



Upcoming 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 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 (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 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 |
|-----------------------|---------------------------------|-------------------------------|------------------------|-------------------------|----------------|
| ALBUTEROL TAB ER | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ALBUTEROL TAB | Tier 1 | 08/01/2021 |
| ALINIA SUSP 100/5ML | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | NITAZOXANIDE TAB 500MG | Tier 2 | 08/01/2021 |
| ALINIA TAB 500MG | Deletion Of Drug From Formulary | Generic Available | NITAZOXANIDE TAB 500MG | Tier 2 | 05/01/2021 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|-------------------------------------|---------------------------------|------------------------------|--|--------------------------------|-----------------------|
| AMINOSYN II INJ 10% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PREMASOL SOLN 10% | Tier 2 | 01/01/2021 |
| ANADROL-50 TAB 50MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PROCRIT INJ | Tier 2 | 05/01/2021 |
| ATRIPLA TAB | Deletion Of Drug From Formulary | Generic Available | EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300MG | Tier 2 | 01/01/2021 |
| BANZEL SUSP 40MG/ML | Deletion Of Drug From Formulary | Generic Available | RUFINAMIDE SUS 40MG/ML | Tier 2 | 05/01/2021 |
| CAPTOPRIL & HYDROCHLOROTHIAZIDE TAB | Deletion Of Drug From Formulary | Manufacturer Discontinuation | LISINOPRIL & HYDROCHLOROTHIAZIDE TAB | Tier 1 | 08/01/2021 |
| CIPRODEX SUSP 0.3-0.1% | Deletion Of Drug From Formulary | Generic Available | CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1% | Tier 1 | 01/01/2021 |
| CLOVIQUE CAP 250MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | TRIENTINE CAP 250MG | Tier 2 | 10/01/2021 |
| COLOCORT ENEMA 100MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HYDROCORTISONE ENEMA 100 MG/60ML | Tier 1 | 01/01/2021 |
| COUMADIN TAB | Deletion Of Drug From Formulary | Manufacturer Discontinuation | WARFARIN TAB | Tier 1 | 01/01/2021 |
| D5W/NACL INJ 0.225% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | D5W/NACL INJ 0.2% | Tier 1 | 01/01/2021 |
| DEMSER CAP 250MG | Deletion Of Drug From Formulary | Generic Available | METYROSINE CAP 250MG | Tier 2 | 05/01/2021 |
| DEPO-PROVERA INJ 400/ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider | | 02/01/2021 |
| DIDANOSINE CAP 200MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ABACAVIR TAB 300MG | Tier 1 | 04/01/2021 |
| DIDANOSINE CAP 250MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ABACAVIR TAB 300MG | Tier 1 | 04/01/2021 |
| DIDANOSINE CAP 400MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ABACAVIR TAB 300MG | Tier 1 | 04/01/2021 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|------------------------------|---------------------------------|---|---|--------------------------------|-----------------------|
| DOCETAXEL INJ 200MG/10ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | DOCETAXEL INJ 160MG/8ML | Tier 2 | 02/01/2021 |
| EMTRIVA CAP 200MG | Deletion Of Drug From Formulary | Generic Available | EMTRICITABINE CAP 200 MG | Tier 1 | 01/01/2021 |
| GLEOSTINE CAP | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | Consult Your Health Care Provider | | 02/01/2021 |
| HUMIRA INJ 10MG/0.2ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA INJ 10/0.1ML | Tier 2 | 03/01/2021 |
| HUMIRA KIT 20MG/0.4ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA INJ 20/0.2ML | Tier 2 | 03/01/2021 |
| IVERMECTIN TAB 3MG | Prior Authorization Added | PA Added To Ensure Use Is For A Part D Covered Indication | Consult Your Health Care Provider | | 11/01/2021 |
| JADENU SPRINKLE GRANULES | Deletion Of Drug From Formulary | Generic Available | DEFERASIROX GRANULES PACKET | Tier 2 | 01/01/2021 |
| JUXTAPID CAP 40MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | JUXTAPID CAP 20MG | Tier 2 | 01/01/2021 |
| JUXTAPID CAP 60MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | JUXTAPID CAP 20MG | Tier 2 | 01/01/2021 |
| KIONEX SUSP 15GM/60 | Deletion Of Drug From Formulary | Manufacturer Discontinuation | SPS SUS 15GM/60 | Tier 1 | 02/01/2021 |
| KLOR-CON SPRINKLE CAP ER | Deletion Of Drug From Formulary | Manufacturer Discontinuation | POTASSIUM CHLORIDE CAP ER | Tier 1 | 02/01/2021 |
| KUVAN POWDER | Deletion Of Drug From Formulary | Generic Available | SAPROPTERIN POWDER | Tier 2 | 05/01/2021 |
| KUVAN TAB 100MG | Deletion Of Drug From Formulary | Generic Available | SAPROPTERIN TAB 100MG | Tier 2 | 05/01/2021 |
| LORCET HD TAB 10-325MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HYDROCODONE-ACETAMINOPHEN TAB 10-325MG | Tier 1 | 01/01/2021 |
| LORCET PLUS TAB 7.5-325MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HYDROCODONE-ACETAMINOPHEN TAB 7.5-325MG | Tier 1 | 01/01/2021 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|---|---------------------------------|-------------------------------|---------------------------------------|--------------------------------|-----------------------|
| LORCET TAB 5-325MG | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HYDROCODONE-ACETAMINOPHEN TAB 5-325MG | Tier 1 | 01/01/2021 |
| MAPROTILINE TAB | Deletion Of Drug From Formulary | Manufacturer Discontinuation | MIRTAZAPINE TAB 15MG | Tier 1 | 09/01/2021 |
| METOPROLOL INJ 1MG/ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | METOPROLOL INJ 5MG/5ML | Tier 1 | 02/01/2021 |
| NEPHRAMINE INJ 5.4% | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PROSOL INJ 20% | Tier 2 | 06/01/2021 |
| NORMOSOL -M INJ /D5W | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | ISOLYTE-P INJ /D5W | Tier 2 | 05/01/2021 |
| NORMOSOL -R INJ | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | ISOLYTE-S INJ | Tier 2 | 01/01/2021 |
| ONE VITE TAB 1MG PLUS | Deletion Of Drug From Formulary | Medicare Will No Longer Cover | PRENATAL TAB 27-1MG | Tier 2 | 01/01/2021 |
| PEGASYS INJ PROCLICK | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PEGASYS INJ | Tier 2 | 02/01/2021 |
| PHOSPHOLINE SOLN 0.125%OP | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PILOCARPINE OPHTH SOLN | Tier 1 | 08/01/2021 |
| PROPRANOLOL & HYDROCHLOROTHIAZIDE TAB | Deletion Of Drug From Formulary | Manufacturer Discontinuation | METOPROLOL & HYDROCHLOROTHIAZIDE TAB | Tier 1 | 09/01/2021 |
| ROWEEPRA XR TAB | Deletion Of Drug From Formulary | Manufacturer Discontinuation | LEVETIRACETAM TAB ER 24HR | Tier 1 | 02/01/2021 |
| SAPHRIS SL TAB | Deletion Of Drug From Formulary | Generic Available | ASENAPINE MALEATE SL TAB | Tier 1 | 05/01/2021 |
| SODIUM POLYSTYRENE SULFONATE ORAL SUSP 15 GM/60ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | SPS SUS 15GM/60 | Tier 1 | 02/01/2021 |
| SUMATRIPTAN PREFILLED SYRINGE 6 MG/0.5ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | SUMATRIPTAN AUTO-INJECTOR 6 MG/0.5ML | Tier 1 | 06/01/2021 |
| SYLATRON KIT | Deletion Of Drug From Formulary | Manufacturer Discontinuation | INTRON A INJ | Tier 2 | 01/01/2021 |

| Name of Affected Drug | Description for Change | Reason for Change | Alternative Drug | Alternative Drug Copay* | Effective Date |
|------------------------------|---------------------------------|------------------------------|---|--------------------------------|-----------------------|
| SYMFI LO TAB | Deletion Of Drug From Formulary | Generic Available | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300MG | Tier 2 | 05/01/2021 |
| SYMFI TAB | Deletion Of Drug From Formulary | Generic Available | EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300MG | Tier 2 | 05/01/2021 |
| TRILYTE SOLN | Deletion Of Drug From Formulary | Manufacturer Discontinuation | GAVILYTE-N SOL FLAVOR PACK | Tier 1 | 10/01/2021 |
| TRUVADA TAB 133-200 | Deletion Of Drug From Formulary | Generic Available | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 133-200 | Tier 2 | 05/01/2021 |
| TRUVADA TAB 100-150 | Deletion Of Drug From Formulary | Generic Available | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 100-150 | Tier 2 | 05/01/2021 |
| TRUVADA TAB 167-250 | Deletion Of Drug From Formulary | Generic Available | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 167-250 | Tier 2 | 05/01/2021 |
| TRUVADA TAB 200-300MG | Deletion Of Drug From Formulary | Generic Available | EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE TAB 200-300MG | Tier 2 | 01/01/2021 |
| TYKERB TAB 250MG | Deletion Of Drug From Formulary | Generic Available | LAPATINIB TAB 250MG | Tier 2 | 05/01/2021 |

*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.

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