

## 2020 Drug List Negative Changes

Updated 12/01/2020

If you are taking a drug that is removed from the formulary (also known as the Drug List), we will tell you. We will also tell you if we add any restrictions on a drug. 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.

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

The table below shows changes made to our 2020 formulary. Your cost share depends on your coverage stage. Your formulary tells you the tier that applies to each covered drug.

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	fluoxymersterone TABS	This drug was removed from the market.	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	LANOXIN TAB 0.1875MG	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 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	BYVALSON TAB 5-80MG	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	COPEGUS TAB 200MG	Removed non-Part D eligible drug (Expired marketing end date)	ribavirin tab 200 MG	Contact your doctor for other options

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	DEPAKENE SOL 250/5ML	Removed non-Part D eligible drug (Expired marketing end date)	valproate sodium oral soln 250 MG/5ML	Contact your doctor for other options.
2/1/2020	DEPAKENE CAPS 250 MG	Removed non-Part D eligible drug (Expired marketing end date)	valproic acid cap 250 MG	Contact your doctor for other options.
2/1/2020	RIBASPHERE RIBAPAK 200 MG & 400 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	RIBASPHERE RIBAPAK 400 MG (800 MG Daily Dose)	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	DEPACON	Removed non-Part D eligible drug (Expired marketing end date)	valproate sodium soln IV 100 MG/ML	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	EGRIFTA	Removed non-Part D eligible drug (Expired marketing end date)	N/A	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.
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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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	DORIPENEM 500 MG SOLR	Removed non-Part D eligible drug (Expired marketing end date)	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	DORIBAX SOLR	This drug was removed from the market.	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	ILARIS SOLR	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.
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.
2/1/2020	SOOLANTRA CREAM 1%	This drug was removed from the formulary.	ivermectin cream 1%	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	Ribavirin Tab 600 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2020	Ribavirin Tab 400 MG & Ribavirin 600 MG Tab Therapy Pack	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
3/1/2020	Ribavirin Tab Therapy Pack 600 MG (1200 MG Daily Dose)	Removed non-Part D eligible drug (Expired marketing end date)	N/A	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	NALOXONE INJ 2MG	Removed non-Part D eligible drug (CMS excluded labeler code)	EVZIO INJ 2/0.4ML	Contact your doctor for other options.
3/1/2020	CALCIPOTRIEN AER 0.005%	Removed non-Part D eligible drug (CMS excluded labeler code)	SORILUX AER 0.005%	Contact your doctor for other options.
3/1/2020	ciprofloxacin SUSR OR 250 MG/5ML	This drug was removed from the market.	CIPRO (5%) SUS 250MG/5	Contact your doctor for other options.
3/1/2020	SUMAVEL DOSEPRO SOTJ 6MG/0.5ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	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.
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.
3/1/2020	ISORDIL TAB 40MG	This drug was removed from the formulary.	isosorbide dinitrate tab 40 MG	Contact your doctor for other options.

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3/1/2020	CARAFATE SUS 1GM/10ML	This drug was removed from the formulary	sucralfate SUS 1GM/10ML	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	ERYPED SUS 400/5ML	This drug was removed from the formulary.	erythromycin ethylsuccinate for susp 400 MG/5ML	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	TEKTURN 150 MG	This drug was removed from the formulary.	aliskiren fumarate tab 150 MG	Contact your doctor for other options.
4/1/2020	TEKTURN 300 MG	This drug was removed from the formulary.	aliskiren fumarate tab 300 MG	Contact your doctor for other options.
4/1/2020	DYRENIUM CAP 50MG	This drug was removed from the formulary.	triamterene cap 50 MG	Contact your doctor for other options.
4/1/2020	DYRENIUM CAP 100MG	This drug was removed from the formulary.	triamterene cap 100 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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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.
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	HALOG CREAM 0.1%	This drug was removed from the formulary.	halcinonide cream 0.1%	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.



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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.
4/1/2020	REPAGLINIDE/METFORMIN HYDROCHLORIDE 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	NITROGLYCERIN LINGUAL AEROSOL	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2020	ABSTRAL SL TAB 300 MCG (Base Equiv)	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	ZOXYDRO ER CAP 50MG	This drug was removed from the formulary.	hydrocodone cap 50MG ER	Contact your doctor for other options.
4/1/2020	ZOXYDRO ER CAP 40MG	This drug was removed from the formulary.	hydrocodone cap 40MG ER	Contact your doctor for other options.
4/1/2020	ZOXYDRO ER CAP 30MG	This drug was removed from the formulary.	hydrocodone cap 30MG ER	Contact your doctor for other options.
4/1/2020	ZOXYDRO ER CAP 20MG	This drug was removed from the formulary.	hydrocodone cap 20MG ER	Contact your doctor for other options.
4/1/2020	ZOXYDRO ER CAP 15MG	This drug was removed from the formulary.	hydrocodone cap 15MG ER	Contact your doctor for other options.
4/1/2020	ZOXYDRO 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.
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	EURAX CRE 10%	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
5/1/2020	EURAX LOT 10%	Removed non-Part D eligible drug (Expired marketing end date)	Crotamiton lot 10%	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	COLY-MYCIN S SUSP	Removed non-Part D eligible drug (Expired marketing end date)	CORTISPORIN-TC SUSP	Contact your doctor for other options.
6/1/2020	SULCONAZOLE NITRATE SOLN	Removed non-Part D eligible drug (Expired marketing end date)	EXELDERM 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	DYMISTA SUSP	This drug was removed from the formulary.	azelastine hcl-fluticasone propionate susp	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.



Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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	ONCASPASOLIN	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	PREPOPIK PACK	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.
7/1/2020	RIOMET SOL 500/5ML	This drug was removed from the formulary.	metformin hcl oral soln 500 MG/5ML	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.
8/1/2020	ABSTRAL SUBL 400 MCG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2020	ABSTRAL SUBL 600 MCG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2020	ABSTRAL SUBL 800 MCG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2020	promethazine & phenylephrine SOLN	Removed non-Part D eligible drug (Expired marketing end date)	promethazine & phenylephrine SYRP	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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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	EXELDERM SOLN	Removed non-Part D eligible drug (Expired marketing end date)	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.
10/1/2020	TETANUS/DIPHTE RIA 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	BACTROBAN NASAL OINT	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2020	GRALISE STARTER MISC	This drug was removed from the market.	N/A	Contact your doctor for other options.
11/1/2020	EGRIFTA SOLR 1 MG	Removed non-Part D eligible drug (Expired marketing end date)	EGRIFTA SV SOLR 2 MG	Contact your doctor for other options.
11/1/2020	carisoprodol w/ aspirin tabs	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
11/1/2020	ACUVAIL SOLN	Removed non-Part D eligible drug (Expired marketing end date)	ketorolac tromethamine (ophth) soln	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.
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.
11/1/2020	PROTONIX PAK 40 MG	This drug was removed from the formulary.	pantoprazole sodium pack or 40 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	polyethylene glycol 3350 pack 17gm	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/1/2020	GELNIQUE PUMP GEL	Removed non-Part D eligible drug (Expired marketing end date)	GELNIQUE GEL	Contact your doctor for other options.
12/1/2020	COUMADIN TABS 2 MG	Removed non-Part D eligible drug (Expired marketing end date)	warfarin sodium tab 2 MG	Contact your doctor for other options.
12/1/2020	COUMADIN TABS 2.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	warfarin sodium tab 2.5 MG	Contact your doctor for other options.
12/1/2020	COUMADIN TABS 3 MG	Removed non-Part D eligible drug (Expired marketing end date)	warfarin sodium tab 3 MG	Contact your doctor for other options.
12/1/2020	COUMADIN TABS 6 MG	Removed non-Part D eligible drug (Expired marketing end date)	warfarin sodium tab 6 MG	Contact your doctor for other options.
12/1/2020	COUMADIN TABS 7.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	warfarin sodium tab 7.5 MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
12/1/2020	COUMADIN TABS 10 MG	Removed non-Part D eligible drug (Expired marketing end date)	warfarin sodium tab 10 MG	Contact your doctor for other options.
12/1/2020	MOVIPREP SOL	This drug was removed from the formulary.	peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid solr	Contact your doctor for other options.

If you or your doctor disagrees with the change to your drug, you may request an exception. To request an exception, call us at:

State	Phone Number
AR	1-855-565-9518
AZ	1-800-977-7522
FL	1-877-935-8022
GA	1-844-890-2326
IL	1-855-766-1736
IN	1-855-766-1541
KS	1-855-565-9519
LA	1-855-766-1572

State	Phone Number
MO	1-855-766-1452
MS	1-844-786-7711
NV	1-833-854-4766
OH	1-855-766-1851
PA	1-855-766-1456
SC	1-855-766-1497
TX	1-844-796-6811

From October 1 – March 31, seven days a week, 8 a.m. to 8 p.m. From April 1 - September 30, Monday through Friday, 8 a.m. to 8 p.m. A messaging system is used after hours, weekend, and on federal holidays. Your doctor must provide a statement to support your request. For details on asking for an exception, check your *Evidence of Coverage*.

If you don't agree with our decision, you may file a complaint with us. To file a complaint, call us at:

State	Phone Number
AR	1-855-565-9518
AZ	1-800-977-7522
FL	1-877-935-8022
GA	1-844-890-2326
IL	1-855-766-1736
IN	1-855-766-1541
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MO	1-855-766-1452
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From October 1 – March 31, seven days a week, 8 a.m. to 8 p.m. From April 1 - September 30, Monday through Friday, 8 a.m. to 8 p.m. A messaging system is used after hours, weekend, and on federal holidays. Your doctor must provide a statement to support your request. You may also send your complaint to us in writing at the following address.

For all plans except Arizona:

Allwell  
Attn: Medicare Appeals & Grievances  
7700 Forsyth Boulevard  
St. Louis, MO 63105

For Arizona ONLY:

Allwell  
Attn: Appeals & Grievances Dept.  
P.O. Box 279410  
Sacramento, CA 95827

The Formulary may change at any time. You will receive notice when necessary.

## Section 1557 Non-Discrimination Language Notice of Non-Discrimination

Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Allwell does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Allwell:

- 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 Allwell's Member Services telephone number listed for your state on the Member Services Telephone Numbers by State Chart. From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Allwell 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 in the chart below and telling them you need help filing a grievance; Allwell'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 (TTY: 1-800-537-7697).

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

### Member Services Telephone Numbers by State Chart

State	Telephone Number and Plan Type
<b>Arizona</b>	1-800-977-7522 (HMO and HMO SNP) (TTY: 711)
<b>Arkansas</b>	1-855-565-9518 (TTY: 711)
<b>Florida</b>	1-877-935-8022 (TTY: 711)
<b>Georgia</b>	1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711)
<b>Illinois</b>	1-855-766-1736 (TTY: 711)
<b>Indiana</b>	1-855-766-1541 (HMO and PPO); 1-833-202-4704 (HMO SNP) (TTY: 711)
<b>Kansas</b>	1-855-565-9519 (HMO); 1-833-402-6707 (HMO SNP) (TTY: 711)
<b>Louisiana</b>	1-855-766-1572 (HMO); 1-833-541-0767 (HMO SNP) (TTY: 711)
<b>Mississippi</b>	1-844-786-7711 (HMO); 1-833-260-4124 (HMO SNP) (TTY: 711)
<b>Missouri</b>	1-855-766-1452 (HMO); 1-833-298-3361 (HMO SNP) (TTY: 711)
<b>Nevada</b>	1-833-854-4766 (TTY: 711)
<b>New Mexico</b>	1-844-810-7965 (TTY: 711)
<b>Ohio</b>	1-855-766-1851 (HMO); 1-866-389-7690 (HMO SNP) (TTY: 711)
<b>Pennsylvania</b>	1-855-766-1456 (HMO); 1-866-330-9368 (HMO SNP) (TTY: 711)
<b>South Carolina</b>	1-855-766-1497 (TTY: 711)
<b>Texas</b>	1-844-796-6811 (HMO); 1-877-935-8023 (HMO SNP) (TTY: 711)
<b>Wisconsin</b>	1-833-981-0042 (HMO); 1-877-935-8024 (HMO SNP) (TTY: 711)



Section 1557 Non-Discrimination Language  
Multi-Language Interpreter Services

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**ENGLISH: ATTENTION:** If you speak English, language assistance services, free of charge, are available to you. Call the Member Services number listed for your state in the Member Services Telephone Number Chart.

**SPANISH: ATENCIÓN:** Si habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al número del Departamento de Servicios al Afiliado que se enumera para su estado en la Ficha de Números de Teléfono del Departamento de Servicios al Afiliado.

**CHINESE: 請注意:** 如果您使用中文，您可以免費獲得語言援助服務。請撥會員服務部電話號碼表所列的您所在州的會員服務部號碼。

**VIETNAMESE: LƯU Ý:** Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số điện thoại phục vụ hội viên dành cho tiểu bang của quý vị trong Bảng số điện thoại dịch vụ hội viên.

**FRENCH CREOLE (HAITIAN CREOLE): ATANSYON:** Si w pale kreyòl ayisyen, ou ka resevwa sèvis gratis ki la pou ede w nan lang pa w. Rele nimewo sèvis manm pou eta kote w rete a. W ap jwenn li nan tablo nimewo telefòn sèvis manm yo.

**KOREAN: 알림사항:** 귀하가 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 받으실 수 있습니다. 가입자 서비스 전화번호 표에 있는 귀하의 주 가입자 서비스 안내번호로 전화하십시오.

**FRENCH: ATTENTION :** Si vous parlez français, un service d'aide linguistique vous est proposé gratuitement. Veuillez appeler le numéro de téléphone du Service aux membres spécifique à votre État qui se trouve dans le tableau de numéros de téléphone du Service aux membres.

**ARABIC:**

**تنبيه:** إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم خدمات الأعضاء المدرج في لائحة رقم هاتف خدمات الأعضاء الخاص بالولاية المقيم فيها.

**POLISH: UWAGA:** Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług tłumaczeniowych. Zadzwoń pod numer działu obsługi klienta odpowiedni dla twojego stanu, dostępny w Wypisie numerów telefonu działu obsługi klienta.

**RUSSIAN: ВНИМАНИЕ!** Если Вы говорите на русском языке, мы можем предложить Вам бесплатные услуги переводчика. Позвоните в Отдел обслуживания участников по указанному для Вашего штата номеру в телефонном справочнике Отдела обслуживания участников

**GERMAN: ACHTUNG:** Falls Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie bitte die für Ihren Bundesstaat zuständige Rufnummer des Mitgliederkundendienstes an, die im Telefonverzeichnis des Mitgliederkundendienstes angegeben ist.

**TAGALOG: PAUNAWA:** Kung nagsasalita ka ng Tagalog, may makukuha ka na mga libreng serbisyon pang pantulong sa wika. Tawagan ang numero ng Mga Serbisyo ng Miyembro na nakalista para sa iyong estado sa Tsart ng Numero ng mga Serbisyo ng Miyembro.

**GUJARATI: સાવધાન:** જો તમે ગુજરાતી બોલતા હો તો, ભાષા સહાય સેવાઓ, નફિશુલ્ક, તમારા માટે ઉપલબ્ધ છે. સભ્ય સેવા ટેલફોન નંબર ચાર્ટમાં તમારા રાજ્ય માટે સૂચબિદ્ધ સભ્ય સેવાઓ નંબર પર કોલ કરો.

**PORTUGUESE: ATENÇÃO:** Se falar português, estão disponíveis, gratuitamente, serviços de assistência linguística. Ligue para o número dos Serviços aos Membros indicado para o seu estado na Tabela de números de telefone destes serviços.

**ITALIAN: ATTENZIONE:** se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Consulti la Tabella dei Numeri Telefonici dei Servizi per i Membri e chiami il numero dei Servizi per i Membri del Suo stato.

**PENNSYLVANIAN DUTCH: Geb Acht:** Wann du Deitsch schwetze kannscht, un Hilf in dei eegni Schprooch brauchst, kannscht du es Koschdefrei griegie. Ruf die Glieder Nummer von dei Staat, ass iss uff die Lischd an die Glieder Hilf Telefon Nummer Kaart.

**हिंदी (Hindi):** भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, और अयि वैकल्पिक ~~अवसर~~ के लिए निः शुल्क उलपब्ध हैं। इन्हें प्राप्त करने के लिए, कृपया उपरोक्त नंबर पर कॉल करें।

**Diné Bizaad (Navajo):** Diné k'ehjí saad bee shíká a'doowoł nínízingo bee ná haz'á, t'áá haada yit' éego kodóó naaltsoos da nich'í ál'íigo éi doodago t'áá ha'át'ihída Diné k'ehjí bee shíká a'doowoł nínízingo bee ná ahóót'i'. Á kót' éego shíká a'doowoł nínízingo hódahgo béésh bee hane'í biká'íjì' hodíílnih.

**Ntawv Hmoob (Hmong):** Muaj kev pab txhais lus, khoom pab mloog txhais lus thiab lwm yam kev pab pub dawb rau koj. Xav tau tej no, thov hu rau tus nab npawb saum toj saud.

**ລາວ (Lao):** ບັນດາການໃຫ້ຄຳມອບເຊັນ ຕໍ່ ພາສາ, ບັນດາການ ແລະ ຄວາມຊ່ວຍເຫຼືອ ຕ່າງໆ, ແລະ ຮບແບບທາງເລືອກອື່ນໆ ມີໃຫ້ ເຈົ້າ ຟລີ. ຫາກຕ້ອງການສູ່ ຊັ້ນ ກະລຸນາໃຫ້ ປຶກສາຫາລື ເລກຂັ້ນ ເທິງ.

**မြန်မာ (Burmese) -** ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ။ အရန်အထောက်အပံ့များနှင့် ဝန်ဆောင်မှုများ။ အချားပုံစံများရှိ ရေဒီယိုစာများကို သင့်အခမဲ့ရရှိပါသည်။ ၎င်းတို့ကို ရယူရန် အထကပါနံပါတ်ကို ဖုန်းဆက်ပါ။

**(Shqip) (Albanian):** Shërbimet e asistencës gjuhësore, ndihma dhe shërbimet shtesë plotësuese si dhe forma të tjera alternative ofrohen pa pagesë për ju. Për ta përfituar këtë, lutem merrni në telefon numrin e treguar më sipër.

**Somali (Somali):** Adeegyada caawinta luuqadaha, qalabka caawinta iyo adeegyo kale, iyo qaabab kale aya kuu diyaar ah si lacag la'aan ah. Si aad u hesho adeegyadan fadlan wac nambarka xaga sare ku xusan.