



2018 Year-to-date Formulary Additions and Deletions

Revised 06/01/2018

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
ABILIFY MAINTENA SRER 400MG	Tier 1	N/A	N/A	1-Jun-18
ALUNBRIG TABS 180MG	Tier 1 & QL 30/30 & PA	N/A	N/A	1-Mar-18
ALUNBRIG TABS 90MG	Tier 1 & QL 30/30 & PA	N/A	N/A	1-Mar-18
ALUNBRIG TBPk	Tier 1 & QL 30/365 & PA	N/A	N/A	1-Mar-18
ALUNBRIG TBPk	Tier 1 & PA & QL 60/365	N/A	N/A	1-Apr-18
amiodarone hydrochloride inj 450mg/9ml	Tier 1	N/A	N/A	1-Jun-18
amiodarone hydrochloride inj 900mg/18ml	Tier 1	N/A	N/A	1-Jun-18
BD INSULIN SYRINGE SAFETYGLIDE/U-100/1ML/31G X 15/64"	Tier 1 & QL 200/30	N/A	N/A	1-Jun-18
BENZNIDAZOLE 100MG	Tier 1	N/A	N/A	1-Mar-18
BENZNIDAZOLE 12.5MG	Tier 1	N/A	N/A	1-Mar-18
BIKTARVY TABS 50MG; 200MG; 25MG	Tier 1 & QL 30/30	N/A	N/A	1-Apr-18
BOSULIF TABS 400MG	Tier 1 & PA	N/A	N/A	1-Mar-18
CIMDUO TABS 300MG; 300MG	Tier 1 & QL 30/30	N/A	N/A	1-Jun-18
CINVANTI EMUL 130MG/18ML	Tier 1	N/A	N/A	1-Mar-18
CLINIMIX N14G30E 17.6GM/2000ML; 9.78GM/2000ML; 15%; 8.76GM/2000ML; 4.08GM/2000ML; 5.1GM/2000ML; 6.2GM/2000ML; 4.93GM/2000ML; 1.02GM/2000ML; 3.4GM/2000ML; 4.76GM/2000ML; 5.22GM/2000ML; 5.78GM/2000ML; 4.25GM/2000ML; 1.54GM/2000ML; 3.57GM/2000ML; 1.53GM/2000ML; 0.34GM/2000ML; 4.93GM/2000ML	Tier 1 & BvD	N/A	N/A	1-Mar-18





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CLINIMIX N9G15E 5MMOL/100ML; 570MG/100ML; 317MG/100ML; 0.23MMOL/100ML; 4MMOL/100ML; 7.5GM/100ML; 284MG/100ML; 132MG/100ML; 165MG/100ML; 201MG/100ML; 200MG/100ML; 0.25MMOL/100ML; 110MG/100ML; 460MG/100ML; 154MG/100ML; 1.5MMOL/100ML; 3MMOL/100ML; 187MG/100ML; 138MG/100ML; 3.5MMOL/100ML; 116MG/100ML; 50MG/100ML; 11MG/100ML; 160MG/100ML	Tier 1 & BvD	N/A	N/A	1-Mar-18
CRYSVITA INJ 10MG/ML	Tier 1 & PA	N/A	N/A	1-Jun-18
CRYSVITA INJ 20MG/ML	Tier 1 & PA	N/A	N/A	1-Jun-18
CRYSVITA INJ 30MG/ML	Tier 1 & PA	N/A	N/A	1-Jun-18
dactinomycin solr 0.5mg	Tier 1	N/A	N/A	1-Mar-18
DALIRESP TABS 250MCG	Tier 1 & PA	N/A	N/A	1-May-18
DIVIGEL GEL 0.25MG/0.25GM	Tier 1 & PA	N/A	N/A	1-Jun-18
doxycycline hyclate tabs 50mg	Tier 1	N/A	N/A	1-Jun-18
drospirenone/ethinyl estradiol/levomefolate calcium tabs 3mg; 0.03mg; 0.451mg	Tier 1	N/A	N/A	1-May-18
EASY GLIDE PEN NEEDLES 33G X 5/32" MISC	Tier 1 & QL 200/30	N/A	N/A	1-Jun-18
efavirenz caps 600mg	Tier 1	N/A	N/A	1-Mar-18
ELIQUIS STARTER PACK TABS 5MG	Tier 1 & QL 148/365	N/A	N/A	1-Mar-18
EPINEPHRINE INJ 0.3MG/0.3ML (Impax generic)	Tier 1	N/A	N/A	1-Jun-18
EPIPEN 2-PAK INJ 0.3MG/0.3ML	Tier 1	N/A	N/A	1-Jun-18
EPIPEN-JR 2-PAK INJ 0.15MG/0.3ML	Tier 1	N/A	N/A	1-Jun-18
ERLEADA TABS 60MG	Tier 1 & PA & QL 120/30	N/A	N/A	1-Apr-18
ESMOLOL HYDROCHLORIDE IN WATER DOUBLE STRENGTH SOLN 2000MG/100ML	Tier 1	N/A	N/A	1-Apr-18





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ESMOLOL HYDROCHLORIDE IN WATER SOLN 2500MG/250ML	Tier 1	N/A	N/A	1-Apr-18
ganciclovir inj 500mg/10ml	Tier 1 & BvD	N/A	N/A	1-Jun-18
GEMCITABINE HYDROCHLORIDE INJ 1.5GM/15ML	Tier 1	N/A	N/A	1-Mar-18
GEMCITABINE HYDROCHLORIDE INJ 1GM/10ML	Tier 1	N/A	N/A	1-Mar-18
GEMCITABINE HYDROCHLORIDE INJ 200MG/2ML	Tier 1	N/A	N/A	1-Mar-18
GEMCITABINE HYDROCHLORIDE INJ 2GM/20ML	Tier 1	N/A	N/A	1-Mar-18
gemcitabine hydrochloride soln 1gm/26.3ml	Tier 1	N/A	N/A	1-Apr-18
gemcitabine hydrochloride soln 200mg/5.26ml	Tier 1	N/A	N/A	1-Apr-18
gemcitabine hydrochloride soln 2gm/52.6ml	Tier 1	N/A	N/A	1-Apr-18
glatopa sosy 40mg/ml	Tier 1 & PA & QL 12/28	N/A	N/A	1-Apr-18
GLYXAMBI TABS 10MG; 5MG	Tier 1 & QL 30/30 & ST	N/A	N/A	1-Mar-18
GLYXAMBI TABS 25MG; 5MG	Tier 1 & QL 30/30 & ST	N/A	N/A	1-Mar-18
HEPLISAV-B SOLN 20MCG/0.5ML	Tier 1 & BvD	N/A	N/A	1-Mar-18
HUMIRA 40MG/0.4ML PEN PSKT	Tier 1 & PA	N/A	N/A	1-Jun-18
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK 80MG/0.8ML PSKT	Tier 1 & PA	N/A	N/A	1-Jun-18
HUMIRA PEDIATRIC CROHNS DISEASE STARTER PACK PSKT	Tier 1 & PA	N/A	N/A	1-Jun-18
HUMIRA PEN 10MG/0.1ML	Tier 1 & PA	N/A	N/A	1-Jun-18
HUMIRA PEN 20MG/0.2ML	Tier 1 & PA	N/A	N/A	1-Jun-18
HUMIRA PEN 40MG/0.4ML	Tier 1 & PA	N/A	N/A	1-Jun-18
hydrocortisone acetate/pramoxine cream 1%; 1%	Tier 1	N/A	N/A	1-Jun-18
hydrocortisone butyrate lotn 0.1%	Tier 1	N/A	N/A	1-Apr-18
HYPERRAB INJ 1500UNIT/5ML	Tier 1 & BvD	N/A	N/A	1-Jun-18
HYPERRAB INJ 300UNIT/ML	Tier 1 & BvD	N/A	N/A	1-Jun-18

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ibu tabs 600mg	Tier 1	N/A	N/A	1-Jun-18
ibu tabs 800mg	Tier 1	N/A	N/A	1-Jun-18
IMBRUVICA CAPS 70MG	Tier 1 & PA	N/A	N/A	1-May-18
IMBRUVICA TABS 140MG	Tier 1 & PA	N/A	N/A	1-May-18
IMBRUVICA TABS 280MG	Tier 1 & PA	N/A	N/A	1-May-18
IMBRUVICA TABS 420MG	Tier 1 & PA	N/A	N/A	1-May-18
IMBRUVICA TABS 560MG	Tier 1 & PA	N/A	N/A	1-May-18
INSULIN SYRINGE/NEEDLE 0.3ML/30G X 5/16"	Tier 1 & QL 200/30	N/A	N/A	1-Jun-18
INSULIN SYRINGE/NEEDLE 0.3ML/31G X 5/16"	Tier 1 & QL 200/30	N/A	N/A	1-Jun-18
INSULIN SYRINGE/NEEDLE 0.5ML/29G X 1/2"	Tier 1 & QL 200/30	N/A	N/A	1-Jun-18
INSULIN SYRINGE/NEEDLE 0.5ML/30G X 5/16"	Tier 1 & QL 200/30	N/A	N/A	1-Jun-18
INSULIN SYRINGE/NEEDLE 0.5ML/31G X 5/16"	Tier 1 & QL 200/30	N/A	N/A	1-Jun-18
INSULIN SYRINGE/NEEDLE 1ML/29G X 1/2"	Tier 1 & QL 200/30	N/A	N/A	1-Jun-18
INSULIN SYRINGE/NEEDLE 1ML/30G X 5/16	Tier 1 & QL 200/30	N/A	N/A	1-Jun-18
INSULIN SYRINGE/NEEDLE 1ML/31G X 5/16"	Tier 1 & QL 200/30	N/A	N/A	1-Jun-18
isotretinoin caps 10mg	Tier 1 & PA	N/A	N/A	1-Mar-18
isotretinoin caps 20mg	Tier 1 & PA	N/A	N/A	1-Mar-18
isotretinoin caps 30mg	Tier 1 & PA	N/A	N/A	1-Mar-18
isotretinoin caps 40mg	Tier 1 & PA	N/A	N/A	1-Mar-18
JYNARQUE TBPK 45/15	Tier 1 & QL 56/28	N/A	N/A	1-Jun-18
JYNARQUE TBPK 60/30	Tier 1 & QL 56/28	N/A	N/A	1-Jun-18
JYNARQUE TBPK 90/30	Tier 1 & QL 56/28	N/A	N/A	1-Jun-18
kelnor 1/50 tabs 50mcg;1mg	Tier 1	N/A	N/A	1-May-18
lansoprazole tbdp 15mg	Tier 1 & QL 30/30	N/A	N/A	1-May-18
lansoprazole tbdp 30mg	Tier 1 & QL 30/30	N/A	N/A	1-May-18
MAKENA SOAJ 275MG/1.1ML	Tier 1 & PA	N/A	N/A	1-May-18
memantine hydrochloride er cp24 14mg	Tier 1 & QL 30/30	N/A	N/A	1-Apr-18
memantine hydrochloride er cp24 21mg	Tier 1 & QL 30/30	N/A	N/A	1-Apr-18

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memantine hydrochloride er cp24 28mg	Tier 1 & QL 30/30	N/A	N/A	1-Apr-18
memantine hydrochloride er cp24 7mg	Tier 1 & QL 30/30	N/A	N/A	1-Apr-18
MESALAMINE DR TBEC 800MG	Tier 1	N/A	N/A	1-May-18
methylphenidate hydrochloride cp24 10mg	Tier & PA & 180/30	N/A	N/A	1-Apr-18
methylphenidate hydrochloride er cp24 10mg	Tier 1 & PA & QL 180/30	N/A	N/A	1-May-18
methylphenidate hydrochloride er tbcr 72mg	Tier 1 & QL 30/30 & PA	N/A	N/A	1-Mar-18
midazolam hydrochloride soln 2mg/2ml	Tier 1	N/A	N/A	1-Apr-18
miglustat caps 100mg	Tier 1 & PA	N/A	N/A	1-Jun-18
minocycline hydrochloride tb24 115mg	Tier 1	N/A	N/A	1-Apr-18
minocycline hydrochloride tb24 65mg	Tier 1	N/A	N/A	1-Apr-18
moxifloxacin hydrochloride soln 0.5%	Tier 1	N/A	N/A	1-Apr-18
mutamycin solr 20mg	Tier 1	N/A	N/A	1-Apr-18
mutamycin solr 40mg	Tier 1	N/A	N/A	1-Apr-18
mutamycin solr 5mg	Tier 1	N/A	N/A	1-Apr-18
nolix cre 0.05%	Tier 1	N/A	N/A	1-Mar-18
NUCALA SOLR 100MG	Tier 1 & PA & QL 3/28	N/A	N/A	1-Apr-18
nutrilyte conc 2.03meq/ml; 0.25meq/ml; 1.68meq/ml; 0.25meq/ml; 0.4meq/ml; 2.03meq/ml; 1.25meq	Tier 1	N/A	N/A	1-May-18
okebo caps 75mg	Tier 1	N/A	N/A	1-Apr-18
okebo caps 100mg	Tier 1	N/A	N/A	1-Mar-18
OPDIVO SOLN 240MG/24ML	Tier 1 & PA	N/A	N/A	1-Mar-18
PALONOSETRON HYDROCHLORIDE SOLN 0.25MG/2ML	Tier 1	N/A	N/A	1-May-18
palonosetron hydrochloride soln 0.25MG/5ML	Tier 1	N/A	N/A	1-May-18
polocaine soln 1%	Tier 1	N/A	N/A	1-May-18
polocaine soln 2%	Tier 1	N/A	N/A	1-May-18

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polocaine-mpf soln 1%	Tier 1	N/A	N/A	1-May-18
polocaine-mpf soln 1.5%	Tier 1	N/A	N/A	1-May-18
polocaine-mpf soln 2%	Tier 1	N/A	N/A	1-May-18
praziquantel tabs 600mg	Tier 1	N/A	N/A	1-Jun-18
PREVYMIS SOLN 240MG/12ML	Tier 1	N/A	N/A	1-Mar-18
PREVYMIS SOLN 480MG/24ML	Tier 1	N/A	N/A	1-Mar-18
PREVYMIS TABS 240MG	Tier 1	N/A	N/A	1-Mar-18
PREVYMIS TABS 480MG	Tier 1	N/A	N/A	1-Mar-18
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 1/2"	Tier 1 & QL 200/30	N/A	N/A	1-May-18
PRO COMFORT INSULIN SYRINGES/0.5ML/30G X 5/16"	Tier 1 & QL 200/30	N/A	N/A	1-May-18
PRO COMFORT INSULIN SYRINGES/0.5ML/31G X 5/16"	Tier 1 & QL 200/30	N/A	N/A	1-May-18
PRO COMFORT INSULIN SYRINGES/1ML/30G X 1/2"	Tier 1 & QL 200/30	N/A	N/A	1-May-18
PRO COMFORT INSULIN SYRINGES/1ML/30G X 5/16"	Tier 1 & QL 200/30	N/A	N/A	1-May-18
PRO COMFORT INSULIN SYRINGES/1ML/31G X 5/16"	Tier 1 & QL 200/30	N/A	N/A	1-May-18
PROLASTIN-C SOLN 1000MG/20ML	Tier 1 & PA	N/A	N/A	1-May-18
QVAR REDHALER AERB 40MCG/ACT	Tier 1 & QL 21.2GM/30	N/A	N/A	1-Mar-18
QVAR REDHALER AERB 80MCG/ACT	Tier 1 & QL 21.2GM/30	N/A	N/A	1-Mar-18
ritonavir tabs 100mg	Tier 1	N/A	N/A	1-May-18
romidepsin inj 10mg	Tier 1 & PA	N/A	N/A	1-Mar-18
roweepra xr tb24 500mg	Tier 1	N/A	N/A	1-Mar-18
roweepra xr tb24 750mg	Tier 1	N/A	N/A	1-Mar-18
sotalol hydrochloride tabs 120mg	Tier 1	N/A	N/A	1-Jun-18
sumatriptan/naproxen sodium tabs 500mg; 85mg	Tier 1 & QL 9/30	N/A	N/A	1-Apr-18
SYMDEKO TBPK 150MG; 100MG	Tier 1 & PA & QL 56/28	N/A	N/A	1-Apr-18
SYMFI LO TABS 400MG; 300MG; 300MG	Tier 1 & QL 30/30	N/A	N/A	1-May-18

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SYMFI TABS 600MG; 300MG; 300MG	Tier 1 & QL 30/30	N/A	N/A	1-Jun-18
TAMIFLU CAPS 30MG	Tier 1 & QL 112/365	N/A	N/A	1-Mar-18
TAMIFLU CAPS 45MG	Tier 1 & QL 60/365	N/A	N/A	1-Mar-18
TAMIFLU CAPS 75MG	Tier 1 & QL 110/365	N/A	N/A	1-Mar-18
TASIGNA CAPS 50MG	Tier 1 & PA	N/A	N/A	1-May-18
tiagabine hydrochloride tabs 12mg	Tier 1	N/A	N/A	1-May-18
tiagabine hydrochloride tabs 16mg	Tier 1	N/A	N/A	1-May-18
timolol maleate soln 0.5%	Tier 1	N/A	N/A	1-Mar-18
tramadol hcl er tb24 100mg	Tier 1	N/A	N/A	1-Mar-18
tramadol hcl er tb24 200mg	Tier 1	N/A	N/A	1-Mar-18
tramadol hcl er tb24 300mg	Tier 1	N/A	N/A	1-Mar-18
TRESIBA FLEXTOUCH INJ 100UNIT/ML	Tier 1	N/A	N/A	1-Jun-18
TRESIBA FLEXTOUCH INJ 200UNIT/ML	Tier 1	N/A	N/A	1-Jun-18
triamcinolone acetone inj 40mg/ml	Tier 1	N/A	N/A	1-Mar-18
trientine hydrochloride caps 250mg	Tier 1	N/A	N/A	1-Apr-18
TRISENOX SOLN 12MG/6ML	Tier 1	N/A	N/A	1-Mar-18
TROGARZO SOLN 200MG/1.33ML	Tier 1	N/A	N/A	1-May-18
tydemy tabs 3mg; 0.03mg; 0.451mg	Tier 1	N/A	N/A	1-May-18
VIDEX EC CPDR 125MG	Tier 1	N/A	N/A	1-May-18
VIRAMUNE SUSP 50MG/5ML	Tier 1	N/A	N/A	1-Jun-18
VIVITROL SUSR 380MG	Tier 1	N/A	N/A	1-Mar-18
XTAMPZA ER C12A 13.5MG	Tier 1	N/A	N/A	1-May-18
XTAMPZA ER C12A 18MG	Tier 1	N/A	N/A	1-May-18
XTAMPZA ER C12A 27MG	Tier 1	N/A	N/A	1-May-18
XTAMPZA ER C12A 36MG	Tier 1	N/A	N/A	1-May-18
XTAMPZA ER C12A 9MG	Tier 1	N/A	N/A	1-May-18
ZENPEP CPEP 105000UNIT; 25000UNIT; 79000UNIT	Tier 1	N/A	N/A	1-Apr-18
ZENPEP CPEP 168000UNIT; 40000UNIT; 126000UNIT	Tier 1	N/A	N/A	1-Mar-18

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ZENPEP CPEP 24000UNIT; 5000UNIT; 17000UNIT	Tier 1	N/A	N/A	1-Apr-18
ZENPEP CPEP 42000UNIT; 10000UNIT; 32000UNIT	Tier 1	N/A	N/A	1-Jun-18

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