

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
ACETIC ACID 2% IN ALUMINUM ACETATE OTIC SOLN	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ACETIC ACID OTIC SOLN 2%	Tier 1	6/1/2018
AMINOSYN II INJ 7%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AMINOSYN-HBC INJ 7%	Tier 2	3/1/2018
BROMFENAC OPHTH SOLN 0.09%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	BROMFENAC SODIUM OPHTH SOLN 0.09% (ONCE-DAILY)	Tier 1	3/1/2018
BUPHENYL TAB 500MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SODIUM PHENYL BUTYRATE 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

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
COPAXONE INJ 40MG/ML	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	GLATIRAMER INJ 40MG/ML	Tier 2	6/1/2018
DIDANOSINE CAP 125 MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	VIDEX EC CAP 125MG	Tier 2	5/1/2018
DOCEFREZ INJ 20MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOCETAXEL INJ 80MG/4ML	Tier 2	3/1/2018
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
GENGRAF CAP 50MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CYCLOSPORINE MODIFIED CAP 50 MG	Tier 1	6/1/2018
GENTAMICIN INJ 10MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GENTAMICIN INJ 40MG/ML	Tier 1	5/1/2018
ISTALOL OPHTH SOLN 0.5%	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	TIMOLOL MALEATE OPHTH 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

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
NEVIRAPINE SUSP 50MG/5ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	VIRAMUNE SUSP 50MG/5ML	Tier 2	6/1/2018
NYATA	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NYSTATIN POW 100000	Tier 1	4/1/2018
OXYCODONE W/ ACETAMINOPHEN SOLN 5-325 MG/5ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	OXYCODONE HCL SOLN 5 MG/5ML	Tier 1	6/1/2018
RELPAK TAB	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ELETRIPTAN TAB	Tier 1	6/1/2018
REVELA PAK	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SEVELAMER CARBONATE PACKET	Tier 1	6/1/2018
REVELA 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
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
TRISENOX SOL 10MG/10ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	TRISENOX INJ 12MG/6ML	Tier 2	5/1/2018
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

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
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.



Your Extended Family.

MyCareOhio
Connecting Medicare + Medicaid

Molina Healthcare (Molina) complies with all Federal civil rights laws that relate to healthcare services. Molina offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. Molina does not discriminate based on race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

To help you talk with us, Molina provides services free of charge:

- Aids and services to people with disabilities
 - Skilled sign language interpreters
 - Written material in other formats (large print, audio, accessible electronic formats, Braille)
- Language services to people who speak another language or have limited English skills
 - Skilled interpreters
 - Written material translated in your language
 - Material that is simply written in plain language

If you need these services, contact Molina Member Services at (855) 665-4623; TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., local time.

If you think that Molina failed to provide these services or discriminated based on your race, color, national origin, age, disability, or sex, you can file a complaint. You can file a complaint in person, by mail, fax, or email. If you need help writing your complaint, we will help you. Call our Civil Rights Coordinator at (866) 606-3889, or TTY, 711. Mail your complaint to:

Civil Rights Coordinator
200 Oceangate
Long Beach, CA 90802

You can also email your complaint to civil.rights@molinahealthcare.com. Or, fax your complaint to (562) 499-0610.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can mail it to:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201

You can also send it to a website through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

If you need help, call 1-800-368-1019; TTY 800-537-7697.

English

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

Spanish

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

Chinese

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)。

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-855-665-4623 (TTY: 711).

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-855-665-4623 (رقم هاتف الصم والبكم: 711).

Pennsylvania Dutch

Wann du Deutsch Pennsylvania German schwetzsch, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-855-665-4623 (TTY: 711).

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-855-665-4623 (телетайп: 711).

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-855-665-4623 (ATS: 711).

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-855-665-4623 (TTY: 711).

Cushite (Oromo language)

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-855-665-4623 (TTY: 711).

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-855-665-4623 (TTY: 711) 번으로 전화해 주십시오.

Italian

ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-855-665-4623 (TTY: 711).

Japanese

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-855-665-4623（TTY: 711）まで、お電話にてご連絡ください。

Dutch

AANDACHT: Als u nederlands spreekt, kunt u gratis gebruikmaken van de taalkundige diensten. Bel 1-855-665-4623 (TTY: 711).

Ukrainian

УВАГА! Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 1-855-665-4623 (телетайп: 711).

Romanian

ATENȚIE: Dacă vorbiți limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-855-665-4623 (TTY: 711).

Somali

FIIRO GAAR AH: Hadii aad ku hadasho Ingiriisiga, adeega kaalmada luuqada, oo bilaa lacag ah, ayaa kuu diyaar ah. Lahadal 1-855-665-4623 (TTY: 711).

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-855-665-4623 (टिडिवाइ: 711) ।

Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 1-855-665-4623 (TTY: 711).

French Creole

ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-855-665-4623 (TTY: 711).

Polish

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-855-665-4623 (TTY: 711).

Hindi

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। 1-855-665-4623 (TTY: 711) पर कॉल करें।

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-855-665-4623 (TTY: 711).