



2018 Drug List Negative Changes Updated 06/19/2018

If you are taking a drug that is removed from 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 drug list right away. We will also send you a letter telling you that.

The table below shows changes made to our 2018 drug lists. Your cost share depends on your coverage stage. Your Drug List tells you the tier that applies to each covered drug.

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|---|---|---|---------------------|--|
| 1/1/2018 | POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE DEVI | This drug was removed from the market. | POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | VICTRELIS CAP 200MG | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | THERANATAL PLUS MISC | This drug was removed from the market. | THERANATAL COMPLETE | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | COLYTE-FLAVOR PACKS SOLR 227.1GM-21.5GM-5.53GM-2.82GM- 6.36GM | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|---|---|---|---------------------|--|
| 1/1/2018 | EGRIFTA SOLR 2 MG | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | MENHIBRIX SOLR | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | METHYLPHENIDATE HCL ER TBCR 18 MG | Removed non-Part D eligible drug (Expired marketing end date) | METHYLPHENIDATE HCL ER | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | molindone hcl 5mg tabs | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | RASUVO SOAJ 27.5 MG/0.55ML | Removed non-Part D eligible drug (Expired marketing end date) | RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML and 30 MG/0.6ML | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | ticlopidine hcl TABS | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | TREANDA SOLN 180 MG/2ML, 45 MG/0.5ML | Removed non-Part D eligible drug (Expired marketing end date) | TREANDA SOLR | Cal MediConnect | Contact your doctor for other options. |

| Date of Change | Drug Name | Type of Change | Possible Alternative Drug(s) | Affected Drug Lists | Comments |
|----------------|---------------------------|---|------------------------------|---------------------|--|
| 1/1/2018 | VIIBRYD KIT | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | PRENAISSANCE BALANCE CAPS | Removed non-Medicaid and non-Part D eligible drug. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 1/1/2018 | VP-CH-PNV CAPS | Removed non-Medicaid and non-Part D eligible drug. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2018 | LOCORT 7-DAY TBPB | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2018 | ZONACORT 7 DAY TBPB | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2018 | LOCORT 11-DAY TBPB | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2018 | ZONACORT 11 DAY TBPB | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2018 | OTREXUP SOAJ 7.5 MG/0.4ML | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |

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|----------------|--|---|---|---------------------|--|
| 2/1/2018 | INTRON A W/DILUENT SOLR | Removed non-Part D eligible drug (Expired marketing end date) | INTRON A SOLR | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2018 | PEAK FLOW METER DEVI | This drug was removed from the market. | POCKETPEAK PEAK FLOW METER/UNIVERSAL RANGE 50-720 LPM | Cal MediConnect | Contact your doctor for other options. |
| 2/1/2018 | NEWGEN TABS | Removed non-part D eligible drug (not on NSDE) | NESTABS TABS | Cal MediConnect | Contact your doctor for other options. |
| 3/1/2018 | calcium & phosphorus w/ vitamin d TABS | This drug was removed from the market. | RISACAL-D TABS | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2018 | DIABETA TABS 1.25 MG | This drug was removed from the market. | glyburide tabs or 1.25 mg | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2018 | DIABETA TABS 2.5 MG | This drug was removed from the market. | glyburide tabs or 2.5 mg | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2018 | DIABETA TABS 5 MG | This drug was removed from the market. | glyburide tabs or 5 mg | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2018 | didanosine CPDR 125 MG | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2018 | DILAUDID SOLN IJ 2 MG/ML | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2018 | molindone hcl 10mg tabs | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |

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|----------------|--|---|------------------------------------|---------------------|--|
| 4/1/2018 | molindone hcl 25mg tabs | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2018 | PROMETHAZINE/PHENYLEPHRINE | Removed non-part D eligible drug (not on NSDE) | promethazine & phenylephrine syrpf | Cal MediConnect | Contact your doctor for other options. |
| 4/1/2018 | TYZEKA TABS | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 5/1/2018 | GEMCITABINE HYDROCHLORIDE SOLN 2 GM/20ML | Removed non-part D eligible drug (not on NSDE) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 5/1/2018 | NEVIRAPINE SUSP 50 MG/5ML | This drug was removed from the market. | VIRAMUNE SUSP 50 MG/5ML | Cal MediConnect | Contact your doctor for other options. |
| 5/1/2018 | TIMOPTIC-XE SOLG 0.5% | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 6/1/2018 | IMOGAM RABIES-HT SOLN | Removed non-part D eligible drug (not on NSDE) | HYPERRAB S/D SOLN | Cal MediConnect | Contact your doctor for other options. |
| 6/1/2018 | PREDNISOLONE ACETATE P-F | Removed non-part D eligible drug (not on NSDE) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 6/1/2018 | BRINTELLIX TABS 5 MG | This drug was removed from the market. | TRINTELLIX TABS 5 MG | Cal MediConnect | Contact your doctor for other options. |
| 6/1/2018 | BRINTELLIX TABS 10 MG | This drug was removed from the market. | TRINTELLIX TABS 10 MG | Cal MediConnect | Contact your doctor for other options. |

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|----------------|---|---|-----------------------------------|---------------------|--|
| 6/1/2018 | BRINTELLIX TABS 20 MG | This drug was removed from the market. | TRINTELLIX TABS 20 MG | Cal MediConnect | Contact your doctor for other options. |
| 6/1/2018 | desmopressin acetate refrigerated SOLN | This drug was removed from the market. | DDAVP SOLN NA 0.01 % | Cal MediConnect | Contact your doctor for other options. |
| 6/1/2018 | lindane LOTN | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 6/1/2018 | PROFE FORTE | This drug was removed from the market. | EZFE FORTE | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2018 | acetic acid-aluminum acetate soln | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2018 | oxycodone w/ acetaminophen soln 5mg/5ml-325mg/5ml | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2018 | NITROMIST AERS | Removed non-Part D eligible drug (Expired marketing end date) | NITROGLYCERIN LINGUAL AERS | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2018 | methotrexate Sodium Inj PF 100 MG/4ML | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2018 | methotrexate Sodium Inj PF 200 MG/8ML | Removed non-Part D eligible drug (Expired marketing end date) | N/A | Cal MediConnect | Contact your doctor for other options. |
| 7/1/2018 | calcium carbonate-ergocalciferol TABS | This drug was removed from the market. | RA OYSTER SHELL CALCIUM/VITAMIN D | Cal MediConnect | Contact your doctor for other options. |

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|----------------|---|--|------------------------------|---------------------|--|
| 7/1/2018 | PRENATAL FORMULA TABS 30UNIT-200MG-4000UNIT-25MG- 1.8MG-28MG-20MG-1.7MG-8MCG- 800MCG-2.6MG-120MG-400UNIT | This drug was removed from the market. | N/A | Cal MediConnect | Contact your doctor for other options. |
| 9/1/2018 | NUEDEXTA | Added prior authorization for new starts | N/A | Cal MediConnect | 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 the phone number in the table at the end of this notice. Your doctor must provide a statement to support your request. For details on asking for an exception, check the sections listed below in your Evidence of Coverage or Member Handbook.

| Plan Name | Section |
|--|----------------------|
| Health Net Cal MediConnect Plan (Medicare-Medicaid Plan) | Chapter 9, section 6 |

If you don't agree with our decision, you may file a complaint with us. To file a complaint, call us at the phone number in the table that follows. You may also send your complaint to us in writing at the address or fax number listed for your plan.

| State | Plan | Address, Phone and Fax Number | Hours of Operation |
|------------|---------------------------------------|---|--|
| California | Cal MediConnect Los Angeles County | Health Net Appeals & Grievances PO Box 10422 Van Nuys, CA 91410-0422 1-855-464-3571 TTY: 711 Fax: 1-877-713-6189 | 8:00 a.m. - 8:00 p.m., Monday - Friday; You can leave a voicemail on weekends and federal holidays |
| | Cal MediConnect San Diego County | Health Net Appeals & Grievances PO Box 10422 Van Nuys, CA 91410-0422 1-855-464-3572 TTY: 711 Fax: 1-877-713-6189 | |

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.

Health Net Community Solutions, Inc. is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees.

Health Net Cal MediConnect Nondiscrimination Notice

Health Net Community Solutions, Inc. (Health Net Cal MediConnect Plan (Medicare-Medicaid Plan)) 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 Cal MediConnect does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net Cal MediConnect:

- 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 the Health Net Cal MediConnect Customer Contact Center at 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you can leave a message. Your call will be returned within the next business day. The call is free.

If you believe that Health Net Cal MediConnect 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; the Health Net Cal MediConnect 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>.

Multi-Language Insert

Multi-language Interpreter Services

English: ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Spanish: ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Chinese Mandarin: 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 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

Chinese Cantonese: 注意：如果您說中文，您可獲得免費的語言協助服務。請致電 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (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 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). 번으로 전화해 주십시오.

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Arabic: ملحوظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل بالرقم 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Hindi: ध्यान दें: यदि आप बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711). पर कॉल करें।

Japanese: 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。1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)。まで、お電話にてご連絡ください。

Farsi: توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Thai: เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Armenian: ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվակազմակերպչական ծառայություններ: Չանգահարեք 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711)

Cambodian: ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Hmong: LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).

Punjabi: ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।

Laotian: ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາອັງກິດ, ການຊ່ວຍເຫຼືອດ້ານພາສາທີ່ບໍ່ເສຍຄ່າມີພ້ອມໃຫ້ທ່ານ. ກະລຸນາໂທ 1-855-464-3571 (Los Angeles), 1-855-464-3572 (San Diego) (TTY: 711).