

2021 Drug List Negative Changes

Updated 12/01/2021

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	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.
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.

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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>hydrocortisone (topical) OINT 0.5 %</i>	This drug was removed from the market.	N/A	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	NUPLAZID TABS 17 MG	This drug was removed from the market.	N/A	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	DEMSER 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.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
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.
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.

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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.
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	VIDEXPEDIAT RIC SOLR 2 GM	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
4/1/2021	GLEOSTINE CAPS	Removed non-Part D eligible drug (CMS excluded labeler code)	N/A	Contact your doctor for other options.
5/1/2021	<i>didanosine</i> CPDR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 100 MG- 150 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.

Date of Change	Drug Name	Type of Change	Possible Alternative Drug(s)	Comments
5/1/2021	TRUVADA TABS 167 MG-250 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
5/1/2021	TRUVADA TABS 133 MG-200 MG	This drug was removed from the formulary.	<i>emtricitabine-tenofovir disoproxil fumarate tabs</i>	Contact your doctor for other options.
5/1/2021	LOTEMAX GEL 0.5%	This drug was removed from the formulary.	<i>loteprednol etabonate gel</i>	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 100MG	This drug was removed from the formulary.	<i>droxidopa caps 100 mg</i>	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 200MG	This drug was removed from the formulary.	<i>droxidopa caps 200 mg</i>	Contact your doctor for other options.
6/1/2021	NORTHERA CAPS 300MG	This drug was removed from the formulary.	<i>droxidopa caps 300 mg</i>	Contact your doctor for other options.
6/1/2021	ANADROL-50 TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
6/1/2021	<i>nadolol & bendroflumethiazide TABS</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
7/1/2021	<i>cefuroxime sodium solr IJ 7.5 gm</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
8/1/2021	<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride kit</i>	Removed non-Part D eligible drug (Not on NSDE)	N/A	Contact your doctor for other options.
8/1/2021	CAMPATH SOLN	This drug was removed from the market.	N/A	Contact your doctor for other options.
9/1/2021	BANZEL TABS 200 MG	This drug was removed from the formulary.	<i>rufinamide tab 200 mg</i>	Contact your doctor for other options.
9/1/2021	BANZEL TABS 400 MG	This drug was removed from the formulary.	<i>rufinamide tab 400 mg</i>	Contact your doctor for other options.
9/1/2021	<i>captopril & hydrochlorothiazide tabs 25-15 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

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9/1/2021	<i>captopril & hydrochlorothiazide tabs 25-25 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>captopril & hydrochlorothiazide tabs 50-15 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>captopril & hydrochlorothiazide tabs 50-25 MG</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>albuterol sulfate tb12 or 4 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>albuterol sulfate tb12 or 8 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	PHOSPHOLINE IODIDE SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	<i>prednicarbate crea</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
9/1/2021	ERWINASE SOLR	Removed non-Part D eligible drug (CMS excluded labeler code) Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	INTELENCE TABS 100 MG	This drug was removed from the formulary.	<i>etravirine tabs 100 mg</i>	Contact your doctor for other options.
10/1/2021	INTELENCE TABS 200 MG	This drug was removed from the formulary.	<i>etravirine tabs 200 mg</i>	Contact your doctor for other options.
10/1/2021	KALETRA TABS 100-25MG	This drug was removed from the formulary.	<i>lopinavir-ritonavir tab 100-25 mg</i>	Contact your doctor for other options.

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10/1/2021	KALETRA TABS 200-50MG	This drug was removed from the formulary.	<i>lopinavir-ritonavir tab 200-50 mg</i>	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 25mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 50mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>maprotiline hcl tabs 75mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	NAMENDA XR TITRATION PACK CP24	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>oxycodone-aspirin tabs</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>tolmetin sodium caps 400 mg</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
10/1/2021	<i>alendronate sodium tabs 5 mg</i>	This drug was removed from the market.	N/A	Contact your doctor for other options.
11/01/2021	SUTENT CAP 12.5MG	This drug was removed from the formulary.	<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Contact your doctor for other options.
11/01/2021	SUTENT CAP 25MG	This drug was removed from the formulary.	<i>sunitinib malate cap 25 mg (base equivalent)</i>	Contact your doctor for other options.
11/01/2021	SUTENT CAP 37.5MG	This drug was removed from the formulary.	<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Contact your doctor for other options.
11/01/2021	SUTENT CAP 50MG	This drug was removed from the formulary.	<i>sunitinib malate cap 50 mg (base equivalent)</i>	Contact your doctor for other options.
11/01/2021	ERWINAZE SOLR	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	<i>tolbutamide tabs</i>	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.

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11/01/2021	AVANDIA TABS 2 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	AVANDIA TABS 4 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
11/01/2021	SYLATRON KIT	This drug was removed from the market.	N/A	Contact your doctor for other options.
12/01/2021	VIDEX EC CPDR 125 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/01/2021	PEGINTRON KIT	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/01/2021	ROMIDEPSIN SOLR 10 MG	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/01/2021	GUANIDINE HCL TABS	Removed non-Part D eligible drug (Expired marketing end date)	N/A	Contact your doctor for other options.
12/01/2021	<i>psyllium powd</i> 30.9 %	This drug was removed from the market.	N/A	Contact your doctor for other options.

Michigan Complete Health (Medicare-Medicaid Plan) is a health plan that contracts with both Medicare and Michigan 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 1-844-239-7387 (TTY: 711), from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.

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

Michigan Complete 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, 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 Michigan Complete Health's Member Services at 1-844-239-7387 (TTY: 711) from 8 a.m. to 8 p.m., seven days a week. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

If you believe that Michigan Complete 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; Michigan Complete 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 1-844-239-7387 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-239-7387 (TTY: 711).

ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-239-7387 (رقم هاتف الصم والبكم: 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1-844-239-7387 (TTY : 711)。

ملاحظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-844-239-7387 (TTY: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-239-7387 (TTY: 711).

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-844-239-7387 (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-239-7387 (TTY: 711) 번으로 전화해 주십시오.

লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮৪৪-২৩৯-৭৩৮৭ (TTY: ৭১১)।

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-844-239-7387 (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-844-239-7387 (TTY: 711).

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-844-239-7387 (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-239-7387 (TTY: 711) まで、お電話にてご連絡ください。

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-239-7387 (TTY: 711).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-844-239-7387 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 711).

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-239-7387 (TTY: 711).