

### Upcoming Changes to Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)'s Formulary

Molina Dual Options MyCare Ohio may add or remove drugs from our formulary (preferred drug list) during the year. When changes are made, we will let you know about them at least 60 days before they occur. These changes include:

- Removing drugs from our formulary
- Adding prior authorization criteria
- Adding quantity limit restriction
- Adding step therapy restriction
- Moving a drug to a higher cost-sharing tier

Sometimes we can't provide a 60 day notice. When certain changes are made, we act quickly to remove the drug from our preferred drug list. No notice is given when

- The FDA determines that a drug on our formulary is unsafe
- The drug's manufacturer removes the drug from the market

The table below shows the changes that will be coming soon to our preferred drug list. These changes may impact you.

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
A-HYDROCORT INJ 100MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	SOLU-CORTEF INJ 250MG	Tier 2	03/01/2017
ASACOL HD TAB 800MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	MESALAMINE 800MG DR TAB	Tier 1	06/01/2017
AZILECT TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	RASAGILINE MESYLATE TAB	Tier 1	06/01/2017
CAFERGOT TAB 1-100MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ERGOTAMINE W/ CAFFEINE TAB 1-100 MG	Tier 1	06/01/2017
CERVARIX INJ	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GARDASIL INJ	Tier 2	03/01/2017
DOCETAXEL INJ 140/7ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOCETAXEL INJ 80MG/4ML	Tier 2	05/01/2017

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
EPZICOM TAB 600-300	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ABACAVIR SULFATE-LAMIVUDINE TAB 600-300 MG	Tier 2	06/01/2017
NILANDRON TAB 150MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	NILUTAMIDE TAB 150MG	Tier 2	06/01/2017
NITROSTAT SL TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	NITROGLYCERIN SL TAB	Tier 1	06/01/2017
PLASMA-LYTE INJ 56/D5W	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NORMOSOL -R INJ /D5W	Tier 2	03/01/2017
SEROQUEL XR TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	QUETIAPINE ER TAB	Tier 1	06/01/2017
STAVUDINE SOLN 1MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ZERIT SOL 1MG/ML	Tier 2	03/01/2017
TAMIFLU CAP	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	OSELTAMIVIR PHOSPHATE CAP	Tier 1	06/01/2017
VAGIFEM TAB 10MCG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	YUVAFEM TAB 10MCG	Tier 1	06/01/2017
XOPENEX HFA AER	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	LEVALBUTEROL AER 45/ACT	Tier 1	06/01/2017
ZETIA TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	EZETIMIBE TAB 10MG	Tier 1	06/01/2017

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

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-665-4623 (TTY: 711).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-665-4623 (TTY: 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。請致電 1-855-665-4623 (TTY : 711)。

Limitations and restrictions may apply. For more information, call Molina Dual Options MyCare Ohio Member Services or read the Molina Dual Options MyCare Ohio Member Handbook. Benefits may change on January 1 of each year.

The List of Covered Drugs and/or pharmacy and provider networks may change throughout the year. We will send you a notice before we make a change that affects you.