

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
AMINOSYN II INJ 7%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AMINOSYN-HBC INJ 7%	Tier 2	3/1/2018
BROMFENAC OPTH SOLN 0.09%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	BROMFENAC SODIUM OPTH SOLN 0.09% (ONCE-DAILY)	Tier 1	3/1/2018
BUPHENYL TAB 500MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SODIUM PHENYLBUTYRATE TAB 500 MG	Tier 2	6/1/2018
CLINDAMAX GEL 1%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CLINDAMYCIN PHOSPHATE GEL 1%	Tier 1	3/1/2018
COPAXONE INJ 40MG/ML	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	GLATIRAMER INJ 40MG/ML	Tier 2	6/1/2018
DOCEFREZ INJ 20MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOCETAXEL INJ 80MG/4ML	Tier 2	3/1/2018

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
ESTRACE VAGINAL CREAM 0.01%	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ESTRADIOL VAGINAL CREAM 0.01%	Tier 1	6/1/2018
GAVILYTE-H KIT	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GAVILYTE-G SOL	Tier 1	3/1/2018
ISTALOL OPTH SOLN 0.5%	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	TIMOLOL MALEATE OPTH SOLN 0.5% (ONCE-DAILY)	Tier 1	6/1/2018
LORTAB TAB 10-325MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	Tier 1	3/1/2018
LORTAB TAB 5-325MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	Tier 1	3/1/2018
LORTAB TAB 7.5-325	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	Tier 1	3/1/2018
MENOMUNE INJ A/C/Y/W	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MENACTRA INJ	Tier 2	3/1/2018
MORPHINE SULFATE INJ 15MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MORPHINE SULFATE IV SOLN PF 10 MG/ML	Tier 2	3/1/2018
NECON TAB 10/11-28	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NECON TAB 7/7/7	Tier 1	3/1/2018
NYATA	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NYSTATIN POW 100000	Tier 1	4/1/2018
RELPAK TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ELETRIPTAN TAB	Tier 1	6/1/2018
RENVELA PAK	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SEVELAMER CARBONATE PACKET	Tier 1	6/1/2018
RENVELA TAB 800MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SEVELAMER CARBONATE TAB 800 MG	Tier 1	6/1/2018
REYATAZ CAP	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ATAZANAVIR CAP	Tier 2	6/1/2018

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
SABRIL PACK 500MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	VIGABATRIN POWDER PACK 500MG	Tier 2	6/1/2018
SUSTIVA CAP 200MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	EFAVIRENZ CAP 200 MG	Tier 2	6/1/2018
SUSTIVA CAP 50MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	EFAVIRENZ CAP 50 MG	Tier 1	6/1/2018
TAMIFLU SUSP 6MG/ML	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	OSELTAMIVIR PHOSPHATE SUSP 6 MG/ML	Tier 1	6/1/2018
TRANSDERM-SC PATCH 1.5MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SCOPOLAMINE PATCH	Tier 2	6/1/2018
TRIKLO CAP 1GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	OMEGA-3-ACID ETHYL ESTERS CAP 1 GM	Tier 1	3/1/2018
VIGAMOX DROPS 0.5%	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	MOXIFLOXACIN HCL OPTH SOLN 0.5%	Tier 1	6/1/2018
ZAZOLE CREAM 0.8%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TERCONAZOLE VAGINAL CREAM 0.8%	Tier 1	3/1/2018
ZIAGEN SOLN 20MG/ML	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ABACAVIR SOLN 20MG/ML	Tier 1	6/1/2018
ZOLEDRONIC INJ 4MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ZOLEDRONIC INJ 4MG/5ML	Tier 1	3/1/2018

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.

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.