

## 2019 Drug List Negative Changes

Updated 11/18/2019

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 60 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 2019 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
1/1/2019	GLEOSTINE CAPS 5 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
1/1/2019	HYDROMORPHONE HYDROCHLORIDE SOLN 110 MG/55ML	Removed non-part D eligible drug (not on NSDE)	hydromorphone hcl soln ij 2 mg/ml	Only affects Employer Group drug list. Contact your doctor for other options.
1/1/2019	IPRIVASK SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
1/1/2019	ISTODAX SOLR	This drug was removed from the market.	N/A	Contact your doctor for other options.
1/1/2019	METFORMIN HYDROCHLORIDE SOLN	Removed non-Medicaid and non-Part D eligible drug.	RIOMET	Contact your doctor for other options.
1/1/2019	PCE TBEC 333 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
1/1/2019	PCE TBEC 500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Only affects Employer Group drug list. Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2019	PEG-INTRON REDIPEN PAK 4 KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
1/1/2019	POTIGA TABS 300 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
1/1/2019	VEXOL SUSP	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2019	AMICAR TAB 1000MG	This drug was removed from the formulary.	aminocaproic acid tabs or 1000 mg	Contact your doctor for other options.
2/1/2019	AMICAR TAB 500MG	This drug was removed from the formulary.	aminocaproic acid tabs or 500 mg	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	ADDYI TABS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	AFREZZA	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	DEXTROSE	Removed non-part D eligible drug (not on NSDE)	Dextrose Inj 50%	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	DEXTROSE 50%	Removed non-part D eligible drug (not on NSDE)	Dextrose Inj 50%	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	FINACEA GEL 15%	This drug was removed from the formulary.	azelaic acid gel 15%	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2019	FLUCONAZOLE IN DEXTROSE SOLN 200MG/100ML-56MG/ML, 400MG/200ML-56MG/ML	This drug was removed from the market.	fluconazole in dextrose SOLN	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	GRASTEK SUBL	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2019	HYDROMORPHONE HYDROCHLORIDE SOLN 1 MG/ML	Removed non-part D eligible drug (not on NSDE)	Hydromorphone HCl Inj 1 MG/ML	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	MAGNESIUM SULFATE SOLN IJ 50 %	Removed non-part D eligible drug (not on NSDE)	magnesium sulfate SOLN IJ 50 %	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	MENOMUNE-A/C/Y/W-135 INJ	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2019	POTASSIUM CHLORIDE SOLN IV 2 MEQ/ML	Removed non-part D eligible drug (not on NSDE)	potassium chloride SOLN IV 2 MEQ/ML	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	PRALUENT SOSY 150 MG/ML	This drug was removed from the market.	N/A	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	STAXYN TAB 10MG	This drug was removed from the formulary.	vardenafil hcl tbdp	Only affects Employer Group drug list. Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2019	TESTOSTERONE CYPIONATE SOLN 200 MG/ML	Removed non-Part D eligible drug (Unapproved drug other)	testosterone cypionate soln 200 mg/ml	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	TRELSTAR SUSR	Removed non-Part D eligible drug (Expired marketing end date)	TRELSTAR MIXJECT	Contact your doctor for other options.
2/1/2019	VANCOMYCIN HYDROCHLORIDE/DEXTROSE SOLN 5%-750MG/150ML	Removed non-part D eligible drug (not on NSDE)	VANCOMYCIN HCL IN DEXTROSE	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	VERAMYST	This drug was removed from the market.	FLONASE SENSIMIST	Only affects Employer Group drug list. Contact your doctor for other options.
2/1/2019	ZYTIGA TAB 250MG	This drug was removed from the formulary.	abiraterone acetate tabs	Contact your doctor for other options.
3/1/2019	NORVIR	Removed non-Part D eligible drug (Expired marketing end date)	NORVIR tabs	Contact your doctor for other options.
3/1/2019	PEGASYS PROCLICK	Removed non-Part D eligible drug (Expired marketing end date)	PEGASYS	Contact your doctor for other options.
3/1/2019	triamcinolone acetonide	Removed non-Part D eligible drug (Expired marketing end date)	mometasone furoate Nasal Susp 50 MCG/ACT	Contact your doctor for other options.
3/1/2019	CLINIMIX 2.75%/DEXTROSE 5%	Removed non-Part D eligible drug (Expired marketing end date)	CLINIMIX 4.25%/DEXTROSE 5%	Contact your doctor for other options.
3/1/2019	pramoxine-hc crea	Removal of non-Part D eligible drug (DESI 5 LTE)	N/A	Contact your doctor for other options.
3/1/2019	amifostine SOLR	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2019	TETANUS/DIPHTHERIA TOXOIDS-ADSORBED SUSP	This drug was removed from the market.	TDVAX SUSP	Contact your doctor for other options.
3/1/2019	ketoprofen CAPS 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
3/1/2019	triamterene & hydrochlorothiazide CAPS 50MG-25MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2019	Codeine Sulfate Tab 15 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2019	CANASA SUP 1000MG	This drug was removed from the formulary.	Mesalamine Suppos 1000 MG	Contact your doctor for other options.
3/1/2019	RAPAFLO CAP 8MG	This drug was removed from the formulary.	silodosin Cap 8 MG	Contact your doctor for other options.
3/1/2019	RAPAFLO CAP 4MG	This drug was removed from the formulary.	silodosin Cap 4 MG	Contact your doctor for other options.
3/1/2019	ADVAIR DISKU AER 100/50	This drug was removed from the formulary.	Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	Contact your doctor for other options.
3/1/2019	ADVAIR DISKU AER 250/50	This drug was removed from the formulary.	Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	Contact your doctor for other options.
3/1/2019	ADVAIR DISKU AER 500/50	This drug was removed from the formulary.	Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	Contact your doctor for other options.
4/1/2019	ELIDEL CRE 1%	This drug was removed from the formulary.	Pimecrolimus Cream 1%	Contact your doctor for other options.
4/1/2019	INVANZ SOLR IV	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Only affects Employer Group drug list. Contact your doctor for other options.
4/1/2019	MODERIBA 800 DOSE PACK TABS	Removed non-Part D eligible drug (Expired marketing end date)	RIBASPHERE RIBAPAK TBPK	Only affects Employer Group drug list. Contact your doctor for other options.
4/1/2019	MODERIBA TBPK	Removed non-Part D eligible drug (Expired marketing end date)	RIBASPHERE RIBAPAK TBPK	Only affects Employer Group drug list. Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2019	MOEXIPRIL/HYDROCHLOROTHIAZIDE TABS	This drug was removed from the market.	moexipril-hydrochlorothiazide TABS	Only affects Value drug list. Contact your doctor for other options.
4/1/2019	NUTRESTORE PACK	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2019	PRALUENT SOSY 75 MG/ML	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2019	REMODULIN INJ 10MG/ML	This drug was removed from the formulary.	Treprostinil Sodium Inj 10 MG/ML	Contact your doctor for other options.
4/1/2019	REMODULIN INJ 1MG/ML	This drug was removed from the formulary.	Treprostinil Sodium Inj 1 MG/ML	Contact your doctor for other options.
4/1/2019	REMODULIN INJ 2.5MG/ML	This drug was removed from the formulary.	Treprostinil Sodium Inj 2.5 MG/ML	Contact your doctor for other options.
4/1/2019	REMODULIN INJ 5MG/ML	This drug was removed from the formulary.	Treprostinil Sodium Inj 5 MG/ML	Contact your doctor for other options.
5/1/2019	FARESTON TAB 60MG	This drug was removed from the formulary.	Toremifene Citrate Tab 60 MG	Contact your doctor for other options.
5/1/2019	SUBOXONE MIS 2-0.5MG	This drug was removed from the formulary.	Buprenorphine HCl-Naloxone HCl SL Film 2-0.5 MG	Contact your doctor for other options.
5/1/2019	SUBOXONE MIS 4-1MG	This drug was removed from the formulary.	Buprenorphine HCl-Naloxone HCl SL Film 4-1 MG	Contact your doctor for other options.
5/1/2019	SUBOXONE MIS 12-3MG	This drug was removed from the formulary.	Buprenorphine HCl-Naloxone HCl SL Film 12-3 MG	Contact your doctor for other options.
5/1/2019	SABRIL TAB 500MG	This drug was removed from the formulary.	VIGABATRIN 500 MG tab	Contact your doctor for other options.
5/1/2019	ZOVIRAX 5% Cream	This drug was removed from the formulary.	Acyclovir Cream 5%	Contact your doctor for other options.
5/1/2019	RAPAMUNE SOL 1MG/ML	This drug was removed from the formulary.	Sirolimus Oral Soln 1 MG/ML	Contact your doctor for other options.
5/1/2019	MUSTARGEN SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2019	BUPRENORPHINE PTWK 5 MCG/HR	Removed non-Part D eligible drug (Expired marketing end date)	buprenorphine ptwk 5 mcg/hr	Contact your doctor for other options.

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5/1/2019	ASACOL HD TBEC	This drug was removed from the market.	MESALAMINE DR	Contact your doctor for other options.
5/1/2019	PEG-INTRON REDIPEN KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
5/1/2019	metipranolol soln	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Only affects Value drug list. Contact your doctor for other options.
6/1/2019	AEROSPAN	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
6/1/2019	MODERIBA 1200 DOSE PACK	Removed non-Part D eligible drug (Expired marketing end date)	RIBASPHERE RIBAPAK	Contact your doctor for other options.
6/1/2019	DAKLINZA TAB 90MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
6/1/2019	RANEXA TAB 500MG	This drug was removed from the formulary.	RANOLAZINE 500 MG	Contact your doctor for other options.
6/1/2019	RANEXA TAB 1000MG	This drug was removed from the formulary.	RANOLAZINE 1000 MG	Contact your doctor for other options.
6/1/2019	TEKTURNA TAB 150MG	This drug was removed from the formulary.	ALISKIREN 150 MG	Contact your doctor for other options.
6/1/2019	TEKTURNA TAB 300MG	This drug was removed from the formulary.	ALISKIREN 300 MG	Contact your doctor for other options.
6/1/2019	AMRIX CAP 15MG	This drug was removed from the formulary.	Cyclobenzaprine HCl Cap ER 24HR 15 MG	Contact your doctor for other options.
6/1/2019	AMRIX CAP 30MG	This drug was removed from the formulary.	Cyclobenzaprine HCl Cap ER 24HR 30 MG	Contact your doctor for other options.
7/1/2019	RESCRIPTOR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2019	LEVOLEUCOVORIN	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2019	MIRCERA	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2019	DAKLINZA TABS 90 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
7/1/2019	DIAZEPAM GEL RE 20 MG, 2.5 MG	This drug was removed from the market.	DIAZEPAM RECTAL GEL	Contact your doctor for other options.



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7/1/2019	Hydrocodone-Acetaminophen Soln 10-325 MG/15ML	This drug was removed from the market.	Hydrocodone-Acetaminophen Tab 7.5-300 MG	Contact your doctor for other options.
7/1/2019	EXJADE TAB 125MG	This drug was removed from the formulary.	DEFERASIROX 125 MG	Contact your doctor for other options.
7/1/2019	EXJADE TAB 250MG	This drug was removed from the formulary.	DEFERASIROX 250 MG	Contact your doctor for other options.
7/1/2019	EXJADE TAB 500MG	This drug was removed from the formulary.	DEFERASIROX 500 MG	Contact your doctor for other options.
7/1/2019	LETAIRIS TAB 5MG	This drug was removed from the formulary.	AMBRISENTAN TAB 5MG	Contact your doctor for other options.
7/1/2019	LETAIRIS TAB 10MG	This drug was removed from the formulary.	AMBRISENTAN TAB 10MG	Contact your doctor for other options.
7/1/2019	VALSTAR SOL 40MG/ML	This drug was removed from the formulary.	VALRUBICIN SOL 40MG/ML	Contact your doctor for other options.
7/1/2019	FASLODEX INJ 250/5ML	This drug was removed from the formulary.	FULVESTRANT INJ 250/5ML	Contact your doctor for other options.
7/1/2019	VESICARE TAB 5MG	This drug was removed from the formulary.	SOLIFENACIN TAB 5MG	Contact your doctor for other options.
7/1/2019	VESICARE TAB 10MG	This drug was removed from the formulary.	SOLIFENACIN TAB 10MG	Contact your doctor for other options.
7/1/2019	ERYPED SUS 400/5ML	This drug was removed from the formulary.	Erythromycin Ethylsuccinate For Susp 400 MG/5ML	Contact your doctor for other options.
8/1/2019	KLARITY-A	Removed non-part D eligible drug (not on NSDE)	AZASITE	Contact your doctor for other options.
8/1/2019	Ampicillin Cap 250 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2019	POTIGA TABS 200 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2019	POTIGA TABS 400 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2019	POTIGA TABS 50 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2019	CHLORPROPAMIDE Tab 100mg	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
8/1/2019	CHLORPROPAMIDE Tab 250mg	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2019	OPANA ER (CRUSH RESISTANT)	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2019	CLODERM	Removed non-Part D eligible drug (Expired marketing end date)	CLOCORTOLONE PIVALATE PUMP	Contact your doctor for other options.
8/1/2019	Fentanyl Citrate Buccal Tab 100 MCG	This drug was removed from the market.	FENTORA	Contact your doctor for other options.
8/1/2019	NOVAREL	Removed non-Part D eligible drug (Expired marketing end date)	CHORIONIC GONADOTROPIN	Only affects Employer Group drug list. Contact your doctor for other options.
8/1/2019	SENSIPAR TAB 30MG	This drug was removed from the formulary.	Cinacalcet hydrochloride 30mg	Contact your doctor for other options.
8/1/2019	SENSIPAR TAB 60MG	This drug was removed from the formulary.	Cinacalcet hydrochloride 60mg	Contact your doctor for other options.
8/1/2019	SENSIPAR TAB 90MG	This drug was removed from the formulary.	Cinacalcet hydrochloride 90mg	Contact your doctor for other options.
8/1/2019	TARCEVA TAB 25MG	This drug was removed from the formulary.	Erlotinib HCl Tab 25 MG	Contact your doctor for other options.
8/1/2019	TARCEVA TAB 100MG	This drug was removed from the formulary.	Erlotinib HCl Tab 100 MG	Contact your doctor for other options.
8/1/2019	TARCEVA TAB 150MG	This drug was removed from the formulary.	Erlotinib HCl Tab 150 MG	Contact your doctor for other options.
8/1/2019	TRACLEER TAB 62.5MG	This drug was removed from the formulary.	Bosentan Tab 62.5 MG	Contact your doctor for other options.
8/1/2019	TRACLEER TAB 125MG	This drug was removed from the formulary.	Bosentan Tab 125 MG	Contact your doctor for other options.
8/1/2019	LOTEMAX SUS 0.5%	This drug was removed from the formulary.	Loteprednol Etabonate Ophth Susp 0.5%	Contact your doctor for other options.
9/1/2019	ADAGEN INJ 250/ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2019	MIRCERA INJ 75MCG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2019	MIRCERA INJ 100MCG	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
9/1/2019	DORIPENEM INJ 250MG	Removed non-Part D eligible drug (Expired marketing end date)	DORIBAX INJ 250MG	Contact your doctor for other options.
9/1/2019	BUPRENORPHINE PTWK 10 MCG/HR	Removed non-Part D eligible drug (Expired marketing end date)	buprenorphine ptwk 10 mcg/hr	Contact your doctor for other options.
9/1/2019	BUPRENORPHINE PTWK 15 MCG/HR	Removed non-Part D eligible drug (Expired marketing end date)	buprenorphine ptwk 15 mcg/hr	Contact your doctor for other options.
9/1/2019	BUPRENORPHINE PTWK 20 MCG/HR	Removed non-Part D eligible drug (Expired marketing end date)	buprenorphine ptwk 20 mcg/hr	Contact your doctor for other options.
9/1/2019	GARDASIL SUSP	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/1/2019	SUPRAX CAP 400MG	This drug was removed from the formulary.	CEFIXIME CAP 400MG	Contact your doctor for other options.
10/1/2019	FIRAZYR INJ 30MG/3ML	This drug was removed from the formulary.	Icatibant Acetate Inj 30 MG/3ML (Base Equivalent)	Contact your doctor for other options.
10/1/2019	LYRICA CAP 25MG	This drug was removed from the formulary.	PREGABALIN 25 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 50MG	This drug was removed from the formulary.	PREGABALIN 50 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 75MG	This drug was removed from the formulary.	PREGABALIN 75 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 100MG	This drug was removed from the formulary.	PREGABALIN 100 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 150MG	This drug was removed from the formulary.	PREGABALIN 150 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 200MG	This drug was removed from the formulary.	PREGABALIN 200 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 225MG	This drug was removed from the formulary.	PREGABALIN 225 MG	Contact your doctor for other options.
10/1/2019	LYRICA CAP 300MG	This drug was removed from the formulary.	PREGABALIN 300 MG	Contact your doctor for other options.
10/1/2019	LYRICA SOL 20MG/ML	This drug was removed from the formulary.	PREGABALIN 20 MG/ML	Contact your doctor for other options.
10/1/2019	ROZEREM TAB 8MG	This drug was removed from the formulary.	RAMELTEON 8 MG	Contact your doctor for other options.
10/1/2019	CIPROFLOXACIN ER Tab 24HR 1000 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

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10/1/2019	CIPROFLOXACIN ER Tab 24HR 500 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2019	CLOZAPINE ODT 12.5 MG	Removed non-Part D eligible drug (Expired marketing end date)	FAZACLO	Contact your doctor for other options.
10/1/2019	BRAFTOVI CAP 50MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2019	THEOCHRON Tab ER 12HR 200 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2019	THEOCHRON Tab ER 12HR 100 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2019	Budesonide Nasal Susp 32 MCG/ACT	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/1/2019	BYVALSON TAB 5-80MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2019	DEPAKENE SOL 250/5ML	Removed non-Part D eligible drug (Expired marketing end date)	Valproate Sodium Oral Soln 250 MG/5ML	Contact your doctor for other options.
10/1/2019	flouxymesterone TABS	This drug was removed from the market.	N/A	Only affects Employer Group drug list. Contact your doctor for other options.
10/1/2019	ZERIT SOLR 1 MG/ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Only affects Employer Group drug list. Contact your doctor for other options.
10/1/2019	gentamicin in saline SOLN 0.9%-1MG/ML	This drug was removed from the market.	GENTAMICIN SULFATE/0.9% SODIUM CHLORIDE	Only affects Employer Group drug list. Contact your doctor for other options.
11/1/2019	AMICAR SOL 0.25/ML	This drug was removed from the formulary.	AMINOCAPROIC SOL 0.25/ML	Contact your doctor for other options.
11/1/2019	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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
11/1/2019	DYRENIUM CAP 50MG	This drug was removed from the formulary.	Triamterene Cap 50 MG	Contact your doctor for other options.
11/1/2019	DYRENIUM CAP 100MG	This drug was removed from the formulary.	Triamterene Cap 100 MG	Contact your doctor for other options.
11/1/2019	HALOG CRE 0.1%	This drug was removed from the formulary.	Halcinonide Cream 0.1%	Contact your doctor for other options.
11/1/2019	LANOXIN TAB 0.1875MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/1/2019	ZERIT SOLR 1 MG/ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/1/2019	RIBASPHERE Tab 400 MG	This drug was removed from the market.	N/A	Only affects Employer Group drug list. Contact your doctor for other options.
11/1/2019	RIBASPHERE RIBAPAK TBPK 200 & 400 MG	This drug was removed from the market.	N/A	Only affects Employer Group drug list. Contact your doctor for other options.
11/1/2019	RIBASPHERE RIBAPAK TBPK 400 MG	This drug was removed from the market.	N/A	Only affects Employer Group drug list. Contact your doctor for other options.
11/1/2019	ribavirin (hepatitis c) tabs 400 mg	This drug was removed from the market.	N/A	Only affects Value drug list. Contact your doctor for other options.
11/1/2019	ribavirin (hepatitis c) tabs 200 MG & 400 MG TBPK	This drug was removed from the market.	N/A	Only affects Value drug list. Contact your doctor for other options.
11/1/2019	ribavirin (hepatitis c) tabs TBPK 400 MG	This drug was removed from the market.	N/A	Only affects Value drug list. Contact your doctor for other options.

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11/1/2019	ribavirin (hepatitis c) tabs 200 MG & 600 MG TBPk	This drug was removed from the market.	N/A	Only affects Value drug list. Contact your doctor for other options.
11/1/2019	fluoymesterone TABS	This drug was removed from the market.	N/A	Only affects Value drug list. Contact your doctor for other options.
11/1/2019	nadolol & bendroflumethiazide TABS 80MG-5MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/1/2019	AFREZZA POWD 8-12UNIT	Removed non-Part D eligible drug (Expired marketing end date)	AFREZZA POWD 12 UNIT	Only affects Employer Group drug list. Contact your doctor for other options.
12/1/2019	DEPAKENE CAPS 250 MG	Removed non-Part D eligible drug (Expired marketing end date)	Valproic Acid Cap 250 MG	Contact your doctor for other options.
12/1/2019	DEPACON INJ 100MG/ML	Removed non-Part D eligible drug (Expired marketing end date)	Valproate Sodium Inj 100 MG/ML	Only affects Value drug list. Contact your doctor for other options.
12/1/2019	moexipril-hydrochlorothiazide TABS 7.5MG-12.5MG	Removed non-Part D eligible drug (Expired marketing end date)	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
California (HMO Plans)	1-800-275-4737, TTY:711
California (All Other HMO SNP Plans) Health Net Seniority Plus Sapphire (HMO) Health Net Seniority Plus Sapphire Premier (HMO) Health Net Seniority Plus Sapphire Premier II (HMO)	1-800-431-9007, TTY:711
Oregon/Washington	1-888-445-8913; TTY:711
Health Net Seniority Plus Employer (HMO) UC Employees	1-800-539-4072; 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
California (HMO Plans)	1-800-275-4737, TTY:711
California (All Other HMO SNP Plans) Health Net Seniority Plus Sapphire (HMO) Health Net Seniority Plus Sapphire Premier (HMO) Health Net Seniority Plus Sapphire Premier II (HMO)	1-800-431-9007, TTY:711
Oregon/Washington	1-888-445-8913; TTY:711
Health Net Seniority Plus Employer (HMO) UC Employees	1-800-539-4072; TTY: 711

From October 1 – March 31, seven days 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  
Attention: Appeals & Grievances Dept.  
PO Box 10450  
Van Nuys, CA 91410-0450

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

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

Section 1557 Non-Discrimination Language  
Notice of Non-Discrimination

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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, 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 Customer Contact Center at California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

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 above and telling them you need help filing a grievance; Health Net's Customer Contact Center 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>.

Health Net is contracted with Medicare for HMO, HMO SNP and PPO plans, and with some state Medicaid programs. Enrollment in Health Net depends on contract renewal.

FLY023053EK00 (8/18)



Section 1557 Non-Discrimination Language  
Multi-Language Interpreter Services

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ARABIC	تتبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال بالرقم. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (مكبلا و مصلا فتا ه مقرر: 711).
ARMENIAN	ՈՒՇԱԴԴՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք: California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
CHINESE	注意：如果您說中文，您可以免費獲得語言援助服務。請致電 California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711)。
CUSHITE	XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
FRENCH	ATTENTION : Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
GERMAN	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).
HINDI	ध्यान दें: यदि आप हिंदी बोलते हैं, आपको भाषा सहायता सेबाएं, नि:शुल्क उपलब्ध हैं। कृपया California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711). पर कॉल करें।
HMONG	LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711).
JAPANESE	注意事項：日本語を話される場合、無料の言語支援サービスをご利用い ただけます。California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY:711) にお電話ください。
KOREAN	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) 번으로 전화해 주십시오.

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MON-KHMER  
CAMBODIAN

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ចំណាប់អារម្មណ៍: បេសនអ្នកនយាយភាសាខ្មែរ សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គមានសវាបអ្នក។ សូម  
ទូរស័ព្ទទៅលេខ California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),  
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711) ។

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PERSIAN

توجه: اگر زبان شما فارسی است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد.  
لطفاً با شماره California: 1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP),  
1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and PPO)  
تماس بگیرید. (TTY:711)

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PUNJABI

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ  
ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ California: 1-800-431-9007 (Jade,  
Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other HMO) (TTY: 711)  
‘ਤੇ ਕਾਲ ਕਰੋ।

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ROMANIAN

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență  
lingvistică, gratuit. Sunați la Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

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RUSSIAN

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны  
бесплатные услуги перевода. Звоните California: 1-800-431-9007 (Jade, Sapphire,  
Amber, and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913  
(HMO and PPO) (TTY: 711).

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SPANISH

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de  
asistencia lingüística. Llame al California: 1-800-431-9007 (Jade, Sapphire, Amber,  
and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and  
PPO) (TTY: 711).

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TAGALOG

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga  
serbisyo ng tulong sa wika nang walang bayad. Tumawag sa California:  
1-800-431-9007 (Jade, Sapphire, Amber, and HMO SNP), 1-800-275-4737 (all other  
HMO) (TTY: 711).

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THAI

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

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UKRAINIAN

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до  
безкоштовної служби мовної підтримки. Телефонуйте за номером  
Oregon: 1-888-445-8913 (HMO and PPO) (TTY: 711).

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VIETNAMESE

CHÚ Ý: Nếu quý vị nói tiếng Việt, chúng tôi sẵn có dịch vụ hỗ trợ ngôn ngữ miễn  
phí dành cho quý vị. Xin gọi California: 1-800-431-9007 (Jade, Sapphire, Amber,  
and HMO SNP), 1-800-275-4737 (all other HMO); Oregon: 1-888-445-8913 (HMO and  
PPO) (TTY:711).

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