

Upcoming Changes to Molina Dual Options MyCare Ohio (Medicare-Medicaid Plan)’s Drug List

Molina Dual Options MyCare Ohio 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 60 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 (855) 665-4623, (TTY: 711), Monday - Friday, 8 a.m. to 8 p.m., local time if you have any concerns.

The table below outlines upcoming changes to our Drug List that may affect you.

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
ADRUCIL INJ 2.5/50ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLUOROURACIL INJ 2.5/50ML	Tier 1	07/01/2020
ADRUCIL INJ 5/100ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLUOROURACIL INJ 5GM/100M	Tier 1	11/01/2020
ADRUCIL INJ 500/10ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLUOROURACIL INJ 500/10ML	Tier 1	07/01/2020

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
AFINITOR TAB 2.5MG	Deletion Of Drug From Formulary	Generic Available	EVEROLIMUS TAB 2.5MG	Tier 2	05/01/2020
AFINITOR TAB 5MG	Deletion Of Drug From Formulary	Generic Available	EVEROLIMUS TAB 5MG	Tier 2	05/01/2020
AFINITOR TAB 7.5MG	Deletion Of Drug From Formulary	Generic Available	EVEROLIMUS TAB 7.5MG	Tier 2	05/01/2020
AMINOSYN-PF INJ 10%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	AMINOSYN II INJ 10%	Tier 2	08/01/2020
CIPROFLOXACIN SUSP 500MG/5	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CIPROFLOXACIN TAB 500MG	Tier 1	03/01/2020
COLOCORT ENEMA 100MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCORTISONE ENEMA 100 MG/60ML	Tier 1	11/01/2020
COUMADIN TAB 10MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 1MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	12/01/2020
COUMADIN TAB 2.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 2MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 4MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 6MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
COUMADIN TAB 7.5MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	WARFARIN TAB	Tier 1	11/01/2020
D5W/NACL INJ 0.225%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	D5W/NACL INJ 0.2%	Tier 1	10/01/2020

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
D5W/NACL INJ 0.33%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	D5W/NACL INJ 0.225%	Tier 1	02/01/2020
DAPTOMYCIN SOLN 350MG (brand)	Deletion Of Drug From Formulary	Generic Available	DAPTOMYCIN SOLN 350MG	Tier 2	01/01/2020
DELYLA TAB 0.1-0.02	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AVIANE TAB	Tier 1	02/01/2020
DEPEN TITRA TAB 250MG	Deletion Of Drug From Formulary	Generic Available	PENICILLAMIN TAB 250MG	Tier 2	05/01/2020
DESOGESTREL & ETHINYL ESTRADIOL TAB 0.15 MG-30 MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	APRI TAB	Tier 1	10/01/2020
E.E.S. 400 TAB 400MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN ETHYLSUCCINATE TAB 400 MG	Tier 1	09/01/2020
EPROSARTAN MES TAB 600MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	LOSARTAN POT TAB	Tier 1	06/01/2020
FARYDAK CAP 15MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FARYDAK CAP 20MG	Tier 2	05/01/2020
FASLODEX INJ 250/5ML	Deletion Of Drug From Formulary	Generic Available	FULVESTRANT INJ 250 MG/5ML	Tier 2	01/01/2020
FIRAZYR INJ 30MG/3ML	Deletion Of Drug From Formulary	Generic Available	ICATIBANT INJ 30 MG/3ML	Tier 2	01/01/2020
FLURBIPROFEN TAB 50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	FLURBIPROFEN TAB 100MG	Tier 1	05/01/2020
HUMIRA PEDIATRIC INJ CROHNS	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HUMIRA KIT 40MG/0.8 ML	Tier 2	04/01/2020
IONOSOL-MB INJ D5W	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	NORMOSOL -M INJ /D5W	Tier 2	05/01/2020
ISOSORBIDE DINITRATE TAB ER 40 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ISOSORBIDE DINITRATE TAB	Tier 1	03/01/2020

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
JADENU TAB 360MG	Deletion Of Drug From Formulary	Generic Available	DEFERASIROX TAB 360MG	Tier 2	05/01/2020
JADENU TAB 90MG	Deletion Of Drug From Formulary	Generic Available	DEFERASIROX TAB 90MG	Tier 2	05/01/2020
JUXTAPID CAP 40MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	JUXTAPID CAP 20MG	Tier 2	12/01/2020
JUXTAPID CAP 60MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	JUXTAPID CAP 20MG	Tier 2	12/01/2020
KCL/D5W/NACL INJ .15/.33%	Deletion Of Drug From Formulary	Manufacturer Discontinuation	KCL/D5W/NACL INJ .15-.45%	Tier 1	02/01/2020
LORCET HD TAB 10-325MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCODONE-ACETAMINOPHEN TAB 10-325 MG	Tier 1	11/01/2020
LORCET PLUS TAB 7.5-325	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCODONE-ACETAMINOPHEN TAB 7.5-325 MG	Tier 1	11/01/2020
LORCET TAB 5-325MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HYDROCODONE-ACETAMINOPHEN TAB 5-325 MG	Tier 1	11/01/2020
LYRICA CAP	Deletion Of Drug From Formulary	Generic Available	PREGABALIN CAP	Tier 1	01/01/2020
LYRICA SOL 20MG/ML	Deletion Of Drug From Formulary	Generic Available	PREGABALIN SOLN 20 MG/ML	Tier 1	01/01/2020
MORGIDOX CAP 1X50MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DOXYCYCLINE HYCLATE CAP 50 MG	Tier 1	02/01/2020
MOXEZA SOLN 0.5%	Deletion Of Drug From Formulary	Generic Available	MOXIFLOXACIN HCL OPHTH SOLN 0.5%	Tier 1	03/01/2020
NEBUPENT INH 300MG	Deletion Of Drug From Formulary	Generic Available	PENTAMIDINE INH 300MG	Tier 1	05/01/2020
NORETH/ETHIN TAB FE 1/20	Deletion Of Drug From Formulary	Manufacturer Discontinuation	JUNEL FE 24 TAB 1/20	Tier 1	04/01/2020
NORLYROC TAB 0.35MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CAMILA TAB 0.35MG	Tier 1	02/01/2020

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
NORMOSOL -R INJ /D5W	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	ISOLYTE-S INJ	Tier 2	10/01/2020
NORMOSOL-R INJ PH 7.4	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	ISOLYTE-S INJ	Tier 2	11/01/2020
NOXAFIL TAB 100MG	Deletion Of Drug From Formulary	Generic Available	POSACONAZOLE TAB 100MG DR	Tier 2	05/01/2020
NUVARING	Deletion Of Drug From Formulary	Generic Available	ELURYNG MIS	Tier 1	05/01/2020
ONE VITE TAB 1MG PLUS	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	PRENATAL TAB 27-1MG	Tier 2	11/01/2020
PENTAM 300 INJ 300MG	Deletion Of Drug From Formulary	Generic Available	PENTAMIDINE ISETHIONATE FOR SOLN 300 MG	Tier 1	05/01/2020
POTASSIUM CHLORIDE/D5W INJ 40MEQ/L	Deletion Of Drug From Formulary	Manufacturer Discontinuation	POTASSIUM CHLORIDE/D5W INJ 20MEQ/L	Tier 1	09/01/2020
RANITIDINE INJ	Deletion Of Drug From Formulary	Market Removal	FAMOTIDINE INJ	Tier 1	06/01/2020
RANITIDINE SYP 75MG/5ML	Deletion Of Drug From Formulary	Market Removal	FAMOTIDINE SUS 40MG/5ML	Tier 1	06/01/2020
RANITIDINE TAB	Deletion Of Drug From Formulary	Market Removal	FAMOTIDINE TAB	Tier 1	06/01/2020
REBETOL SOLN 40MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIBAVIRIN TAB 200MG	Tier 1	02/01/2020
RESCRIPTOR TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	EFAVIRENZ TAB 600MG	Tier 2	06/01/2020
RIBASPHERE CAP 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIBAVIRIN CAP 200MG	Tier 1	02/01/2020
RIBASPHERE TAB 200MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIBAVIRIN TAB 200MG	Tier 1	02/01/2020
RIBASPHERE TAB 600MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RIBAVIRIN CAP 200MG	Tier 1	02/01/2020

Name of Affected Drug	Description for Change	Reason for Change	Alternative Drug	Alternative Drug Copay*	Effective Date
RIFATER TAB	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ISONIAZID TAB	Tier 1	09/01/2020
SILENOR TAB	Deletion Of Drug From Formulary	Generic Available	DOXEPIN TAB	Tier 1	05/01/2020
SYLATRON KIT 600MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SYLATRON KIT 300MCG	Tier 2	04/01/2020
THEOPHYLLINE TAB 100MG CR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	THEOPHYLLINE TAB 400MG ER	Tier 1	01/01/2020
THEOPHYLLINE TAB 200MG CR	Deletion Of Drug From Formulary	Manufacturer Discontinuation	THEOPHYLLINE TAB 400MG ER	Tier 1	01/01/2020
TRAVATAN Z DROPS 0.004%	Deletion Of Drug From Formulary	Generic Available	TRAVOPROST DROPS 0.004%	Tier 1	05/01/2020
VIDEX EC CAP 125MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIDANOSINE CAP 250MG	Tier 1	07/01/2020
VIDEX SOL 2GM	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DIDANOSINE CAP 200MG	Tier 1	07/01/2020
ZYKADIA CAP 150MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ZYKADIA TAB 150MG	Tier 2	02/01/2020

*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 MyCare Ohio Medicare-Medicaid Plan is a health plan that contracts with both Medicare and Ohio 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 (855) 665-4623, TTY: 711, Monday - Friday, 8 a.m. to 8 p.m., local time. The call is free.