

## 2021 Drug List Negative Changes

Updated 12/01/2021

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 2021 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
10/15/2020	EGRIFTA SOLR 1 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/15/2020	<i>carisoprodol w/ aspirin tabs</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/15/2020	ACUVAIL SOLN	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/15/2020	DEXAMETHASONE SODIUM PHOSPHATE SOLN IJ 4 MG/ML	Removed non-Part D eligible drug (not on NSDE)	<i>dexamethasone sodium phosphate soln ij 4 mg/ml</i>	Contact your doctor for other options.
10/15/2020	VIMOVO TAB 500-20MG	This drug was removed from the formulary.	<i>naproxen-esomeprazole magnesium tbec</i>	Contact your doctor for other options.
10/15/2020	VIMOVO TAB 375-20MG	This drug was removed from the formulary.	<i>naproxen-esomeprazole magnesium tbec</i>	Contact your doctor for other options.
10/15/2020	SAMSCA TAB 30MG	This drug was removed from the formulary.	<i>tolvaptan tabs 30 mg</i>	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 90MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 180MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
10/15/2020	JADENU SPRKL GRA 360MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
12/07/2020	INVIRASE CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/07/2020	PACLITAXEL CONC 100 MG/16.67ML	Removed non-Part D eligible drug (not on NSDE)	N/A	Contact your doctor for other options.
12/07/2020	VINATE ONE TABS	Removed non-Part D eligible drug (not on NSDE)	TRINATAL RX 1 TABS	Contact your doctor for other options.
12/07/2020	BYDUREON SRER	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/07/2020	TAYTULLA CAPS	This drug was removed from the formulary.	<i>norethin acet &amp; estrad-fe caps 1 mg-20 mcg-75 mg</i>	Contact your doctor for other options.
12/07/2020	<i>polyethylene glycol 3350 pack 17gm</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/07/2020	COUMADIN TABS 1 MG	Removed non-Part D eligible drug (Expired marketing end date)	<i>warfarin sodium tab 1 MG</i>	Contact your doctor for other options.
12/07/2020	COUMADIN TABS 2 MG	Removed non-Part D eligible drug (Expired marketing end date)	<i>warfarin sodium tab 2 MG</i>	Contact your doctor for other options.
12/07/2020	COUMADIN TABS 2.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	<i>warfarin sodium tab 2.5 MG</i>	Contact your doctor for other options.
12/07/2020	COUMADIN TABS 3 MG	Removed non-Part D eligible drug (Expired marketing end date)	<i>warfarin sodium tab 3 MG</i>	Contact your doctor for other options.
12/07/2020	COUMADIN TABS 6 MG	Removed non-Part D eligible drug (Expired marketing end date)	<i>warfarin sodium tab 6 MG</i>	Contact your doctor for other options.
12/07/2020	COUMADIN TABS 7.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	<i>warfarin sodium tab 7.5 MG</i>	Contact your doctor for other options.
12/07/2020	COUMADIN TABS 10 MG	Removed non-Part D eligible drug (Expired marketing end date)	<i>warfarin sodium tab 10 MG</i>	Contact your doctor for other options.
12/07/2020	COLY-MYCIN S SUSP	Removed non-Part D eligible drug (Expired marketing end date)	CORTISPORIN-TC SUSP	Contact your doctor for other options.
12/07/2020	<i>norgestrel &amp; ethinyl estradiol tabs 0.5 mg-50 mcg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/07/2020	AVONEX KIT 30 MCG/VIAL	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
12/07/2020	CAVERJECT SOLR 20 MCG	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
2/1/2021	LARTRUVO SOLN 190 MG/19ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	LARTRUVO SOLN 500 MG/50ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	<i>chlorothiazide tabs 250 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	<i>chlorothiazide tabs 500 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	JUXTAPID CAPS 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	JUXTAPID CAPS 60 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	SEMPREX-D CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	BEVYXXA CAPS 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	BEVYXXA CAPS 80 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	PEGASYS PROCLICK SOLN 180 MCG/0.5ML	Removed non-Part D eligible drug (Expired marketing end date)	PEGASYS SOLN	Contact your doctor for other options.
2/1/2021	COUMADIN TABS 4 MG	Removed non-Part D eligible drug (Expired marketing end date)	<i>warfarin sodium tabs 4 mg</i>	Contact your doctor for other options.
2/1/2021	COUMADIN TABS 5 MG	Removed non-Part D eligible drug (Expired marketing end date)	<i>warfarin sodium tabs 5 mg</i>	Contact your doctor for other options.
2/1/2021	TWINRIX SUSP	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	TREXIMET TABS 10 MG-60 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	NUPLAZID TABS 17 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	ATRIPLA TABS	This drug was removed from the formulary.	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2021	BETHKIS NEBU	This drug was removed from the formulary.	<i>tobramycin nebu 300mg/4ml</i>	Contact your doctor for other options.
2/1/2021	DEMSEER CAPS	This drug was removed from the formulary.	<i>metirosine caps</i>	Contact your doctor for other options.
2/1/2021	EMTRIVA CAPS 200 MG	This drug was removed from the formulary.	<i>emtricitabine caps</i>	Contact your doctor for other options.
2/1/2021	FERRIPROX TABS 500MG	This drug was removed from the formulary.	<i>deferiprone tabs</i>	Contact your doctor for other options.
2/1/2021	KERYDIN SOLN	This drug was removed from the formulary.	<i>tavaborole soln</i>	Contact your doctor for other options.
2/1/2021	KUVAN POW 100MG	This drug was removed from the formulary.	<i>sapropterin dihydrochloride pack</i>	Contact your doctor for other options.
2/1/2021	KUVAN POW 500MG	This drug was removed from the formulary.	<i>sapropterin dihydrochloride pack</i>	Contact your doctor for other options.
2/1/2021	MOVIPREP SOLR	This drug was removed from the formulary.	<i>peg 3350-kcl-nacl-nasulfate-na ascorbate ascorbic acid solr</i>	Contact your doctor for other options.
2/1/2021	SYMFI LO TABS	This drug was removed from the formulary.	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	SYMFI TABS	This drug was removed from the formulary.	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	TIMOPTIC OCUDOSE SOLN 0.5%	This drug was removed from the formulary.	<i>timolol maleate (ophth) soln 0.5%</i>	Contact your doctor for other options.
2/1/2021	TRUVADA TABS 200 MG-300 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	TYKERB TABS	This drug was removed from the formulary.	<i>lapatinib ditosylate tabs</i>	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 300 mg/2ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 600 mg/4ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 900 mg/6ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
3/1/2021	DEPO-PROVERA SUSP	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 100 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)  Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 300 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 400 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)  Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
3/1/2021	VASCEPA CAPS 1GM	This drug was removed from the formulary.	<i>icosapent ethyl caps</i>	Contact your doctor for other options.
3/1/2021	BANZEL SUSP 40MG/ML	This drug was removed from the formulary.	<i>rufinamide susp</i>	Contact your doctor for other options.
3/1/2021	ZYTIGA TABS 500 MG	This drug was removed from the formulary.	<i>abiraterone acetate tabs</i>	Contact your doctor for other options.
3/1/2021	ARCAPTA NEOHALER CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	TARGRETIN GEL EX 1%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2021	BUNAVAIL FILM 0.3 MG-2.1 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	ALINIA TABS 500 MG	This drug was removed from the formulary.	<i>nitazoxanide tabs</i>	Contact your doctor for other options.
4/1/2021	HERCEPTIN SOLR 440 MG	Removed non-Part D eligible drug (Expired marketing end date) Removed non-Part D eligible drug (Not on NSDE)	N/A	Contact your doctor for other options.
4/1/2021	HUMIRA PSKT 10 MG/0.2ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2021	HUMIRA PSKT 20 MG/0.4ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	VIDEXPEDIATRIC SOLR 2 GM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	GLEOSTINE CAPS	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
5/1/2021	<i>didanosine CPDR</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 100 MG-150 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 167 MG-250 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 133 MG-200 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
5/1/2021	LOTEMAX GEL 0.5%	This drug was removed from the formulary.	<i>loteprednol etabonate gel</i>	Contact your doctor for other options.
5/1/2021	ACTOPLUS MET XR TB24 1000 MG-15 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2021	ACTOPLUS MET XR TB24 1000 MG-30 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2021	<i>fenofibric acid tabs 105 MG, 35 MG</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2021	FIBRICOR TABS 105 MG, 35 MG (fenofibric acid)	This drug was removed from the market.	N/A	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 100MG	This drug was removed from the formulary.	<i>droxidopa caps 100 mg</i>	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 200MG	This drug was removed from the formulary.	<i>droxidopa caps 200 mg</i>	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 300MG	This drug was removed from the formulary.	<i>droxidopa caps 300 mg</i>	Contact your doctor for other options.
6/1/2021	ANADROL-50 TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
6/1/2021	<i>nadolol &amp; bendroflumethiazide TABS</i>	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
6/1/2021	CORTISPORIN CREA	This drug was removed from the market.	N/A	Contact your doctor for other options.
6/1/2021	CORTISPORIN OINT	This drug was removed from the market.	N/A	Contact your doctor for other options.
7/1/2021	<i>cefuroxime sodium solr LJ 7.5 gm</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
7/1/2021	<i>sumatriptan succinate sosy sc 6 mg/0.5ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2021	HYSINGLA ER T24A 20 MG	This drug was removed from the formulary.	<i>hydrocodone bitartrate t24a or 20 mg</i>	Contact your doctor for other options.
7/1/2021	HYSINGLA ER T24A 30 MG	This drug was removed from the formulary.	<i>hydrocodone bitartrate t24a or 30 mg</i>	Contact your doctor for other options.
7/1/2021	HYSINGLA ER T24A 40 MG	This drug was removed from the formulary.	<i>hydrocodone bitartrate t24a or 40 mg</i>	Contact your doctor for other options.
7/1/2021	HYSINGLA ER T24A 60 MG	This drug was removed from the formulary.	<i>hydrocodone bitartrate t24a or 60 mg</i>	Contact your doctor for other options.
7/1/2021	HYSINGLA ER T24A 80 MG	This drug was removed from the formulary.	<i>hydrocodone bitartrate t24a or 80 mg</i>	Contact your doctor for other options.
7/1/2021	HYSINGLA ER T24A 100 MG	This drug was removed from the formulary.	<i>hydrocodone bitartrate t24a or 100 mg</i>	Contact your doctor for other options.
7/1/2021	HYSINGLA ER T24A 120 MG	This drug was removed from the formulary.	<i>hydrocodone bitartrate t24a or 120 mg</i>	Contact your doctor for other options.
7/1/2021	MIACALCIN SOLN	This drug was removed from the formulary.	<i>calcitonin (salmon) inj 200 unit/ml</i>	Contact your doctor for other options.
8/1/2021	<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	Removed non-Part D eligible drug (Not on NSDE)	N/A	Contact your doctor for other options.
8/1/2021	CAMPATH SOLN	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2021	ABSORICA CAPS 25 MG	This drug was removed from the formulary.	<i>isotretinoin caps 25 mg</i>	Contact your doctor for other options.
8/1/2021	ABSORICA CAPS 35 MG	This drug was removed from the formulary.	<i>isotretinoin caps 35 mg</i>	Contact your doctor for other options.
9/1/2021	BANZEL TABS 200 MG	This drug was removed from the formulary.	<i>rufinamide tab 200 mg</i>	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
9/1/2021	BANZEL TABS 400 MG	This drug was removed from the formulary.	<i>rufinamide tab 400 mg</i>	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 25-15 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 25-25 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 50-15 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>captopril &amp; hydrochlorothiazide tabs 50-25 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>albuterol sulfate tb12 or 4 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>albuterol sulfate tb12 or 8 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	PHOSPHOLINE IODIDE SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>prednicarbate crea</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	ERWINASE SOLR	Removed non-Part D eligible drug (CMS excluded labeler code) Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	BUNAVAIL FILM 1 MG-6.3MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	DESMOPRESSIN ACETATE SOLN 1.5 MG/ML	Removed non-Part D eligible drug (Not on NSDE)	STIMATE SOLN	Contact your doctor for other options.
9/1/2021	<i>alendronate sodium tabs 5 mg</i>	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
9/1/2021	CLODERM CREA	This drug was removed from the market.	<i>clocortolone pivalate crea</i>	Contact your doctor for other options.
9/1/2021	CLODERM PUMP CREA	This drug was removed from the market.	<i>clocortolone pivalate crea</i>	Contact your doctor for other options.
9/1/2021	REBETOL SOLN	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/1/2021	INTELENCE TABS 100 MG	This drug was removed from the formulary.	<i>etravirine tabs 100 mg</i>	Contact your doctor for other options.
10/1/2021	INTELENCE TABS 200 MG	This drug was removed from the formulary.	<i>etravirine tabs 200 mg</i>	Contact your doctor for other options.
10/1/2021	KALETRA TABS 100-25MG	This drug was removed from the formulary.	<i>lopinavir-ritonavir tab 100-25 mg</i>	Contact your doctor for other options.
10/1/2021	KALETRA TABS 200-50MG	This drug was removed from the formulary.	<i>lopinavir-ritonavir tab 200-50 mg</i>	Contact your doctor for other options.
10/1/2021	BROVANA NEBU	This drug was removed from the formulary.	<i>arformoterol tartrate nebu 15 mcg/2ml</i>	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 25mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 50mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 75mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	NAMENDA XR TITRATION PACK CP24	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>oxycodone-aspirin tabs</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>tolmetin sodium caps 400 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	DILATRATE SR CPR	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
10/1/2021	<i>propranolol &amp; hydrochlorothiazide tabs 40-25mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>propranolol &amp; hydrochlorothiazide tabs 80-25mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	ABSTRAL SUBL 100 MCG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	SUTENT CAP 12.5MG	This drug was removed from the formulary.	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Contact your doctor for other options.
11/01/2021	SUTENT CAP 25MG	This drug was removed from the formulary.	<i>sunitinib malate cap 25 mg (base equivalent)</i>	Contact your doctor for other options.
11/01/2021	SUTENT CAP 37.5MG	This drug was removed from the formulary.	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Contact your doctor for other options.
11/01/2021	SUTENT CAP 50MG	This drug was removed from the formulary.	<i>sunitinib malate cap 50 mg (base equivalent)</i>	Contact your doctor for other options.
11/01/2021	ERWINAZE SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	<i>tolbutamide tabs</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	AVANDIA TABS 2 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	AVANDIA TABS 4 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	SYLATRON KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
11/01/2021	DUEXIS TABS 800-26.6 MG	This drug was removed from the formulary.	<i>ibuprofen-famotidine tabs 800-26.6 mg</i>	Contact your doctor for other options.
11/01/2021	GUANIDINE HCL TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	HUMATROPE COMBO PACK SOLR	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
11/01/2021	EVZIO SOAJ	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	<i>naloxone hcl soaj 2 mg/0.4ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	ARANESP ALBUMIN FREE SOLN 300 MCG/ML	This drug was removed from the market.	ARANESP ALBUMIN FREE SOLN 100 MCG/ML, 200 MCG/ML	Only affects Employer Group Classic drug list
12/01/2021	VIDEX EC CPDR 125 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/01/2021	PEGINTRON KIT	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/01/2021	ROMIDEPSIN SOLR 10 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/01/2021	GUANIDINE HCL TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/01/2021	BUNAVAIL FILM 0.7 MG-4.2 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/01/2021	ABSTRAL SUBL 200 MCG	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/01/2021	GOLYTELY SOLR 21.5 GM-2.82 GM-5.53 GM-6.36 GM-227.1 GM	This drug was removed from the market.	N/A	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
Health Net Seniority Plus Employer (HMO)	1-800-275-4737, TTY:711

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. On weekends and holidays, an automated system will handle your call. 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
Health Net Seniority Plus Employer (HMO)	1-800-275-4737, TTY:711

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. On weekends and holidays, an automated system will handle your call. Your doctor must provide a statement to support your request. You may also send your complaint to us in writing at the following address.

Health Net  
Appeals & Grievances  
Medicare Operations  
P.O. Box 10450  
Van Nuys, CA 91410-0450

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

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

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

Health Net:

- 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 Health Net'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 Health Net 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; Health Net'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
California	1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (all other HMO); (TTY: 711)
Oregon	1-888-445-8913 (HMO and PPO); (TTY: 711)

**English:** Language assistance services, auxiliary aids and services, and other alternative formats are available to you free of charge. To obtain this, please call the number above.

**Español (Spanish):** Servicios de asistencia de idiomas, ayudas y servicios auxiliares, y otros formatos alternativos están disponibles para usted sin ningún costo. Para obtener esto, llame al número de arriba.

**简体中文(Chinese):** 可以免费为您提供语言协助服务、辅助用具和服务以及其他格式。如有需要, 请拨打上述电话号码。

**Tiếng Việt (Vietnamese):** Các dịch vụ trợ giúp ngôn ngữ, các trợ cụ và dịch vụ phụ thuộc, và các dạng thức thay thế khác hiện có miễn phí cho quý vị. Để có được những điều này, xin gọi số điện thoại nêu trên.

**Tagalog (Tagalog):** Mayroon kang makukuhang libreng tulong sa wika, auxiliary aids at mga serbisyo, at iba pang mga alternatibong format. Upang makuha ito, mangyaring tawagan ang numerong nakasulat sa itaas.

**한국어(Korean):** 언어 지원 서비스, 보조적 지원 및 서비스, 기타 형식의 자료를 무료로 이용하실 수 있습니다. 이용을 원하시면 상기 전화번호로 연락해 주십시오.

**Armenian:** ՈւժԴԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ

**فارسي (Persian):** خدمات ترجمه، حمایت های؛ خدمات کمکی و سایر انواع دیگر به صورت رایگان در اختیار شما قرار می گیرند. برای به دست یابی به این خدمات، لطفاً با شماره تلفن بالا تماس بگیرید.

**Русский язык (Russian):** Вам могут быть бесплатно предоставлены услуги по переводу, вспомогательные средства и услуги, а также материалы в других, альтернативных, форматах. Чтобы получить их, позвоните, пожалуйста, по указанному выше номеру телефона.

**日本語 (Japanese):** 言語支援サービス、補助器具と補助サービス、その他のオプション形式を無料でご利用いただけます。ご利用をお考えの方は、上記の番号にお電話ください。

**(Arabic):** خدمات المساعدة اللغوية والمعينات والخدمات الإضافية وغيرها من الأشكال البديلة متاحة لك مجاناً. للحصول عليها، يرجى الاتصال بالرقم أعلاه.

**ਪੰਜਾਬੀ (Panjabi):** ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ, ਸਹਾਇਕ ਸਾਧਨ ਅਤੇ ਸੇਵਾਵਾਂ ਅਤੇ ਦੂਜੇ ਬਦਲਵੇਂ ਢਾਂਚੇ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਇਹਨਾਂ ਦੇ ਲਈ ਵਿਰਾਮ ਕਰਕੇ ਉੱਪਰ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

**ខ្មែរ (Mon-Khmer, Cambodian):** សេវាកម្មជំនួយភាសា ជំនួយជំនួសនិងសេវាកម្មនានា នឹងទទួលបានឥតគិតថ្លៃ សេវាផ្សេងៗទៀត ដែលសេវាកម្មអាចរកបានសោយឥតគិតថ្លៃ។ សេវាទទួលបានព័ត៌មានសន្តិសុខ ៖ ទូរស័ព្ទទូរស័ព្ទព័ត៌មានសន្តិសុខខាងលើ។

**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.

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

**ไทย Thai):** การช่วยเหลือด้านภาษา อุปกรณ์และบริการเสริม รวมทั้งรูปแบบทางเลือกอื่น ๆ มีให้ท่านใช้ได้โดยไม่เสียค่าใช้จ่าย หากต้องการขอรับบริการเหล่านี้ กรุณาติดต่อ



**Українська мова (Ukrainian):** Вам можуть бути безкоштовно надані послуги з перекладу, допоміжні засоби та послуги, а також матеріали в інших, альтернативних, форматах. Щоб одержати їх, зателефонуйте, будь ласка, за номером телефону, який зазначений вище.

**Română (Romanian):** Servicii de asistență lingvistică, ajutoare și servicii auxiliare, precum și alte formate alternative vă stau la dispoziție în mod gratuit. Pentru a le obține, apălați numărul de mai sus.

**Cushite (Cushite):** Tajaajila qarqaarsa afaanii, qarqaarsa deeggarsaa fi tajaajilaa, fi qarqaarsi akkaataa biroo bilisaan siif laatama. Tajaajila kanniin argachuuf maaloo lakkoofsa asii olii bilbili.

**Deutsch (German):** Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

**Français (French) :** Des services gratuits d'assistance linguistique, ainsi que des services d'assistance supplémentaires et d'autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.