

2019 Drug List Negative Changes

Updated 05/02/2019

The table below shows changes made to our 2019 List of Covered Drugs (Formulary).

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
1/1/2019	FORTICAL SOLN	This drug was removed from the market.	calcitonin (salmon) soln	Contact your doctor for other options.
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	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	PEG-INTRON REDIPEN PAK 4 KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
1/1/2019	PELEVERUS	This drug was removed from the market.	CERAVE	Contact your doctor for other options.
1/1/2019	PELEVERUS CLEAR OINT	This drug was removed from the market.	CERAVE	Contact your doctor for other options.
1/1/2019	PELEVERUS GOLD	This drug was removed from the market.	CERAVE	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	RITALIN LA CP24 60 MG	This drug was removed from the market.	methylphenidate hcl cp24 60 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	Contact your doctor for other options.
2/1/2019	ANDROGEL GEL 20.25 MG/1.25GM	This drug was removed from the formulary.	testosterone gel 20.25 mg/1.25gm	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2019	ANDROGEL GEL 40.5 MG/2.5GM	This drug was removed from the formulary.	testosterone gel 40.5 mg/2.5gm	Contact your doctor for other options.
2/1/2019	ANDROGEL PUMP GEL	This drug was removed from the formulary.	testosterone gel 1.62 %	Contact your doctor for other options.
2/1/2019	DEXTROSE	Removed non-part D eligible drug (not on NSDE)	Dextrose Inj 50%	Contact your doctor for other options.
2/1/2019	DEXTROSE 50%	Removed non-part D eligible drug (not on NSDE)	Dextrose Inj 50%	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.
2/1/2019	HYDROMORPHONE HYDROCHLORIDE SOLN 1 MG/ML	Removed non-part D eligible drug (not on NSDE)	Hydromorphone HCl Inj 1 MG/ML	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 %	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	MENOPAUSE RELIEF TABS	This drug was removed from the market.	CENTRUM PERFORMANCE, CENTRUM SPECIALIST ENERGY	Contact your doctor for other options.
2/1/2019	METHYLPHENIDATE HCL ER TBCR	This drug was removed from the market.	Methylphenidate HCl Tab SA OSM 18 MG	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	Contact your doctor for other options.
2/1/2019	PRALUENT SOSY 150 MG/ML	This drug was removed from the market.	N/A	Contact your doctor for other options.

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2/1/2019	TESTOSTERONE CYPIONATE SOLN 200 MG/ML	Removed non-Part D eligible drug (Unapproved drug other)	testosterone cypionate soln 200 mg/ml	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	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	FENOFIBRATE TABS 160 MG	Removed non-Part D eligible drug (Expired marketing end date)	TRIGLIDE TABS	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.
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	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.

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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	Ibuprofen Susp 100 MG/5ML	Removed non-Medicaid and non-Part D eligible drug.	N/A	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	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	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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
5/1/2019	ONE DAILY PLUS IRON	This drug was removed from the market.	THERA-M	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.

ATTENTION: 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.

ATENCIÓN: Si usted habla español, hay servicios de asistencia de idiomas disponibles para usted sin cargo. Llame al 1-877-941-0482 (TTY: 711) de 8 a. m. a 8 p. m., de lunes a viernes. Luego del horario de atención, los fines de semana y los días feriados, es posible que se le pida que deje un mensaje. Le devolveremos la llamada durante el próximo día hábil. La llamada es gratis.

Notice of Non-Discrimination. IlliniCare Health - MMAI (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. IlliniCare Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

IlliniCare Health: → 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 IlliniCare Health's Member Services at 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.

If you believe that IlliniCare Health 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; IlliniCare Health'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, (TDD: 1-800-537-7697).

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Language Services

ATTENTION: If you do not speak English, language assistance services, free of charge, are available to you. Call 1-877-941-0482 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-941-0482 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-941-0482 (TTY: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請電1-877-941-0482 (TTY: 711)。

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-941-0482 (TTY: 711) 번으로 전화해 주십시오.

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-941-0482 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-877-941-0482 (رقم هاتف الصم والبكم: 711).

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-941-0482 (TTY: 711).

સુચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. ફોન કરો 1-877-941-0482 (TTY: 711).

خبردار: اگر آپ اردو بولتے ہیں، تو آپ کو زبان کی مدد کی خدمات مفت میں دستیاب ہیں۔ کال کریں
1-877-941-0482 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-941-0482 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-877-941-0482 (TTY: 711).

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-877-941-0482 (TTY: 711) पर कॉल करें।

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-941-0482 (ATS: 711).

ΠΡΟΣΟΧΗ: Αν μιλάτε ελληνικά, στη διάθεσή σας βρίσκονται υπηρεσίες γλωσσικής υποστήριξης, οι οποίες παρέχονται δωρεάν. Καλέστε 1-877-941-0482 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-941-0482 (TTY: 711).