



## 2021 Drug List Change Notice

Updated 05/01/2021

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
10/15/2020	IRON TABS 256 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/15/2020	CRITIC-AID CLEAR MOISTUREBARRIER OINT	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/15/2020	SAMSCA TAB 30MG	This drug was removed from the formulary.	<i>tolvaptan tabs 30 mg</i>	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
10/15/2020	JADENU SPRKL GRA 90MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 180MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 360MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
12/07/2020	INVIRASE CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/07/2020	PACLITAXEL CONC 100 MG/16.67ML	Removed non-Part D eligible drug (not on NSDE)	N/A	Contact your doctor for other options.
12/07/2020	VINATE ONE TABS	Removed non-Part D eligible drug (not on NSDE)	TRINATAL RX 1 TABS	Contact your doctor for other options.
12/07/2020	BYDUREON SRER	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/07/2020	EZFE FORTE CAPS	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/07/2020	OMEGA POWER CAPS	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/07/2020	OMEGA-3 2100 CAPS	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/07/2020	PEDIATRIC COUGH/COLD LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	LARTRUVO SOLN 190 MG/19ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	LARTRUVO SOLN 500 MG/50ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	<i>chlorothiazide tabs 500 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	JUXTAPID CAPS 40 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
2/1/2021	JUXTAPID CAPS 60 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	BEVYXXA CAPS 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	BEVYXXA CAPS 80 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	PEGASYS PROCLICK SOLN 180 MCG/0.5ML	Removed non-Part D eligible drug (Expired marketing end date)	PEGASYS SOLN	Contact your doctor for other options.
2/1/2021	<i>lidocaine hcl</i> ( <i>local anesth.</i> ) SOLN 1.5 %	Removed non-Part D eligible drug	<i>lidocaine hcl (local</i> <i>anesth.) SOLN 1 %, 2 %</i>	Contact your doctor for other options.
2/1/2021	TWINRIX SUSP	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	TREXIMET TABS 10 MG-60 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	FERROUS SULFATE TBCR OR 140 MG	This drug was removed from the market.	IRON SLOW RELEASE TBCR	Contact your doctor for other options.
2/1/2021	KONSYL ORIGINAL FORMULADAI LY FIBER POWD (psyllium)	This drug was removed from the market.	<i>psyllium powd 100 %,</i> <i>58.6%, 48.57 %, 28.3 %</i>	Contact your doctor for other options.
2/1/2021	MULTI- DELYN/IRON LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	<i>sodium citrate &amp;</i> <i>citric acid SOLN</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2021	SOOTHE & COOL FREE SKIN PASTE OINT	This drug was removed from the market.	SOOTHE &COOL FREE MOISTURE BARRIER OINT	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2021	AVEENO POSITIVELY AGELESS SKIN STRENGTHENING BODY CREAM CREA	This drug was removed from the market.	CETAPHIL MOISTURIZING CREA (emollient)	Contact your doctor for other options.
2/1/2021	AVEENO POSITIVELY AGELESS SKIN STRENGTHENING HAND CREAM CREA	This drug was removed from the market.	CETAPHIL MOISTURIZING CREA (emollient)	Contact your doctor for other options.
2/1/2021	NUPLAZID TABS 17 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	ATRIPLA TABS	This drug was removed from the formulary.	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	BETHKIS NEBU	This drug was removed from the formulary.	<i>tobramycin nebu 300mg/4ml</i>	Contact your doctor for other options.
2/1/2021	DEMSER CAPS	This drug was removed from the formulary.	<i>metyrosine caps</i>	Contact your doctor for other options.
2/1/2021	EMTRIVA CAPS 200 MG	This drug was removed from the formulary.	<i>emtricitabine caps</i>	Contact your doctor for other options.
2/1/2021	FERRIPROX TABS 500MG	This drug was removed from the formulary.	<i>deferiprone tabs</i>	Contact your doctor for other options.
2/1/2021	KUVAN POW 100MG	This drug was removed from the formulary.	<i>sapropterin dihydrochloride pack</i>	Contact your doctor for other options.
2/1/2021	KUVAN POW 500MG	This drug was removed from the formulary.	<i>sapropterin dihydrochloride pack</i>	Contact your doctor for other options.
2/1/2021	SYMFI LO TABS	This drug was removed from the formulary.	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	SYMFI TABS	This drug was removed from the formulary.	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2021	TRUVADA TABS 200 MG- 300 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	TYKERB TABS	This drug was removed from the formulary.	<i>lapatinib ditosylate tabs</i>	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 300 mg/2ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 600 mg/4ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 900 mg/6ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	DEPO- PROVERA SUSP	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 100 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)  Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 300 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 400 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)  Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
3/1/2021	VASCEPA CAPS 1GM	This drug was removed from the formulary.	<i>icosapent ethyl caps</i>	Contact your doctor for other options.
3/1/2021	BANZEL SUSP 40MG/ML	This drug was removed from the formulary.	<i>rufinamide susp</i>	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
3/1/2021	ZYTIGA TABS 500 MG	This drug was removed from the formulary.	<i>abiraterone acetate tabs</i>	Contact your doctor for other options.
3/1/2021	BROTAPP DM LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2021	NANOVM T/F LIQD	This drug was removed from the market.	DEKAS PLUS LIQD	Contact your doctor for other options.
4/1/2021	TARGRETIN GEL EX 1%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2021	ALINIA TABS 500 MG	This drug was removed from the formulary.	<i>nitazoxanide tabs</i>	Contact your doctor for other options.
4/1/2021	HERCEPTIN SOLR 440 MG	Removed non-Part D eligible drug (Expired marketing end date) Removed non-Part D eligible drug (Not on NSDE)	N/A	Contact your doctor for other options.
4/1/2021	HUMIRA PSKT 10 MG/0.2ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	HUMIRA PSKT 20 MG/0.4ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	VIDEXPEDIATRIC SOLR 2 GM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	GLEOSTINE CAPS	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
4/1/2021	DHEA CREA EX 1 %	This drug was removed from the market.	SORBOLENE CREA	Contact your doctor for other options.
4/1/2021	PA MENS 50 PLUS VITAPAK MISC	This drug was removed from the market.	DAILY HEART HEALTH SUPPORT MISC	Contact your doctor for other options.
4/1/2021	PA MENS VITAPAK MISC	This drug was removed from the market.	DAILY HEART HEALTH SUPPORT MISC	Contact your doctor for other options.
4/1/2021	PA WOMENS 50 PLUS VITAPAK MISC	This drug was removed from the market.	DAILY HEART HEALTH SUPPORT MISC	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2021	PA WOMENS VITAPAK MISC	This drug was removed from the market.	DAILY HEART HEALTH SUPPORT MISC	Contact your doctor for other options.
4/1/2021	<i>pseudoephedrine w/ codeine-gg SOLN</i>	Removed non-Medicaid and non-Part D eligible drug.	VIRTUSSIN DAC SOLN	Contact your doctor for other options.
4/1/2021	<i>pseudoephedrine-chlorphen-dm LIQD</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	RA CALCIUM HI-CAL/VITAMIN D TABS 125 UNIT-500 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	RA FISH OIL CPDR	This drug was removed from the market.	OMEGAPURE 780 EC CPDR	Contact your doctor for other options.
4/1/2021	RA GENTLE SKIN CREAM CREA	This drug was removed from the market.	SORBOLENE CREA	Contact your doctor for other options.
4/1/2021	RA RENEWAL ADVANCED HEALING OINT	This drug was removed from the market.	CARMEX CLASSIC LIP BALM OINT	Contact your doctor for other options.
4/1/2021	RA TRIPLE STRENGTH FISH OIL CAPS	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	REESES PINWORM MEDICINE TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2021	<i>didanosine CPDR</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 100 MG-150 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
5/1/2021	TRUVADA TABS 167 MG- 250 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 133 MG- 200 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
5/1/2021	LOTEMAX GEL 0.5%	This drug was removed from the formulary.	<i>loteprednol etabonate gel</i>	Contact your doctor for other options.
5/1/2021	CHAPSTICK ULTRA MOISTURED DAYTIME FORMULA OINT	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2021	MAG-SR PLUS CALCIUM TBEC	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2021	ULTRA MENS PACK MISC	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2021	ULTRA WOMENS PACK MISC	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2021	<i>phenylephrine- dm-gg w/ apap</i> LIQD 10 MG/10ML-200 MG/10ML-325 MG/10ML-5 MG/10ML	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2021	MUCINEX SINUS-MAX SEVERE CONGESTION RELIEF 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

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

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

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**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)。

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**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)。

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

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**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).

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**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).

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

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

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**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).

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

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

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**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).

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**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。

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

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

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

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

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

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