

**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.

<b>Name of Affected Drug</b>	<b>Description for Change</b>	<b>Reason for Change</b>	<b>Alternative Drug</b>	<b>Alternative Drug Copay*</b>	<b>Effective Date</b>
AMINOSYN II INJ 10%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PREMASOL SOLN 10%	Tier 2	01/01/2021
ATRIPLA TAB	Deletion Of Drug From Formulary	Generic Available	EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300MG	Tier 2	01/01/2021

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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
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/NACL INJ 0.225%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	D5W/NACL INJ 0.2%	Tier 1	01/01/2021
EMTRIVA CAP 200MG	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE CAP 200 MG	Tier 1	01/01/2021
GLEOSTINE CAP	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2021
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
LORCET HD TAB 10-325MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCODONE-ACETAMINOPHEN TAB 10-325MG	Tier 1	01/01/2021
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
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

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SYLATRON KIT	Deletion Of Drug From Formulary	Manufacturer Discontinuation	INTRON A INJ	Tier 2	01/01/2021
TRUVADA TAB 200-300MG	Deletion Of Drug From Formulary	Generic Available	EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300MG	Tier 2	01/01/2021

\*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.