

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
AMINOSYN-PF INJ 7%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	TROPHAMINE INJ 10%	Tier 2	05/01/2022
BEKYREE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KARIVA TAB 28 DAY	Tier 1	02/01/2022
CAZANT PAK	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VELIVET PAK	Tier 1	10/01/2022
CEFUROXIME INJ 7.5 GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFUROXIME INJ 1.5 GM	Tier 1	05/01/2022
CHANTIX PAK 1 MG	Deletion Of Drug From Formulary	Generic Available	VARENICLINE TAB 1 MG	Tier 1	05/01/2022
CHANTIX TAB	Deletion Of Drug From Formulary	Generic Available	VARENICLINE TAB	Tier 1	05/01/2022
CYCLAFEM TAB 1/35	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORTREL TAB 1/35	Tier 1	02/01/2022
CYCLAFEM TAB 7/7/7	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORTREL TAB 7/7/7	Tier 1	02/01/2022
DEXILANT CAP DR	Deletion Of Drug From Formulary	Generic Available	DEXLANSOPRAZOLE CAP DR	Tier 1	08/01/2022
DIGOX TAB 0.125 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.125 MG	Tier 1	10/01/2022
DIGOX TAB 0.25 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIGOXIN TAB 0.25 MG	Tier 1	10/01/2022
DUREZOL EMU 0.05%	Deletion Of Drug From Formulary	Generic Available	DIFLUPREDNATE EMU 0.05%	Tier 1	05/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
FARYDAK CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XPOVIO PAK	Tier 2	06/01/2022
FAYOSIM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIVELSA TAB	Tier 1	02/01/2022
FREAMINE HBC INJ 6.9%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FREAMINE III INJ 10%	Tier 2	01/01/2022
INTELENCE TAB 100 MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 100 MG	Tier 2	01/01/2022
INTELENCE TAB 200 MG	Deletion Of Drug From Formulary	Generic Available	ETRAVIRINE TAB 200 MG	Tier 2	01/01/2022
IVERMECTIN TAB 3 MG	Prior Authorization Added	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		03/01/2022
KALETRA TAB 100-25 MG	Deletion Of Drug From Formulary	Generic Available	LOPINAVIR-RITONAVIR TAB 100-25 MG	Tier 1	01/01/2022
KALETRA TAB 200-50 MG	Deletion Of Drug From Formulary	Generic Available	LOPINAVIR-RITONAVIR TAB 200-50 MG	Tier 2	01/01/2022
METHYLDOPA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLONIDINE TAB	Tier 1	09/01/2022
MIBELAS 24 CHEW FE	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORETHINDRONE ACE-ETH ESTRADIOL-FE CHEW TAB 1 MG-20 MCG (24)	Tier 1	02/01/2022
MINITRAN TD PATCH	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NITROGLYCERIN TD PATCH	Tier 1	02/01/2022
MONDOXYNE NL CAP 100 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DOXYCYCLINE MONOHYDRATE CAP 100 MG	Tier 1	02/01/2022
NARCAN SPR	Deletion Of Drug From Formulary	Generic Available	NALOXONE HCL SPR	Tier 1	05/01/2022

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
PERFOROMIST NEB 20 MCG/2 ML	Deletion Of Drug From Formulary	Generic Available	FORMOTEROL NEB 20 MCG/2 ML	Tier 2	01/01/2022
PREVIFEM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPRINTEC 28 TAB 28 DAY	Tier 1	07/01/2022
SUTENT CAP	Deletion Of Drug From Formulary	Generic Available	SUNITINIB CAP	Tier 2	01/01/2022
TRILYTE SOLN	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAVILYTE-N SOLN FLAVOR PACK	Tier 1	01/01/2022
TRI-PREVIFEM TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRI-SPRINTEC TAB	Tier 1	04/01/2022
UKONIQ TAB 200MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		08/01/2022
VIMPAT TAB	Deletion Of Drug From Formulary	Generic Available	LACOSAMIDE TAB	Tier 1	08/01/2022
XCOPRI TAB PACK 50-200 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XCOPRI TAB	Tier 2	01/01/2022
ZARAH TAB 3-0.03 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SYEDA TAB 3-0.03 MG	Tier 1	03/01/2022

*Alternative drug(s) are drugs that you could consider with your doctor. Only your doctor can determine alternative drugs that are right for you and your drug therapy. Please consult your doctor to confirm if this is the right drug for you.

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.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1 866 549 8289 (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 habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1 866 549 8289 (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.