

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
1/1/2021	AMINOSYN II INJ 10%	This drug is removed from the market	PREMASOL SOLN 10%	Contact your doctor for other options.
1/1/2021	ATRIPLA TAB	The brand is no longer formulary	EFAVIRENZ- EMTRICITABINE-TENOFOVIR DF TAB 600-200-300MG	Contact your doctor for other options.
1/1/2021	COLOCORT ENEMA 100MG	This drug is removed from the market	HYDROCORTISONE ENEMA 100 MG/60ML	Contact your doctor for other options.
1/1/2021	COUMADIN TAB	This drug is removed from the market	WARFARIN TAB	Contact your doctor for other options.
1/1/2021	D5W/NACL INJ 0.225%	This drug is removed from the market	D5W/NACL INJ 0.2%	Contact your doctor for other options.
1/1/2021	EMTRIVA CAP 200MG	The brand is no longer formulary	EMTRICITABINE CAP 200 MG	Contact your doctor for other options.
1/1/2021	GLEOSTINE CAP	Removed non-part D eligible drug	N/A	Contact your doctor for other options.
1/1/2021	JADENU SPRINKLE GRANULES	The brand is no longer formulary	DEFERASIROX GRANULES PACKET	Contact your doctor for other options.
1/1/2021	JUXTAPID CAP 40MG	This drug is removed from the market	JUXTAPID CAP 20MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2021	JUXTAPID CAP 60MG	This drug is removed from the market	JUXTAPID CAP 20MG	Contact your doctor for other options.
1/1/2021	LORCET HD TAB 10-325MG	This drug is removed from the market	HYDROCODONE-ACETAMINOPHEN TAB 10-325MG	Contact your doctor for other options.
1/1/2021	LORCET PLUS TAB 7.5-325MG	This drug is removed from the market	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325MG	Contact your doctor for other options.
1/1/2021	LORCET TAB 5-325MG	This drug is removed from the market	HYDROCODONE-ACETAMINOPHEN TAB 5-325MG	Contact your doctor for other options.
1/1/2021	NORMOSOL -R INJ	Removed non-part D eligible drug	ISOLYTE-S INJ	Contact your doctor for other options.
1/1/2021	ONE VITE TAB 1MG PLUS	Removed non-part D eligible drug	PRENATAL TAB 27-1MG	Contact your doctor for other options.
1/1/2021	SYLATRON KIT	This drug is removed from the market	INTRON A INJ	Contact your doctor for other options.
1/1/2021	TRUVADA TAB 200-300MG	The brand is no longer formulary	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300MG	Contact your doctor for other options.
2/1/2021	DEPO-PROVERA INJ 400/ML	This drug is removed from the market	N/A	Contact your doctor for other options.
2/1/2021	DOCETAXEL INJ 200MG/10ML	This drug is removed from the market	DOCETAXEL INJ 160MG/8ML	Contact your doctor for other options.
2/1/2021	GRALISE STAR MIS 300/600	This drug is removed from the market	GRALISE TAB	Contact your doctor for other options.
2/1/2021	KIONEX SUSP 15GM/60	This drug is removed from the market	SPS SUS 15GM/60	Contact your doctor for other options.
2/1/2021	KLOR-CON SPRINKLE CAP ER	This drug is removed from the market	POTASSIUM CHLORIDE CAP ER	Contact your doctor for other options.
2/1/2021	METOPROLOL INJ 1MG/ML	This drug is removed from the market	METOPROLOL INJ 5MG/5ML	Contact your doctor for other options.
2/1/2021	PEGASYS INJ PROCLICK	This drug is removed from the market	PEGASYS INJ	Contact your doctor for other options.
2/1/2021	ROWEEPRA TAB 750MG	Removed non-part D eligible drug	LEVETIRACETAM TAB 750MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2021	ROWEEPRA TAB 1000MG	Removed non-part D eligible drug	LEVETIRACETAM TAB 1000MG	Contact your doctor for other options.
2/1/2021	ROWEEPRA XR TAB	This drug is removed from the market	LEVETIRACETAM TAB ER 24HR	Contact your doctor for other options.
2/1/2021	SODIUM POLYSTYRENE SULFONATE ORAL SUSP 15 GM/60ML	This drug is removed from the market	SPS SUS 15GM/60	Contact your doctor for other options.
3/1/2021	HUMIRA INJ 10MG/0.2ML	This drug is removed from the market	HUMIRA INJ 10/0.1ML	Contact your doctor for other options.
3/1/2021	HUMIRA KIT 20MG/0.4ML	This drug is removed from the market	HUMIRA INJ 20/0.2ML	Contact your doctor for other options.
4/1/2021	DIDANOSINE CAP 200MG	This drug is removed from the market	ABACAVIR TAB 300MG	Contact your doctor for other options.
4/1/2021	DIDANOSINE CAP 250MG	This drug is removed from the market	ABACAVIR TAB 300MG	Contact your doctor for other options.
4/1/2021	DIDANOSINE CAP 400MG	This drug is removed from the market	ABACAVIR TAB 300MG	Contact your doctor for other options.
5/1/2021	ALINIA TAB 500MG	The brand is no longer formulary	NITAZOXANIDE TAB 500MG	Contact your doctor for other options.
5/1/2021	ANADROL-50 TAB 50MG	This drug is removed from the market	PROCRIT INJ	Contact your doctor for other options.
5/1/2021	BANZEL SUSP 40MG/ML	The brand is no longer formulary	RUFINAMIDE SUS 40MG/ML	Contact your doctor for other options.
5/1/2021	DEMSEER CAP 250MG	The brand is no longer formulary	METYROSINE CAP 250MG	Contact your doctor for other options.
5/1/2021	KUVAN POWDER	The brand is no longer formulary	SAPROPTERIN POWDER	Contact your doctor for other options.
5/1/2021	KUVAN TAB 100MG	The brand is no longer formulary	SAPROPTERIN TAB 100MG	Contact your doctor for other options.
5/1/2021	NORMOSOL -M INJ /D5W	Removed non-part D eligible drug	ISOLYTE-P INJ /D5W	Contact your doctor for other options.
5/1/2021	SYMFI LO TAB	The brand is no longer formulary	EFAVIRENZ-LAMIVUDINE- TENOFIVIR DF TAB 400-300- 300MG	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
5/1/2021	SYMFI TAB	The brand is no longer formulary	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300MG	Contact your doctor for other options.
5/1/2021	TRUVADA TAB 133-200	The brand is no longer formulary	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200	Contact your doctor for other options.
5/1/2021	TRUVADA TAB 100-150	The brand is no longer formulary	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150	Contact your doctor for other options.
5/1/2021	TRUVADA TAB 167-250	The brand is no longer formulary	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250	Contact your doctor for other options.
5/1/2021	TYKERB TAB 250MG	The brand is no longer formulary	LAPATINIB TAB 250MG	Contact your doctor for other options.
6/1/2021	NEPHRAMINE INJ 5.4%	This drug is removed from the market	PROSOL INJ 20%	Contact your doctor for other options.
6/1/2021	SUMATRIPTAN PREFILLED SYRINGE 6 MG/0.5ML	This drug is removed from the market	SUMATRIPTAN AUTO-INJECTOR 6 MG/0.5ML	Contact your doctor for other options.
8/1/2021	ALBUTEROL TAB ER	This drug is removed from the market	ALBUTEROL TAB	Contact your doctor for other options.
8/1/2021	CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB	This drug is removed from the market	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB	Contact your doctor for other options.
8/1/2021	PHOSPHOLINE SOLN 0.125%OP	This drug is removed from the market	PILOCARPINE OPHTH SOLN	Contact your doctor for other options.
9/1/2021	MAPROTILINE TAB	This drug is removed from the market	MIRTAZAPINE TAB 15MG	Contact your doctor for other options.
9/1/2021	PROPRANOLOL & HYDROCHLOROTHIAZIDE TAB	This drug is removed from the market	METOPROLOL & HYDROCHLOROTHIAZIDE TAB	Contact your doctor for other options.
10/1/2021	ALINIA SUSP 100/5ML	Removed non-part D eligible drug	NITAZOXANIDE TAB 500MG	Contact your doctor for other options.
10/1/2021	CEFUROXIME INJ 7.5GM	This drug is removed from the market	CEFUROXIME INJ 1.5GM	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
10/1/2021	CLOVIQUE CAP 250MG	This drug is removed from the market	TRIENTINE CAP 250MG	Contact your doctor for other options.
10/1/2021	TRILYTE SOLN	This drug is removed from the market	GAVILYTE-N SOL FLAVOR PACK	Contact your doctor for other options.
11/1/2021	IVERMECTIN TAB 3MG	This drug had a prior authorization added	N/A	Contact your doctor for other options.
12/1/2021	FREAMINE HBC INJ 6.9%	This drug is removed from the market	FREAMINE III INJ 10%	Contact your doctor for other options.
12/1/2021	MINITRAN DIS 0.1MG/HR	This drug is removed from the market	NITROGLYCERIN TD PATCH 24HR	Contact your doctor for other options.
12/1/2021	MINITRAN DIS 0.2MG/HR	This drug is removed from the market	NITROGLYCERIN TD PATCH 24HR	Contact your doctor for other options.
12/1/2021	MINITRAN DIS 0.4MG/HR	This drug is removed from the market	NITROGLYCERIN TD PATCH 24HR	Contact your doctor for other options.
12/1/2021	MINITRAN DIS 0.6MG/HR	This drug is removed from the market	NITROGLYCERIN TD PATCH 24HR	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
AR	1-855-565-9518
AZ	1-800-977-7522
FL	1-877-935-8022
GA	1-844-890-2326
IN	1-855-766-1541

State	Phone Number
KS	1-833-696-0634
LA	1-855-766-1572
MO	1-855-766-1452
MS	1-844-786-7711
NM	1-833-543-0246

State	Phone Number
NV	1-833-854-4766
OH	1-855-766-1851
PA	1-855-766-1456
SC	1-855-766-1497
TX	1-844-796-6811

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. A messaging system is used after hours, weekend, and on federal holidays. 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
AR	1-855-565-9518
AZ	1-800-977-7522
FL	1-877-935-8022
GA	1-844-890-2326
IN	1-855-766-1541

State	Phone Number
KS	1-833-696-0634
LA	1-855-766-1572
MO	1-855-766-1452
MS	1-844-786-7711
NM	1-833-543-0246

State	Phone Number
NV	1-833-854-4766
OH	1-855-766-1851
PA	1-855-766-1456
SC	1-855-766-1497
TX	1-844-796-6811

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. A messaging system is used after hours, weekend, and on federal holidays. Your doctor must provide a statement to support your request. You may also send your complaint to us in writing at the following address.

For all plans except Arizona:

Allwell
 Appeals & Grievances
 Medicare Operations
 7700 Forsyth Boulevard
 St. Louis, MO 63105

For Arizona ONLY:

Allwell
 Appeals & Grievances
 Medicare Operations
 P.O. Box 279410
 Sacramento, CA 95827

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

Section 1557 Non-Discrimination Language
Notice of Non-Discrimination

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

Allwell:

- 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 Allwell’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 Allwell 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; Allwell’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
Arizona	1-800-977-7522 (HMO and HMO SNP) (TTY: 711)
Arkansas	1-855-565-9518 (TTY: 711)
Florida	1-877-935-8022 (TTY: 711)
Georgia	1-844-890-2326 (HMO); 1-877-725-7748 (HMO SNP) (TTY: 711)
Indiana	1-855-766-1541 (HMO and PPO); 1-833-202-4704 (HMO SNP) (TTY: 711)
Kansas	1-855-565-9519 (HMO and PPO); 1-833-402-6707 (HMO SNP) (TTY: 711)
Louisiana	1-855-766-1572 (HMO); 1-833-541-0767 (HMO SNP) (TTY: 711)
Mississippi	1-844-786-7711 (HMO); 1-833-260-4124 (HMO SNP) (TTY: 711)
Missouri	1-855-766-1452 (HMO); 1-833-298-3361 (HMO SNP) (TTY: 711)
Nevada	1-833-854-4766 (HMO); 1-833-717-0806 (HMO SNP) (TTY: 711)
New Mexico	1-833-543-0246 (HMO); 1-844-810-7965 (HMO SNP) (TTY: 711)
Ohio	1-855-766-1851 (HMO); 1-866-389-7690 (HMO SNP) (TTY: 711)
Pennsylvania	1-855-766-1456 (HMO); 1-866-330-9368 (HMO SNP) (TTY: 711)
South Carolina	1-855-766-1497 (TTY: 711)
Texas	1-844-796-6811 (H0062-001, 002, 003, 009; H5294-011, 012, 013, 014, 017, 018); 1-877-935-8023 (H5294-010, 015) (TTY: 711)
Wisconsin	1-877-935-8024 (TTY: 711)

Section 1557 Non-Discrimination Language
Multi-Language Interpreter Services

ENGLISH: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the Member Services number listed for your state in the Member Services Telephone Number Chart.

SPANISH: ATENCIÓN: Si habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al número del Departamento de Servicios al Afiliado que se enumera para su estado en la Ficha de Números de Teléfono del Departamento de Servicios al Afiliado.

CHINESE: 請注意: 如果您使用中文，您可以免費獲得語言援助服務。請撥會員服務部電話號碼表所列的您所在州的會員服務部號碼。

VIETNAMESE: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin vui lòng gọi số điện thoại phục vụ hội viên dành cho tiểu bang của quý vị trong Bảng số điện thoại dịch vụ hội viên.

FRENCH CREOLE (HAITIAN CREOLE): ATANSYON: Si w pale kreyòl ayisyen, ou ka resewva sèvis gratis ki la pou ede w nan lang pa w. Rele nimewo sèvis manm pou eta kote w rete a. W ap jwenn li nan tablo nimewo telefòn sèvis manm yo.

KOREAN: 알림사항: 귀하가 한국어를 사용하시는 경우, 무료 언어 지원 서비스를 받으실 수 있습니다. 가입자 서비스 전화번호 표에 있는 귀하의 주 가입자 서비스 안내번호로 전화하십시오.

FRENCH: ATTENTION : Si vous parlez français, un service d'aide linguistique vous est proposé gratuitement. Veuillez appeler le numéro de téléphone du Service aux membres spécifique à votre État qui se trouve dans le tableau de numéros de téléphone du Service aux membres.

ARABIC:

تنبيه: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية المجانية متاحة لك. اتصل برقم خدمات الأعضاء المدرج في لائحة رقم هاتف خدمات الأعضاء الخاص بالولاية المقيم فيها.

POLISH: UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnych usług tłumaczeniowych. Zadzwoń pod numer działu obsługi klienta odpowiedni dla twojego stanu, dostępny w Wypisie numerów telefonu działu obsługi klienta.

RUSSIAN: ВНИМАНИЕ! Если Вы говорите на русском языке, мы можем предложить Вам бесплатные услуги переводчика. Позвоните в Отдел обслуживания участников по указанному для Вашего штата номеру в телефонном справочнике Отдела обслуживания участников

GERMAN: ACHTUNG: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufen Sie bitte die für Ihren Bundesstaat zuständige Rufnummer des Mitgliederkundendienstes an, die im Telefonverzeichnis des Mitgliederkundendienstes angegeben ist.

TAGALOG: PAUNAWA: Kung nagsasalita ka ng Tagalog, may makukuha ka na mga libreng serbisyong pantulong sa wika. Tawagan ang numero ng Mga Serbisyong ng Miyembro na nakalista para sa iyong estado sa Tsart ng Numero ng mga Serbisyong ng Miyembro.

GUJARATI: સાવધાન: જો તમે ગુજરાતી બોલતા હો તો, ભાષા સહાય સેવાઓ, નિઃશુલ્ક, તમારા માટે ઉપલબ્ધ છે. સભ્ય સેવા ટેલફોન નંબર ચાર્ટમાં તમારા રાજ્ય માટે સૂચબિદ્ધ સભ્ય સેવાઓ નંબર પર કોલ કરો.

PORTUGUESE: ATENÇÃO: Se falar português, estão disponíveis, gratuitamente, serviços de assistência linguística. Ligue para o número dos Serviços aos Membros indicado para o seu estado na Tabela de números de telefone destes serviços.

ITALIAN: ATTENZIONE: se parla italiano, sono disponibili per Lei servizi di assistenza linguistica gratuiti. Consulti la Tabella dei Numeri Telefonici dei Servizi per i Membri e chiami il numero dei Servizi per i Membri del Suo stato.

PENNSYLVANIAN DUTCH: Geb Acht: Wann du Deitsch schwetze kannscht, un Hilf in dei eegni Schprooch brauchst, kannscht du es Koschdefrei griegie. Ruf die Glieder Nummer von dei Staat, ass iss uff die Lischd an die Glieder Hilf Telefon Nummer Kaart.

हिंदी (Hindi): भाषा सहायता सेवाएं, सहायक उपकरण और सेवाएं, और अयि वैकल्पिकआसके लए निःशुल्क उलपबध हैं। इहिंप्राप्त करेकेके,क्या उपरोक्त नंबर पर कॉल करें

Diné Bizaad (Navajo): Diné k'ehjí saad bee shíká a'doowoł nínízingo bee ná haz'á, t'áá haada yit' éego kodóó naaltsoos da nich'í ál'íigo éi doodago t'áá ha'át'ihída Diné k'ehjí bee shíká a'doowoł nínízingo bee ná ahóót'i'. Á kót' éego shíká a'doowoł nínízingo hódahgo béésh bee hane'i biká'íji' hodíílnih.

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.

ລາວ (Lao): ບັນດາການໃຫ້ຄວາມຊ່ວຍເຫຼືອດ້ານພາສາ, ບັນດາການແລະຄວາມຊ່ວຍເຫຼືອຕ່າງໆ, ແລະຮບແບບທາງເລືອກອື່ນໆ ມີໃຫ້ໄວ້. ຫາກຕ້ອງການສູນຊ່ວຍກະລຸນາໂທ ຫຼື ຫາກພາຍເລກຂັ້ງເທງ.

မြန်မာ (Burmese) - ဘာသာစကားအကူအညီ ဝန်ဆောင်မှုများ၊ အရန်အထောက်အပံ့များနှင့် ဝန်ဆောင်မှုများ၊ အချားပုံစံများရှိ ရေဒီယိုစုစုများကို သင့်အခမဲ့ရရှိပါသည်။ ၎င်းတို့ကို ရယူရန် အထကပါနံပါတ်ကို ဖုန်းဆက်ပါ။

(Shqip) (Albanian): Shërbimet e asistencës gjuhësore, ndihma dhe shërbimet shtesë plotësuese si dhe forma të tjera alternative ofrohen pa pagesë për ju. Për ta përfituar këtë, lutem merrni në telefon numrin e treguar më sipër.

Somali (Somali): Adeegyada caawinta luuqadaha, qalabka caawinta iyo adeeygo kale, iyo qaabab kale aya kuu diyaar ah si lacag la'aan ah. Si aad u hesho adeegyadan fadlan wac nambarka xaga sare ku xusan.