

## 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.

| <b>Name of Affected Drug</b>                     | <b>Description of Change</b>    | <b>Reason for Change</b>     | <b>Alternative Drug(s) *</b>                                        | <b>Alternative Drug(s) Cost-Sharing Tier</b> | <b>Effective Date</b> |
|--------------------------------------------------|---------------------------------|------------------------------|---------------------------------------------------------------------|----------------------------------------------|-----------------------|
| AMABELZ TAB 0.5-0.1 MG                           | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ESTRADIOL & NORETHINDRONE ACETATE TAB 0.5-0.1 MG                    | Tier 1                                       | 07/01/2024            |
| AMABELZ TAB 1-0.5MG                              | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ESTRADIOL & NORETHINDRONE ACETATE TAB 1-0.5 MG; MIMVEY TAB 1-0.5 MG | Tier 1                                       | 03/01/2024            |
| 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                                       | 10/01/2024            |
| CEFACLOR SUS 125/5ML                             | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFACLOR SUS 250MG/5ML                                              | Tier 1                                       | 02/01/2024            |
| CEFACLOR SUS 375/5ML                             | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFACLOR SUS 250MG/5ML                                              | Tier 1                                       | 02/01/2024            |
| CEFTAZIDIME/ SOL D5W 1GM                         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFTAZIDIME INJ                                                     | Tier 1                                       | 02/01/2024            |
| CEFTAZIDIME/ SOL D5W 2GM                         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CEFTAZIDIME INJ                                                     | Tier 1                                       | 02/01/2024            |
| CIPROFLOXACIN HCL TAB 100 MG                     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CIPROFLOXACIN HCL TAB 250 MG                                        | Tier 1                                       | 02/01/2024            |
| CLINDAMYCIN INJ 300MG/2ML                        | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CLINDAMYCIN INJ 600MG/4ML                                           | Tier 1                                       | 02/01/2024            |
| CYCLOPHOSPHAMIDE INJ 2GM/4ML                     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CYCLOPHOSPHAMIDE INJ 2GM/10ML                                       | Tier 1                                       | 09/01/2024            |
| CYCLOSPORINE INJ 50MG/ML                         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider                                   |                                              | 09/01/2024            |
| EFAVIRENZ CAP 200MG                              | Deletion Of Drug From Formulary | Manufacturer Discontinuation | EFAVIRENZ TAB 600MG                                                 | Tier 1                                       | 11/01/2024            |
| EFAVIRENZ CAP 50MG                               | Deletion Of Drug From Formulary | Manufacturer Discontinuation | EFAVIRENZ TAB 600MG                                                 | Tier 1                                       | 11/01/2024            |

| <b>Name of Affected Drug</b>                          | <b>Description of Change</b>    | <b>Reason for Change</b>     | <b>Alternative Drug(s) *</b>                                                                      | <b>Alternative Drug(s) Cost-Sharing Tier</b> | <b>Effective Date</b> |
|-------------------------------------------------------|---------------------------------|------------------------------|---------------------------------------------------------------------------------------------------|----------------------------------------------|-----------------------|
| EMCYT CAP 140MG                                       | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider                                                                 |                                              | 05/01/2024            |
| ERYTHROCIN TAB 250MG                                  | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ERYTHROMYCIN TAB 250MG EC                                                                         | Tier 1                                       | 10/01/2024            |
| EXKIVITY CAP 40MG                                     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider                                                                 |                                              | 08/01/2024            |
| FLEBOGAMMA DIF INJ 10GM/100ML                         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | BIVIGAM INJ 10GM/100ML; GAMMAPLEX INJ 10GM/100ML; OCTAGAM INJ 10GM/100ML; PRIVIGEN INJ 10GM/100ML | Tier 1                                       | 03/01/2024            |
| FLEBOGAMMA DIF INJ 2.5GM/50ML                         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | OCTAGAM INJ 2.5GM/50ML                                                                            | Tier 1                                       | 03/01/2024            |
| FLEBOGAMMA DIF INJ 20GM/200ML                         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | GAMMAPLEX INJ 20GM/200ML; OCTAGAM INJ 20GM/200ML; PRIVIGEN INJ 20GM/200ML                         | Tier 1                                       | 03/01/2024            |
| FLEBOGAMMA DIF INJ 5GM/50ML                           | Deletion Of Drug From Formulary | Manufacturer Discontinuation | BIVIGAM INJ 5GM/50ML; GAMMAPLEX INJ 5GM/50ML; OCTAGAM INJ 5GM/50ML; PRIVIGEN INJ 5GM/50ML         | Tier 1                                       | 03/01/2024            |
| GVOKE PFS INJ PREF SYRINGE 0.5 MG/0.1ML               | Deletion Of Drug From Formulary | Manufacturer Discontinuation | GVOKE PFS INJ PREF SYRINGE 1MG/0.2ML; GVOKE HYOPEN; GVOKE KIT                                     | Tier 1                                       | 03/01/2024            |
| HUMIRA PEDIA INJ CROHNS KIT 80 MG/0.8ML & 40 MG/0.4ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA PEN STARTER KIT CD/UC/HS                                                                   | Tier 1                                       | 08/01/2024            |

| <b>Name of Affected Drug</b>                 | <b>Description of Change</b>    | <b>Reason for Change</b>     | <b>Alternative Drug(s) *</b>                                                   | <b>Alternative Drug(s) Cost-Sharing Tier</b> | <b>Effective Date</b> |
|----------------------------------------------|---------------------------------|------------------------------|--------------------------------------------------------------------------------|----------------------------------------------|-----------------------|
| HUMIRA PEDIATRIC CROHNS D PSKT 80MG/0.8ML    | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA PEN STARTER KIT CD/UC/HS                                                | Tier 1                                       | 08/01/2024            |
| HUMIRA PEN INJ CD/UC/HS                      | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA PEN INJ 40MG/0.8ML                                                      | Tier 1                                       | 04/01/2024            |
| HUMIRA PEN-PS/UV STARTER PNKT 40MG/0.8ML     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | HUMIRA PEN INJ KIT 40 MG/0.8ML                                                 | Tier 1                                       | 08/01/2024            |
| LEXIVA SUS 50MG/ML                           | Deletion Of Drug From Formulary | Manufacturer Discontinuation | FOSAMPRENAVIR TAB 700 MG                                                       | Tier 1                                       | 10/01/2024            |
| NEVIRAPINE TAB ER 100MG                      | Deletion Of Drug From Formulary | Manufacturer Discontinuation | NEVIRAPINE TAB ER 400MG                                                        | Tier 1                                       | 02/01/2024            |
| OLOPATADINE DROPS 0.1%                       | Deletion Of Drug From Formulary | Manufacturer Discontinuation | AZELASTINE HCL OPHTH SOLN 0.05%                                                | Tier 1                                       | 02/01/2024            |
| PAROMOMYCIN CAP 250MG                        | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider                                              |                                              | 04/01/2024            |
| PENICILLIN G PROCAINE INJ SUSP 600000UNIT/ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PENICILLIN G POTASSIUM INJ SOLR 5000000 UNIT, 20000000 UNIT                    | Tier 1                                       | 03/01/2024            |
| RISPERDAL CONSTA INJ 12.5MG                  | Deletion Of Drug From Formulary | Generic Available            | RISPERIDONE INJ 12.5MG ER                                                      | Tier 1                                       | 05/01/2024            |
| RISPERDAL CONSTA INJ 25MG                    | Deletion Of Drug From Formulary | Generic Available            | RISPERIDONE INJ 25MG ER                                                        | Tier 1                                       | 05/01/2024            |
| RISPERDAL CONSTA INJ 37.5MG                  | Deletion Of Drug From Formulary | Generic Available            | RISPERIDONE INJ 37.5MG ER                                                      | Tier 1                                       | 05/01/2024            |
| RISPERDAL CONSTA INJ 50MG                    | Deletion Of Drug From Formulary | Generic Available            | RISPERIDONE INJ 50MG ER                                                        | Tier 1                                       | 05/01/2024            |
| STAVUDINE CAP                                | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ABACAVIR TAB; EMTRICITABINE CAP; LAMIVUDINE 150 MG, 300 MG TAB; ZIDOVUDINE TAB | Tier 1                                       | 01/01/2024            |

| Name of Affected Drug                 | Description of Change           | Reason for Change            | Alternative Drug(s) *                   | Alternative Drug(s) Cost-Sharing Tier | Effective Date |
|---------------------------------------|---------------------------------|------------------------------|-----------------------------------------|---------------------------------------|----------------|
| SYMJEPI INJ 0.15MG                    | Deletion Of Drug From Formulary | Manufacturer Discontinuation | EPINEPHRINE INJ 0.15MG                  | Tier 1                                | 02/01/2024     |
| SYMJEPI INJ 0.3MG                     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | EPINEPHRINE INJ 0.3MG                   | Tier 1                                | 02/01/2024     |
| SYNRIBO INJ 3.5MG                     | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ICLUSIG TAB; SCEMBLIX TAB               | Tier 1                                | 02/01/2024     |
| TAZTIA XT CAP                         | Deletion Of Drug From Formulary | Manufacturer Discontinuation | DILTIAZEM HCL ER BEADS CAP; TIADYLT CAP | Tier 1                                | 09/01/2024     |
| TRICARE TAB<br>PRENATAL               | Deletion Of Drug From Formulary | Manufacturer Discontinuation | PRENATAL TAB 27-1MG                     | Tier 1                                | 01/01/2024     |
| TRIZIVIR TAB                          | Deletion Of Drug From Formulary | Manufacturer Discontinuation | Consult Your Health Care Provider       |                                       | 12/01/2024     |
| VANADOM TAB<br>350MG                  | Deletion Of Drug From Formulary | Manufacturer Discontinuation | CARISOPRODOL TAB 350 MG                 | Tier 1                                | 03/01/2024     |
| VOTRIENT TAB<br>200MG                 | Deletion Of Drug From Formulary | Generic Available            | PAZOPANIB HCL TAB 200 MG                | Tier 1                                | 05/01/2024     |
| VRAYLAR CAP 1.5-<br>3MG               | Deletion Of Drug From Formulary | Manufacturer Discontinuation | VRAYLAR CAP                             | Tier 1                                | 06/01/2024     |
| ZEJULA CAP 100MG                      | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ZEJULA TAB                              | Tier 1                                | 09/01/2024     |
| ZOLEDRONIC ACID IV<br>SOLN 4 MG/100ML | Deletion Of Drug From Formulary | Manufacturer Discontinuation | ZOLEDRONIC ACID INJ<br>4MG/5ML          | Tier 1                                | 10/01/2024     |

\* 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 complies with applicable Federal civil rights laws and does not discriminate on the basis of race, ethnicity, national origin, religion, gender, sex, age, mental or physical disability, health status, receipt of healthcare, claims experience, medical history, genetic information, evidence of insurability, geographic location.

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