

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 |
| VITEKTA TAB | DELETION OF DRUG FROM FORMULARY | MANUFACTURER DISCONTINUATION | TIVICAY TAB (25MG, 50MG) OR ISENTRESS TAB | Tier 2 | 05/01/2017 |
| 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.