



Your Extended Family.

### Upcoming Changes to Molina Medicare Options Plus HMO SNP's Formulary

**Molina Medicare Options Plus** may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, you or your prescriber can ask us to make an exception and continue to cover the drug in the way you would like. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage*, or call Member Services at (800) 665-3086 (TTY: 711), October 1 – March 31 - 7 days a week, 8 a.m. - 8 p.m., local time, April 1 – September 30 - Monday – Friday 8 a.m. – 8 p.m., local time.

The table below outlines upcoming changes to our formulary that may impact you.

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
ADAGEN INJ 250/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CONSULT YOUR HEALTH CARE PROVIDER		06/01/2019
AFEDITAB TAB 30MG CR	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NIFEDIPINE TAB 30MG ER	Tier 3	03/01/2019
AFEDITAB TAB 60MG CR	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NIFEDIPINE TAB 60MG ER	Tier 3	02/01/2019

<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>
ALBENZA TAB 200MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ALBENDAZOLE TAB 200 MG	Tier 5	05/01/2019
AMINOSYN 7% INJ /LYTES	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROCALAMINE INJ 3%	Tier 4	07/01/2019
AMINOSYN II INJ 8.5%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PREMASOL SOLN 10%	Tier 4	07/01/2019
AMINOSYN II INJ 8.5/LYTE	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROCALAMINE INJ 3%	Tier 4	07/01/2019
AMINOSYN INJ 10%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PREMASOL SOLN 10%	Tier 4	07/01/2019
AMINOSYN INJ 8.5%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PREMASOL SOLN 10%	Tier 4	07/01/2019
AMINOSYN INJ 8.5/LYTE	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROCALAMINE INJ 3%	Tier 4	07/01/2019
AMINOSYN M INJ 3.5%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROCALAMINE INJ 3%	Tier 4	07/01/2019
AMINOSYN-HBC INJ 7%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AMINOSYN-PF INJ 7%	Tier 4	07/01/2019
AMINOSYN-RF INJ 5.2%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NEPHRAMINE INJ 5.4%	Tier 4	07/01/2019
AMPYRA TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	DALFAMPRIDINE TAB 10MG ER	Tier 5	05/01/2019
AURYXIA TAB 210MG	PRIOR AUTHORIZATION ADDED	PA ADDED TO ENSURE USE IS FOR A PART D COVERED INDICATION	CONSULT YOUR HEALTH CARE PROVIDER		01/01/2019
BILTRICIDE TAB 600MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	PRAZIQUANTEL TAB 600MG	Tier 3	05/01/2019
BLISOVI FE TAB 1/20	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MICROGESTIN TAB FE 1/20	Tier 2	07/01/2019
CANASA SUPP 1000MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	MESALAMINE SUPP 1000 MG	Tier 4	05/01/2019

<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>
CARIMUNE NF INJ 6GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GAMMAGARD SD INJ 5GM	Tier 5	06/01/2019
CEFOTAXIME INJ 2GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFOTAXIME INJ 500MG	Tier 4	02/01/2019
CIPROFLOXACIN FOR ORAL SUSP 250 MG/5ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CIPROFLOXACIN FOR ORAL SUSP 500 MG/5ML	Tier 4	06/01/2019
CLINIMIX INJ 2.75/D5W	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CLINIMIX INJ 4.25/D5W	Tier 4	02/01/2019
CLINIMIX INJ 4.25/D20	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CLINIMIX INJ 5%/D20W	Tier 4	02/01/2019
DILTIAZEM CAP 120MG ER	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DILT-XR CAP 120MG	Tier 3	07/01/2019
DOXORUBICIN INJ 10MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOXORUBICIN INJ 2MG/ML	Tier 4	05/01/2019
FARESTON TAB 60MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	TOREMIFENE CITRATE TAB 60 MG	Tier 5	05/01/2019
GRANISETRON INJ 0.1MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GRANISETRON INJ 1MG/ML	Tier 3	03/01/2019
HEXALEN CAP 50MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CONSULT YOUR HEALTH CARE PROVIDER		02/01/2019
INVANZ INJ 1GM	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ERTAPENEM INJ 1GM	Tier 4	05/01/2019
INVANZ INJ 1GM ADD-VANTAGE VIAL	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ERTAPENEM INJ 1GM	Tier 4	03/01/2019
INVIRASE CAP 200MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	INVIRASE TAB 500MG	Tier 5	03/01/2019
KETOPROFEN CAP 75MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NAPROXEN TAB	Tier 1	01/01/2019
KIMIDESS TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	KARIVA TAB	Tier 3	02/01/2019

<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>
LETAIRIS TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	AMBRISENTAN TAB 10 MG	Tier 5	08/01/2019
LETAIRIS TAB 5MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	AMBRISENTAN TAB 5 MG	Tier 5	08/01/2019
LYNPARZA CAP 50MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LYNPARZA TAB	Tier 5	03/01/2019
METIPRANOLOL SOLN 0.3% OPH	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	BETAXOLOL SOLN 0.5% OPTH	Tier 3	03/01/2019
MG SO4/D5W INJ 20MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MG SO4/D5W INJ 10MG/ML	Tier 3	05/01/2019
MODERIBA TAB 200MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RIBAVIRIN TAB 200MG	Tier 4	04/01/2019
NECON TAB 1/50-28	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1/20	Tier 2	05/01/2019
NIVA-PLUS TAB	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	PRENATAL PLUS TAB	Tier 3	05/01/2019
NORVIR CAP 100MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RITONAVIR TAB 100MG	Tier 3	02/01/2019
O-CAL FA TAB	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	PRENATAL PLUS TAB	Tier 3	05/01/2019
ONFI SUSP 2.5MG/ML	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	CLOBAZAM SUSP 2.5 MG/ML	Tier 3	05/01/2019
ONFI TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	CLOBAZAM TAB 10MG	Tier 3	05/01/2019
ONFI TAB 20MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	CLOBAZAM TAB 20MG	Tier 3	05/01/2019
PNV PRENATAL TAB PLUS	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	PRENATAL PLUS TAB	Tier 3	05/01/2019
POLYETHYLENE GLYCOL 3350 ORAL PACKET	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LACTULOSE SOLN 10GM/15 ML	Tier 2	03/01/2019

<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>
POLYETHYLENE GLYCOL 3350 ORAL POWDER	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LACTULOSE SOLUTION 10 GM/15ML	Tier 2	03/01/2019
PREPLUS TAB 27-1MG	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	PRENATAL PLUS TAB	Tier 3	05/01/2019
RANEXA TAB 1000MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	RANOLAZINE TAB 1000MG	Tier 3	08/01/2019
RANEXA TAB 500MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	RANOLAZINE TAB 500MG	Tier 3	08/01/2019
RESCRIPTOR TAB 100 MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RESCRIPTOR TAB 200MG	Tier 4	06/01/2019
RIBASPHERE TAB 400MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RIBAVIRIN TAB 200MG	Tier 4	06/01/2019
SABRIL TAB 500MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	VIGABATRIN TAB 500 MG	Tier 5	05/01/2019
SUBOXONE MIS 12-3MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	BUPREN/NALOX MIS 12-3MG	Tier 4	08/01/2019
SUBOXONE MIS 2-0.5MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	BUPREN/NALOX MIS 2-0.5MG	Tier 4	08/01/2019
SUBOXONE MIS 4-1MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	BUPREN/NALOX MIS 4-1MG	Tier 4	08/01/2019
SUBOXONE MIS 8-2MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	BUPREN/NALOX MIS 8-2MG	Tier 4	08/01/2019
SUPRAX CAP 400MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	CEFIXIME CAP 400 MG	Tier 3	06/17/2019
VESICARE TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SOLIFENACIN SUCCINATE TAB 10 MG	Tier 4	08/01/2019
VESICARE TAB 5MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SOLIFENACIN SUCCINATE TAB 5 MG	Tier 4	08/01/2019
VESTURA TAB 3-0.02MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NIKKI TAB 3-0.02MG	Tier 3	01/01/2019
VOL-PLUS TAB	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	PRENATAL PLUS TAB	Tier 3	05/01/2019

<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>
WELCHOL PACK 3.75GM	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	COLESEVELAM PAK 3.75 GM	Tier 3	05/01/2019
ZENCHENT TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	VYFEMLA TAB 0.4-35	Tier 3	03/01/2019
ZERIT SOLN 1MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	STAVUDINE CAP	Tier 3	03/01/2019
ZOVIA 1/50E TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	KELNOR 1/50 TAB	Tier 3	05/01/2019
ZYTIGA TAB 250MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ABIRATERONE TAB 250MG	Tier 5	05/01/2019

\*Alternative drugs are drugs in the same therapeutic category/class or cost sharing tier as the affected drug. Only your physician can determine if one of the alternatives listed here is appropriate for you given the individualized nature of drug therapy. Please consult your physician to confirm if this is an appropriate drug for you.

Molina Medicare Options Plus HMO SNP is a Health Plan with a Medicare Contract and a contract with the state Medicaid program. Enrollment in Molina Medicare Options Plus depends on contract renewal.

This information is available in other formats, such as Braille, large print, and audio.