

## 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 on 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 on 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 on 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 on 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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
2/1/2021	ROWEEPRA TAB 750MG	Removed non-part D eligible drug	LEVETIRACETAM TAB 750MG	Contact your doctor for other options.
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	DEMSER 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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
5/1/2021	SYMFI LO TAB	The brand is no longer formulary	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300MG	Contact your doctor for other options.
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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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.
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
California	1-800-431-9007, TTY:711
Oregon	1-888-445-8913; TTY:711

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. 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:

State	Phone Number
California	1-800-431-9007, TTY:711
Oregon	1-888-445-8913; TTY:711

From October 1 – March 31, seven days week, 8 a.m. to 8 p.m. From April 1 - September 30, Monday through Friday, 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. You may also send your complaint to us in writing at the following address.

Health Net  
Appeals & Grievances  
Medicare Operations  
P.O. Box 10450  
Van Nuys, CA 91410-0450

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

## Section 1557 Non-Discrimination Language Notice of Non-Discrimination

Health Net 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 does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Health Net:

- 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 Health Net'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 Health Net 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; Health Net'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 and Plan Type
California	1-800-431-9007 (Jade, Sapphire, Amber and HMO SNP), 1-800-275-4737 (all other HMO); (TTY: 711)
Oregon	1-888-445-8913 (HMO and PPO); (TTY: 711)





**Українська мова (Ukrainian):** Вам можуть бути безкоштовно надані послуги з перекладу, допоміжні засоби та послуги, а також матеріали в інших, альтернативних, форматах. Щоб одержати їх, зателефонуйте, будь ласка, за номером телефону, який зазначений вище.

**Română (Romanian):** Servicii de asistență lingvistică, ajutoare și servicii auxiliare, precum și alte formate alternative vă stau la dispoziție în mod gratuit. Pentru a le obține, apălați numărul de mai sus.

**Cushite (Cushite):** Tajaajila qarqaarsa afaanii, qarqaarsa deeggarsaa fi tajaajilaa, fi qarqaarsi akkaataa biroo bilisaan siif laatama. Tajaajila kanniin argachuuf maaloo lakkoofsa asii olii bilbili.

**Deutsch (German):** Sprachunterstützung, Hilfen und Dienste für Hörbehinderte und Gehörlose sowie weitere alternative Formate werden Ihnen kostenlos zur Verfügung gestellt. Um eines dieser Serviceangebote zu nutzen, wählen Sie die o. a. Rufnummer.

**Français (French) :** Des services gratuits d'assistance linguistique, ainsi que des services d'assistance supplémentaires et d'autres formats sont à votre disposition. Pour y accéder, veuillez appeler le numéro ci-dessus.