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.
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> 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
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
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
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 1	10/01/2025
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 1	02/01/2025
ENDARI POW 5GM	Deletion Of Drug From Formulary	Generic Available	L-GLUTAMINE POW 5GM	Tier 1	01/01/2025
ENTRESTO TAB	Deletion Of Drug From Formulary	Generic Available	SACUBITRIL-VALSARTAN TAB	Tier 1	10/01/2025
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

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
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 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
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 1	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 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 1	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 1	07/01/2025

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
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 1	10/01/2025
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
REGRANEX GEL 0.01%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		10/01/2025
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 1	02/01/2025
SELZENTRY TAB 75MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SELZENTRY SOL 20MG/ML	Tier 1	02/01/2025
SPRYCEL TAB	Deletion Of Drug From Formulary	Generic Available	DASATINIB TAB	Tier 1	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
TRECATOR 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 1	09/01/2025

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
VRAYLAR CAP 1.5-3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VRAYLAR CAP	Tier 1	02/01/2025
ZERVIATE 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	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.

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

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