

2018 Drug List Negative Changes Updated 10/25/2018

The table below shows changes made to our 2018 List of Covered Drugs (Formulary).

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	ACTIVE OB CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	ANTI MONKEY BUTT POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	ARTHRITIS PAIN RELIEVING CREA	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	ARTIFICIAL TEARS SOLN	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	B.F.I. POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	BALMEX BABY POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	BALSAM PERU/ZINC STEARATE/BORIC ACID POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	capsaicin CREA EX 0.075 %	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	carboxymethylcellulose sodium (ophth) SOLN 0.5 %	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	CEPACOL SORE THROAT & COUGH EXTRA STRENGTH LOZG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	CEPACOL SORE THROAT & COUGH LOZG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	CITRANATAL 90 DHA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	CITRANATAL ASSURE MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	CITRANATAL B-CALM MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	CITRANATAL HARMONY CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	CLARITIN REDITABS TBDP 10 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	CLEAR COUGH PM MULTI-SYMP TOM LIQD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	C-NATE DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	COLUMBIA ANTISEPTIC POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
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	COMPLETE NATAL DHA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	COMPLETENATE CHEW	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	CONCEPT DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	CONCEPT OB CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	dextromethorphan-benzocaine LOZG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	dextromethorphan-doxylamine-acetaminophen LIQD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	dextromethorphan-guaifenesin TABS 20MG-400MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	diphenhydramine-phenylephrine-acetaminophen TABS 25MG-325MG-5MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	docusate sodium CAPS OR 250 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	docusate sodium LIQD OR 150 MG/15ML, 50 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	docusate sodium SYRP OR 60 MG/15ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	DOTHELLE DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	DURAF LU TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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	ELITE-OB TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	EXTRA-VIRT PLUS DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	FOCALGIN 90 DHA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	FOCALGIN CA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	FOLCAPS OMEGA 3 CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	FOLIVANE-OB CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	FORDUSTIN POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	GOLD BOND CORNSTARCH PLUS POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	GOLD BOND ULTIMATE POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	HEMENATAL OB + DHA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	HEMENATAL OB TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	hypromellose (ophth) SOLN 0.4 %	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	INATAL ADVANCE TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	INATAL GT TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	INATAL ULTRA TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	J-MAX SYRP	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	JOHNSONS BABY MEDICATED POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	J-TAN PD LIQD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	LADY ANTI MONKEY BUTT POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	loratadine TBDP OR 10 MG	Removed non-Medicaid and non-Part D eligible drug.	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	METHYLPHENIDATE 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	M-VIT TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	MYNATAL ADVANCE TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	MYNATAL PLUS TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	MYNATAL ULTRACAPLET TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	MYNATAL-Z TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	NESTABS ABC MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	NESTABS DHA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	NESTABS TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	NEWGEN TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	NEXA PLUS CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	NIVA-PLUS TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	OB COMPLETE GOLD CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	OB COMPLETE ONE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	OB COMPLETE PETITE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	OB COMPLETE PREMIER TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	OB COMPLETE TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	O-CAL FA TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	permethrin LOTN EX 1 %	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	phenylephrine w/ dm-gg SYRP 10MG/5ML-100MG/5ML-5MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	phenylephrine w/ dm-gg TABS 20MG-400MG-10MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PNV FERROUS FUMARATE/DOCUSATE/FOLIC ACID TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PNV FOLIC ACID + IRON MULTIVITAMIN TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PNV PRENATAL PLUS MULTIVITAMIN TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PNV TABS 29-1 TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PNV-OMEGA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PNV-SELECT TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	powders POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PR NATAL 400 EC MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PR NATAL 400 MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PR NATAL 430 EC MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	PREFERAOB ONE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENAISSANCE BALANCE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENAISSANCE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATABS RX TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATAL 19 CHEW	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATAL 19 TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATAL PLUS IRON TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATAL PLUS TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATAL TABS 22MG-2MG-25MG-1.84MG-200MG-27MG-4000UNIT-20MG-3MG-12MCG-400UNIT-1MG-10MG-120MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATAL VITAMINS PLUS LOW IRON TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATE DHA CAPS 18MG-600MCG-40UNIT-300MG-50MG-155MG-25MCG-400UNIT-400MCG-26MG-90MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATE ELITE TABS 20MG-600MCG-40UNIT-150MCG-2600UNIT-1.5MG-15MG-25MG-155MG-3MG-21MG-3.5MG-13MCG-600UNIT-400MCG-330MCG-21MG-75MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATE ENHANCE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	PRENATE ESSENTIAL CAPS 18MG-40MG-600MCG-10UNIT-150MCG-300MG-50MG-155MG-13MCG-220UNIT-400MCG-280MCG-26MG-90MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATE MINI CAPS 25MG-600MCG-10UNIT-150MCG-18MG-350MG-25MG-80MG-13MCG-1000UNIT-400MCG-280MCG-26MG-60MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATE PIXIE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATE RESTORE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PRENATE STAR TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PREPLUS TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PROVIDA DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	PROVIDA OB CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
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	REFRESH LIQUIGEL SOLN	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	REFRESH TEARS SOLN	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	RELNATE DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	REZIRA SOLN	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	R-NATAL OB CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	SELECT-OB CHEW 1700UNIT-29MG-30UNIT-15MG-25MG-1.6MG-15MG-1.8MG-5MCG-400UNIT-1MG-2.5MG-60MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	SELECT-OB+DHA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	SE-NATAL 19 CHEW	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	SE-NATAL 19 TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	sennosides LIQD 8.8 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	SUMMERS EVE BODY POWDER POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	TARON-C DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	THERANATAL CORE NUTRITION TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	THRIVITE 19 TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	THRIVITE RX TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	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	TL-CARE DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	TL-SELECT CAPS	Removed non-Medicaid and non-Part D eligible drug.	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	TRICARE PRENATAL DHA ONE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	TRICARE TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	TRINATAL RX 1 TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	TRINATE TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	TRI-TABS DHA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	TRIVEEN-DUO DHA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	TRIXAICIN CREA	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	ULTIMATECARE ONE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VAGISIL DEODORANT POWD	Removed non-Medicaid and non-Part D eligible drug.	N/A	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	VINATE ONE TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VIRT NATE TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VIRT-ADVANCE TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VIRT-C DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VIRT-NATE DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VIRT-PN PLUS CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VIRT-PN TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VIRT-SELECT CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VIRT-VITE GT TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VITAFOL ULTRA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2018	VITAFOL-NANO TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VITAFOL-OB TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VITAFOL-OB+DHA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VITAFOL-ONE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VIVA DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VOL-NATE TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VOL-PLUS TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VOL-TAB RX TABS	Removed non-Medicaid and non-Part D eligible drug.	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.
1/1/2018	VP-HEME OB + DHA MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VP-HEME OB TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VP-HEME ONE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	VP-PNV-DHA CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	ZATEAN-CH CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	ZATEAN-PN PLUS CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	ZOSTRIX DIABETIC FOOT PAIN CREA	Removed non-Medicaid and non-Part D eligible drug.	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	ZONACORT 7 DAY TBPK	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
2/1/2018	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	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	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	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	TRINATAL GT TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2018	TRIADVANCE TABS	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.
3/1/2018	ROBAFEN CF COUGH & COLD	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2018	ZONATUSS CAPS	This drug was removed from the market.	benzonatate caps	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.
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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2018	PNV-DHA CAPS	Removed non-Part D eligible drug (Unapproved drug other)	ZATEAN-PN DHA CAPS, VIRT-PN DHA CAPS 600MCG-330MG-300MG-45MG-140MG-27MG-12MCG-200UNIT-400MCG-10UNIT-25MG-85MG	Contact your doctor for other options.
4/1/2018	PROMETHAZINE/PHENYLEPHRINE	Removed non-part D eligible drug (not on NSDE)	promethazine & phenylephrine syr	Contact your doctor for other options.
4/1/2018	PYRIDIDIUM TABS	Removed non-Part D eligible drug (Unapproved drug other)	N/A	Contact your doctor for other options.
4/1/2018	RULAVITE DHA CAPS	Removed non-Part D eligible drug (Expired marketing end date)	ZATEAN-PN DHA CAPS, VIRT-PN DHA CAPS 600MCG-330MG-300MG-45MG-140MG-27MG-12MCG-200UNIT-400MCG-10UNIT-25MG-85MG	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	GEMCITABINE HYDROCHLORIDE SOLN 2 GM/20ML	Removed non-part D eligible drug (not on NSDE)	N/A	Contact your doctor for other options.
5/1/2018	KLOR-CON/25 PACK	Removed non-Part D eligible drug (Expired marketing end date)	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.
5/1/2018	psyllium POWD 30.9 %	Removed non-Medicaid and non-Part D eligible drug	N/A	Contact your doctor for other options.
5/1/2018	ONE DAILY PLUS IRON TABS	Removed non-Medicaid and non-Part D eligible drug	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.
6/1/2018	PREDNISOLONE ACETATE P-F	Removed non-part D eligible drug (not on NSDE)	N/A	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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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	docusate sodium LIQD OR 50 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
6/1/2018	docusate sodium SYRP OR 60 MG/15ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
6/1/2018	FERROUS SULFATE LIQD OR 220 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	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.
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	benzoyl peroxide LOTN EX 6 %	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2018	calcium carbonate-cholecalciferol CHEW 500MG-600UNIT	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2018	BENZOYL PEROXIDE CLEANSER LOTN 9%	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2018	BENZOYL PEROXIDE CLEANSER LOTN 3%	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2018	calcium TABS 600 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
7/1/2018	HONEY BEARS W/IRON AND ZINC CHEW	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2018	multiple vitamins w/ minerals CHEW 20MCG-1MG-50MG-60UNIT-150MCG-20MG-108MG-2MG-15MG-40MG-1.5MG-18MG-10MG-3500UNIT-20MG-10UNIT-1.7MG-6MCG-400UNIT-400MCG-45MCG-2MG-60MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2018	DINO-LIFE W/IRON & ZINC CHEW	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2018	sennosides LIQD 8.8 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2018	sennosides SYRP 8.8 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2018	OS-CAL ULTRA TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
7/1/2018	PRO-CHLO LIQD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
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	phenylephrine-ibuprofen TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
9/1/2018	acetaminophen TBDP OR 160 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	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	guaifenesin TB12 OR 600 MG	This drug was removed from the market.	MUCINEX	Contact your doctor for other options.
9/1/2018	J-MAX SYRP	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
9/1/2018	J-TAN PD LIQD	This drug was removed from the market.	N/A	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	niacin TABS OR 250 MG	Removed non-Medicaid and non-Part D eligible drug.	niacin TABS OR 500 MG	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	pediatric multiple vitamin w/ c SOLN	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
9/1/2018	pediatric multiple vitamins w/ iron SOLN	Removed non-Medicaid and non-Part D eligible drug.	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.
9/1/2018	VITAMIN C SYRP 500 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	BALAMINE DM SYRP	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	Dextromethorphan HBr Syrup 10 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	Diphenhydramine-Phenylephrine Liq 6.25-2.5 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	Doxylamine-DM Liquid 6.25-15 MG/15ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	FERREX 150 FORTE PLUS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	FERREX 28 MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	ICAR-C PLUS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
10/1/2018	NOREL CS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	Pseudoephedrine-Ibuprofen Tab 30-200 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	MUCINEX FAST-MAX COLD & SINUS LIQD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	Iron-Docusate-B12-Folic Acid-C-E-Cu-Biotin Tab 150-1 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2018	aspirin-acetaminophen-caffeine TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	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.
10/1/2018	ARTHRITIS PAIN RELIEVING	This drug was removed from the market.	capsaicin cream	Contact your doctor for other options.
10/1/2018	TRIXAICIN CREA	This drug was removed from the market.	capsaicin cream	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.

Superior HealthPlan STAR+PLUS Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Texas Medicaid to provide benefits of both programs to enrollees.

Limitations and restrictions may apply. For more information, call Superior STAR+PLUS MMP Member Services or read the Superior STAR+PLUS MMP Member Handbook. Benefits may change on January 1 of each year.

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.