

**iCare Medicare Plan (HMO SNP)  
Future Formulary Change File**

**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**TRIBENZOR 40-5-12.5 ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OLMESARTAN-AMLODIPINE-HCTZ 40-5-12.5 MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
Future Formulary Change File**

**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**TRIBENZOR 40-5-25 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OLMESARTAN-AMLODIPINE-HCTZ 40-5-25 MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
Future Formulary Change File**

**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**FUSILEV 50 MG INTRAVEN.**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**LEVOLEUCOVORIN CALCIUM 50 MG VIAL - TIER 3**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**NITROSTAT 0.3 MG SUBLINGUAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**NITROGLYCERIN 0.3 MG TAB SUBL - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**NITROSTAT 0.4 MG SUBLINGUAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**NITROGLYCERIN 0.4 MG TAB SUBL - TIER 1**

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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**NITROSTAT 0.6 MG SUBLINGUAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**NITROGLYCERIN 0.6 MG TAB SUBL - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**CELLCEPT 500 MG INTRAVEN.**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**MYCOPHENOLATE MOFETIL 500 MG VIAL - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**TAMIFLU 75 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OSELTAMIVIR PHOSPHATE 75 MG CAPSULE - TIER 1**

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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**NILANDRON 150 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**NILUTAMIDE 150 MG TABLET - TIER 3**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**BENICAR 5 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OLMESARTAN MEDOXOMIL 5 MG TABLET - TIER 1**

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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**BENICAR 20 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OLMESARTAN MEDOXOMIL 20 MG TABLET - TIER 1**

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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**BENICAR 40 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OLMESARTAN MEDOXOMIL 40 MG TABLET - TIER 1**

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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**ZETIA 10 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**EZETIMIBE 10 MG TABLET - TIER 1**

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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**EMEND 80 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**APREPITANT 80 MG CAPSULE - TIER 1**

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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**CUBICIN 500 MG INTRAVEN.**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**DAPTOMYCIN 500 MG VIAL - TIER 3**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**TYGACIL 50 MG INTRAVEN.**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**TIGECYCLINE 50 MG VIAL - TIER 3**

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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**EPZICOM 600-300MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**ABACAVIR-LAMIVUDINE 600-300 MG TABLET - TIER 3**

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**iCare Medicare Plan (HMO SNP)  
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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**AZILECT 1 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**RASAGILINE MESYLATE 1 MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**AZILECT 0.5 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**RASAGILINE MESYLATE 0.5 MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**SEROQUEL XR 300 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**QUETIAPINE FUMARATE ER 300 MG TAB ER 24H - TIER 1**

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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**SEROQUEL XR 400 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**QUETIAPINE FUMARATE ER 400 MG TAB ER 24H - TIER 3**

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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**EPIPEN 2-PAK 0.3MG/0.3 INJECTION**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**EPINEPHRINE 0.3MG/0.3 AUTO INJCT - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**EPIPEN JR 2-PAK 0.15MG/0.3 INJECTION**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**EPINEPHRINE 0.15MG/0.3 AUTO INJCT - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**TAMIFLU 30 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OSELTAMIVIR PHOSPHATE 30 MG CAPSULE - TIER 1**

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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**TAMIFLU 45 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OSELTAMIVIR PHOSPHATE 45 MG CAPSULE - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**AZOR 10 MG-20MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**AMLODIPINE-OLMESARTAN 10 MG-20MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
Future Formulary Change File**

**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**AZOR 10 MG-40MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**AMLODIPINE-OLMESARTAN 10 MG-40MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
Future Formulary Change File**

**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**AZOR 5 MG-20 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**AMLODIPINE-OLMESARTAN 5 MG-20MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**AZOR 5 MG-40 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**AMLODIPINE-OLMESARTAN 5 MG-40MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
Future Formulary Change File**

**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**EMEND 125MG-80MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**APREPITANT 125MG-80MG CAP DS PK - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**BENICAR HCT 40 MG-25MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**HYDROCHLOROTHIAZIDE-OLMESARTAN 40-25 MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
Future Formulary Change File**

**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**BENICAR HCT 40-12.5 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**HYDROCHLOROTHIAZIDE-OLMESARTAN 40-12.5 MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**BENICAR HCT 20-12.5 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**HYDROCHLOROTHIAZIDE-OLMESARTAN 20-12.5 MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**AFFECTED DRUG NAME**

**KALETRA 400-100/5 ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**LOPINAVIR-RITONAVIR 400-100/5 SOLUTION - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**ASACOL HD 800 MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**MESALAMINE 800 MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**VAGIFEM 10 MCG VAGINAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**ESTRADIOL 0.01 MG VAGINAL - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**EPIPEN 0.3MG/0.3 INJECTION**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**EPINEPHRINE 0.3MG/0.3 AUTO INJCT - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**TRIBENZOR 20-5-12.5 ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OLMESARTAN-AMLODIPINE-HCTZ 20-5-12.5 MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**AFFECTED DRUG NAME**

**TRIBENZOR 40-10-12.5 ORAL**

**CHANGE TYPE**

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**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OLMESARTAN-AMLODIPINE-HCTZ 40-10-12.5 MG TABLET - TIER 1**

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**iCare Medicare Plan (HMO SNP)  
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**CMS FORMULARY ID: 17044**

**EFFECTIVE DATE: 07/01/2017**

**AFFECTED DRUG NAME**

**TRIBENZOR 40-10-25MG ORAL**

**CHANGE TYPE**

**BRAND VERSION REMOVED FROM FORMULARY**

**CHANGE REASON**

**REMOVAL OF BRAND NAME DRUG FROM FORMULARY DUE TO ADDITION OF NEW  
GENERIC EQUIVALENT.**

**ALTERNATIVE DRUG(S) AND TIER(S)**

**OLMESARTAN-AMLODIPINE-HCTZ 40-10-25 MG TABLET - TIER 1**

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