

## 2020 Drug List Negative Changes

Updated 12/01/2020

The table below shows changes made to our 2020 List of Covered Drugs (Formulary).

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	acetaminophen TBDP OR 80 MG	This drug was removed from the market.	MAPAP CHILD CHW 80MG	Contact your doctor for other options.
2/1/2020	budesonide (nasal) SUSP	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	fluoxymesterone TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	nadolol & bendroflumethia zide 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	CIPROFLOXAC IN 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	CIPROFLOXAC IN ER TAB 24HR 500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	BRAFTOVI CAP 50MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	ZERIT SOL 1MG/ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	FOCALGIN DSS TABS	This drug was removed from the market.	FERRALET 90 TABS	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	magnesium oxide (mg supplement) TABS 241.3 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	ESTROPIPATE TAB 0.75 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	ESTROPIPATE TAB 1.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	theophylline tab ER 12HR 100 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2020	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	benzoyl peroxide FOAM 5.3 %	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	benzoyl peroxide FOAM 9.8 %	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	dextromethorphan-guaifenesin TB12 30MG-600MG	Removed non-Medicaid and non-Part D eligible drug.	MUCINEX DM TAB 30-600ER	Contact your doctor for other options.
2/1/2020	diphenhydramine-acetaminophen 12.5-325 MG TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	doxylamine succinate (sleep) TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	FERROUS SULFATE TBCR 140 MG	Removed non-Medicaid and non-Part D eligible drug.	IRON SLOW TAB 45MG ER	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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	magnesium gluconate 500 MG TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	MUCINEX FAST-MAX SEVERE CONGESTION & COUGH LIQD 20MG/20ML-400MG/20ML-10MG/20ML	Removed non-Medicaid and non-Part D eligible drug.	MUCINEX COLD LIQ CHILDREN	Contact your doctor for other options.
2/1/2020	NOVAFERRUM 125 LIQD	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	NOVAFERRUM 50 CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	NOVAFERRUM PEDIATRIC DROPS LIQD 15 MG/ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	pediatric multiple vitamin w/ c SOLN	Removed non-Medicaid and non-Part D eligible drug.	POLY-VI-SOL	Contact your doctor for other options.
2/1/2020	QBREXZA PADS	Removed non-Medicaid eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	REZIRA SOLN	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	SELENIUM TBCR 200 MCG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	sodium chloride SOLN IJ 0.9 %	Removed non-Medicaid eligible drug.	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	ULTRAVATE X KIT (CREAM)	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
2/1/2020	ULTRAVATE X KIT (OINT)	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	VITAMIN & MINERAL SUPPLEMENT LIQD	Removed non-Medicaid and non-Part D eligible drug.	CENTRUM LIQ	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.
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	KYNAMRO SOLN	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	b-complex w/ minerals LIQD 150MG/15ML- 33MCG/15ML- 1MG/15ML- 50MG/15ML- 0.66MG/15ML- 1MG/15ML- 0.33MG/15ML	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	DALLERGY LIQD 1MG/ML- 2.5MG/ML	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	DALLERGY TABS 1MG- 5MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	magnesium oxide (laxative) TABS	Removed non-Medicaid and non-Part D eligible drug.	PHILLIPS TAB 500MG	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	THYROSAFE 65 MG TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2020	OSTEO- POMETICAL 600 MG-1000 Unit TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2020	Simethicone Chew Tab 125 MG	Removed non-Medicaid and non-Part D eligible drug.	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	tioconazole vaginal OINT	Removed non-Medicaid and non-Part D eligible drug.	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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2020	JADENU TAB 360MG	This drug was removed from the formulary.	deferasirox tab 360 MG	Contact your doctor for other options.
3/1/2020	BUTISOL SODIUM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2020	POTASSIUM CHLORIDE ER 20 mEq	Removed non-Part D eligible drug (Expired marketing end date)	K-TAB 20 mEq	Contact your doctor for other options.
3/1/2020	ADCETRIS	Removed non-Part D eligible drug	N/A	Contact your doctor for other options.
3/1/2020	KHEDEZLA TAB 50MG ER	Removed non-Part D eligible drug (Expired marketing end date)	DESVENLAFAX TAB 50MG ER	Contact your doctor for other options.
3/1/2020	KHEDEZLA TAB 100MG ER	Removed non-Part D eligible drug (Expired marketing end date)	DESVENLAFAX TAB 100MG ER	Contact your doctor for other options.
3/1/2020	CALCIUM GLUCONATE TABS OR 500 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
3/1/2020	FOLGARD OS TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
3/1/2020	FOLGARD RX TABS	Removed non-Medicaid and non-Part D eligible drug.	folic acid-vitamin b6-vitamin b12 tabs 1MG-2.2MG-25MG	Contact your doctor for other options.
3/1/2020	sennosides-docusate sodium TABS	Removed non-Medicaid and non-Part D eligible drug.	sennosides tab 8.6 MG docusate sodium tab 100 MG	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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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	loperamide hcl LIQD 1 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
4/1/2020	SUPRAX CAP 400MG	This drug was removed from the formulary.	cefixime cap 400MG	Contact your doctor for other options.
4/1/2020	RANEXA TAB 500MG	This drug was removed from the formulary.	ranolazine 500 MG tab	Contact your doctor for other options.
4/1/2020	RANEXA TAB 1000MG	This drug was removed from the formulary.	ranolazine 1000 MG tab	Contact your doctor for other options.
4/1/2020	TEKTURNA 150 MG	This drug was removed from the formulary.	aliskiren fumarate tab 150 MG	Contact your doctor for other options.
4/1/2020	TEKTURNA 300 MG	This drug was removed from the formulary.	aliskiren fumarate tab 300 MG	Contact your doctor for other options.
4/1/2020	LETAIRIS TAB 5MG	This drug was removed from the formulary.	ambrisentan tab 5 MG	Contact your doctor for other options.
4/1/2020	LETAIRIS TAB 10MG	This drug was removed from the formulary.	ambrisentan tab 10 MG	Contact your doctor for other options.
4/1/2020	ROZEREM TAB 8MG	This drug was removed from the formulary.	ramelteon 8 MG tab	Contact your doctor for other options.
4/1/2020	LYRICA CAP 25MG	This drug was removed from the formulary.	pregabalin cap 25 MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 50MG	This drug was removed from the formulary.	pregabalin cap 50MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 75MG	This drug was removed from the formulary.	pregabalin cap 75MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 100MG	This drug was removed from the formulary.	pregabalin cap 100MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 150MG	This drug was removed from the formulary.	pregabalin cap 150MG	Contact your doctor for other options.

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4/1/2020	LYRICA CAP 200MG	This drug was removed from the formulary.	pregabalin cap 200MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 225MG	This drug was removed from the formulary.	pregabalin cap 225MG	Contact your doctor for other options.
4/1/2020	LYRICA CAP 300MG	This drug was removed from the formulary.	pregabalin cap 300MG	Contact your doctor for other options.
4/1/2020	LYRICA SOL 20MG/ML	This drug was removed from the formulary.	pregabalin soln 20 MG/ML	Contact your doctor for other options.
4/1/2020	FIRAZYR INJ 30MG/3ML	This drug was removed from the formulary.	icatibant acetate inj 30 MG/3ML	Contact your doctor for other options.
4/1/2020	EXJADE TAB 125MG	This drug was removed from the formulary.	deferasirox tab 125mg	Contact your doctor for other options.
4/1/2020	EXJADE TAB 250MG	This drug was removed from the formulary.	deferasirox tab 250mg	Contact your doctor for other options.
4/1/2020	EXJADE TAB 500MG	This drug was removed from the formulary.	deferasirox tab 500mg	Contact your doctor for other options.
4/1/2020	doxycycline hyclate for inj 100 MG	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	mupirocin oint 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	mupirocin calcium cream 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	nystatin topical powder 100000 unit/GM	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	nystatin cream 100000 unit/GM	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	nystatin oint 100000 unit/GM	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	ketoconazole cream 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	ketoconazole foam 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2020	ketoconazole shampoo 2%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.



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4/1/2020	REPAGLINIDE/ METFORMIN HYDROCHLOR IDE 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 HYDROCHLOR IDE TAB 2-500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	ISOSORBIDE DINITRATE ER TAB 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	TOLMETIN SODIUM TAB 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2020	NITROGLYCE RIN LINGUAL AEROSOL	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2020	acetaminophen SUSP OR 160 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
4/1/2020	LATISSE SOLN	Removed non-Medicaid and non-Part D eligible drug.	Bimatoprost Soln 0.03%	Contact your doctor for other options.
4/1/2020	NASAL DECONGESTA NT SYRP	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
4/1/2020	SILPHEN COUGH SYRP	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 50MG	This drug was removed from the formulary.	hydrocodone cap 50MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 40MG	This drug was removed from the formulary.	hydrocodone cap 40MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 30MG	This drug was removed from the formulary.	hydrocodone cap 30MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 20MG	This drug was removed from the formulary.	hydrocodone cap 20MG ER	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2020	ZOHYDRO ER CAP 15MG	This drug was removed from the formulary.	hydrocodone cap 15MG ER	Contact your doctor for other options.
4/1/2020	ZOHYDRO ER CAP 10MG	This drug was removed from the formulary.	hydrocodone cap 10MG ER	Contact your doctor for other options.
4/1/2020	DEPEN TITRA TAB 250MG	This drug was removed from the formulary.	penicillamine tab 250 MG	Contact your doctor for other options.
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	ACTIVE FE TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2020	bisacodyl SUPPRE 10 MG	Removed non-Medicaid and non-Part D eligible drug.	bisacodyl tab delayed release 5 MG	Contact your doctor for other options.
5/1/2020	hydrocortisone (topical) LOTN 1 %	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
5/1/2020	LIFE PACK MENS MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
5/1/2020	LIFE PACK WOMENS MISC	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
5/1/2020	NEPHROCAPS CAPS	Removed non-Medicaid and non-Part D eligible drug.	b-complex w/ c & folic acid caps 1.5 mg-5 mg-20 mg-1.7 mg-6 mcg-1 mg-150 mcg-10 mg-100 mg, 5 mg-1.7 mg-6 mcg-20 mg-1.5 mg-1 mg-150 mcg-10 mg-100 mg	Contact your doctor for other options.
5/1/2020	ranitidine hcl tab 75 mg	This drug was removed from the market.	famotidine tabs 20 MG, 40 MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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	acetaminophen SOLN OR 160 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
6/1/2020	FLOWTUSS SOLN	This drug was removed from the market.	N/A	Contact your doctor for other options.
6/1/2020	HYCOFENIX SOLN	This drug was removed from the market.	N/A	Contact your doctor for other options.
6/1/2020	MENS MULTI VITAMIN & MINERAL FORMULA TABS	Removed non-Medicaid and non-Part D eligible drug.	DAILY COMBO MULTI VITAMIN	Contact your doctor for other options.
6/1/2020	phenylephrine in hard fat SUPP	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.

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6/1/2020	ZUTRIPRO SOLN	This drug was removed from the market.	HYDROCODONE BITARTRATE/CHLORPHENIRAMINE MALEATE/PSE SOLN	Contact your doctor for other options.
6/1/2020	prednisolone SYRP 15 MG/5ML	This drug was removed from the market.	prednisolone SOLN	Contact your doctor for other options.
6/1/2020	ZORTRESS TAB 0.75MG	This drug was removed from the formulary.	everolimus tab 0.75MG	Contact your doctor for other options.
6/1/2020	ZORTRESS TAB 0.5MG	This drug was removed from the formulary.	everolimus tab 0.5MG	Contact your doctor for other options.
6/1/2020	ZORTRESS TAB 0.25MG	This drug was removed from the formulary.	everolimus tab 0.25MG	Contact your doctor for other options.
6/1/2020	NEXIUM PACK 10MG	This drug was removed from the formulary.	esomeprazole magnesium pack 10 MG	Contact your doctor for other options.
6/1/2020	NEXIUM PACK 20MG	This drug was removed from the formulary.	esomeprazole magnesium pack 20 MG	Contact your doctor for other options.
6/1/2020	NEXIUM PACK 40MG	This drug was removed from the formulary.	esomeprazole magnesium pack 40 MG	Contact your doctor for other options.
7/1/2020	econazole nitrate crea	This drug had a quantity limit added	N/A	Contact your doctor for other options.
7/1/2020	ONCASPAR SOLN	Removed non-Part D eligible drug (Expired marketing end date and CMS Excluded Labeler Code)	N/A	Contact your doctor for other options.
7/1/2020	EPROSARTAN MESYLATE TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2020	phenylephrine-brompheniramine-dm LIQD 4 MG/5ML-15 MG/5ML-7.5 MG/5ML	This drug was removed from the market.	AP-HIST DM LIQD	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.

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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	diphenhydramine-phenylephrine-APAP tab 25-5-325 MG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
8/1/2020	dextromethorphan-doxylamine-APAP liquid 30-12.5-1000 MG/30ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
8/1/2020	ORFADIN CAP 2MG	This drug was removed from the formulary.	nitisinone 2 MG	Contact your doctor for other options.
8/1/2020	ORFADIN CAP 5MG	This drug was removed from the formulary.	nitisinone 5 MG	Contact your doctor for other options.
8/1/2020	ORFADIN CAP 10MG	This drug was removed from the formulary.	nitisinone 10 MG	Contact your doctor for other options.
8/1/2020	JADENU TAB 180MG	This drug was removed from the formulary.	deferasirox 180 MG	Contact your doctor for other options.
8/1/2020	GEODON INJ 20MG	This drug was removed from the formulary.	ziprasidone mesylate for inj 20 MG	Contact your doctor for other options.
8/1/2020	MYCAMINE INJ 50MG	This drug was removed from the formulary.	micafungin sodium for IV soln 50 MG	Contact your doctor for other options.
8/1/2020	MYCAMINE INJ 100MG	This drug was removed from the formulary.	micafungin sodium for IV soln 100 MG	Contact your doctor for other options.
9/1/2020	TARGRETIN GEL EX 1%	This drug had a quantity limit and prior authorization added.	N/A	Contact your doctor for other options.
9/1/2020	GEMCITABINE HYDROCHLORIDE SOLN 200 MG/2ML	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
10/1/2020	SAMSCA TAB 30MG	This drug was removed from the formulary.	tolvaptan tab 30 MG	Contact your doctor for other options.
10/1/2020	flurbiprofen tabs 50 mg	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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/DIPHTHERIA TOXOIDS-ADSORBED ADULT	Removed non-Part D eligible drug (CMS excluded labeler code)	TDVAX SUSP	Contact your doctor for other options.
10/1/2020	FAZACLO TBDP 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	clozapine tbdp 200 mg	Contact your doctor for other options.
10/1/2020	isoniazid & rifampin CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2020	RIFATER TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2020	fluconazole in dextrose soln	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/1/2020	ACEROLA C 500 WAFR	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2020	calcium carbonate-vitamin d CAPS 600 MG-200 UNIT	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2020	CVS CALCIUM CHEWABLES 600PLUS CHEW	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2020	cyanocobalamin TABS OR 2000 MCG	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2020	methadone hcl TBSO OR 40 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
10/1/2020	multiple vitamins w/ minerals TBCR 30 MCG-25 MG-100 MCG-20 MG-15 MG-15 MG-180 MCG-50 MG-100 MCG-100 UNIT-50 MG-50 MG-10 MCG-100 MCG-50 MCG-25000 UNIT-100 MCG-15 MG-25 MG-30 MG-18 MG-50 MG-100 MG-100 MG-100 MG-100 MCG-100 MG-100 MG-100 MG-1000 UNIT-100 MG-	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
10/1/2020	bimatoprost (topical) SOLN	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
11/1/2020	dextran 70-hypromellose SOLN	Removed non-Medicaid and non-Part D eligible drug.	polyethylene glycol-propylene glycol (ophth) soln	Contact your doctor for other options.
11/1/2020	IRON TABS 256 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
11/1/2020	ZINC SULFATE CAPS OR 50 MG	Removed non-Medicaid and non-Part D eligible drug.	zinc sulfate caps or 220 mg	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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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.
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	CARDIOTEK- RX TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
12/1/2020	magnesium hydroxide SUSP 2400 MG/10ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
12/1/2020	psyllium CAPS 0.52 GM	Removed non-Medicaid and non-Part D eligible drug.	N/A	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.

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-866-896-1844 (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 1-866-896-1844 (TTY: 711) de 8 a. m. a 8 p. m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.

## Statement of Non-Discrimination

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Superior STAR+PLUS MMP does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

### Superior STAR+PLUS MMP:

- 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 Superior STAR+PLUS MMP's Member Services at 1-866-896-1844 (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.

If you believe that Superior STAR+PLUS MMP 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; Superior STAR+PLUS MMP'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>.

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## Declaración de no discriminación

Superior HealthPlan (Superior) STAR+PLUS Medicare-Medicaid Plan (MMP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o sexo. Superior STAR+PLUS MMP no excluye a ninguna persona ni la trata de manera diferente por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

### Superior STAR+PLUS MMP:

- Proporciona servicios y dispositivos gratuitos a personas con discapacidades para que se comuniquen eficazmente con nosotros, como intérpretes calificados de lengua de señas e información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles y otros formatos).
- Brinda servicios lingüísticos gratis a aquellas personas cuya lengua materna no es el inglés, como intérpretes calificados e información escrita en otros idiomas.

Si necesita estos servicios, póngase en contacto con Servicios para afiliados de Superior STAR+PLUS MMP al 1-866-896-1844 (los usuarios de TTY deben llamar al 711) de 8 a. m. a 8 p. m., lunes a viernes. Después de horas hábiles, los fines de semana y los días festivos, es posible que se le pida que deje un mensaje. Le devolveremos su llamada el próximo día hábil. La llamada es gratuita.

Si usted considera que Superior STAR+PLUS MMP no le ha brindado estos servicios o lo ha discriminado de alguna otra manera debido a su raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar un reclamo llamando al número que aparece arriba e informando que necesita ayuda para presentar el reclamo; el Departamento de Servicios para afiliados de Superior STAR+PLUS MMP está disponible para ayudarlo.

También puede presentar una queja sobre derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Sociales de los EE. UU. de manera electrónica a través del Office for Civil Rights Complaint Portal (Portal de quejas de la Oficina de Derechos Civiles) disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, o bien, por correo electrónico o a los teléfonos que figuran a continuación:

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)

Los formularios de quejas se encuentran disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

**ENGLISH:** Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, call 1-866-896-1844 (TTY: 711).

**SPANISH:** Tiene a su disposición sin costo alguno servicios de ayuda con el idioma, servicios y dispositivos auxiliares, y otros formatos alternativos. Para obtenerlos, llame al 1-866-896-1844 (TTY: 711).

**SPANISH:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-896-1844 (TTY: 711).

**VIETNAMESE:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-896-1844 (TTY: 711).

**CHINESE:** 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 1-866-896-1844 (TTY: 711)。

**KOREAN:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-896-1844 (TTY: 711) 번으로 전화해 주십시오.

**ARABIC:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-866-896-1844 (رقم هاتف الصم والبكم: 711).

**URDU:** خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں 1-866-896-1844 (TTY: 711).

**TAGALOG:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-896-1844 (TTY: 711).

**FRENCH:** ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-896-1844 (ATS : 711).

**HINDI:** ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-866-896-1844 (TTY : 711) पर कॉल करें।

**PERSIAN/  
FARSI:** توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-896-1844 (TTY : 711) تماس بگیرید.

**GERMAN:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-866-896-1844 (TTY: 711).

<b>GUJARATI:</b>	સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-866-896-1844 (TTY: 711).
<b>RUSSIAN:</b>	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-896-1844 (телетайп: 711).
<b>JAPANESE:</b>	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。1-866-896-1844 (TTY: 711) まで、お電話にてご連絡ください。
<b>LAOTIAN:</b>	ໂປດຊາບ: ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ຄ່າມິພ້ອມໃຫ້ທ່ານ. ໂທ 1-866-896-1844 (TTY: 711).