

## 2021 Drug List Negative Changes

Updated 04/01/2021

The table below shows changes made to our 2021 List of Covered Drugs (Formulary).

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
10/15/2020	CRITIC-AID CLEAR MOISTUREBARRIER OINT	This drug was removed from the market.	N/A	Contact your doctor for other options.
10/15/2020	PERI-WASH LIQD	This drug was removed from the market.	IONIL LIQD	Contact your doctor for other options.
10/15/2020	SAMSCA TAB 30MG	This drug was removed from the formulary.	<i>tolvaptan tabs 30 mg</i>	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 90MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 180MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
10/15/2020	JADENU SPRKL GRA 360MG	This drug was removed from the formulary.	<i>deferasirox pack</i>	Contact your doctor for other options.
12/07/2020	INVIRASE CAPS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/07/2020	PACLITAXEL CONC 100 MG/16.67ML	Removed non-Part D eligible drug (not on NSDE)	N/A	Contact your doctor for other options.
12/07/2020	VINATE ONE TABS	Removed non-Part D eligible drug (not on NSDE)	TRINATAL RX 1 TABS	Contact your doctor for other options.
12/07/2020	BYDUREON SRER	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/07/2020	DROXY CREAM CREA	This drug was removed from the market.	VELVACHOL CREAM	Contact your doctor for other options.
12/07/2020	AQUADERM TREATMENT/MOISTURIZER LOTN	This drug was removed from the market.	EUCERIN LOTN	Contact your doctor for other options.

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12/07/2020	KONSYL ORIGINAL FORMULADAILY FIBER POWD (psyllium)	This drug was removed from the market.	KONSYL DAILY FIBER POWD 100 % (psyllium)	Contact your doctor for other options.
2/1/2021	LARTRUVO SOLN 190 MG/19ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	LARTRUVO SOLN 500 MG/50ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	<i>chlorothiazide tabs 500 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	JUXTAPID CAPS 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	JUXTAPID CAPS 60 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	BEVYXXA CAPS 40 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	BEVYXXA CAPS 80 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
2/1/2021	PEGASYS PROCLICK SOLN 180 MCG/0.5ML	Removed non-Part D eligible drug (Expired marketing end date)	PEGASYS SOLN	Contact your doctor for other options.
2/1/2021	<i>lidocaine hcl (local anesth.) SOLN 1.5 %</i>	Removed non-Part D eligible drug	<i>lidocaine hcl (local anesth.) SOLN 1 %, 2 %</i>	Contact your doctor for other options.
2/1/2021	TWINRIX SUSP	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	TREXIMET TABS 10 MG-60 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	CHEWABLE CALCIUM/D3 WAFR	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2021	AVEENO ACTIVE NATURALS DAILY MOISTURIZING BODY YOGURT/APRICO LOTN	This drug was removed from the market.	CERAVE DAILY MOISTURIZING LOTN	Contact your doctor for other options.

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2/1/2021	AVEENO POSITIVELY AGELESSSKIN STRENGTHENING BODY CREAM CREA	This drug was removed from the market.	CETAPHIL MOISTURIZING CREA (emollient)	Contact your doctor for other options.
2/1/2021	AVEENO POSITIVELY AGELESSSKIN STRENGTHENING HAND CREAM CREA	This drug was removed from the market.	CETAPHIL MOISTURIZING CREA (emollient)	Contact your doctor for other options.
2/1/2021	CAMINO PRO 15PE LIQD	This drug was removed from the market.	JEVITY 1.2 CAL LIQD	Contact your doctor for other options.
2/1/2021	KATE FARMS CORE ESSENTIALS ALL GOOD THINGS 1.0 LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	KATE FARMS CORE ESSENTIALS PEDIATRIC PEPTIDE 1.5 LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	KATE FARMS CORE ESSENTIALS PEDIATRIC PEPTIDE 1.5 PLAIN LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	KATE FARMS CORE ESSENTIALS PEDIATRIC PEPTIDE PLUS 1.5 LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	KATE FARMS CORE ESSENTIALS PEDIATRIC STANDARD 1.2 LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	KATE FARMS CORE ESSENTIALS PEDIATRIC STANDARD 1.2 PLAIN LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.

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2/1/2021	KATE FARMS CORE ESSENTIALS PEPTIDE PLAIN 1.5 LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	<i>salicylic acid &amp; sulfur SHAM</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	SOOTHE & COOL FREE SKIN PASTE OINT	This drug was removed from the market.	AQUAPHOR LIP REPAIR OINT	Contact your doctor for other options.
2/1/2021	TUMS KIDS CHEW (calcium carbonate (antacid))	This drug was removed from the market.	TUMS CHEWY BITES CHEW (calcium carbonate (antacid))	Contact your doctor for other options.
2/1/2021	<i>vitamin mixture TABS 100 MG-165 UNIT-70 MG-80 MG</i>	Removed non-Medicaid and non-Part D eligible drug.	N/A	Contact your doctor for other options.
2/1/2021	NUPLAZID TABS 17 MG	This drug was removed from the market.	N/A	Contact your doctor for other options.
2/1/2021	BELRAPZO SOLN	Removed non-Part D eligible drug (CMS excluded labeler code)	BENDEKA SOLN	Contact your doctor for other options.
2/1/2021	BENDAMUSTINE HYDROCHLORIDE SOLN	Removed non-Part D eligible drug (Expired marketing end date)	BENDEKA SOLN	Contact your doctor for other options.
2/1/2021	ATRIPLA TABS	This drug was removed from the formulary.	<i>efavirenz-emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	BETHKIS NEBU	This drug was removed from the formulary.	<i>tobramycin nebu 300mg/4ml</i>	Contact your doctor for other options.
2/1/2021	DEMSEER CAPS	This drug was removed from the formulary.	<i>metyrosine caps</i>	Contact your doctor for other options.
2/1/2021	EMTRIVA CAPS 200 MG	This drug was removed from the formulary.	<i>emtricitabine caps</i>	Contact your doctor for other options.
2/1/2021	FERRIPROX TABS 500MG	This drug was removed from the formulary.	<i>deferiprone tabs</i>	Contact your doctor for other options.
2/1/2021	KUVAN POW 100MG	This drug was removed from the formulary.	<i>sapropterin dihydrochloride pack</i>	Contact your doctor for other options.
2/1/2021	KUVAN POW 500MG	This drug was removed from the formulary.	<i>sapropterin dihydrochloride pack</i>	Contact your doctor for other options.

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2/1/2021	SYMFI LO TABS	This drug was removed from the formulary.	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	SYMFI TABS	This drug was removed from the formulary.	<i>efavirenz-lamivudine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	TRUVADA TABS 200 MG-300 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
2/1/2021	TYKERB TABS	This drug was removed from the formulary.	<i>lapatinib ditosylate tabs</i>	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 300 mg/2ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 600 mg/4ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	<i>clindamycin phosphate soln iv 900 mg/6ml</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	DEPO-PROVERA SUSP	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 100 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)  Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 300 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
3/1/2021	LAZANDA SOLN 400 MCG/ACT	Removed non-Part D eligible drug (Expired marketing end date)  Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
3/1/2021	VASCEPA CAPS 1GM	This drug was removed from the formulary.	<i>icosapent ethyl caps</i>	Contact your doctor for other options.
3/1/2021	BANZEL SUSP 40MG/ML	This drug was removed from the formulary.	<i>rufinamide susp</i>	Contact your doctor for other options.
3/1/2021	ZYTIGA TABS 500 MG	This drug was removed from the formulary.	<i>abiraterone acetate tabs</i>	Contact your doctor for other options.

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3/1/2021	BROTAPP DM LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
3/1/2021	GLEOSTINE CAPS	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
4/1/2021	TARGRETIN GEL EX 1%	This drug had a quantity limit added.	N/A	Contact your doctor for other options.
4/1/2021	ALINIA TABS 500 MG	This drug was removed from the formulary.	<i>nitazoxanide tabs</i>	Contact your doctor for other options.
4/1/2021	HERCEPTIN SOLR 440 MG	Removed non-Part D eligible drug (Expired marketing end date) Removed non-Part D eligible drug (Not on NSDE)	N/A	Contact your doctor for other options.
4/1/2021	HUMIRA PSKT 10 MG/0.2ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	HUMIRA PSKT 20 MG/0.4ML	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	VIDEXPEDIATRIC SOLR 2 GM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	DHEA CREA EX 1 %	This drug was removed from the market.	SORBOLENE CREA	Contact your doctor for other options.
4/1/2021	RA GENTLE SKIN CREAM CREA	This drug was removed from the market.	SORBOLENE CREA	Contact your doctor for other options.
4/1/2021	RA RENEWAL ADVANCED HEALING OINT	This drug was removed from the market.	CARMEX CLASSIC LIP BALM OINT	Contact your doctor for other options.
4/1/2021	RA CALAMINE LOTN 6.971 %-6.971 %	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	CAMINO PRO PKU LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	<i>zinc oxide (topical)</i> OINT 10 %	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	PA PROBIOTIC COMPLEX TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	RA BALANCED NUTRITIONAL LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.

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4/1/2021	RA BALANCED NUTRITIONAL PLUS LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	RA GENTLE SKIN CLEANSER LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	RA NUTRITIONAL SUPPLEMENT LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	RA PEDIATRIC NUTRITIONALDRINK LIQD	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	RA PROBIOTIC COMPLEX TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.
4/1/2021	RA PROBIOTIC DIGESTIVE CARE TABS	This drug was removed from the market.	N/A	Contact your doctor for other options.

Absolute Total Care (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and South Carolina Healthy Connections Medicaid to provide benefits of both programs to enrollees.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (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 federales, es posible que se le pida que deje un mensaje. Le devolveremos la llamada el próximo día hábil. La llamada es gratuita.

**Notice of Non-Discrimination.** Absolute Total Care (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. Absolute Total Care does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Absolute Total Care: → 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 Absolute Total Care's Member Services at 1-855-735-4398 (TTY: 711) from 8 a.m. to 8 p.m., Monday through Friday. After hours, on weekends and on federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Absolute Total Care 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; Absolute Total Care'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 are available to you, free of charge. Call 1-855-735-4398 (TTY: 711).

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-735-4398 (TTY: 711).

ملحوظة: إذا كنت لا تجيد التحدث باللغة الإنجليزية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-735-4398 (رقم هاتف الصم والبكم: 711).

**ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-735-4398 (TTY: 711).

**ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-735-4398 (TTY: 711).

**CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-735-4398 (TTY: 711).

**ATENÇÃO:** Se você fala português do Brasil, os serviços de assistência em sua língua estão disponíveis para você de forma gratuita. Chame 1-855-735-4398 (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 1-855-735-4398 (TTY: 711)。

**RUAHSAKNAK:** Mirang ttong hmang nan um silen, Mirang ttong thawn pehpar aw in a lak in bawm nak a um. Himi ah in contact thei asi: 1-855-735-4398 (TTY: 711).

**ध्यान दें:** यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-735-4398 (TTY: 711) पर कॉल करें।

**주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-735-4398 (TTY: 711) 번으로 전화해 주십시오.

**THEIHTERNAK:** Mirang holh a thiammi na si ahcun, holh lei kongkau bawmchanh khawhnak a lak in nangmah caah a um. Hika hin au hna 1-855-735-4398 (TTY: 711).

**ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-735-4398 (ATS : 711).

ဟံသျှ်ဟံသးဘၣ်တက့ၢ်-ဝဲန့ၣ်တကတိၤအဲးကလံးအကျိၣ်ဘၣ်န့ၣ်,ကျိၣ်အတၢ်ဆီၣ်ထွဲမၤစၢၤအတၢ်ဖဲတၢ်မၤတဖၣ်အိၣ်ဝဲဒၣ်လၢနဂီၢ်လၢတလိၣ် ဟ့ၣ်အပူၤဘၣ်န့ၣ်လီၤ.ကိးဘၣ် 1-855-735-4398 (TTY: 711) တက့ၢ်.

**ማሳሰቢያ:-** ከማርኛ የሚናገሩ ከሆነ የቋንቋ እገዛ አገልግሎቶች ያለ ምንም ክፍያ ለእርስዎ ሊሰጡ ይችላሉ። ወደ 1-855-735-4398 (TTY: 711) ይደውሉ።

သတိပြုရန်။ သင် မြန်မာစကားပြောပါက အခမဲ့ ဘာသာပြန် ဝန်ဆောင်မှုကို ရရှိနိုင်သည်။ 1-855-735-4398 (TTY: 711) ကိုခေါ်ပါ။