



6 International Drive, Rye Brook, New York 10573-1068

05/01/2012 Formulary Addendum

Changes may have occurred since the printing of the Generations Healthcare HMO formulary. Medications added or removed from the formulary are listed below.

This is not a complete list of all formulary drugs covered by the plan. For a complete listing, or if you need additional information about the Generations Healthcare formulary, please call Member Services at 1-866-547-3060, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-800-958-2692) 7 days a week.

Please retain this with your formulary

You may also access our formulary or information showing the addition or removal of formulary medications on our website at www.GenerationsHealthcare.cc.

01/01/2012 Formulary Additions

DRUG NAME	TIER	NOTES
<i>atovaquone-proguanil</i>	3	
CAPRELSA 100 MG	4	60 tablets per 30 days, PA, LA
CAPRELSA 300 MG	4	30 tablets per 30 days, PA, LA
<i>clindamycin 75 mg cap</i>	3	
COMPLERA	4	
DIFICID	4	ST
<i>diltiazem hcl coated beads er 24hr 360mg</i>	2	30 capsules per 30 days
ENABLEX	3	30 tablets per 30 days
<i>felbamate</i>	3	
<i>fondaparinux sodium sc soln 10 mg</i>	4	24 mL (30 syringes) per 30 days
<i>fondaparinux sodium sc soln 2.5 mg</i>	2	15 mL (30 syringes) per 30 days
<i>fondaparinux sodium sc soln 5 mg</i>	4	12 mL (30 syringes) per 30 days
<i>fondaparinux sodium sc soln 7.5 mg</i>	4	18 mL (30 syringes) per 30 days
GAMMAKED	4	PA
HIZENTRA	4	PA

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The first column of the chart lists the drug name. Brand name drugs are capitalized (e.g., COUMADIN) and generic drugs are listed in lower-case italics (e.g., *warfarin*).

*We provide additional coverage of this prescription drug in the coverage gap. Please refer to our Evidence of Coverage for more information about this coverage.

DRUG NAME	TIER	NOTES
<i>imipenem-cilastatin iv 250mg, 500mg</i>	3	
ISOPTO CARPINE	3	
JALYN	2	30 capsules per 30 days
<i>lamivudine-zidovudine</i>	4	
<i>lamivudine tab</i>	2	
<i>levetiracetam er 24 hour 500 mg*</i>	1	180 tablets per 30 days
<i>levetiracetam er 24 hour 750 mg*</i>	1	120 tablets per 30 days
<i>levocetirizine oral soln*</i>	1	300 mL per 30 days
<i>levocetirizine tab*</i>	1	30 tablets per 30 days
<i>levofloxacin iv</i>	2	
LUMIGAN	2	2.5 mL per 30 days
LUPRON DEPOT-PED IM KIT 11.25 MG, 30 MG	4	1 kit per 90 days, PA
<i>methylergonovine maleate 0.2 mg</i>	3	
<i>morphine sulfate inj 1mg/ml, 25mg/ml*</i>	1	PA
MOVIPREP	3	
<i>neo-polycin ophth oint*</i>	1	
<i>norgestim-eth estrad triphasic 0.18/0.215/0.25 mg-35 mcg*</i>	1	28 tablets per 28 days
NULOJIX	4	PA
<i>olanzapine im soln 10 mg</i>	3	3 mL per 3 days
<i>olanzapine odt 5 mg</i>	2	30 tablets per 30 days
<i>olanzapine odt 10 mg</i>	2	120 tablets per 30 days
<i>olanzapine odt 15 mg, 20 mg</i>	2	60 tablets per 30 days
<i>orsythia*</i>	1	28 tablets per 28 days
PRIVIGEN	4	PA
<i>rosadan cream 0.75 %*</i>	1	
SUBOXONE SUBLINGUAL FILM	2	90 films per 30 days, PA
SUPRAX ORAL SUSP	2	
TAMIFLU SUSP 6 MG/ML	2	240 mL per 30 days
<i>tranexamic acid iv soln</i>	2	
<i>trimipramine maleate</i>	3	
VICTRELIS	4	360 capsules per 30 days, PA

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DRUG NAME	TIER	NOTES
XALKORI	4	60 tablets per 30 days, PA, LA
XARELTO 10 MG	2	60 tablets per 30 days, PA
XARELTO 15 MG, 20 MG	2	30 tablets per 30 days, PA
XIFAXAN 550 MG	4	60 tablets per 30 days, PA
ZELBORAF	4	240 tablets per 30 days, PA, LA

01/15/2012 Formulary Additions

DRUG NAME	TIER	NOTES
DALIRESP	2	
PEGASYS PROCLICK	4	2 mL (4 syringes) per 28 days, PA

02/01/2012 Formulary Additions

DRUG NAME	TIER	NOTES
<i>cromolyn conc 100 mg/5 mL</i>	3	
<i>flucytosine</i>	4	
<i>fluocinolone acetonide topical soln oil 0.01%</i>	3	
JAKAFI	4	60 tablets per 30 days, PA

03/01/2012 Formulary Additions

DRUG NAME	TIER	NOTES
LATUDA 20 MG	3	30 tablets per 30 days
PHOSLYRA	2	
PROMACTA 12.5 MG	4	PA
RELISTOR 8 MG/0.4 ML INJ	3	PA
SUCRAID	3	
VIREAD 40 MG/GM, 150 MG, 200 MG, 250 MG	2	

04/01/2012 Formulary Additions

DRUG NAME	TIER	NOTES
AFINITOR 7.5 MG	4	30 tablets per 30 days, PA
BRILINTA	3	PA

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DRUG NAME	TIER	NOTES
CARBAGLU	4	
<i>escitalopram oxalate 5 mg, 20 mg</i>	3	30 tablets per 30 days
<i>escitalopram oxalate 10 mg</i>	3	45 tablets per 30 days
INLYTA	4	PA, LA
<i>vestura</i>	3	28 tablets per 28 days
ZERIT 1 MG/ML ORAL SOLN	2	
<i>ziprasidone hcl 20 mg, 40 mg, 60 mg</i>	3	60 capsules per 30 days
<i>ziprasidone hcl 80 mg</i>	3	90 capsules per 30 days

05/01/2012 Formulary Additions

DRUG NAME	TIER	NOTES
ERIVEDGE	4	PA, LA
<i>escitalopram oxalate oral soln</i>	3	600 mL per 30 days
<i>ibandronate 150 mg</i>	2	1 tablet per 30 days, PA
JANUMET XR 50-500 MG, 50-1000 MG	2	60 tablets per 30 days
JANUMET XR 100-1000 MG	2	30 tablets per 30 days
MENEST	2	PA, HR
<i>modafanil</i>	3	30 tablets per 30 days, PA
<i>quetiapine fumarate</i>	3	90 tablets per 30 days
<i>vancomycin cap</i>	4	

01/01/2012 Formulary Deletions

None

01/15/2012 Formulary Deletions

None

02/01/2012 Formulary Deletions

None

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03/01/2012 Formulary Deletions

None

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None

05/01/2012 Formulary Deletions

None

01/01/2012 Formulary Changes

DRUG NAME	TIER	NOTES
DENAVIR	3	5 gm per 30 days
<i>dicyclomine hcl im soln*</i>	1	
<i>donepezil*</i>	1	30 tablets per 30 days
<i>donepezil odt*</i>	1	30 tablets per 30 days
LEXAPRO 10 MG TAB	3	30 tablets per 30 days
LEXAPRO 5 MG, 20 MG TAB	3	45 tablets per 30 days
LEXAPRO ORAL SOLN	3	600 mL per 30 days
PREMARIN 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG	2	30 tablets per 30 days, PA, HR
PREMARIN 1.25 MG	2	PA, HR
PREMPHASE	2	28 tablets per 28 days, PA, HR
PREMPRO	2	28 tablets per 28 days, PA, HR
SUPRAX 400 MG	2	
VANCOGIN	4	
VFEND SUSP	4	450 mL per 30 days
<i>voriconazole tab</i>	4	120 tablets per 30 days

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02/01/2012 Formulary Changes

DRUG NAME	TIER	NOTES
VIIIBRYD	2	30 tablets per 30 days

03/01/2012 Formulary Changes

DRUG NAME	TIER	NOTES
FASLODEX	4	PA
<i>heparin sodium (lock flush excluded) 1000 unit/ml, 5000 unit/ml, 10000 unit/ml inj*</i>	1	PA only required if you are covered under the End-Stage Renal Disease program.
HEPARIN SODIUM (LOCK FLUSH EXCLUDED) 2000 UNIT/ML, 2500 UNIT/ML INJ	2	PA only required if you are covered under the End-Stage Renal Disease program.
<i>heparin sodium (lock flush excluded) 20000 unit/ml inj</i>	2	PA only required if you are covered under the End-Stage Renal Disease program.
LIDOCAINE/PRILOCAINE CREAM*	1	PA only required if you are covered under the End-Stage Renal Disease program.
PAMIDRONATE DISODIUM IV SOLN	2	PA only required if you are covered under the End-Stage Renal Disease program.

04/01/2012 Formulary Changes

DRUG NAME	TIER	NOTES
ASMANEX 120 METERED DOSES	2	1 inhaler per 30 days
ASMANEX 14 METERED DOSES	2	1 inhaler per 14 days
ASMANEX 30 METERED DOSES 110 MCG/INH AEROSOL	2	1 inhaler per 30 days
ASMANEX 30 METERED DOSES 220 MCG/INH AEROSOL	2	1 inhaler per 30 days
ASMANEX 60 METERED DOSES	2	1 inhaler per 30 days
ASMANEX 7 METERED DOSES	2	1 inhaler per 30 days
PROLIA	3	1 mL per 180 days

05/01/2012 Formulary Changes

DRUG NAME	TIER	NOTES
ARICEPT 23 MG	2	30 tablets per 30 days

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A health plan with a Medicare contract.

Generations Healthcare HMO is offered by the following organization that contracts with the Federal government: Today's Options of Oklahoma, Inc., a member of the Universal American family of companies.

You must use network pharmacies to access prescription drug benefits, except under non-routine circumstances, and quantity limitations and restrictions may apply.

Benefits, formulary, pharmacy network, premium and/or co-payments/co-insurance may change on January 1, 2013.

This information is available for free in other languages. Please contact our customer service number at 1-866-547-3060, 8:00 a.m. to 8:00 p.m. in your local time zone (TTY users call 1-800-958-2692) 7 days a week for additional information.

Esta información está disponible sin cargo en otros idiomas. Para obtener más información, comuníquese con el Servicio de Atención al Cliente al número 1-866-547-3060, de 8:00 a. m. a 8:00 p. m. en su zona horaria local (los usuarios de TTY deben llamar al 1-800-958-2692) los 7 días de la semana.

You may be able to get Extra Help to pay for your prescription drug premiums and costs. To see if you qualify for extra help, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day/7 days a week. The Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call, 1-800-325-0778; or Your State Medicaid Office.

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