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
BACITRACIN OIN OP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN OIN 0.5% OP	Tier 2	06/01/2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
DENGVAXIA SUS	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2026
DIFICID TAB 200MG	Deletion Of Drug From Formulary	Generic Available	FIDAXOMICIN TAB 200MG	Tier 5	02/01/2026
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
EZALLOR SPR CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ROSUVASTATIN TAB	Tier 6	08/01/2026
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
IMPAVIDO CAP 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2026
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
KISQALI 400 PAK FEMARA	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LETROZOLE TAB 2.5MG; KISQALI TAB	Tier 2 / Tier 5	08/01/2026
KISQALI 600 PAK FEMARA	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LETROZOLE TAB 2.5MG; KISQALI TAB	Tier 2 / Tier 5	08/01/2026
LEVO-T TAB 100MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
LEVO-T TAB 112MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 125MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 137MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 150MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 175MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 200MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 25MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 300 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 50MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 75MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026
LEVO-T TAB 88MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; LEVOXYL TAB; UNITHROID TAB	Tier 1	09/01/2026

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
NALOXONE SPR 4MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KLOXXADO SPR 8MG	Tier 3	07/01/2026
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
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
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
TAZICEF INJ 1GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ 1GM	Tier 4	08/01/2026
TAZVERIK TAB 200MG	Deletion Of Drug From Formulary	Market Removal	Consult Your Health Care Provider		06/01/2026
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