

2020 Drug List Change Notice

Updated 12/01/2020

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 30 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
2/1/2020	budesonide (nasal) SUSP	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	fluoymesterone TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	ascorbic acid tab 100 MG	This drug was removed from the market.	VITAMIN C	Contact your doctor for other options.
2/1/2020	NAT-RUL PRENATAL VITAMINS TABS	This drug was removed from the market.	KP PRENATAL MULTIVITAMINS	Contact your doctor for other options.
2/1/2020	arginine tabs 500 MG	This drug was removed from the market.	ARGININE TAB 500 MG	Contact your doctor for other options.
2/1/2020	LANOXIN TAB 0.1875MG	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
2/1/2020	CIPROFLOXACIN ER TAB 24HR 1000 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	CIPROFLOXACIN ER TAB 24HR 500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	BRAFTOVI CAP 50MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	ZERIT SOL 1MG/ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	ESTROPIPATE TAB 0.75 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	ESTROPIPATE TAB 1.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	theophylline tab ER 12HR 100 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	nadolol & bendroflumethiazide Tab 80-5 MG	This drug was removed from the market.	nadolol & bendroflumethiazide tab 40-5 MG	Contact your doctor for other options.
2/1/2020	AMICAR SOL 0.25/ML	This drug was removed from the formulary.	aminocaproic acid oral soln 0.25/ML	Contact your doctor for other options.
2/1/2020	TRISENOX INJ 12MG/6ML	This drug was removed from the formulary.	arsenic trioxide IV soln 12 MG/6ML (2 MG/ML)	Contact your doctor for other options.
2/1/2020	ketoprofen CAPS 75 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	theophylline tab ER 12HR 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	moexipril-hydrochlorothiazide Tab 7.5-12.5 MG	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
2/1/2020	moexipril-hydrochlorothiazide Tab 15-12.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	moexipril-hydrochlorothiazide Tab 15-25 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	M.V.I.-12 WITHOUT VITAMIN K INJ	This drug was removed from the market.	M.V.I. ADULT	Contact your doctor for other options.
2/1/2020	SW OMEPRAZOLE TBEC	This drug was removed from the market.	omeprazole tbec 20 mg	Contact your doctor for other options.
2/1/2020	VIDEXPEDIATRIC SOL 4GM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	DAKLINZA TAB 60 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	HEXALEN CAP	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	DUZALLO TABS 200MG-300MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	BENZOYL PEROXIDE CLEANSER LOTN 9 %	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	benzoyl peroxide LIQD 6 %	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	FLU & SORE THROAT PACK	This drug was removed from the market.	THERAFLU FLU & SORE THROAT	Contact your doctor for other options.
2/1/2020	NUPREP 5% POVIDONE-IODINE SOLN	This drug was removed from the market.	BETADINE SOLN 5 %	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	SODIUM POLYSULTHIO NATE/FOLIC ACID CAPS	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	KYNAMRO SOLN	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
2/1/2020	UVADEX SOLN	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	CLEAN & CLEAR ADVANTAGE 3-IN-1 EXFOLIATING CLEANSER LOTN	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	GNP FLU & SORE THROAT PACK	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	acetaminophen SUSP OR 80 MG/0.8ML	This drug was removed from the market.	NORTEMP INFANTS	Contact your doctor for other options.
2/1/2020	guaifenesin-codeine SOLN 100MG/5ML-6.3MG/5ML	This drug was removed from the market.	M-CLEAR WC	Contact your doctor for other options.
2/1/2020	phenylephrine w/dm-gg TABS 15MG-380MG-10MG	This drug was removed from the market.	NIVANEX DMX	Contact your doctor for other options.
2/1/2020	ILARIS SOLR	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	acetaminophen SUPP RE 325 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	NOXAFIL TAB 100MG	This drug was removed from the formulary.	POSACONAZOLE TAB 100MG DR	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	JADENU TAB 90MG	This drug was removed from the formulary.	deferasirox tab 90 MG	Contact your doctor for other options.
2/1/2020	JADENU TAB 360MG	This drug was removed from the formulary.	deferasirox tab 360 MG	Contact your doctor for other options.
3/1/2020	BUTISOL SODIUM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2020	POTASSIUM CHLORIDE ER 20 mEq	Removed non-Part D eligible drug (Expired marketing end date)	K-TAB 20 mEq	Contact your doctor for other options.
3/1/2020	ADCETRIS	Removed non-Part D eligible drug	N/A	Contact your doctor for other options.
3/1/2020	KHEDEZLA TAB 50MG ER	Removed non-Part D eligible drug (Expired marketing end date)	DESVENLAFAX TAB 50MG ER	Contact your doctor for other options.
3/1/2020	KHEDEZLA TAB 100MG ER	Removed non-Part D eligible drug (Expired marketing end date)	DESVENLAFAX TAB 100MG ER	Contact your doctor for other options.
3/1/2020	diphenhydramine-acetaminophen TABS 12.5MG-325MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2020	PIC 200 CAPS	This drug was removed from the market.	EZFE 200 CAP 200MG	Contact your doctor for other options.
3/1/2020	PENTAM 300 INJ 300MG	This drug was removed from the formulary.	pentamidine isethionate for soln 300 MG	Contact your doctor for other options.
3/1/2020	NEBUPENT INH 300MG	This drug was removed from the formulary.	pentamidine inh 300mg	Contact your doctor for other options.
3/1/2020	AFINITOR TAB 2.5MG	This drug was removed from the formulary.	everolimus tab 2.5 MG	Contact your doctor for other options.
3/1/2020	AFINITOR TAB 5MG	This drug was removed from the formulary.	everolimus tab 5 MG	Contact your doctor for other options.
3/1/2020	AFINITOR TAB 7.5MG	This drug was removed from the formulary.	everolimus tab 7.5 MG	Contact your doctor for other options.
3/1/2020	NUVARING MIS	This drug was removed from the formulary.	etonogestrel-ethinyl estradiol VA ring 0.120-0.015 MG/24HR	Contact your doctor for other options.
3/1/2020	SILENOR TAB 3MG	This drug was removed from the formulary.	doxepin HCl (sleep) tab 3 MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
3/1/2020	SILENOR TAB 6MG	This drug was removed from the formulary.	doxepin HCl (sleep) tab 6 MG	Contact your doctor for other options.
4/1/2020	SUPRAX CAP 400MG	This drug was removed from the formulary.	cefixime cap 400MG	Contact your doctor for other options.
4/1/2020	RANEXA TAB 500MG	This drug was removed from the formulary.	ranolazine 500 MG tab	Contact your doctor for other options.
4/1/2020	RANEXA TAB 1000MG	This drug was removed from the formulary.	ranolazine 1000 MG tab	Contact your doctor for other options.
4/1/2020	TEKTURNA 150 MG	This drug was removed from the formulary.	aliskiren fumarate tab 150 MG	Contact your doctor for other options.
4/1/2020	TEKTURNA 300 MG	This drug was removed from the formulary.	aliskiren fumarate tab 300 MG	Contact your doctor for other options.
4/1/2020	LETAIRIS TAB 5MG	This drug was removed from the formulary.	ambrisentan tab 5 MG	Contact your doctor for other options.
4/1/2020	LETAIRIS TAB 10MG	This drug was removed from the formulary.	ambrisentan tab 10 MG	Contact your doctor for other options.
4/1/2020	ROZEREM TAB 8MG	This drug was removed from the formulary.	ramelteon 8 MG tab	Contact your doctor for other options.
4/1/2020	LYRICA CAP 25MG	This drug was removed from the formulary.	pregabalin cap 25 MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 50MG	This drug was removed from the formulary.	pregabalin cap 50MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 75MG	This drug was removed from the formulary.	pregabalin cap 75MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 100MG	This drug was removed from the formulary.	pregabalin cap 100MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 150MG	This drug was removed from the formulary.	pregabalin cap 150MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 200MG	This drug was removed from the formulary.	pregabalin cap 200MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 225MG	This drug was removed from the formulary.	pregabalin cap 225MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 300MG	This drug was removed from the formulary.	pregabalin cap 300MG	Contact your doctor for other options.
4/1/2020	LYRICA SOL 20MG/ML	This drug was removed from the formulary.	pregabalin soln 20 MG/ML	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2020	FIRAZYR INJ 30MG/3ML	This drug was removed from the formulary.	icatibant acetate inj 30 MG/3ML	Contact your doctor for other options.
4/1/2020	EXJADE TAB 125MG	This drug was removed from the formulary.	deferasirox tab 125mg	Contact your doctor for other options.
4/1/2020	EXJADE TAB 250MG	This drug was removed from the formulary.	deferasirox tab 250mg	Contact your doctor for other options.
4/1/2020	EXJADE TAB 500MG	This drug was removed from the formulary.	deferasirox tab 500mg	Contact your doctor for other options.
4/1/2020	doxycycline hyclate for inj 100 MG	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	mupirocin oint 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	mupirocin calcium cream 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	nystatin topical powder 100000 unit/GM	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	nystatin cream 100000 unit/GM	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	nystatin oint 100000 unit/GM	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	ketoconazole cream 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	ketoconazole foam 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	ketoconazole shampoo 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	REPAGLINIDE/METFORMIN HYDROCHLORIDE TAB 1-500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

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4/1/2020	REPAGLINIDE/ METFORMIN HYDROCHLOR IDE TAB 2-500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	ISOSORBIDE DINITRATE ER TAB 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	TOLMETIN SODIUM TAB 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	NITROGLYCE RIN LINGUAL AEROSOL	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2020	FE PLUS PROTEIN TABS	This drug was removed from the market.	NIFEREX TABS, CORVITE FE TABS	Contact your doctor for other options.
4/1/2020	MIL-A- MULSION EMUL	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2020	Permethrin Aerosol 0.5%	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 50MG	This drug was removed from the formulary.	hydrocodone cap 50MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 40MG	This drug was removed from the formulary.	hydrocodone cap 40MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 30MG	This drug was removed from the formulary.	hydrocodone cap 30MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 20MG	This drug was removed from the formulary.	hydrocodone cap 20MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 15MG	This drug was removed from the formulary.	hydrocodone cap 15MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 10MG	This drug was removed from the formulary.	hydrocodone cap 10MG ER	Contact your doctor for other options.
4/1/2020	DEPEN TITRA TAB 250MG	This drug was removed from the formulary.	penicillamine tab 250 MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2020	CAMPTOSAR INJ 300/15ML	This drug was removed from the formulary.	irinotecan HCl inj 300 MG/15ML	Contact your doctor for other options.
5/1/2020	RELHIST BP TABS	This drug was removed from the market.	RU-HIST D TABS	Contact your doctor for other options.
5/1/2020	ranitidine hcl tab 75 mg	This drug was removed from the market.	famotidine tabs 20 MG, 40 MG	Contact your doctor for other options.
5/1/2020	CESAMET CAP 1MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2020	FAZACLO ODT 150 MG	Removed non-Part D eligible drug (Expired marketing end date)	CLOZAPINE ODT 150 MG	Contact your doctor for other options.
5/1/2020	ranitidine hcl cap 150 MG	This drug was removed from the market.	famotidine tabs 20 MG, 40 MG	Contact your doctor for other options.
5/1/2020	ranitidine hcl cap 300 MG	This drug was removed from the market.	famotidine tabs 20 MG, 40 MG	Contact your doctor for other options.
5/1/2020	ranitidine hcl syrup 15 MG/ML (75 MG/5ML)	This drug was removed from the market.	famotidine susr 40 MG/5ML	Contact your doctor for other options.
5/1/2020	ranitidine hcl tab 150 MG	This drug was removed from the market.	famotidine tabs 20 MG, 40 MG	Contact your doctor for other options.
5/1/2020	ranitidine hcl tab 300 MG	This drug was removed from the market.	famotidine tabs 20 MG, 40 MG	Contact your doctor for other options.
5/1/2020	TOLAZAMIDE TAB 250MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2020	TOLAZAMIDE TAB 500MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
6/1/2020	polyvinyl alcohol-povidone (ophth) SOLN 0.6 %-1.4 %	This drug was removed from the market.	REFRESH SOLN	Contact your doctor for other options.
6/1/2020	pseudoephed-cpm w/ hydrocod SOLN	This drug was removed from the market.	HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE SOLN	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
6/1/2020	ZUTRIPRO SOLN	This drug was removed from the market.	HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE SOLN	Contact your doctor for other options.
6/1/2020	prednisolone SYRP 15 MG/5ML	This drug was removed from the market.	prednisolone SOLN	Contact your doctor for other options.
6/1/2020	ZORTRESS TAB 0.75MG	This drug was removed from the formulary.	everolimus tab 0.75MG	Contact your doctor for other options.
6/1/2020	ZORTRESS TAB 0.5MG	This drug was removed from the formulary.	everolimus tab 0.5MG	Contact your doctor for other options.
6/1/2020	ZORTRESS TAB 0.25MG	This drug was removed from the formulary.	everolimus tab 0.25MG	Contact your doctor for other options.
6/1/2020	NEXIUM PACK 10MG	This drug was removed from the formulary.	esomeprazole magnesium pack 10 MG	Contact your doctor for other options.
6/1/2020	NEXIUM PACK 20MG	This drug was removed from the formulary.	esomeprazole magnesium pack 20 MG	Contact your doctor for other options.
6/1/2020	NEXIUM PACK 40MG	This drug was removed from the formulary.	esomeprazole magnesium pack 40 MG	Contact your doctor for other options.
7/1/2020	econazole nitrate crea	This drug had a quantity limit added	N/A	Contact your doctor for other options.
7/1/2020	ONCASPAR SOLN	Removed non-Part D eligible drug (Expired marketing end date and CMS Excluded Labeler Code)	N/A	Contact your doctor for other options.
7/1/2020	EPROSARTAN MESYLATE TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2020	DARAPRIM TAB 25MG	This drug was removed from the formulary.	pyrimethamine tab 25 MG	Contact your doctor for other options.
7/1/2020	PROGLYCEM SUS 50MG/ML	This drug was removed from the formulary.	diazoxide susp 50 MG/ML	Contact your doctor for other options.
8/1/2020	DAKLINZA TABS 30 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2020	ZYKADIA CAPS	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
8/1/2020	pseudoephedrine - dexchlorpheniramine-chlophedianol LIQD 1 MG/5ML-12.5 MG/5ML-30 MG/5ML	This drug was removed from the market.	VANACOF LIQD	Contact your doctor for other options.
8/1/2020	ORFADIN CAP 2MG	This drug was removed from the formulary.	nitisinone 2 MG	Contact your doctor for other options.
8/1/2020	ORFADIN CAP 5MG	This drug was removed from the formulary.	nitisinone 5 MG	Contact your doctor for other options.
8/1/2020	ORFADIN CAP 10MG	This drug was removed from the formulary.	nitisinone 10 MG	Contact your doctor for other options.
8/1/2020	JADENU TAB 180MG	This drug was removed from the formulary.	deferasirox 180 MG	Contact your doctor for other options.
8/1/2020	GEODON INJ 20MG	This drug was removed from the formulary.	ziprasidone mesylate for inj 20 MG	Contact your doctor for other options.
8/1/2020	MYCAMINE INJ 50MG	This drug was removed from the formulary.	micafungin sodium for IV soln 50 MG	Contact your doctor for other options.
8/1/2020	MYCAMINE INJ 100MG	This drug was removed from the formulary.	micafungin sodium for IV soln 100 MG	Contact your doctor for other options.
9/1/2020	TARGRETIN GEL EX 1%	This drug had a quantity limit and prior authorization added.	N/A	Contact your doctor for other options.
9/1/2020	GEMCITABINE HYDROCHLORIDE SOLN 200 MG/2ML	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
10/1/2020	SAMSCA TAB 30MG	This drug was removed from the formulary.	tolvaptan tab 30 MG	Contact your doctor for other options.
10/1/2020	flurbiprofen tabs 50 mg	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2020	RESCRIPTOR TABS 200 MG	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
10/1/2020	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED ADULT	Removed non-Part D eligible drug (CMS excluded labeler code)	TDVAX SUSP	Contact your doctor for other options.
10/1/2020	FAZACLO TBDP 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	clozapine tbdp 200 mg	Contact your doctor for other options.
10/1/2020	isoniazid & rifampin CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2020	RIFATER TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2020	fluconazole in dextrose soln	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/1/2020	MACUZIN CAPS	This drug was removed from the market.	FOVEX CAPS	Contact your doctor for other options.
10/1/2020	OMNIQUIN CAPS	This drug was removed from the market.	FOVEX CAPS	Contact your doctor for other options.
10/1/2020	SECURA DIMETHICONE PROTECTANT CREA	This drug was removed from the market.	REMEDY DIMETHICONE MOISTURE BARRIER CREA	Contact your doctor for other options.
10/1/2020	ZAVITROL CAPS	This drug was removed from the market.	FOVEX CAPS	Contact your doctor for other options.
11/1/2020	IRON TABS 256 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
11/1/2020	CRITIC-AID THICK MOISTURE BARRIER PASTE	This drug was removed from the market.	ILEX SKIN PROTECTANT PASTE	Contact your doctor for other options.
11/1/2020	CIPRODEX SUS 0.3-0.1%	This drug was removed from the formulary.	ciprofloxacin-dexamethasone susp 0.3-0.1%	Contact your doctor for other options.
11/1/2020	JADENU SPRKL GRA 180MG	This drug was removed from the formulary.	deferasirox pack 180 MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
11/1/2020	JADENU SPRKL GRA 360MG	This drug was removed from the formulary.	deferasirox pack 360 MG	Contact your doctor for other options.
11/1/2020	JADENU SPRKL GRA 90MG	This drug was removed from the formulary.	deferasirox pack 90 MG	Contact your doctor for other options.
12/1/2020	INVIRASE CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/1/2020	PACLITAXEL CONC 100 MG/16.67ML	Removed non-Part D eligible drug (not on NSDE)	N/A	Contact your doctor for other options.
12/1/2020	AVONEX KIT 30 MCG/VIAL	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/1/2020	FERRIPROX TAB 500MG	This drug was removed from the formulary.	deferiprone tab 500 MG	Contact your doctor for other options.
12/1/2020	EMTRIVA CAP 200MG	This drug was removed from the formulary.	emtricitabine caps 200 MG	Contact your doctor for other options.
12/1/2020	MIRALAX MIX-IN PAX PACK (polyethylene glycol 3350)	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
12/1/2020	LEXAZIN CAPS	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.

ATTENTION: 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.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-549-8289 (TTY: 711) de 8 a. m. a 8 p. m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Le devolveremos la llamada durante el próximo día hábil. La llamada es gratis.

Notice of Non-Discrimination. Buckeye Health Plan – MyCare Ohio (Medicare-Medicaid Plan) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Buckeye Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Buckeye Health Plan: → Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats).

→ Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Buckeye Health Plan's Member Services at 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.

If you believe that Buckeye Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance by calling the number above and telling them you need help filing a grievance; Buckeye Health Plan's Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Services

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-866-549-8289 (TTY: 711).

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-549-8289 (TTY: 711).

Chinese Mandarin: 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-549-8289 (TTY: 711)。

Chinese Cantonese: 注意：如果您說中文，您可獲得免費的語言協助服務。請致電 1-866-549-8289 (TTY: 711)。

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-549-8289 (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-549-8289 (رقم هاتف الصم والبكم: 711).

Pennsylvania Dutch: Geb Acht: Wann du Deitsch (Pennsylvania German / Dutch) schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: 1-866-549-8289 (TTY: 711).

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-549-8289 (телетайп: 711).

French: ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-549-8289 (ATS : 711).

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-549-8289 (TTY: 711).

Cushite (Oromo): XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-866-549-8289 (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-549-8289 (TTY: 711) 번으로 전화해 주십시오.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-549-8289 (TTY: 711).

Japanese: 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-549-8289 (TTY: 711) まで、お電話にてご連絡ください。

Dutch: AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-866-549-8289 (TTY: 711).

Ukrainian: УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-866-549-8289 (телетайп: 711).

Romanian: ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-866-549-8289 (TTY: 711).

Somali: LA SOCO: Haddii aad ku hadasho Ingiriisi, adeegyada taageerada luqada, oo bilaash ah, ayaad heli kartaa, Wac 1-866-549-8289 (TTY: 711).

Nepali: ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-866-549-8289 (टिटावाइ: 711) ।
