## Changes to Molina Healthcare's Drug List

**Molina Healthcare** 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 fewer 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 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 30-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 Evidence of Coverage. Please call Member Services at (800) 665-3086, (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m., local time, April 1 – September 30: Monday – Friday, 8 a.m. to 8 p.m., local time if you have any concerns.

The table below outlines changes to our Drug List that may impact you.

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|---|---|---|---|---|---|
| ABELCET INJ 5MG/ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AMPHOTERICIN B LIPOSOME IV FOR SUSP 50MG | Tier 5 | 01/01/2026 |
| DIFICID TAB 200MG | Deletion Of Drug From Formulary | Generic Available | FIDAXOMICIN TAB 200MG | Tier 5 | 02/01/2026 |

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|---|---|---|---|---|---|
| ENTRESTO TAB | Deletion Of Drug From Formulary | Generic Available | SACUBITRIL-VALSARTAN TAB | Tier 3 | 01/01/2026 |
| EPITOL TAB 200MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CARBAMAZEPINE TAB 200 MG | Tier 3 | 01/01/2026 |
| EPRONTIA SOL 25MG/ML | Deletion Of Drug From Formulary | Generic Available | TOPIRAMATE SOL 25MG/ML | Tier 4 | 01/01/2026 |
| HALOETTE VA RING | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ETONOGESTREL-ETHINYL ESTRADIOL VA RING 0.12-0.015 MG/24HR; ENILLORING VA RING; ELURYNG VA RING | Tier 3 | 04/01/2026 |
| IXCHIQ INJ | Deletion Of Drug From Formulary | Market Removal | VIMKUNYA INJ 40MCG/0.8ML | Tier 1 | 01/01/2026 |
| JYNARQUE TAB | Deletion Of Drug From Formulary | Generic Available | TOLVAPTAN TAB | Tier 5 | 01/01/2026 |
| KELNOR 1/50 TAB 1 MG-50 MCG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | VALTYA 1/50 TAB 1 MG-50 MCG | Tier 2 | 01/01/2026 |
| NEO-POLYCIN HC OPHTH OINT 1% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | BACITRACIN-POLYMYXIN-NEOMYCIN-HYDROCORTISONE OPHTH OINT 1% | Tier 3 | 03/01/2026 |
| NEO-POLYCIN OPHTH OINT 5-400-10000 | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NEOMYCIN-BACITRACIN ZINC-POLYMYXIN OPHTH OINT 5-400-10000 | Tier 3 | 03/01/2026 |
| NISOLDIPINE TAB 20MG ER | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AMLODIPINE TAB; FELODIPINE TAB ER; NIFEDIPINE TAB ER | Tier 1 / Tier 2 / Tier 3 | 04/01/2026 |
| NISOLDIPINE TAB 25.5MG ER | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AMLODIPINE TAB; FELODIPINE TAB ER; NIFEDIPINE TAB ER | Tier 1 / Tier 2 / Tier 3 | 04/01/2026 |
| NISOLDIPINE TAB 30MG ER | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AMLODIPINE TAB; FELODIPINE TAB ER; NIFEDIPINE TAB ER | Tier 1 / Tier 2 / Tier 3 | 04/01/2026 |

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|---|---|---|---|---|---|
| NISOLDIPINE TAB 40MG ER | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AMLODIPINE TAB; FELODIPINE TAB ER; NIFEDIPINE TAB ER | Tier 1 / Tier 2 / Tier 3 | 04/01/2026 |
| OCELLA TAB 3-0.03MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | DROSPIRENONE-ETHINYL ESTRADIOL TAB 3-0.03 MG; SYEDA TAB 3-0.03MG; ZUMANDIMINE TAB 3-0.03MG | Tier 2 | 02/01/2026 |
| OGSIVEO TAB 50MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | OGSIVEO TAB 100MG, 150MG | Tier 5 | 02/01/2026 |
| POLYCIN OPHTH OINT | Deletion Of Drug From Formulary | Manufacturer Discontinuation | BACITRACIN-POLYMYXIN B OPHTH OINT | Tier 2 | 03/01/2026 |
| REGRANEX GEL 0.01% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider | | 01/01/2026 |
| SULFACETAMIDE SODIUM OPHTH OINT 10% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | SULFACETAMIDE SODIUM OPHTH SOLN 10% | Tier 3 | 03/01/2026 |
| SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 4MG/0.5ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML | Tier 4 | 02/01/2026 |
| SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 4MG/0.5ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML | Tier 4 | 02/01/2026 |
| SUMATRIPTAN SUCCINATE SOLUTION CARTRIDGE 6MG/0.5ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | SUMATRIPTAN SUCCINATE SOLUTION AUTO-INJECTOR 6MG/0.5ML; SUMATRIPTAN SUCCINATE INJ 6MG/0.5ML | Tier 4 | 02/01/2026 |

| Name of Affected Drug | Description of Change | Reason for Change | Alternative Drug(s) * | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|---|---|---|---|---|---|
| TOBRAMYCIN SULFATE INJ 2GM/50ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | TOBRAMYCIN SULFATE INJ 80MG/2ML | Tier 3 | 02/01/2026 |
| VIGPODER POW 500MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | VIGABATRIN PAK 500MG; VIGADRONE POW 500MG | Tier 5 | 02/01/2026 |
| XARELTO SUSP 1MG/ML | Deletion Of Drug From Formulary | Generic Available | RIVAROXABAN SUSP 1MG/ML | Tier 3 | 01/01/2026 |

*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 Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

Notice of Availability (NOA) All plans except CA H3038, MA H2224, MA H4371, OH H9955-008

Notice of Availability (NOA) CA H3038 Plans

Notice of Availability (NOA) OH H9955-008 Plan