

Upcoming Changes to Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)’s Drug List

Molina Dual Options MyCare Ohio may immediately remove a brand name drug on our Drug List if;

- A new generic drug becomes available. We may remove the brand name drug if we are changing it with a new generic drug that will be on the same tier with the same or less limits.
 - When adding the new generic drug, we may keep the brand name drug on our Drug List, but move it to a higher tier or add new limits.
- We may not tell you before we make that change but we will later send you a notice about the change we made.

We may immediately remove a drug from our drug list and send a notice to members who take the drug if;

- The Food and Drug Administration (FDA) says a drug you are taking is not safe.
- Or if the drug’s maker removes the drug from the market.

Before we make other changes to our Drug List that might affect members currently taking a drug. We will advise members at least 30 days before the changes happens, or at the time the member asks for a refill of the drug. The member will receive a 60 day supply of the drug.

If you are affected by a change in drug coverage or limits, you or your doctor can ask us to make an exception. The notice we send you will explain the steps to ask for an exception. To find out more about coverage decisions and how to ask for an exception, see your Member Handbook. Please call Member Services at (855) 665-4623, (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., local time if you have any concerns.

The table below outlines upcoming changes to our Drug List that may affect you.

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
ALBUTEROL TAB ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ALBUTEROL TAB	Tier 1	08/01/2021
ALINIA SUSP 100/5ML	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	NITAZOXANIDE TAB 500MG	Tier 2	08/01/2021
ALINIA TAB 500MG	Deletion Of Drug From Formulary	Generic Available	NITAZOXANIDE TAB 500MG	Tier 2	05/01/2021

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
AMINOSYN II INJ 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PREMASOL SOLN 10%	Tier 2	01/01/2021
ANADROL-50 TAB 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PROCRIT INJ	Tier 2	05/01/2021
ATRIPLA TAB	Deletion Of Drug From Formulary	Generic Available	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300MG	Tier 2	01/01/2021
BANZEL SUSP 40MG/ML	Deletion Of Drug From Formulary	Generic Available	RUFINAMIDE SUS 40MG/ML	Tier 2	05/01/2021
CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB	Tier 1	08/01/2021
CIPRODEX SUSP 0.3-0.1%	Deletion Of Drug From Formulary	Generic Available	CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	Tier 1	01/01/2021
CLOVIQUE CAP 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TRIENTINE CAP 250MG	Tier 2	10/01/2021
COLOCORT ENEMA 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 1	01/01/2021
COUMADIN TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	01/01/2021
D5W/NAACL INJ 0.225%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	D5W/NAACL INJ 0.2%	Tier 1	01/01/2021
DEMSER CAP 250MG	Deletion Of Drug From Formulary	Generic Available	METYROSINE CAP 250MG	Tier 2	05/01/2021
DEPO-PROVERA INJ 400/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		02/01/2021
DIDANOSINE CAP 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB 300MG	Tier 1	04/01/2021
DIDANOSINE CAP 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB 300MG	Tier 1	04/01/2021
DIDANOSINE CAP 400MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB 300MG	Tier 1	04/01/2021

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
DOCETAXEL INJ 200MG/10ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DOCETAXEL INJ 160MG/8ML	Tier 2	02/01/2021
EMTRIVA CAP 200MG	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE CAP 200 MG	Tier 1	01/01/2021
FREAMINE HBC INJ 6.9%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FREAMINE III INJ 10%	Tier 2	12/01/2021
GLEOSTINE CAP	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		02/01/2021
HUMIRA INJ 10MG/0.2ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA INJ 10/0.1ML	Tier 2	03/01/2021
HUMIRA KIT 20MG/0.4ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA INJ 20/0.2ML	Tier 2	03/01/2021
IVERMECTIN TAB 3MG	Prior Authorization Added**	PA Added To Ensure Use Is For A Part D Covered Indication	Consult Your Health Care Provider		11/01/2021
JADENU SPRINKLE GRANULES	Deletion Of Drug From Formulary	Generic Available	DEFERASIROX GRANULES PACKET	Tier 2	01/01/2021
JUXTAPID CAP 40MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	JUXTAPID CAP 20MG	Tier 2	01/01/2021
JUXTAPID CAP 60MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	JUXTAPID CAP 20MG	Tier 2	01/01/2021
KIONEX SUSP 15GM/60	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPS SUS 15GM/60	Tier 1	02/01/2021
KLOR-CON SPRINKLE CAP ER	Deletion Of Drug From Formulary	Manufacturer Discontinuation	POTASSIUM CHLORIDE CAP ER	Tier 1	02/01/2021
KUVAN POWDER	Deletion Of Drug From Formulary	Generic Available	SAPROPTERIN POWDER	Tier 2	05/01/2021
KUVAN TAB 100MG	Deletion Of Drug From Formulary	Generic Available	SAPROPTERIN TAB 100MG	Tier 2	05/01/2021
LORCET HD TAB 10-325MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCODONE-ACETAMINOPHEN TAB 10-325MG	Tier 1	01/01/2021

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
LORCET PLUS TAB 7.5-325MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325MG	Tier 1	01/01/2021
LORCET TAB 5-325MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCODONE-ACETAMINOPHEN TAB 5-325MG	Tier 1	01/01/2021
MAPROTILINE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MIRTAZAPINE TAB 15MG	Tier 1	09/01/2021
METOPROLOL INJ 1MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METOPROLOL INJ 5MG/5ML	Tier 1	02/01/2021
MINITRAN TD PATCH 24HR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NITROGLYCERIN TD PATCH 24HR	Tier 1	12/01/2021
NEPHRAMINE INJ 5.4%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PROSOL INJ 20%	Tier 2	06/01/2021
NORMOSOL -M INJ /D5W	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	ISOLYTE-P INJ /D5W	Tier 2	05/01/2021
NORMOSOL -R INJ	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	ISOLYTE-S INJ	Tier 2	01/01/2021
ONE VITE TAB 1MG PLUS	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	PRENATAL TAB 27-1MG	Tier 2	01/01/2021
PEGASYS INJ PROCLICK	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PEGASYS INJ	Tier 2	02/01/2021
PHOSPHOLINE SOLN 0.125%OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PILOCARPINE OPPTH SOLN	Tier 1	08/01/2021
PROPRANOLOL & HYDROCHLOROTHIAZIDE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	METOPROLOL & HYDROCHLOROTHIAZIDE TAB	Tier 1	09/01/2021
ROWEEPRA XR TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVETIRACETAM TAB ER 24HR	Tier 1	02/01/2021
SAPHRIS SL TAB	Deletion Of Drug From Formulary	Generic Available	ASENAPINE MALEATE SL TAB	Tier 1	05/01/2021
SODIUM POLYSTYRENE SULFONATE ORAL SUSP 15 GM/60ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SPS SUS 15GM/60	Tier 1	02/01/2021

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
SUMATRIPTAN PREFILLED SYRINGE 6 MG/0.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SUMATRIPTAN AUTO-INJECTOR 6 MG/0.5ML	Tier 1	06/01/2021
SYLATRON KIT	Deletion Of Drug From Formulary	Manufacturer Discontinuation	INTRON A INJ	Tier 2	01/01/2021
SYMFI LO TAB	Deletion Of Drug From Formulary	Generic Available	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300MG	Tier 2	05/01/2021
SYMFI TAB	Deletion Of Drug From Formulary	Generic Available	EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300MG	Tier 2	05/01/2021
TRILYTE SOLN	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAVILYTE-N SOL FLAVOR PACK	Tier 1	10/01/2021
TRUVADA TAB 133-200	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200	Tier 2	05/01/2021
TRUVADA TAB 100-150	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150	Tier 2	05/01/2021
TRUVADA TAB 167-250	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250	Tier 2	05/01/2021
TRUVADA TAB 200-300MG	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300MG	Tier 2	01/01/2021
TYKERB TAB 250MG	Deletion Of Drug From Formulary	Generic Available	LAPATINIB TAB 250MG	Tier 2	05/01/2021

*Alternative drugs are drugs in the same therapeutic category/class as the affected drug. Only your doctor can decide if one of the alternatives listed here is right for you. Please ask your doctor to check if this is the right drug for you.

Molina Dual Options 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.

You can get this document for free in other formats, such as large print, braille, or audio. Call (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.