



Changes to Molina Dual Options STAR+PLUS MMP’s Drug List

Molina Dual Options STAR+PLUS MMP 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 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 Member Handbook. Please call Member Services at (866) 856-8699 (TTY: 711), 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
AMABELZ TAB 0.5-0.1 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG	Tier 2	07/01/2024

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AMABELZ TAB 1-0.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG	Tier 2	03/01/2024
AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML	Tier 1	10/01/2024
CEFACLOR SUS 125/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	Tier 1	02/01/2024
CEFACLOR SUS 375/5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFACLOR SUS 250MG/5ML	Tier 1	02/01/2024
CEFTAZIDIME/ SOL D5W 1GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 1	02/01/2024
CEFTAZIDIME/ SOL D5W 2GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CEFTAZIDIME INJ	Tier 1	02/01/2024
CIPROFLOXACIN HCL TAB 100 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CIPROFLOXACIN HCL TAB 250 MG	Tier 1	02/01/2024
CLINDAMYCIN INJ 300MG/2ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CLINDAMYCIN INJ 600MG/4ML	Tier 1	02/01/2024
CYCLOPHOSPHAMIDE INJ 2GM/4ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CYCLOPHOSPHAMIDE INJ 2GM/10ML	Tier 2	09/01/2024
CYCLOSPORINE INJ 50MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		09/01/2024
EFAVIRENZ CAP 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EFAVIRENZ TAB 600MG	Tier 1	11/01/2024
EFAVIRENZ CAP 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EFAVIRENZ TAB 600MG	Tier 1	11/01/2024
EMCYT CAP 140MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		05/01/2024
ERYTHROCIN TAB 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN TAB 250MG EC	Tier 1	10/01/2024

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
EXKIVITY CAP 40MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		08/01/2024
FLEBOGAMMA DIF INJ 10GM/100ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ 10GM/100ML; PRIVIGEN INJ 10GM/100ML	Tier 2	03/01/2024
FLEBOGAMMA DIF INJ 2.5GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	OCTAGAM INJ 2.5GM/50ML	Tier 2	03/01/2024
FLEBOGAMMA DIF INJ 20GM/200ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GAMMAPLEX INJ 20GM/200ML; OCTAGAM INJ 20GM/200ML; PRIVIGEN INJ 20GM/200ML	Tier 2	03/01/2024
FLEBOGAMMA DIF INJ 5GM/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	BIVIGAM INJ 5GM/50ML; GAMMAPLEX INJ 5GM/50ML; OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML	Tier 2	03/01/2024
GVOKE PFS INJ PEF SYRINGE 0.5 MG/0.1ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	GVOKE PFS INJ PEF SYRINGE 1MG/0.2ML; GVOKE HYOPEN; GVOKE KIT	Tier 2	03/01/2024
HUMIRA PEDIA INJ CROHNS KIT 80 MG/0.8ML & 40 MG/0.4ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN STARTER KIT CD/UC/HS	Tier 2	08/01/2024
HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN STARTER KIT CD/UC/HS	Tier 2	08/01/2024

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
HUMIRA PEN INJ CD/UC/HS	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN INJ 40MG/0.8ML	Tier 2	04/01/2024
HUMIRA PEN-PS/UV STARTER PNKT 40MG/0.8ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA PEN INJ KIT 40 MG/0.8ML	Tier 2	08/01/2024
LEXIVA SUS 50MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FOSAMPRENAVIR TAB 700 MG	Tier 2	10/01/2024
NEVIRAPINE TAB ER 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NEVIRAPINE TAB ER 400MG	Tier 1	02/01/2024
OLOPATADINE DROPS 0.1%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AZELASTINE HCL OPHTH SOLN 0.05%	Tier 1	02/01/2024
PAROMOMYCIN CAP 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		04/01/2024
PENICILLIN G PROCAINE INJ SUSP 600000UNIT/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT	Tier 1	03/01/2024
RISPERDAL CONSTA INJ 12.5MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 12.5MG ER	Tier 1	05/01/2024
RISPERDAL CONSTA INJ 25MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 25MG ER	Tier 1	05/01/2024
RISPERDAL CONSTA INJ 37.5MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 37.5MG ER	Tier 2	05/01/2024
RISPERDAL CONSTA INJ 50MG	Deletion Of Drug From Formulary	Generic Available	RISPERIDONE INJ 50MG ER	Tier 2	05/01/2024
STAVUDINE CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ABACAVIR TAB; EMTRICITABINE CAP; LAMIVUDINE 150 MG, 300 MG TAB; ZIDOVUDINE TAB	Tier 1	01/01/2024
SYMJEPI INJ 0.15MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.15MG	Tier 1	02/01/2024

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
SYMJEPI INJ 0.3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EPINEPHRINE INJ 0.3MG	Tier 1	02/01/2024
SYNRIBO INJ 3.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ICLUSIG TAB; SCEMBLIX TAB	Tier 2	02/01/2024
TAZTIA XT CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DILTIAZEM HCL ER BEADS CAP; TIADYLT CAP	Tier 1	09/01/2024
TRICARE TAB PRENATAL	Deletion Of Drug From Formulary	Manufacturer Discontinuation	PRENATAL TAB 27-1MG	Tier 2	01/01/2024
TRIZIVIR TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		12/01/2024
VANADOM TAB 350MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CARISOPRODOL TAB 350 MG	Tier 2	03/01/2024
VOTRIENT TAB 200MG	Deletion Of Drug From Formulary	Generic Available	PAZOPANIB HCL TAB 200 MG	Tier 2	05/01/2024
VRAYLAR CAP 1.5-3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VRAYLAR CAP	Tier 2	06/01/2024
ZEJULA CAP 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ZEJULA TAB	Tier 2	09/01/2024
ZOLEDRONIC ACID IV SOLN 4 MG/100ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ZOLEDRONIC ACID INJ 4MG/5ML	Tier 1	10/01/2024

*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 STAR+PLUS MMP is a health plan that contracts with both Medicare and Texas 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 (866) 856-8699, TTY: 711, Monday – Friday, 8 a.m. to 8 p.m., local time. The call is free.

Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

<https://www.molinahealthcare.com/members/common/en-US/multi-language-taglines.aspx>