

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
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	01/01/2025

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AMOXICILLIN & K CLAVULANATE CHEW TAB 400-57 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AMOXICILLIN & K CLAVULANATE FOR SUSP 400-57 MG/5ML	Tier 1	05/01/2025
CORLANOR TAB	Deletion Of Drug From Formulary	Generic Available	IVABRADINE TAB	Tier 1	01/01/2025
DESOGESTREL-ETHINYL ESTRADIOL TAB 0.15-0.02/0.01 MG (21/5)	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KARIVA TAB 0.15-0.02/0.01 MG (21/5)	Tier 1	08/01/2025
DROXIA CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		03/01/2025
DUPIXENT INJ 100MG/0.67ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DUPIXENT INJ 200MG/1.14ML	Tier 2	02/01/2025
ENDARI POW 5GM	Deletion Of Drug From Formulary	Generic Available	L-GLUTAMINE POW 5GM	Tier 2	01/01/2025
ERYTHROCIN TAB 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN TAB 250MG BS	Tier 1	01/01/2025
EUTHYROX TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVOTHYROXINE SODIUM TAB; UNITHROID TAB	Tier 1	09/01/2025
FENTANYL OT LOZ	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SULFATE TAB	Tier 1	02/01/2025
ISOSORBIDE MONONITRATE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ISOSORB MONONITRATE TAB ER	Tier 1	05/01/2025
LEENA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ARANELLE TAB	Tier 1	05/01/2025
LEUKERAN TAB 2MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2025

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY)	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIVELSA TAB; ROSYRAH TAB	Tier 1	09/01/2025
LIBERVANT FILM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VALTOCO LIQD	Tier 2	07/01/2025
MICROGESTIN 24 FE TAB 1-20 MG-MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HAILEY 24 FE TAB 1-20 MG-MCG	Tier 1	02/01/2025
NATACYN SUS 5% OP	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2025
NORETHINDRONE & ETHINYL ESTRADIOL-FE TAB CHEWABLE 0.8 MG-25MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KAITLIB FE TAB CHEWABLE 0.8 MG-25MCG	Tier 1	05/01/2025
NORETHINDRONE ACETATE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MICROGESTIN TAB 1.5MG/30MCG	Tier 1	07/01/2025
NYMYO TAB 0.25MG-35MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORGESTIMATE-ETHINYL ESTRADIOL TAB 0.25MG-35MCG	Tier 1	02/01/2025
PREHEVBRIO SUS 10MCG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ENGERIX-B INJ; HEPLISAV-B INJ; RECOMBIVAX HB INJ	Tier 1	03/01/2025
SANDIMMUNE SOL 100MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CYCLOSPORINE CAP	Tier 1	01/01/2025
SELZENTRY TAB 25MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SELZENTRY SOL 20MG/ML	Tier 2	02/01/2025
SELZENTRY TAB 75MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SELZENTRY SOL 20MG/ML	Tier 2	02/01/2025

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
SPRYCEL TAB	Deletion Of Drug From Formulary	Generic Available	DASATINIB TAB	Tier 2	02/01/2025
TABLOID TAB 40MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2025
TDVAX INJ 2-2 LF	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TENIVAC INJ 5-2LF	Tier 1	03/01/2025
TOBRADEX ST SUS 0.3-0.05%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	TOBRAMYCIN-DEXAMETHASONE SUS 0.3-0.1%	Tier 1	01/01/2025
TRIVORA-28 TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LEVONORGESTREL-ETHINYL ESTRADIOL TAB 0.05-30/0.075-40/0.125-30MG-MCG; ENPRESSE-28 TAB; LEVONEST TAB	Tier 1	09/01/2025
VRAYLAR CAP 1.5-3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VRAYLAR CAP	Tier 2	02/01/2025
ZERVATE DRO 0.24%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	AZELASTINE DRO 0.05%	Tier 1	01/01/2025
ZYPREXA RELPREVV INJ	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RISPERIDONE ER INJ	Tier 1 / Tier 2	02/01/2025

*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 age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, Molina Healthcare provides services free of charge and in a timely manner:

- Molina Healthcare provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- Molina Healthcare provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact Molina Member Services at 1-800-665-3086 or TTY/TDD: 711, Monday to Friday, 8 a.m. to 8 p.m., local time.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Website: <https://molinahealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697

Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

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