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ISTODAX (OVERFILL) SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
ITRACONAZOLE CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
JAKAFI TABS	Tier 1 & QL 60	N/A	N/A	1-Jan-18
JANUVIA TABS	Tier 1 & ST	N/A	N/A	1-Jan-18
JUXTAPID CAPS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
KADCYLA SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
KETOROLAC TROMETHAMINE TABS	Tier 1 & QL 20	N/A	N/A	1-Jan-18
KISQALI TABS	Tier 1 & QL 63/28days	N/A	N/A	1-Jan-18
KISQALI/FEMARA PACK	Tier 1 & QL 91/28days	N/A	N/A	1-Jan-18
KORLYM TABS	Tier 1 & QL 120	N/A	N/A	1-Jan-18
KUVAN	Tier 1 & PA	N/A	N/A	1-Jan-18
LAMICTAL XR	Non-formulary	LAMOTRIGINE STARTER KIT	Tier 1	1-Jan-18
LATANOPROST SOLN	Tier 1 & QL 2.5/25 days	N/A	N/A	1-Jan-18
LATUDA TABS	Tier 1 & QL	N/A	N/A	1-Jan-18
LENVIMA	Tier 1 & PA	N/A	N/A	1-Jan-18
LEUKINE SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
LEVALBUTEROL NEBU	Tier 1 & BvD & QL	N/A	N/A	1-Jan-18
LEVOTHYROXINE IV SOL 100MG	Non-formulary	no formulary alternative	N/A	1-Jan-18
LIDOCAINE/PRILOCAINE CREA	Tier 1 & QL 30	N/A	N/A	1-Jan-18
LINZESS CAPS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
LITHOSTAT	Non-formulary	acetic acid 0.25% soln 0.25%	Tier 1	1-Jan-18

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Name of Drug	Description of Change	Alternative Drug*	Alternative Drug Tier	Effective Date
LIVALO TABS	Tier 1 & ST	N/A	N/A	1-Jan-18
LORAZEPAM INJ	Tier 1 & PA	N/A	N/A	1-Jan-18
LORAZEPAM INTENSOL	Tier 1 & PA	N/A	N/A	1-Jan-18
LORAZEPAM TABS	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
LOTEMAX GEL	Tier 1 & QL 20/365 days	N/A	N/A	1-Jan-18
LOTEMAX OINT	Tier 1 & QL 14/365 days	N/A	N/A	1-Jan-18
LUMIZYME SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
LUPRON DEPOT (1-MONTH)	Tier 1 & PA & QL 1/28 days	N/A	N/A	1-Jan-18
LUPRON DEPOT (3-MONTH)	Tier 1 & PA & QL 1/84 days	N/A	N/A	1-Jan-18
LUPRON DEPOT (4-MONTH)	Tier 1 & PA & QL 1/112 days	N/A	N/A	1-Jan-18
LUPRON DEPOT (6-MONTH)	Tier 1 & PA & QL 1/168 days	N/A	N/A	1-Jan-18
LYRICA CAPS	Tier 1 & QL	N/A	N/A	1-Jan-18
MEKINIST TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
MEPROBAMATE TAB	Non-formulary	alprazolam, chlordiazepoxide, diazepam, lorazepam, oxazepam	Tier 1 & QL	1-Jan-18
MESALAMINE DR 800MG	Non-formulary	mesalamine DR 1.2GM	Tier 1	1-Jan-18
METHOCARBAMOL SOLN 1000MG/ML	Non-formulary	carisoprodol, chlorzoxazone 500mg, cyclobenzaprine, methocarbamol tab, orphenadrine ER	Tier 1 & PA	1-Jan-18

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METHYLPHENIDATE HCL CD CAPS	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
METHYLPHENIDATE HCL CHEW	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
METHYLPHENIDATE HCL ER CAPS	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
METHYLPHENIDATE HCL ER TABS	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
METHYLPHENIDATE HCL TABS	Tier 1 & PA & QL 90	N/A	N/A	1-Jan-18
METHYLPHENIDATE HYDROCHLORIDE SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
METHYLTESTOSTERONE CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
MIRCERA	Non-formulary	Aranesp	Tier 1 & PA	1-Jan-18
MIRVASO GEL	Tier 1 & PA	N/A	N/A	1-Jan-18
MITOXANTRONE HCL CONC	Tier 1 & PA	N/A	N/A	1-Jan-18
MODAFINIL TABS	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
MOMETASONE FUROATE SUSP	Tier 1 & QL 34	N/A	N/A	1-Jan-18
MOZOBIL SOLN	Tier 1 & PA & QL 38.4/365 days	N/A	N/A	1-Jan-18
MYORISAN CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
MYTESI 125MG	Non-formulary	octreotide, Sandostatin, Signifor, somatuline	Tier 1 & PA	1-Jan-18
NAGLAZYME SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
NAMZARIC	Tier 1 & QL 30	N/A	N/A	1-Jan-18
NATPARA	Tier 1 & PA & QL 2/28 days	N/A	N/A	1-Jan-18

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NEUPOGEN SOLN	Tier 1 & ST	N/A	N/A	1-Jan-18
NEUPRO PTCH	Tier 1 & ST	N/A	N/A	1-Jan-18
NEXAVAR TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
NICOTROL INHALER	Tier 1 & QL 2688/365 days	N/A	N/A	1-Jan-18
NITROFURANTOIN MACROCRYSTALS CAPS	Tier 1 & QL	N/A	N/A	1-Jan-18
NITROFURANTOIN MONOHYDRATE/MACROCRYSTALS CAPS	Tier 1 & QL	N/A	N/A	1-Jan-18
NORETHINDRONE ACETATE/ETHINYL ESTRADIOL TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
NORGESTIMATE/ETHINYL ESTRADIOL 35MCG; 0.25MG	Non-formulary	estarylla tabs 35mcg, 0.25mg; femynor tabs 35mcg, 0.25mg; mono-linyah tabs 35mcg, 0.25mg; mononessa tabs 35mcg, 0.25mg; sprintec 28 tabs 35mcg, 0.25mg	Tier 1	1-Jan-18
NORTRIPTYLINE HCL CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
NORTRIPTYLINE HCL SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
NUCALA SOLR	Tier 1 & PA & QL 1/28 days	N/A	N/A	1-Jan-18
NULOJIX SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
NUPLAZID TABS	Tier 1 & PA & QL 60	N/A	N/A	1-Jan-18
ODEFSEY TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18

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OFEV CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
OLANZAPINE/FLUOXETINE CAPS	Tier 1 & QL	N/A	N/A	1-Jan-18
OLMESARTAN MEDOXOMIL/AMLODIPINE/HYDROCHLO ROTHIAZIDE	Non-formulary	olmesartan/hydrochlorothiazide and amlodipine separately	Tier 1	1-Jan-18
ONDANSETRON HCL ODT	Tier 1 & BvD	N/A	N/A	1-Jan-18
ONDANSETRON HCL SOLN	Tier 1 & BvD & QL 450	N/A	N/A	1-Jan-18
ONDANSETRON HCL TABS	Tier 1 & BvD	N/A	N/A	1-Jan-18
OPANA ER (CRUSH RESISTANT)	Non-formulary	buprenorphine patch, Butrans patch, Embeda, fentanyl patch, hydromorphone ER, methadone, morphine ER tab/cap, oxycodone ER tab, tramadol ER tab	Tier 1 & QL (for buprenorphine and Butrans patches only)	1-Jan-18
OPSUMIT TABS	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
ORAVIG	Non-formulary	clotrimazole lozg 10mg	Tier 1	1-Jan-18
ORENCIA	Tier 1 & PA	N/A	N/A	1-Jan-18
ORENCIA CLICKJET	Tier 1 & PA & QL 4/28 days	N/A	N/A	1-Jan-18
ORKAMBI TABS	Tier 1 & PA & QL 112/28 days	N/A	N/A	1-Jan-18
OSELTAMIVIR PHOSPHATE CAPS	Tier 1 & QL	N/A	N/A	1-Jan-18
OXTELLAR XR	Non-formulary	oxcarbazepine tab	Tier 1	1-Jan-18

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OXYCONTIN	Non-formulary	buprenorphine patch, Butrans patch, Embeda, fentanyl patch, hydromorphone ER, methadone, morphine ER tab/cap, oxycodone ER tab, tramadol ER tab	Tier 1 & QL (for buprenorphine and Butrans patches only)	1-Jan-18
PACERONE 100MG, 400MG	Non-formulary	amiodarone 100mg, 400mg	Tier 1	1-Jan-18
PALIPERIDONE ER TB24	Tier 1 & QL	N/A	N/A	1-Jan-18
PAROXETINE HCL ER TB24	Tier 1 & PA	N/A	N/A	1-Jan-18
PAROXETINE HCL TAB	Tier 1 & PA			
PATADAY	Non-formulary	olopatadine hydrochloride soln 0.2%	Tier 1	1-Jan-18
PAXIL SUSP	Tier 1 & PA	N/A	N/A	1-Jan-18
PEGASYS	Tier 1 & PA	N/A	N/A	1-Jan-18
PEGINTRON	Tier 1 & PA	N/A	N/A	1-Jan-18
PEG-PREP	Non-formulary	Gavilyte-C, Gavilyte-G, Gavilyte-H, Gavilyte-N/flavor pack, Moviprep, PEG-3350, Suprep, Trilyte	Tier 1	1-Jan-18
PERJETA SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
PERPHENAZINE/AMITRIPTYLINE TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
PEXEVA TABS	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
PIOGLITAZONE HCL/METFORMIN HCL TABS	Tier 1 & QL 90	N/A	N/A	1-Jan-18
PIOGLITAZONE HCL-GLIMEPIRIDE TABS	Tier 1 & QL 45	N/A	N/A	1-Jan-18

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PRADAXA CAPS	Tier 1 & QL 60	N/A	N/A	1-Jan-18
PREDNISOLONE SODIUM PHOSPHATE ODT	Non-formulary	prednisolone soln 15mg/5ml	Tier 1	1-Jan-18
PREPOPIK	Non-formulary	Gavilyte-C, Gavilyte-G, Gavilyte-H, Gavilyte-N/flavor pack, Moviprep, PEG-3350, Suprep, Trilyte	Tier 1	1-Jan-18
PREZCOBIX TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
PRIVIGEN SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
PROCRIPT SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
PROLASTIN-C SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
PROLIA SOLN	Tier 1 & QL 2/365 days	N/A	N/A	1-Jan-18
PROMACTA TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
PROPANTHELINE BROMIDE TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
PULMICORT FLEXHALER	Non-formulary	Aerospan, Asmanex HFA, Asmanex Twisthaler, Flovent Diskus, Flovent HFA, QVAR	Tier 1 & QL	1-Jan-18
PULMOZYME SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
QUETIAPINE FUMARATE ER TB24	Tier 1 & QL	N/A	N/A	1-Jan-18
RAVICTI LIQD	Tier 1 & PA	N/A	N/A	1-Jan-18
RELENZA DISKHALER	Tier 1 & QL 240/365 days	N/A	N/A	1-Jan-18
RELISTOR SOLN	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
RELISTOR TABS	Tier 1 & PA & QL 90	N/A	N/A	1-Jan-18

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RELPAK	Non-formulary	almotriptan, frovastiptan, naratriptan, rizatriptan, sumatriptan, zolmitriptan	Tier 1 & QL	1-Jan-18
REPAGLINIDE/METFORMIN HYDROCHLORIDE TABS	Tier 1 & QL 150	N/A	N/A	1-Jan-18
REPATHA	Tier 1 & PA & QL 3/28 days	N/A	N/A	1-Jan-18
REVLIMID CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
REXULTI TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
RIOMET SOLN	Tier 1 & QL 765/30 days	N/A	N/A	1-Jan-18
RISEDRONATE SODIUM DR TABS	Tier 1 & QL 4/28 days	N/A	N/A	1-Jan-18
RISEDRONATE SODIUM TABS	Tier 1 & QL	N/A	N/A	1-Jan-18
RISPERIDONE ODT	Tier 1 & QL 60	N/A	N/A	1-Jan-18
RITUXAN SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
RUBRACA TABS	Tier 1 & PA & QL 120	N/A	N/A	1-Jan-18
SABRIL	Tier 1 & PA	N/A	N/A	1-Jan-18
SAMSCA TABS	Tier 1 & QL	N/A	N/A	1-Jan-18
SANCUSO PTCH	Tier 1 & QL 2	N/A	N/A	1-Jan-18
SANDIMMUNE CAP 25MG, 100MG	Non-formulary	cyclosporine, Gengraf	Tier 1 & BvD	1-Jan-18
SAPHRIS SUBL	Tier 1 & QL 60	N/A	N/A	1-Jan-18
SAVELLA TABS	Tier 1 & QL 60	N/A	N/A	1-Jan-18
SAVELLA TITRATION PACK	Tier 1 & QL 110/365 days	N/A	N/A	1-Jan-18

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SEREVENT DISKUS	Tier 1 & QL 60	N/A	N/A	1-Jan-18
SIGNIFOR SOLN	Tier 1 & PA & QL 60	N/A	N/A	1-Jan-18
SILDENAFIL SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
SIMPONI	Tier 1 & PA	N/A	N/A	1-Jan-18
SOMATULINE DEPOT SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
SPIRIVA RESPIMAT	Tier 1 & QL 4	N/A	N/A	1-Jan-18
SPRYCEL TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
STELARA	Tier 1 & PA	N/A	N/A	1-Jan-18
STIOLTO RESPIMAT	Tier 1 & QL 4	N/A	N/A	1-Jan-18
STRATTERA	Non-formulary	atomoxetine	Tier 1 & QL	1-Jan-18
STRIBILD TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
SUBOXONE FILM	Tier 1 & QL	N/A	N/A	1-Jan-18
SULFACETAMIDE SODIUM SUSP 10%	Non-formulary	sulfacetamide sodium/prednisolone sodium phosphate soln 0.23%; 10%	Tier 1	1-Jan-18
SUMATRIPTAN SUCCINATE SOLN	Tier 1 & QL 12	N/A	N/A	1-Jan-18
SUTENT CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
SYLATRON	Tier 1 & PA	N/A	N/A	1-Jan-18
SYMLINPEN	Tier 1 & PA	N/A	N/A	1-Jan-18
SYNRIBO SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
TAFINLAR CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
TAGRISSE TABS	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18

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TAMIFLU SUSP	Tier 1 & QL 720/365 days	N/A	N/A	1-Jan-18
TARCEVA TABS	Tier 1 & PA & QL	N/A	N/A	1-Jan-18
TARGETIN GEL	Tier 1 & PA	N/A	N/A	1-Jan-18
TASIGNA CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
TECENTRIQ SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
TECFIDERA CAPS	Tier 1 & PA & QL 60	N/A	N/A	1-Jan-18
TECFIDERA STARTER PACK	Tier 1 & PA & QL 120/365 days	N/A	N/A	1-Jan-18
TEMAZEPAM CAPS	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
TENCON TABS	Tier 1 & PA & QL 360	N/A	N/A	1-Jan-18
TERBINAFINE HCL TABS	Tier 1 & QL 84/180 days	N/A	N/A	1-Jan-18
TESTOSTERONE CYPIONATE SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
TESTOSTERONE ENANTHATE SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
THIORIDAZINE HCL TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
TOBI PODHALER	Tier 1 & QL 224/56 days	N/A	N/A	1-Jan-18
TOBRADEX SUSP 0.1%, 0.3%	Non-formulary	tobramycin/dexamethasone susp 0.1%; 0.3%	Tier 1	1-Jan-18
TOLAK CREAM 4%	Non-formulary	fluorouracil soln 2%, fluorouracil crea 5%, fluorouracil soln 5%	Tier 1	1-Jan-18
TOLAZAMIDE TABS	Tier 1 & QL	N/A	N/A	1-Jan-18

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TRACLEER	Non-formulary	Adcirca, Adempas, Letairis, Opsumit, orenitram, sildenafil, Uptravi	Tier 1 & PA & QL	1-Jan-18
TRAMADOL HCL ER CP24	Non-formulary	tramadol ER tab 24	Tier 1	1-Jan-18
TRESIBA FLEXTOUCH	Non-formulary	Lantus vial, Lantus Solostar, Levemir vial, Levemir Flextouch, Toujeo	Tier 1	1-Jan-18
TRETINOIN GEL	Tier 1 & PA	N/A	N/A	1-Jan-18
TRIAZOLAM TAB	Non-formulary	estazolam, temazepam	Tier 1 & QL 30	1-Jan-18
TRIMIPRAMINE MALEATE CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
TRINTELLIX TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
TRIUMEQ TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
TROKENDI XR CP24	Non-formulary	topiramate ER cap 24	Tier 1	1-Jan-18
TRUVADA TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
TYGACIL SOLR 50MG	Non-formulary	tigecycline inj 50mg	Tier 1	1-Jan-18
TYSABRI CONC	Tier 1 & PA	N/A	N/A	1-Jan-18
ULORIC TABS	Tier 1 & ST	N/A	N/A	1-Jan-18
UPTRAVI TABS	Tier 1 & PA & QL 60	N/A	N/A	1-Jan-18
URSODIOL CAP 300MG	Non-formulary	ursodiol tabs 250mg, 500mg	Tier 1	1-Jan-18
VALCHLOR GEL	Tier 1 & PA	N/A	N/A	1-Jan-18
VALPROATE SODIUM SOLN 500MG/5ML	Non-formulary	valproic acid soln 250mg/5ml	Tier 1	1-Jan-18
VELCADE SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
VENTAVIS SOLN	Tier 1 & PA & QL 270	N/A	N/A	1-Jan-18

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VENTOLIN HFA	Non-formulary	Proair HFA, Proair Respiclick	Tier 1	1-Jan-18
VERSACLOZ SUSP	Tier 1 & QL 540	N/A	N/A	1-Jan-18
VICTOZA	Tier 1 & ST & QL 9	N/A	N/A	1-Jan-18
VIIBRYD STARTER PACK	Tier 1 & QL 60/365 days	N/A	N/A	1-Jan-18
VIIBRYD TABS	Tier 1 & QL 30	N/A	N/A	1-Jan-18
VRAYLAR CAPS	Tier 1 & ST & QL 30	N/A	N/A	1-Jan-18
XARELTO STARTER PACK	Tier 1 & QL 102/365 days	N/A	N/A	1-Jan-18
XELJANZ TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
XGEVA SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
XOLAIR SOLR	Tier 1 & PA	N/A	N/A	1-Jan-18
XTANDI CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
XYREM SOLN	Tier 1 & PA & QL 540	N/A	N/A	1-Jan-18
YERVOY SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
ZALTRAP SOLN	Tier 1 & PA	N/A	N/A	1-Jan-18
ZARXIO	Tier 1 & PA	N/A	N/A	1-Jan-18
ZAVESCA CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
ZEBUTAL CAPS	Tier 1 & PA & QL 360	N/A	N/A	1-Jan-18
ZEJULA CAPS	Tier 1 & PA & 90	N/A	N/A	1-Jan-18
ZETIA 10MG	Non-formulary	ezetimibe 10mg	Tier 1	1-Jan-18
ZILEUTON ER TB12	Tier 1 & ST	N/A	N/A	1-Jan-18

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ZIPRASIDONE HCL CAPS	Tier 1 & QL 60	N/A	N/A	1-Jan-18
ZOLINZA CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
ZOLPIDEM TARTRATE TABS	Tier 1 & PA & QL 30	N/A	N/A	1-Jan-18
ZOMETA SOLN 4MG/100ML	Non-formulary	zoledronic acid inj 4mg, zoledronic acid inj 5mg/100ml	Tier 1	1-Jan-18
ZORTRESS TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
ZYDELIG TABS	Tier 1 & PA	N/A	N/A	1-Jan-18
ZYFLO TABS	Tier 1 & ST	N/A	N/A	1-Jan-18
ZYKADIA CAPS	Tier 1 & PA	N/A	N/A	1-Jan-18
ZYTIGA TABS	Tier 1 & PA	N/A	N/A	1-Jan-18

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