



## Notice of Changes to the Formulary

Beginning on October 1, 2021, the following drugs are being removed from the formulary. They are being removed from the formulary because it has been identified that **they are not Part D-eligible**.

ALINIA 100 MG/5 ML SUSPENSION  
COSELA 300 MG VIAL  
GLEOSTINE 10 MG CAPSULE  
GLEOSTINE 100 MG CAPSULE  
GLEOSTINE 40 MG CAPSULE  
JELMYTO 40 MG VIAL  
JELMYTO SINGLE-DOSE KT (40MGX2)  
POLYETHYLENE GLYCOL 3350 POWD  
SULCONAZOLE NITRATE 1% SOLN  
SULCONAZOLE NITRATE 1% CREAM  
UPNEEQ 0.1% EYE DROP

Should you have any questions, please contact the Doctors HealthCare Plans Pharmacy Department at 305-422-9300, Option 4.

Thank you.

*Doctors HealthCare Plans, Inc.*