

2018 Drug List Negative Changes Updated 10/25/2018

The table below shows changes made to our 2018 List of Covered Drugs (Formulary).

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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	TAB-A-VITE WOMENS TABS	This drug was removed from the market.	CENTRUM PERFORMANCE	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	METHYLPHENIDATE HCL ER TBCR 18 MG	Removed non-Part D eligible drug (Expired marketing end date)	METHYLPHENIDATE HCL ER	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.
1/1/2018	PRENAISSANCE BALANCE CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	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	Contact your doctor for other options.

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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.
1/1/2018	VP-CH-PNV CAPS	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
1/1/2018	CERALYTE 70 SOLN 60MEQ/L-70MEQ/L-20MEQ/L-30MEQ/L	This drug was removed from the market.	oral electrolytes SOLN	Contact your doctor for other options.
1/1/2018	PROSHIELD PROTECTIVE HANDCREAM CREA	This drug was removed from the market.	skin protectants, misc. CREA	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.
2/1/2018	NEWGEN TABS	Removed non-part D eligible drug (not on NSDE)	NESTABS TABS	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.
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.

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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	DILAUDID SOLN IJ 2 MG/ML	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	PROMETHAZINE/PHENYLEPHRINE	Removed non-part D eligible drug (not on NSDE)	promethazine & phenylephrine syr	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.
5/1/2018	TIMOPTIC-XE SOLG 0.5%	Removed non-Part D eligible drug (Expired marketing end date)	N/A	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	PREDNISOLONE ACETATE P-F	Removed non-part D eligible drug (not on NSDE)	N/A	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.

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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.
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.
7/1/2018	calcium carbonate-ergocalciferol TABS	This drug was removed from the market.	RA OYSTER SHELL CALCIUM/VITAMIN D	Contact your doctor for other options.
7/1/2018	calcium carbonate-mag hydrox CHEW 300MG-700MG	This drug was removed from the market.	MI-ACID CHEW	Contact your doctor for other options.
7/1/2018	HAIR/SKIN/NAILS TABS 25MG-10MG-170MG-5UNIT-150MCG-25MG-1.8MG-20MG-16MG-200MG-6MCG-400MCG-300MCG	This drug was removed from the market.	"CENTRUM CARDIO TABS, CENTRUM ULTRA WOMENS TABS"	Contact your doctor for other options.
7/1/2018	DAILY MULTIPLE VITAMIN PLUS IRON TABS	This drug was removed from the market.	Multiple Vitamins w/ Iron Tab	Contact your doctor for other options.
7/1/2018	EQL MEGA SELECT WOMENS TABS	This drug was removed from the market.	Multiple Vitamins w/ Minerals Tab	Contact your doctor for other options.
7/1/2018	EQL MEGA SELECT MENS TABS	This drug was removed from the market.	Multiple Vitamins w/ Minerals Tab	Contact your doctor for other options.
7/1/2018	EQL ONE DAILY DIET SUPPORT TABS	This drug was removed from the market.	Multiple Vitamins w/ Minerals Tab	Contact your doctor for other options.
7/1/2018	EQL ONE DAILY MENS 50+ ADVANCED TABS	This drug was removed from the market.	Multiple Vitamins w/ Minerals Tab	Contact your doctor for other options.
7/1/2018	MULTIVITAL PLATINUM TABS	This drug was removed from the market.	Multiple Vitamins w/ Minerals Tab	Contact your doctor for other options.
7/1/2018	calcium carbonate-vitamin d w/ minerals TABS 1.8MG-250MCG-1MG-7.5MG-40MG-600MG-400UNIT	This drug was removed from the market.	calcium carbonate-vitamin d w/ minerals TABS	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.
8/1/2018	PREMESISRX	Removed non-Medicaid and non-Part D eligible drug.	PRENATE AM	Contact your doctor for other options.

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8/1/2018	ZODEX 6-DAY TBPB	Removed non-Part D eligible drug (Expired marketing end date)	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	SODIUM CHLORIDE SOLN IV 0.9 %	Removed non-Part D eligible drug (Unapproved drug other)	sodium chloride soln iv 0.9%	Contact your doctor for other options.
10/1/2018	ONDANSETRON HYDROCHLORIDE SOLN	Removed non-part D eligible drug (not on NSDE)	ondansetron hcl	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.
11/1/2018	FORTICAL SOLN	This drug was removed from the market.	calcitonin (salmon) soln	Contact your doctor for other options.

IlliniCare Health – MMAI (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

Limitations and restrictions may apply. For more information, call IlliniCare Health Member Services or read the IlliniCare Health Member Handbook. Benefits may change on January 1 of each year.

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.

If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-941-0482 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.