

## 2018 Drug List Negative Changes

Updated 10/25/2018

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 2018 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
1/1/2018	CANTIL TAB 25MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	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	Contact your doctor for other options.
1/1/2018	EGRIFTA SOLR 2 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
1/1/2018	MENHIBRIX SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	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	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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	Contact your doctor for other options.
1/1/2018	ticlopidine hcl TABS	This drug was removed from the market.	N/A	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	Contact your doctor for other options.
1/1/2018	VIIBRYD KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2018	LOCORT 7-DAY TBPK	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2018	ZONACORT 7 DAY TBPK	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2018	LOCORT 11-DAY TBPK	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2018	ZONACORT 11 DAY TBPK	Removed non-Part D eligible drug (Expired marketing end date)	N/A	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	Contact your doctor for other options.
2/1/2018	INTRON A W/DILUENT SOLR	Removed non-Part D eligible drug (Expired marketing end date)	INTRON A SOLR	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	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	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
4/1/2018	DIABETA TABS 5 MG	This drug was removed from the market.	glyburide tabs or 5 mg	Contact your doctor for other options.
4/1/2018	didanosine CPDR 125 MG	This drug was removed from the market.	N/A	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	Contact your doctor for other options.
4/1/2018	molindone hcl 25mg tabs	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2018	TYZEKA TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	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	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	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	Contact your doctor for other options.
6/1/2018	BRINTELLIX TABS 5 MG	This drug was removed from the market.	TRINTELLIX TABS 5 MG	Contact your doctor for other options.
6/1/2018	BRINTELLIX TABS 10 MG	This drug was removed from the market.	TRINTELLIX TABS 10 MG	Contact your doctor for other options.
6/1/2018	BRINTELLIX TABS 20 MG	This drug was removed from the market.	TRINTELLIX TABS 20 MG	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 %	Contact your doctor for other options.
6/1/2018	lindane LOTN	This drug was removed from the market.	N/A	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	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	Contact your doctor for other options.
7/1/2018	NITROMIST AERS	Removed non-Part D eligible drug (Expired marketing end date)	NITROGLYCERIN LINGUAL AERS	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	Contact your doctor for other options.

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7/1/2018	methotrexate Sodium Inj PF 200 MG/8ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2018	acyclovir sodium solr 500 mg	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
8/1/2018	GILENYA CAP 0.25MG	Removed non-Part D eligible drug (CMS excluded clinic pack)	N/A	Contact your doctor for other options.
9/1/2018	BENDAMUSTINE HYDROCHLORIDE SOLN	Removed non-Part D eligible drug (CMS excluded labeler code)	BENDEKA SOLN	Contact your doctor for other options.
9/1/2018	KEYTRUDA SOLR	This drug was removed from the market.	N/A	Contact your doctor for other options.
9/1/2018	NUEDEXTA	Added prior authorization for new starts	N/A	Contact your doctor for other options.
9/1/2018	VENLAFAXINE HCL ER	Removed non-Part D eligible drug (Expired marketing end date)	venlafaxine hcl er	Contact your doctor for other options.
10/1/2018	GLEOSTINE CAPS 5 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2018	POTIGA TABS 300 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2018	ISTODAX SOLR	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/1/2018	PEG-INTRON REDIPEN PAK 4 KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
11/1/2018	ORBACTIV	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
FL	1-877-935-8022, TTY: 711
GA	1-877-725-7748, TTY: 711
OH	1-866-389-7690, TTY: 711
OR	1-844-867-1156, TTY: 711
SC	1-855-766-1497, TTY: 711
TX	1-877-935-8023, TTY: 711

WI	1-877-935-8024, TTY: 711
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From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 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

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FL	1-877-935-8022, TTY: 711
GA	1-877-725-7748, TTY: 711
OH	1-866-389-7690, TTY: 711
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TX	1-877-935-8023, TTY: 711
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Allwell  
Attn: Medicare Appeals & Grievances  
7700 Forsyth Boulevard  
St. Louis, MO 63105

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

Allwell has a contract with Medicare to offer HMO, PPO and HMO SNP plans. Allwell has a contract with Medicare and the state Medicaid program to offer HMO SNP coordinated care plans. Enrollment in an Allwell plan depends on contract renewal.