



Upcoming Changes to Molina Dual Options MI Health Link Medicare-Medicaid Plan’s Drug List

Molina Dual Options 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.
- When adding the new generic drug, we may keep the brand name drug on our Drug List, but change its coverage rules or limits.

A drug is taken off the market.

- The Food and Drug Administration (FDA) says a drug you are taking is not safe.
- If the drug’s maker removes the drug from the market.

We may not tell you before we make the above changes, but we will later send a notice about the specific change or changes we made.

When other changes are made to the Drug list we will tell you at least 30 days before it happens or when you ask for a refill. This will give you time to talk to your doctor or other prescriber and get 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) 735-5604, (TTY/TDD: 711), Monday - Friday, 8 a.m. to 8 p.m., EST if you have any questions.

The table below outlines upcoming changes to our Drug List that may affect 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

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
AFEDITAB TAB 30MG CR	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NIFEDIPINE TAB 30MG ER	Tier 1	03/01/2019
AFEDITAB TAB 60MG CR	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NIFEDIPINE TAB 60MG ER	Tier 1	02/01/2019
ALBENZA TAB 200MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ALBENDAZOLE TAB 200 MG	Tier 2	05/01/2019
AMINOSYN 7% INJ /LYTES	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROCALAMINE INJ 3%	Tier 2	07/01/2019
AMINOSYN II INJ 8.5%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PREMASOL SOLN 10%	Tier 2	07/01/2019
AMINOSYN II INJ 8.5/LYTE	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROCALAMINE INJ 3%	Tier 2	07/01/2019
AMINOSYN INJ 10%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PREMASOL SOLN 10%	Tier 2	07/01/2019
AMINOSYN INJ 8.5%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PREMASOL SOLN 10%	Tier 2	07/01/2019
AMINOSYN INJ 8.5/LYTE	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROCALAMINE INJ 3%	Tier 2	07/01/2019
AMINOSYN M INJ 3.5%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	PROCALAMINE INJ 3%	Tier 2	07/01/2019
AMINOSYN-HBC INJ 7%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AMINOSYN-PF INJ 7%	Tier 2	07/01/2019
AMINOSYN-RF INJ 5.2%	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NEPHRAMINE INJ 5.4%	Tier 2	07/01/2019
AMPYRA TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	DALFAMPRIDINE TAB 10MG ER	Tier 2	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
AZACTAM IN DEXTROSE INJ	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	AZTREONAM INJ	Tier 1	09/01/2019

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
BILTRICIDE TAB 600MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	PRAZIQUANTEL TAB 600MG	Tier 1	05/01/2019
BLISOVI FE TAB 1/20	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MICROGESTIN TAB FE 1/20	Tier 1	07/01/2019
BRAFTOVI CAP 50MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	BRAFTOVI CAP 75MG	Tier 2	09/01/2019
CANASA SUPP 1000MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	MESALAMINE SUPP 1000 MG	Tier 1	05/01/2019
CARIMUNE NF INJ 6GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GAMMAGARD SD INJ 5GM	Tier 2	06/01/2019
CEFOTAXIME INJ 2GM	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CEFOTAXIME INJ 500MG	Tier 1	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 1	06/01/2019
CLINIMIX INJ 2.75/D5W	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CLINIMIX INJ 4.25/D5W	Tier 2	02/01/2019
CLINIMIX INJ 4.25/D20	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	CLINIMIX INJ 5%/D20W	Tier 2	02/01/2019
DILTIAZEM CAP 120MG ER	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DILT-XR CAP 120MG	Tier 1	07/01/2019
DILTIAZEM CAP 180MG ER	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DILT-XR CAP 180MG	Tier 1	11/01/2019
DILTIAZEM CAP 240MG ER	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DILT-XR CAP 240MG	Tier 1	11/01/2019
DOXORUBICIN INJ 10MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	DOXORUBICIN INJ 2MG/ML	Tier 1	05/01/2019
FARESTON TAB 60MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	TOREMIFENE CITRATE TAB 60 MG	Tier 2	05/01/2019
FLUCONAZOLE IN DEXTROSE INJ 200 MG/100ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	FLUCONAZOLE/ INJ NAACL 200	Tier 1	10/01/2019

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
FLUCONAZOLE IN DEXTROSE INJ 400 MG/200ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	FLUCONAZOLE/ INJ NACL 400	Tier 1	10/01/2019
GRANISETRON INJ 0.1MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	GRANISETRON INJ 1MG/ML	Tier 1	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 1	05/01/2019
INVANZ INJ 1GM ADD-VANTAGE VIAL	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	ERTAPENEM INJ 1GM	Tier 1	03/01/2019
INVIRASE CAP 200MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	INVIRASE TAB 500MG	Tier 2	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 1	02/01/2019
LETAIRIS TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	AMBRISENTAN TAB 10 MG	Tier 2	08/01/2019
LETAIRIS TAB 5MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	AMBRISENTAN TAB 5 MG	Tier 2	08/01/2019
LYNPARZA CAP 50MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LYNPARZA TAB	Tier 2	03/01/2019
METIPRANOLOL SOLN 0.3% OPH	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	BETAXOLOL SOLN 0.5% OPTH	Tier 1	03/01/2019
MG SO4/D5W INJ 20MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MG SO4/D5W INJ 10MG/ML	Tier 2	05/01/2019
MODERIBA TAB 200MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RIBAVIRIN TAB 200MG	Tier 1	04/01/2019
MOEXIPRIL-HYDROCHLOROTHIAZIDE TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LISINOPRIL & HYDROCHLOROTHIAZIDE TAB	Tier 1	10/01/2019

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
MONONESSA TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	SPRINTEC 28 TAB	Tier 1	10/01/2019
MORPHINE SULFATE INJ 2 MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MORPHINE SULFATE INJ PF 2 MG/ML	Tier 2	10/01/2019
MORPHINE SULFATE INJ 4 MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MORPHINE SULFATE INJ PF 4 MG/ML	Tier 2	10/01/2019
MORPHINE SULFATE INJ 5 MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	MORPHINE SULFATE INJ PF 5 MG/ML	Tier 2	10/01/2019
NECON TAB 1/50-28	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NORETHINDRONE ACE & ETHINYL ESTRADIOL TAB 1/20	Tier 1	05/01/2019
NIVA-PLUS TAB	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	PRENATAL PLUS TAB	Tier 2	05/01/2019
NORVIR CAP 100MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RITONAVIR TAB 100MG	Tier 1	02/01/2019
O-CAL FA TAB	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	PRENATAL PLUS TAB	Tier 2	05/01/2019
ONFI SUSP 2.5MG/ML	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	CLOBAZAM SUSP 2.5 MG/ML	Tier 1	05/01/2019
ONFI TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	CLOBAZAM TAB 10MG	Tier 1	05/01/2019
ONFI TAB 20MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	CLOBAZAM TAB 20MG	Tier 1	05/01/2019
PNV PRENATAL TAB PLUS	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	PRENATAL PLUS TAB	Tier 2	05/01/2019
POLYETHYLENE GLYCOL 3350 ORAL PACKET	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LACTULOSE SOLN 10GM/15 ML	Tier 1	03/01/2019
POLYETHYLENE GLYCOL 3350 ORAL POWDER	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	LACTULOSE SOLUTION 10 GM/15ML	Tier 1	03/01/2019
PREPLUS TAB 27-1MG	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	PRENATAL PLUS TAB	Tier 2	05/01/2019
RANEXA TAB 1000MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	RANOLAZINE TAB 1000MG	Tier 1	08/01/2019

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
RANEXA TAB 500MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	RANOLAZINE TAB 500MG	Tier 1	08/01/2019
RESCRIPTOR TAB 100 MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RESCRIPTOR TAB 200MG	Tier 2	06/01/2019
RIBASPHERE TAB 400MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	RIBAVIRIN TAB 200MG	Tier 2	06/01/2019
SABRIL TAB 500MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	VIGABATRIN TAB 500 MG	Tier 2	05/01/2019
SUBOXONE MIS 12-3MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	BUPREN/NALOX MIS 12-3MG	Tier 1	08/01/2019
SUBOXONE MIS 2-0.5MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	BUPREN/NALOX MIS 2-0.5MG	Tier 1	08/01/2019
SUBOXONE MIS 4-1MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	BUPREN/NALOX MIS 4-1MG	Tier 1	08/01/2019
SUBOXONE MIS 8-2MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	BUPREN/NALOX MIS 8-2MG	Tier 1	08/01/2019
SUPRAX CAP 400MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	CEFIXIME CAP 400 MG	Tier 1	06/17/2019
THEOPHYLLINE TAB 100MG CR	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	THEOPHYLLINE TAB 400MG ER	Tier 1	11/01/2019
THEOPHYLLINE TAB 200MG CR	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	THEOPHYLLINE TAB 400MG ER	Tier 1	11/01/2019
VESICARE TAB 10MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SOLIFENACIN SUCCINATE TAB 10 MG	Tier 1	08/01/2019
VESICARE TAB 5MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	SOLIFENACIN SUCCINATE TAB 5 MG	Tier 1	08/01/2019
VESTURA TAB 3-0.02MG	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	NIKKI TAB 3-0.02MG	Tier 1	01/01/2019
VINCASAR PFS INJ 1MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	VINCRISTINE INJ 1MG/ML	Tier 1	11/01/2019
VOL-PLUS TAB	DELETION OF DRUG FROM FORMULARY	MEDICARE WILL NO LONGER COVER	PRENATAL PLUS TAB	Tier 2	05/01/2019

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
WELCHOL PACK 3.75GM	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	COLESEVELAM PAK 3.75 GM	Tier 1	05/01/2019
ZENCHENT TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	VYFEMLA TAB 0.4-35	Tier 1	03/01/2019
ZERIT SOLN 1MG/ML	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	STAVUDINE CAP	Tier 1	03/01/2019
ZOVIA 1/50E TAB	DELETION OF DRUG FROM FORMULARY	MANUFACTURER DISCONTINUATION	KELNOR 1/50 TAB	Tier 1	05/01/2019
ZYTIGA TAB 250MG	DELETION OF DRUG FROM FORMULARY	GENERIC AVAILABLE	ABIRATERONE TAB 250MG	Tier 2	05/01/2019

*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 MI Health Link Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Michigan 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) 735-5604, TTY/TDD: 711, Monday - Friday, 8 a.m. to 8 p.m., EST. The call is free.