2018 Drug List Negative Changes
Updated 10/25/2018

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 60 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 2018 formulary. Your cost share depends on your coverage stage. Your formulary tells you the tier that applies to each covered drug.

<table>
<thead>
<tr>
<th>Date of Change</th>
<th>Drug Name</th>
<th>Type of Change</th>
<th>Possible Alternative Drug(s)</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/1/2018</td>
<td>CANTIL TAB 25MG</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>1/1/2018</td>
<td>COLYTE-FLAVOR PACKS SOLR 227.1GM-21.5GM-5.53GM-2.82GM-6.36GM</td>
<td>This drug was removed from the market.</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>1/1/2018</td>
<td>EGRIFTA SOLR 2 MG</td>
<td>This drug was removed from the market.</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>1/1/2018</td>
<td>MENHIBRIX SOLR</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>1/1/2018</td>
<td>molindone hcl 5mg tabs</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>1/1/2018</td>
<td>RASUVO SOAJ 27.5 MG/0.55ML</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>RASUVO SOAJ 7.5 MG/0.15ML, 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 22.5 MG/0.45ML, 25 MG/0.5ML and 30 MG/0.6ML</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>1/1/2018</td>
<td>ticlopidine hcl TABS</td>
<td>This drug was removed from the market.</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
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</tr>
<tr>
<td>1/1/2018</td>
<td>TREANDA SOLN 180 MG/2ML, 45 MG/0.5ML</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>TREANDA SOLR</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>1/1/2018</td>
<td>VIIBRYD KIT</td>
<td>This drug was removed from the market.</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>2/1/2018</td>
<td>LOCORT 7-DAY TBPK</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>2/1/2018</td>
<td>ZONACORT 7 DAY TBPK</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>2/1/2018</td>
<td>LOCORT 11-DAY TBPK</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>2/1/2018</td>
<td>ZONACORT 11 DAY TBPK</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>2/1/2018</td>
<td>OTREXUP SOAJ 7.5 MG/0.4ML</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>2/1/2018</td>
<td>INTRON A W/DILUENT SOLR</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>INTRON A SOLR</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>4/1/2018</td>
<td>DIABETA TABS 1.25 MG</td>
<td>This drug was removed from the market.</td>
<td>glyburide tabs or 1.25 mg</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>4/1/2018</td>
<td>DIABETA TABS 2.5 MG</td>
<td>This drug was removed from the market.</td>
<td>glyburide tabs or 2.5 mg</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>4/1/2018</td>
<td>DIABETA TABS 5 MG</td>
<td>This drug was removed from the market.</td>
<td>glyburide tabs or 5 mg</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>4/1/2018</td>
<td>didanosine CPDR 125 MG</td>
<td>This drug was removed from the market.</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>4/1/2018</td>
<td>molindone hcl 10mg tabs</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>4/1/2018</td>
<td>molindone hcl 25mg tabs</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>4/1/2018</td>
<td>TYZEKA TABS</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>5/1/2018</td>
<td>GEMCITABINE HYDROCHLORIDE SOLN 2 GM/20ML</td>
<td>Removed non-part D eligible drug (not on NSDE)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>5/1/2018</td>
<td>NEVIRAPINE SUSP 50 MG/5ML</td>
<td>This drug was removed from the market.</td>
<td>VIRAMUNE SUSP 50 MG/5ML</td>
<td>Contact your doctor for other options.</td>
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</tr>
<tr>
<td>6/1/2018</td>
<td>IMOGAM RABIES-HT SOLN</td>
<td>Removed non-part D eligible drug (not on NSDE)</td>
<td>HYPERRAB S/D SOLN</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>6/1/2018</td>
<td>BRINTELLIX TABS 5 MG</td>
<td>This drug was removed from the market.</td>
<td>TRINTELLIX TABS 5 MG</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>6/1/2018</td>
<td>BRINTELLIX TABS 10 MG</td>
<td>This drug was removed from the market.</td>
<td>TRINTELLIX TABS 10 MG</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>6/1/2018</td>
<td>BRINTELLIX TABS 20 MG</td>
<td>This drug was removed from the market.</td>
<td>TRINTELLIX TABS 20 MG</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>6/1/2018</td>
<td>desmopressin acetate refrigerated SOLN</td>
<td>This drug was removed from the market.</td>
<td>DDAVP SOLN NA 0.01 %</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>6/1/2018</td>
<td>Lindane LOTN</td>
<td>This drug was removed from the market.</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>7/1/2018</td>
<td>acetic acid-aluminum acetate soln</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>7/1/2018</td>
<td>oxycodone w/ acetaminophen soln 5mg/5ml-325mg/5ml</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>7/1/2018</td>
<td>NITROMIST AERS</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>NITROGLYCERIN LINGUAL AERS</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>7/1/2018</td>
<td>methotrexate Sodium Inj PF 100 MG/4ML</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>7/1/2018</td>
<td>methotrexate Sodium Inj PF 200 MG/8ML</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>8/1/2018</td>
<td>Acyclovir sodium solr 500 mg</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>8/1/2018</td>
<td>GILENYA CAP 0.25MG</td>
<td>Removed non-Part D eligible drug (CMS excluded clinic pack)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>9/1/2018</td>
<td>Bendamustine Hydrochloride SOLN</td>
<td>Removed non-Part D eligible drug (CMS excluded labeler code)</td>
<td>BENDEKA SOLN</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>9/1/2018</td>
<td>KEYTRUDA SOLR</td>
<td>This drug was removed from the market.</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>9/1/2018</td>
<td>NUEDEXTA</td>
<td>Added prior authorization for new starts</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
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</tr>
<tr>
<td>9/1/2018</td>
<td>VENLAFAXINE HCL ER</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>venlafaxine hcl ER</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>10/1/2018</td>
<td>GLEOSTINE CAPS 5 MG</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>10/1/2018</td>
<td>POTIGA TABS 300 MG</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>10/1/2018</td>
<td>ISTODAX SOLR</td>
<td>This drug was removed from the market.</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>10/1/2018</td>
<td>PEG-INTRON REDIPEN PAK 4 KIT</td>
<td>This drug was removed from the market.</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
<tr>
<td>11/1/2018</td>
<td>ORBACTIV</td>
<td>Removed non-Part D eligible drug (Expired marketing end date)</td>
<td>N/A</td>
<td>Contact your doctor for other options.</td>
</tr>
</tbody>
</table>

If you or your doctor disagrees with the change to your drug, you may request an exception. To request an exception, call us at

<table>
<thead>
<tr>
<th>State</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ</td>
<td>1-877-935-8020, TTY: 711</td>
</tr>
<tr>
<td>PA</td>
<td>1-866-330-9368, TTY: 711</td>
</tr>
<tr>
<td>SC</td>
<td>1-855-766-1497, TTY: 711</td>
</tr>
<tr>
<td>WA</td>
<td>1-855-848-6940, TTY: 711</td>
</tr>
</tbody>
</table>

From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 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

<table>
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<tr>
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<th>Phone Number</th>
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<tr>
<td>AZ</td>
<td>1-877-935-8020, TTY: 711</td>
</tr>
<tr>
<td>PA</td>
<td>1-866-330-9368, TTY: 711</td>
</tr>
<tr>
<td>SC</td>
<td>1-855-766-1497, TTY: 711</td>
</tr>
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<td>WA</td>
<td>1-855-848-6940, TTY: 711</td>
</tr>
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</table>
From October 1 to February 14, you can call us 7 days a week from 8 a.m. to 8 p.m. From February 15 to September 30, you can call us Monday through Friday from 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.

Allwell
Attn: Medicare Appeals & Grievances
7700 Forsyth Boulevard
St. Louis, MO 63105

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

Allwell has a contract with Medicare to offer HMO, PPO and HMO SNP plans. Allwell has a contract with Medicare and the state Medicaid program to offer HMO SNP coordinated care plans. Enrollment in an Allwell plan depends on contract renewal.