

Changes to Molina Healthcare's Formulary

Molina Healthcare 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, depending on the type of change, there may be different options to consider. For example:

You may be able to use another drug on our Drug List to treat your medical condition. Alternative drug(s) are provided below to help your prescriber to find a covered drug that might work for you. Ask your prescriber if one of the possible alternative drug(s) is right for you.

You, your prescriber, or your authorized representative may also ask for an exception. 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. to 8 p.m., local time, April 1 – September 30: Monday – Friday, 8 a.m. to 8 p.m., local time.

The table below outlines changes to our formulary 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 50 MG	Tier 5	11/01/2025
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 3	01/01/2025
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 3	05/01/2025
BRONCHITOL CAP 40MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		10/01/2025
CALQUENCE CAP 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CALQUENCE TAB 100MG	Tier 5	10/01/2025
CORLANOR TAB	Deletion Of Drug From Formulary	Generic Available	IVABRADINE TAB	Tier 4	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 3	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 5	02/01/2025
ENDARI POW 5GM	Deletion Of Drug From Formulary	Generic Available	L-GLUTAMINE POW 5GM	Tier 5	01/01/2025
ENTRESTO TAB	Deletion Of Drug From Formulary	Generic Available	SACUBITRIL-VALSARTAN TAB	Tier 3	10/01/2025
ERYTHROCIN TAB 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN TAB 250MG BS	Tier 4	01/01/2025
ETHYNODIOL TAB 1 MG-50 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VALTYA 1/50 TAB 1 MG-50 MCG	Tier 3	11/01/2025

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
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 3	02/01/2025
IDACIO (2-SYRINGE) INJ KIT 40 MG/0.8ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ADALIMUMAB-AACF (2-SYRINGE) INJ KIT 40 MG/0.8ML; HUMIRA INJ	Tier 5	11/01/2025
ISOSORBIDE MONONITRATE TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ISOSORB MONONITRATE TAB ER	Tier 1	05/01/2025
IXCHIQ INJ	Deletion Of Drug From Formulary	Market Removal	VIMKUNYA INJ 40MCG/0.8ML	Tier 1	10/01/2025
LEENA TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ARANELLE TAB	Tier 3	05/01/2025
LEUKERAN TAB 2MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2025
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY)	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIVELSA TAB; ROSYRAH TAB	Tier 3	09/01/2025
LIBERVANT FILM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VALTOCO LIQD	Tier 4	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 3	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 3	05/01/2025

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
NORETHINDRONE ACE & ETHINYL ESTRADIOL-FE TAB 1 MG-20 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MICROGESTIN TAB FE 1/20; AUROVELA FE TAB 1/20; LARIN FE TAB 1/20; LOESTRIN FE TAB 1/20; TARINA FE TAB 1/20 EQ; FEIRZA TAB 1/20; JUNEL FE TAB 1/20	Tier 2	10/01/2025
NORETHINDRONE ACETATE & ETHINYL ESTRADIOL TAB 1.5 MG-30 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MICROGESTIN TAB 1.5MG/30MCG	Tier 3	07/01/2025
NORETHINDRONE AC-ETHINYL ESTRAD-FE TAB 1-20/1-30/1-35 MG-MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	XARAH FE TAB; TRI-LEGEST FE TAB; XARAH FE TAB	Tier 3	10/01/2025
NYMYO TAB 0.25MG-35MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORGESTIMATE-ETHINYL ESTRADIOL TAB 0.25MG-35MCG	Tier 2	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
REGTRANEX GEL 0.01%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		10/01/2025
REPATHA PUSHTRONEX INJ 420 MG/3.5ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	REPATHA SURECLICK INJ 140MG/ML; REPATHA INJ 140MG/ML	Tier 3	11/01/2025
SANDIMMUNE SOL 100MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CYCLOSPORINE CAP	Tier 4	01/01/2025
SELZENTRY TAB 25MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SELZENTRY SOL 20MG/ML	Tier 5	02/01/2025
SELZENTRY TAB 75MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SELZENTRY SOL 20MG/ML	Tier 5	02/01/2025
SPRYCEL TAB	Deletion Of Drug From Formulary	Generic Available	DASATINIB TAB	Tier 5	02/01/2025

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
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 3	01/01/2025
TRECTOR TAB 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		10/01/2025
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 2	09/01/2025
VRAYLAR CAP 1.5-3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VRAYLAR CAP	Tier 5	02/01/2025
ZERVIA DRO 0.24%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	AZELASTINE DRO 0.05%	Tier 2	01/01/2025
ZYPREXA RELPREVV INJ	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RISPERIDONE ER INJ	Tier 4 / Tier 5	02/01/2025

* Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate 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.



Molina Healthcare (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

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 in person, 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://www.molinahealthcare.com/alertline>

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>

You may also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights, by phone, in writing, or electronically:

Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights

P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413
Phone: 916-440-7370 (or (711 for Telecommunications Relay Service)
Email: CivilRights@dhcs.ca.gov

Complaint forms are available at http://www.dhcs.ca.gov/Pages/Language_Access.aspx

Free aids and services, such as sign language interpreters, written translations, and written information in alternative formats, are available to you. Call 1-800-665-0898 (TTY: 711).

English:

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-665-0898. Someone who speaks English can help you. This is a free service.

Spanish:

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-665-0898. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-800-665-0898。说普通话的人士会帮助您。这是免费服务。

Chinese Cantonese:

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打 1-800-665-0898 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

Tagalog:

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posibleng katanungan ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-800-665-0898. May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

Vietnamese:

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-800-665-0898. Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-665-0898번으로 문의해 주십시오. 한국어를 하는 담당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian:

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру 1-800-665-0898. Вам бесплатно поможет русскоязычный сотрудник.

Arabic:

لدينا خدمات ترجمة مجانية للإجابة على أي أسئلة قد تكون لديك حول خطتنا الصحية أو الدوائية. للحصول على مترجم، ما عليك سوى الاتصال بنا على الرقم 1-800-665-0898. يمكن لشخص يتحدث العربية مساعدتك. هذه خدمة مجانية.

Hindi:

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएं उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-800-665-0898 पर काल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Japanese:

当社の健康健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-665-0898 にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Armenian:

Մենք ունենք անվճար թարգմանչական ծառայություններ՝ մեր առողջության կամ դեղերի ծրագրի վերաբերյալ Ձեր ցանկացած հարցին պատասխանելու համար: Թարգմանիչ ստանալու համար պարզապես զանգահարեք մեզ՝ 1-800-665-0898 հեռախոսահամարով: Ինչ-որ մեկն, ով խոսում է հայերեն, կարող է օգնել Ձեզ: Սա անվճար ծառայություն է:

Cambodian:

យើងមានសេវាកម្មបកប្រែដោយឥតគិតថ្លៃដើម្បីឆ្លើយសំណួរណាមួយដែលអ្នកអាចមានអំពីគម្រោងសុខភាពឬថ្នាំរបស់យើង។ ដើម្បីទទួលបានអ្នកបកប្រែសូមទូរស័ព្ទមកយើងតាមរយៈលេខ 1-800-665-0898។ អ្នកដែលនិយាយភាសាខ្មែរអាចជួយអ្នកបាន។ នេះគឺជាសេវាកម្មឥតគិតថ្លៃ។

(Farsi) Persian:

ما یک سرویس مترجم رایگان برای کمک به شما در مورد هر گونه سوالی که ممکن است در مورد برنامه بهداشتی یا داروی خود داشته باشید، داریم. برای دسترسی به مترجم، به سادگی با شماره 1-800-665-0898 تماس بگیرید. کسی که فارسی صحبت می کند می تواند به شما کمک کند. این سرویس رایگان است.

Hmong:

Peb muaj cov kev pab cuam pab txhais lus pub dawb los teb cov lus nug uas koj muaj txog peb txoj phiaj xwm kev noj qab haus huv los sis tshuaj. Yog xav tau ib tus neeg txhais lus, tsuas yog hu rau peb ntawm 1-800-665-0898. Qee tus neeg uas hais lus Hmoob tuaj yeem pab koj. Qhov no yog ib qho kev pab cuam pub dawb.

Laotian:

ພວກເຮົາມີການບໍລິການນາຍພາສາພຣີທີ່ຈະຊ່ວຍໃຫ້ທ່ານມີຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບແຜນການສຸຂະພາບຫຼືຢາຂອງທ່ານ. ເພື່ອຂໍ້າຖືງຊາວລາວສາມາດຊ່ວຍທ່ານໄດ້. ການບໍລິການນີ້ແມ່ນບໍ່ເສຍຄ່າ.

Mien:

Yie mbuo mv nongc zinh taengx meih mbienv wac daih dau meih,haih doix yie mbuo nyei sinh beih nongx faix bong ndie nyei nyungh nyungc geh naiv.Oix duqv taux taengx meih mbienv wac,kungx

zuqc mboqv yie mbuo nyei dienx wac 1-800-665-0898.Haih gorngv mienh wac nyei mienh haih bong taengx zuqc meih.Naiv se yietc nyungc mv nongc zinh nyei bong taengx.

Punjabi:

ਸਾਡੀ ਸਿਹਤ ਜਾਂਚਵਾਈ ਯੋਜਨਾ ਬਾਰੇਤੁਹਾਡੇਕਿਸੇਵੀ ਕਿਸੇ ਦਾ ਜਵਾਬ ਦੇਣ ਲਈ ਸਾਡੇਵੇਲ ਮੁਫਤ ਦੁਬਾਸ਼ੀਏ ਸੇਵਾਵਾਂਹਨ। ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਸੰਪਰਕ ਕਰਨ ਲਈ, ਸਾਨੂੰ 1-800-665-0898 'ਤੇਕਾਲ ਕਰੋ। ਕੋਈ ਵਿਅਕਤੀ ਜੋਪੰਜਾਬੀ ਬੋਲਦਾ ਹੈਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਇਹ ਇੱਕ ਮੁਫਤ ਸੇਵਾ ਹੈ।

Thai:

เรามีบริการสามฟรีเพื่อช่วยเหลือคุณหากคุณมีคำถามใดๆ เกี่ยวกับแผนสุขภาพหรือยาของคุณ หากต้องการใช้บริการสามภาษาไทย ก็สามารถช่วยเหลือคุณได้ บริการนี้ไม่มีค่าใช้จ่าย

Ukrainian:

Якщо у вас виникають будь-які запитання стосовно плану медичного обслуговування чи покриття препаратів, ви можете безкоштовно отримати послуги перекладача. Для цього зателефонуйте нам на номер 1-800-665-0898. Співробітник, який знає українську, допоможе вам. Ця послуга безкоштовна.

French:

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-665-0898. Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-665-0898. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero 1-800-665-0898. Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portugués:

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-665-0898. Irá encontrar alguém que fale o idioma português para o ajudar. Este serviço é gratuito.

French Creole:

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-665-0898. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polsku, należy zadzwonić pod numer 1-800-665-0898. Ta usługa jest bezpłatna.