

2018 Drug List Change Notice

Updated 10/25/2018

If you are taking a drug that is removed from the drug list, we will tell you. We will also tell you if we add any restrictions on a drug such as:

- Quantity limits
- Prior authorization
- Step therapy
- Move a drug to a higher [cost sharing] tier

We will tell you at least 60 days before we make these changes. This gives you time to talk to your doctor about what to do next.

Sometimes the Food and Drug Administration (FDA) finds that drugs are not safe. If the FDA says a drug you are taking is not safe, we will take it off the drug list right away. We will also send you a letter telling you that.

The table below shows changes made to our drug list.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	benzoyl peroxide KIT EX	This drug was removed from the market.	BPO CREAMY WASH COMPLETEPACK KIT	Contact your doctor for other options.
1/1/2018	BODI PROTECT OINT	This drug was removed from the market.	skin protectants, misc. OINT	Contact your doctor for other options.
1/1/2018	CERALYTE 70 SOLN 60MEQ/L- 70MEQ/L- 20MEQ/L- 30MEQ/L	This drug was removed from the market.	oral electrolytes SOLN	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	COLYTE- FLAVOR PACKS SOLR 227.1GM- 21.5GM- 5.53GM- 2.82GM- 6.36GM	This drug was removed from the market.	N/A	Contact your doctor for other options.
1/1/2018	EGRIFTA SOLR 2 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
1/1/2018	MENHIBRIX SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
1/1/2018	METHYLPHEN IDATE HCL ER TBCR 18 MG	Removed non-Part D eligible drug (Expired marketing end date)	METHYLPHENIDATE HCL ER	Contact your doctor for other options.
1/1/2018	molindone hcl 5mg tabs	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
1/1/2018	POCKETPEAK PEAK FLOW METER/UNIVE RSAL RANGE DEVI	This drug was removed from the market.	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	Contact your doctor for other options.
1/1/2018	PRENAISSANC E BALANCE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PROSHIELD PROTECTIVE HANDCREAM CREA	This drug was removed from the market.	skin protectants, misc. CREA	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	RASUVO SOAJ 27.5 MG/0.55ML	Removed non-Part D eligible drug (Expired marketing end date)	RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML and 30 MG/0.6ML	Contact your doctor for other options.
1/1/2018	ticlopidine hcl TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
1/1/2018	TREANDA SOLN 180 MG/2ML, 45 MG/0.5ML	Removed non-Part D eligible drug (Expired marketing end date)	TREANDA SOLR	Contact your doctor for other options.
1/1/2018	VIIBRYD KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
1/1/2018	VP-CH-PNV CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2018	AVEENO POSITIVELY AGELESS LIFT & FIRM EYE CREA	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2018	AVEENO POSITIVELY AGELESS NIGHT CREA	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2018	INTRON A W/DILUENT SOLR	Removed non-Part D eligible drug (Expired marketing end date)	INTRON A SOLR	Contact your doctor for other options.
2/1/2018	LOCORT 11- DAY TBPK	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2018	LOCORT 7- DAY TBPK	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2018	NEWGEN TABS	Removed non-part D eligible drug (not on NSDE)	NESTABS TABS	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2018	OTREXUP SOAJ 7.5 MG/0.4ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2018	PEAK FLOW METER DEVI	This drug was removed from the market.	POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM	Contact your doctor for other options.
2/1/2018	REZIRA	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2018	ROC MULTI CORREXION LIFTANTI- GRAVITY NIGHT CREA	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2018	ZONACORT 11 DAY TBPK	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2018	ZONACORT 7 DAY TBPK	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2018	calcium & phosphorus w/ vitamin d TABS	This drug was removed from the market.	RISACAL-D TABS	Contact your doctor for other options.
3/1/2018	PERFECT IRON TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2018	DIABETA TABS 1.25 MG	This drug was removed from the market.	glyburide tabs or 1.25 mg	Contact your doctor for other options.
4/1/2018	DIABETA TABS 2.5 MG	This drug was removed from the market.	glyburide tabs or 2.5 mg	Contact your doctor for other options.
4/1/2018	DIABETA TABS 5 MG	This drug was removed from the market.	glyburide tabs or 5 mg	Contact your doctor for other options.
4/1/2018	didanosine CPDR 125 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2018	DILAUDID SOLN IJ 2 MG/ML	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2018	FERGON TABS	This drug was removed from the market.	ferrous gluconate tabs or 240 mg	Contact your doctor for other options.

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4/1/2018	molindone hcl 10mg tabs	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2018	molindone hcl 25mg tabs	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2018	PROMETHAZI NE/PHENYLEP HRINE	Removed non-part D eligible drug (not on NSDE)	promethazine & phenylephrine syrp	Contact your doctor for other options.
4/1/2018	TYZEKA TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2018	CARB-O-LAN 10 CREA	This drug was removed from the market.	DML FORTE CREA, CERAVE CREA, SORBOLENE CREA, VELVACHOL CREA	Contact your doctor for other options.
5/1/2018	CARB-O-LAN 20 CREA	This drug was removed from the market.	DML FORTE CREA, CERAVE CREA, SORBOLENE CREA, VELVACHOL CREA	Contact your doctor for other options.
5/1/2018	CARB-O- PHILIC/20 CREA	This drug was removed from the market.	DML FORTE CREA, CERAVE CREA, SORBOLENE CREA, VELVACHOL CREA	Contact your doctor for other options.
5/1/2018	CARB-O-SAL 5 CREA	This drug was removed from the market.	DML FORTE CREA, CERAVE CREA, SORBOLENE CREA, VELVACHOL CREA	Contact your doctor for other options.
5/1/2018	GEMCITABINE HYDROCHLOR IDE SOLN 2 GM/20ML	Removed non-part D eligible drug (not on NSDE)	N/A	Contact your doctor for other options.
5/1/2018	NEVIRAPINE SUSP 50 MG/5ML	This drug was removed from the market.	VIRAMUNE SUSP 50 MG/5ML	Contact your doctor for other options.
5/1/2018	TIMOPTIC-XE SOLG 0.5%	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
6/1/2018	IMOGAM RABIES-HT SOLN	Removed non-part D eligible drug (not on NSDE)	HYPERRAB S/D SOLN	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
6/1/2018	PREDNISOLONE ACETATE P-F	Removed non-part D eligible drug (not on NSDE)		Contact your doctor for other options.
6/1/2018	BRINTELLIX TABS 5 MG	This drug was removed from the market.	TRINTELLIX TABS 5 MG	Contact your doctor for other options.
6/1/2018	BRINTELLIX TABS 10 MG	This drug was removed from the market.	TRINTELLIX TABS 10 MG	Contact your doctor for other options.
6/1/2018	BRINTELLIX TABS 20 MG	This drug was removed from the market.	TRINTELLIX TABS 20 MG	Contact your doctor for other options.
6/1/2018	desmopressin acetate refrigerated SOLN	This drug was removed from the market.	DDAVP SOLN NA 0.01 %	Contact your doctor for other options.
6/1/2018	lindane LOTN	This drug was removed from the market.	N/A	Contact your doctor for other options.
6/1/2018	PROFE FORTE	This drug was removed from the market.	EZFE FORTE	Contact your doctor for other options.
6/1/2018	TG 10PEH/380GFN TABS	This drug was removed from the market.	phenylephrine-guaifenesin tabs 380mg-10mg	Contact your doctor for other options.
7/1/2018	acetic acid-aluminum acetate soln	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2018	oxycodone w/ acetaminophen soln 5mg/5ml-325mg/5ml	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2018	NITROMIST AERS	Removed non-Part D eligible drug (Expired marketing end date)	NITROGLYCERIN LINGUAL AERS	Contact your doctor for other options.
7/1/2018	methotrexate Sodium Inj PF 100 MG/4ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2018	methotrexate Sodium Inj PF 200 MG/8ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
7/1/2018	PRENATAL FORMULA TABS 30UNIT-200MG-4000UNIT-25MG-1.8MG-28MG-20MG-1.7MG-8MCG-800MCG-2.6MG-120MG-400UNIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
7/1/2018	ACIDOPHILUS PLUS PECTIN TABS	This drug was removed from the market.	ACIDOPHILUS/CITRUS PECTIN TABS, KALAMINT TABS	Contact your doctor for other options.
7/1/2018	calcium carbonate-magnesium hydroxide CHEW 300MG-700MG	This drug was removed from the market.	MI-ACID CHEW	Contact your doctor for other options.
7/1/2018	HAIR/SKIN/NAILS TABS 25MG-10MG-170MG-5UNIT-150MCG-25MG-1.8MG-20MG-16MG-200MG-6MCG-400MCG-300MCG	This drug was removed from the market.	CENTRUM CARDIO TABS, CENTRUM ULTRA WOMENS TABS	Contact your doctor for other options.
7/1/2018	MEGA MULTIMEN TBCR	This drug was removed from the market.	ENDUR-VM TBCR, ENDUR-VM WITH IRON TBCR, ULTRA MEGA TWO TBCR	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
7/1/2018	MEGA MULTI WOMEN TBCR	This drug was removed from the market.	ENDUR-VM TBCR, ENDUR-VM WITH IRON TBCR, ULTRA MEGA TWO TBCR	Contact your doctor for other options.
7/1/2018	MINERAL OIL OIL OR 55 %	This drug was removed from the market.	mineral oil oil or 100 %	Contact your doctor for other options.
7/1/2018	DAILY MULTIPLE VITAMIN PLUS IRON TABS	This drug was removed from the market.	Multiple Vitamins w/ Iron Tab	Contact your doctor for other options.
7/1/2018	EQL MEGA SELECT WOMENS TABS	This drug was removed from the market.	Multiple Vitamins w/ Minerals Tab	Contact your doctor for other options.
7/1/2018	EQL MEGA SELECT MENS TABS	This drug was removed from the market.	Multiple Vitamins w/ Minerals Tab	Contact your doctor for other options.
7/1/2018	EQL ONE DAILY DIET SUPPORT TABS	This drug was removed from the market.	Multiple Vitamins w/ Minerals Tab	Contact your doctor for other options.
7/1/2018	EQL ONE DAILY MENS 50+ ADVANCED TABS	This drug was removed from the market.	Multiple Vitamins w/ Minerals Tab	Contact your doctor for other options.
7/1/2018	MULTIVITAL PLATINUM TABS	This drug was removed from the market.	Multiple Vitamins w/ Minerals Tab	Contact your doctor for other options.
7/1/2018	PRO-CLEAR AC SYRP	This drug was removed from the market.	N/A	Contact your doctor for other options.
7/1/2018	pseudoephedrine-guaifenesin TABS 400MG-60MG	This drug was removed from the market.	AMBI 60PSE/400GFN TABS	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
7/1/2018	phenylephrine-guaifenesin LIQD 100MG/5ML-5MG/5ML	This drug was removed from the market.	phenylephrine-guaifenesin LIQD 100MG/5ML-2.5MG/5ML	Contact your doctor for other options.
7/1/2018	EQL PROTECTAVIS ION CAPS	This drug was removed from the market.	N/A	Contact your doctor for other options.
7/1/2018	EQL SUPER ENERGY BOOSTER PACK	This drug was removed from the market.	N/A	Contact your doctor for other options.
7/1/2018	EQL OMEGA 3 FISH OIL TRIPLE STRENGTH CAPS	This drug was removed from the market.	FISH OIL TRIPLE STRENGTH CAPS	Contact your doctor for other options.
7/1/2018	chlorpheniramine-phenylephrine-acetaminophen TBEF	This drug was removed from the market.	GNP COLD RELIEF PLUS TBEF	Contact your doctor for other options.
7/1/2018	pediatric multiple vitamin w/ minerals & c CHEW 6.25MG-6.25MG-5MG-1667UNIT-10UNIT-40MG	This drug was removed from the market.	pediatric multiple vitamin w/ minerals & c CHEW 183UNIT-500MCG-1.33MG-6MG-0.6MCG-150MCG-6MCG-1.1MG-45MG, 15UNIT-1.05MG-1998UNIT-10MG-1.2MG-4.5MCG-400UNIT-300MCG-1.05MG-60MG, 1.3MG-15MCG-2.5MG-1000UNIT-1.5MCG-300UNIT-100MCG-9UNIT-38MCG-0.5MG-15MG, 1.3MG-9U	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
8/1/2018	acyclovir sodium solr 500 mg	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2018	GILENYA CAP 0.25MG	Removed non-Part D eligible drug (CMs excluded clinic pack)	N/A	Contact your doctor for other options.
8/1/2018	PREMESISRX	Removed non-Medicaid and non-Part D eligible drug.	PRENATE AM	Contact your doctor for other options.
8/1/2018	ZODEX 6-DAY TBPk	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2018	AQUADERM CREA	This drug was removed from the market.	RESTA	Contact your doctor for other options.
8/1/2018	chlorpheniramin e-phenylephrine- acetaminophen TBEF	This drug was removed from the market.	COLD RELIEF PLUS	Contact your doctor for other options.
8/1/2018	EQL MEGA SELECT MENS TABS	This drug was removed from the market.	MULTIVITAMIN ADULTS	Contact your doctor for other options.
8/1/2018	EQL MEGA SELECT WOMENS TABS	This drug was removed from the market.	MULTIVITAMIN ADULTS	Contact your doctor for other options.
8/1/2018	EQL ONE DAILY DIET SUPPORT TABS	This drug was removed from the market.	MULTIVITAMIN ADULTS	Contact your doctor for other options.
8/1/2018	EQL ONE DAILY MENS 50+ ADVANCED TABS	This drug was removed from the market.	MULTIVITAMIN ADULTS	Contact your doctor for other options.
8/1/2018	EQL OMEGA 3 FISH OIL TRIPLE STRENGTH CAPS	This drug was removed from the market.	FISH OIL ULTRA	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
8/1/2018	EQL PROTECTAVIS ION CAPS	This drug was removed from the market.	REPLACE	Contact your doctor for other options.
8/1/2018	EQL SUPER ENERGY BOOSTER PACK	This drug was removed from the market.	EMERGEN-C IMMUNE	Contact your doctor for other options.
8/1/2018	LANTISEPTIC THERAPEUTIC CREAM	This drug was removed from the market.	HYDRO-LAN	Contact your doctor for other options.
9/1/2018	BENDAMUSTINE HYDROCHLORIDE SOLN	Removed non-Part D eligible drug (CMS excluded labeler code)	BENDEKA SOLN	Contact your doctor for other options.
9/1/2018	ELTA CREA	This drug was removed from the market.	CERAVE, VELVACHOL, CERAVE RENEWING SA	Contact your doctor for other options.
9/1/2018	KEYTRUDA SOLR	This drug was removed from the market.	N/A	Contact your doctor for other options.
9/1/2018	NUEDEXTA	Added prior authorization for new starts	N/A	Contact your doctor for other options.
9/1/2018	RESCON DM SYRP	This drug was removed from the market.	N/A	Contact your doctor for other options.
9/1/2018	RESCON-GG LIQD	This drug was removed from the market.	ED BRON GP	Contact your doctor for other options.
9/1/2018	THERANATAL LACTATION SUPPORT MISC	This drug was removed from the market.	THERANATAL LACTATION COMPLETE	Contact your doctor for other options.
9/1/2018	VENLAFAXINE HCL ER	Removed non-Part D eligible drug (Expired marketing end date)	venlafaxine hcl er	Contact your doctor for other options.
10/1/2018	ONDANSETRON HYDROCHLORIDE SOLN	Removed non-Part D eligible drug (not on NSDE)	ondansetron hcl	Contact your doctor for other options.

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10/1/2018	ROBITUSSIN DM SYRP	This drug was removed from the market.	ROBITUSSIN PEAK COLD DM SYRP	Contact your doctor for other options.
10/1/2018	GLEOSTINE CAPS 5 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2018	POTIGA TABS 300 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2018	SODIUM CHLORIDE SOLN IV 0.9 %	Removed non-Part D eligible drug (Unapproved drug other)	sodium chloride soln iv 0.9%	Contact your doctor for other options.
10/1/2018	ISTODAX SOLR	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/1/2018	PEG-INTRON REDIPEN PAK 4 KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/1/2018	diphenhydramine hcl SYRP OR 12.5 MG/5ML	This drug was removed from the market.	N/A	Contact your doctor for other options.
11/1/2018	ORBACTIV	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/1/2018	FORTICAL SOLN	This drug was removed from the market.	calcitonin (salmon) soln	Contact your doctor for other options.
11/1/2018	ALEVAMAX CREA	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
11/1/2018	NUTRASEB	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
11/1/2018	Pyrilamine-Phenylephrine Tab 25-10 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
11/1/2018	VP DERMABASE CREA	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
11/1/2018	REMIGEN CREAM CREA	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
11/1/2018	GNP VITAMIN D-400 TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
11/1/2018	PELEVERUS CLEAR OINT	This drug was removed from the market.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
11/1/2018	PELEVERUS GOLD	This drug was removed from the market.	N/A	Contact your doctor for other options.
11/1/2018	PELEVERUS	This drug was removed from the market.	N/A	Contact your doctor for other options.

Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Ohio Medicaid to provide benefits of both programs to enrollees.

You can get this information for free in other formats, such as large print, braille, or audio. Call 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Limitations and restrictions may apply. For more information, call Buckeye Member Services or read the Buckeye Member Handbook.

If you speak English, language assistance services, free of charge, are available to you. Call 1-866-549-8289 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.