

Changes to Buckeye Health Plan - MyCare Ohio (Medicare-Medicaid Plan)'s List of Covered Drugs (Formulary)

The table below outlines changes to our List of Covered Drugs (Formulary) that may impact you.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AVITA CRE 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN CREAM 0.025%	Tier 1	11/01/2023
AVITA GEL 0.025%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRETINOIN GEL 0.025%	Tier 1	07/01/2023
BYDUREON BC INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
BYETTA INJ 10 MCG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
CALCITRIOL INJ 1 MCG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CALCITRIOL SOL 1 MCG/ML	Tier 1	07/01/2023
CAZIANP PAK	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VELIVET PAK	Tier 1	01/01/2023
CEFACTOR SUS 125 MG / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACTOR SUS 250 MG / 5 ML	Tier 1	12/01/2023
CEFACTOR SUS 375 MG / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACTOR SUS 250 MG / 5 ML	Tier 1	12/01/2023
CEFTAZIDIME D5W IV SOL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 1	12/01/2023
DALIRESP TAB	Deletion Of Drug From Formulary	Generic Available	ROFLUMILAST TAB	Tier 1	05/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
DIGOX TAB 0.125 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.125 MG	Tier 1	01/01/2023
DIGOX TAB 0.25 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.25 MG	Tier 1	01/01/2023
ELLA TAB 30 MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		04/01/2023
ESBRIET CAP 267 MG	Deletion Of Drug From Formulary	Generic Available	PIRFENIDONE CAP 267 MG	Tier 2	05/01/2023
FREAMINE III INJ 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TROPHAMINE INJ 10%, TRAVASOL INJ 10%	Tier 2	10/01/2023
GILENYA CAP 0.5 MG	Deletion Of Drug From Formulary	Generic Available	FINGOLIMOD CAP 0.5 MG	Tier 2	05/01/2023
HETLIOZ CAP 20 MG	Deletion Of Drug From Formulary	Generic Available	TASIMELTEON CAP 20 MG	Tier 2	05/01/2023
ISOPTO ATROP SOL 1% OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ATROPINE SULFATE OPHTH SOLN 1%	Tier 1	11/01/2023
KYNMOBI FILM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	APOKYN INJ 10 MG/ML	Tier 2	08/01/2023
LARISSIA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AVIANE TAB	Tier 1	02/01/2023
LEVO-T TAB	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	LEVOTHYROXINE SODIUM TAB	Tier 1	08/01/2023
LIDOCAINE HCL GEL 2%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GLYDO GEL 2%	Tier 1	07/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
LILLOW TAB 0.15-30 MG-MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.15-30 MG-MCG	Tier 1	12/01/2023
MYORISAN CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLARAVIS CAP	Tier 1	07/01/2023
NEVIRAPINE TAB 100 MG ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB 400 MG ER	Tier 1	11/01/2023
NORVIR SOLN 80 MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORVIR PACKET 100 MG	Tier 2	04/01/2023
OXANDROLONE TAB 10 MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		11/01/2023
OXANDROLONE TAB 2.5 MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		11/01/2023
OZEMPIC INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
PASER PACKETS 4 GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		03/01/2023
PRENATAL VIT TAB LOW IRON	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1 MG	Tier 2	03/01/2023
PROCALAMINE INJ 3%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINIMIX INJ 4.25/D5W	Tier 2	08/01/2023
PROCTO-PAK CRE 1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE PERIANAL CREAM 1%	Tier 1	09/01/2023
ROSADAN CREAM 0.75%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METRONIDAZOLE CREAM 0.75%	Tier 1	03/01/2023

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
RYBELSUS TAB	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
STAVUDINE CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB, EMTRICITABINE CAP, LAMIVUDINE TAB, ZIDOVUDINE TAB	Tier 1	10/01/2023
SYNERCID INJ 500 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2023
TOPOSAR INJ 100 / 5 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 20 MG/ML	Tier 1	09/01/2023
TOPOSAR INJ 1 GM / 50 ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ETOPOSIDE INJ 1 GM / 50 ML	Tier 1	09/01/2023
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1 MG; M-NATAL PLUS TAB	Tier 2	12/01/2023
TRULICITY INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023
VICTOZA INJ	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2023

*Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

**If you are currently taking this drug, this change will not affect your coverage for this drug for the rest of the plan year.

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

Multi-Language Insert

Multi-Language Interpreter Services

ATENCIÓN: Si habla español, contamos con servicios de asistencia lingüística que se encuentran disponibles para usted de manera gratuita. Llame al **1-866-549-8289** (TTY: **711**), de 8 a.m. a 8 p.m., de lunes a viernes. Después del horario de atención, los fines de semana y días feriados, es posible que se le solicite dejar un mensaje. Se le devolverá la llamada el siguiente día hábil. La llamada es gratuita.

注意：如果您說中文，您可以免費獲得語言協助服務。請致電 **1-866-549-8289** (TTY: **711**)，服務時間為週一至週五，早上 8 點到晚上 8 點。非服務時間、週末和假日，您可能需要留言。我們將在下一個工作日內回電給您。此為免付費專線。

PAALALA: Kung nagsasalita ka ng Tagalog, may mga available na libreng tulong sa wika para sa iyo. Tumawag sa **1-866-549-8289** (TTY: **711**), 8 a.m. hanggang 8 p.m., Lunes hanggang Biyernes. Pagkalipas ng oras ng trabaho, tuwing Sabado at Linggo, at sa mga holiday, posibleng hilingin sa iyo na mag-iwan ng mensahe. Tatawagan ka sa susunod na araw ng negosyo. Libre ang tawag.

ATTENTION : si vous parlez français, des services d'assistance linguistique gratuits sont à votre disposition. Appelez le **1-866-549-8289** (TTY : **711**) du lundi au vendredi, de 8 h à 20 h. En dehors des heures d'ouverture et durant le week-end et les jours fériés, il vous sera peut-être demandé de laisser un message. Vous serez rappelé le jour ouvrable suivant. L'appel est gratuit.

LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí cho quý vị. Vui lòng gọi **1-866-549-8289** (TTY: **711**), từ 8 a.m. đến 8 p.m., Thứ Hai đến Thứ Sáu. Sau giờ làm việc, vào cuối tuần và ngày lễ, quý vị có thể được yêu cầu để lại tin nhắn. Cuộc gọi của quý vị sẽ được trả lời vào ngày làm việc tiếp theo. Cuộc gọi này được miễn phí.

HINWEIS: Wenn Sie Deutsch sprechen, steht Ihnen ein kostenloser Übersetzungsdienst zur Verfügung. Wählen Sie dafür **1-866-549-8289** (TTY: **711**) von Montag bis Freitag zwischen 8 und 20 Uhr. Außerhalb dieser Zeiten, an Wochenenden und Feiertagen werden Sie möglicherweise gebeten, eine Nachricht zu hinterlassen. Ihr Anruf wird innerhalb des nächsten Arbeitstages beantwortet. Der Anruf ist kostenlos.

주의: 한국어를 구사할 경우, 언어 보조 서비스를 무료로 이용 가능합니다. 해당 서비스는 **1-866-549-8289**(TTY: **711**)번으로, 월요일 ~ 금요일, 오전 8시부터 오후 8시까지 문의해 주십시오. 근무시간 이후나 주말 및 공휴일에는 메시지를 남겨 주시면 됩니다. 그러면 다음 근무일에 전화드리겠습니다. 통화는 무료입니다.

ВНИМАНИЕ: если вы говорите на русском языке, вы можете бесплатно получить помощь переводчика. Позвоните по номеру **1-866-549-8289** (TTY: **711**), с 8 a.m. до 8 p.m. с понедельника по пятницу. В нерабочее время, в выходные и праздничные дни вас могут попросить оставить сообщение. Вам перезвонят на следующий рабочий день. Звонки бесплатные.

انتباه: في حال كنت تتحدث اللغة العربية، تتوفر لك خدمات مساعدة لغوية مجانية. اتصل على الرقم **1-866-549-8289** (TTY: **711**)، من الساعة 8 صباحًا ولغاية الساعة 8 مساءً من الاثنين إلى الجمعة. وقد يُطلب منك ترك رسالة بعد انتهاء ساعات العمل وفي عطلات نهاية الأسبوع والإجازات. وستتم معاودة الاتصال بك خلال يوم العمل التالي. والاتصال مجاني.

ATTENZIONE: se parla italiano, sono disponibili gratuitamente servizi di assistenza linguistica. Chiami il numero **1-866-549-8289** (TTY: **711**), dalle 8:00 alle 20:00, dal lunedì al venerdì. Al di fuori di questa fascia oraria, nei fine settimana e nei giorni festivi è possibile che le venga chiesto di lasciare un messaggio. La sua chiamata sarà gestita entro il giorno lavorativo successivo. La chiamata è gratuita.

ATENÇÃO: se falar português, estão disponíveis serviços de assistência gratuitos no seu idioma. Ligue para o número **1-866-549-8289** (TTY: **711**) de segunda-feira a sexta-feira, das 8:00 às 20:00. Se ligar fora deste horário, num fim de semana ou num feriado, poderá ter de deixar mensagem. A sua chamada será devolvida no próximo dia útil. A chamada é gratuita.

ATANSYON: Si ou pale Kreyòl-Franse, sèvis asistans lang disponib gratis pou ou. Rele **1-866-549-8289** (TTY: **711**), soti lendi pou rive vandredi, 8è a.m. pou rive 8è p.m. Nan wikenn ak jou konje federal eta a, yo ka mande w pou kite yon mesaj. Y ap retounen w apèl la nan pwochen jou ouvrab la. Apèl la gratis.

UWAGA: Jeśli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-866-549-8289** (TTY: **711**), od poniedziałku do piątku, od 8 do 20. Poza godzinami pracy, w weekendy i święta państwowe może być konieczne zostawienie wiadomości. Nasz agent oddzwoni w kolejnym dniu roboczym. Połączenie jest bezpłatne.

ध्यान दें: अगर आप हिंदी बोलते हैं, तो आपके लिए मुफ्त में भाषा संबंधी सहायता सेवाएं उपलब्ध होंगी. सोमवार से लेकर शुक्रवार तक सुबह 8 बजे से लेकर रात 8 बजे तक **1-866-549-8289** (TTY: **711**) पर कॉल करें. उपरोक्त समय के अलावा, वीकेंड या छुट्टी के दिनों में आपको मैसेज छोड़ने के लिए कहा जा सकता है. आपके कॉल का जवाब अगले कामकाज के दिन के भीतर दे दिया जाएगा. यह कॉल मुफ्त है.

注目：日本語を話す場合、言語支援サービスを無料でご利用いただけます。月曜日から金曜日の午前 8 時から午後 8 時の間に **1-866-549-8289** (TTY: **711**) までお電話ください。対応時間外や週末、祝日に電話をかけると、メッセージを残すか尋ねられる場合があります。次の営業日に折り返しお電話いたします。通話は無料です。

ध्यान दिनुहोस्: तपाईं नेपाली बोल्नुहुन्छ भने तपाईंका लागि भाषासम्बन्धी सहायता सेवाहरू निःशुल्क उपलब्ध छन्। सोमबारदेखि शुक्रबारसम्म, बिहान 8 बजेदेखि बेलुका 8 बजेसम्म **1-866-549-8289** (TTY: **711**) मा कल गर्नुहोस्। कामको नियमित समयबाहेक, साताको अन्तमा र बिदाका दिनहरूमा तपाईंलाई सन्देश छोड्न भन्न सकिन्छ। तपाईंको कलको जवाफ त्यसपछिको कार्यालय खुल्ने दिन भित्रमा दिइने छ। यो कलको शुल्क लाग्दैन।

FIIRO GAAR AH: Haddii aad ku hadasho af Soomaali, adeegyada caawimaada luuqada, oo bilaash ah, ayaad heli kartaa. Wac **1-866-549-8289** (TTY: **711**), 8 subaxnimo ilaa 8 habbeenimo, Isniinta ilaa Jimcaha. Saacadaha shaqada kadib, maalmaha fasaxa ee asbuuca iyo maalmaha guud ee fasaxa ah, waxaad codsan kartaa inaad reebto fariin. Waxaa dib lagu soo wici doonaa dhowrka maalmood ee xigga ee ah maalmaha shaqada. Wicitaankaan waa bilaash.

KUMBUKA: Ikiwa unazungumza Kiswahili, huduma za usaidizi wa lugha, za bila malipo, zinapatikana kwako. Piga simu kwa **1-866-549-8289** (TTY: **711**), 8 asubuhi hadi 8 usiku, Jumatatu hadi Ijumaa. Baada ya saa za kazi, katika wikendi au likizo, unaweza kuombwa uache ujumbe. Simu yako itajibiwa ndani ya siku inayofuata ya kazi. Simu hii ni ya bila malipo.

УВАГА: Якщо ви володієте українською мовою, вам безкоштовно доступні послуги мовної підтримки. Телефонуйте за номером **1-866-549-8289** (TTY: **711**) з 8:00 до 20:00 з понеділка по п'ятницю. У неробочий час, у вихідні та святкові дні вас можуть попросити залишити повідомлення. Ваш дзвінок буде оброблено протягом наступного робочого дня. Дзвінок безкоштовний.

INTANGAMARARA: Nimba uyaga Ikirundi, ubufasha mu vy'indimi, ku buntu, woburongka. Hamagara **1-866-549-8289** (TTY: **711**), Kuwa Mbere gushika kuwa Gatanu, 8 zo mu gatondo gushika 8 z'umuhingamo. Muri wikendi canke ku biruhuko, twogusaba kudusigira ubutumwa. Tuzokwishura ku guhamagara kwawe umunsi ukurikira w'akazi. Guhamagara ni ubuntu.

注意：如果您说中文普通话，则可以获得免费的语言协助服务。请在周一至周五上午 8 点至晚上 8 点致电 **1-866-549-8289** (TTY: **711**)。工作时间之外、周末以及节假日期间，会要求您留言。工作人员会在下一个工作日给您回电。此号码为免费电话。

توجه: اگر به زبان دری صحبت می کنید، خدمات کمک زبان به صورت رایگان در دسترس شما است. از دوشنبه تا جمعه، از 8 صبح تا 8 بعد از ظهر، با شماره **1-866-549-8289** (TTY: **711**) تماس بگیرید. در رخصتی های آخر هفته و در رخصتی های فدرال ایالتی، ممکن است از شما خواسته شود که پیام بگذارید. تماس شما ظرف یک روز کاری آینده برگردانده خواهد شد. تماس رایگان است.

ትኩረት: አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ እርዳታ አገልግሎቶች፣ በገዳ፣ ለእርስዎ ይገኛሉ። **1-866-549-8289** (TTY: **711**)፣ ከ 8 a.m. እስከ 8 p.m. ይደውሉ። በሰዎች ስራ ሰዓት ውስጥ ለጊዜያዊ የፌዴራል በዓላት ላይ ማልእክት እንዲተው ሊጠየቁ ይችላሉ። ጥሪዎ በሚቀጥለው የሰራ ቀን ውስጥ ይመለሳል። ጥሪው ነፃ ነው።

ध्यान आपो: જો તમે ગુજરાતી બોલતા હો, તો તમારા માટે ભાષા સંબંધી સહાયતાની સેવાઓ વગર કોઈ શુલ્કે ઉપલબ્ધ છે. સોમવારથી શુક્રવાર દરમિયાન સવારે 8 વાગ્યાથી રાત્રે 8 વાગ્યા સુધી **1-866-549-8289** (TTY: **711**) પર કોલ કરો. કામકાજના સમયની બહારના સમયે, શનિ-રવિએ અને રજાઓમાં, તમને મેસેજ છોડી દેવા માટે કહેવામાં આવી શકે છે. તમારા કોલ માટે કામકાજના આગલા દિવસની અંદર વળતો કોલ કરવામાં આવશે. એ કોલ મફત હોય છે.