

## Marketplace National Regional Benefit Interpretation Document

Benefit Name	MEDICATIONS AND OFF-LABEL DRUGS
Applicable State	California, Florida, Idaho, Illinois, Kentucky, Michigan, Mississippi, Nevada, New Mexico, Ohio, South Carolina, Texas, Utah, Washington, Wisconsin
Benefit Definition	<p>This policy addresses injectable drugs, off-label drug use, tobacco cessation medications, and outpatient drugs and prescription medications. This policy will address the Medical coverage and reference some Pharmacy coverage. There will be additional details to find more information around Pharmacy benefits that are not mentioned within this policy. Please refer to Medication Prior Authorization Criteria and Clinical Policies <a href="#">here</a>.</p> <p>Covered benefits are listed in three (3) Sections - A, B and C. All services must be medically necessary. Each benefit plan contains its own specific provisions for coverage, limitations and exclusions as stated in the member's Evidence of Coverage (EOC)/Schedule of Benefits (SOB). If there is a discrepancy between this policy and the member's EOC/SOB, the member's EOC/SOB provision will govern.</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <b>A. FEDERAL/STATE MANDATED REGULATIONS</b> </div> <p><b>Note: The most current federal/state mandated regulations for each state can be found in the links below.</b></p> <p><b>FEDERAL:</b>  <a href="#">45 CFR § 156.122</a>: Prescription drug benefits.</p> <p><b>CALIFORNIA:</b>  CA Health &amp; Safety Code <a href="#">1367.21</a>: Applies to Policies and/or Renewed On or After January 1, 2010; Prescription Drug Coverage for Other Than Approved Uses   CA Health &amp; Safety Code <a href="#">1367.24</a>: Coverage for Nonformulary Drugs   CA Health &amp; Safety Code <a href="#">1367.06</a>   CA Health &amp; Safety Code <a href="#">1342.71</a></p>

CA Health & Safety Code [1342.72](#)

CA Health & Safety Code [1342.73](#)

CA Health & Safety Code [1367.41](#)

CA Health & Safety Code [1367.42](#)

CA Health & Safety Code [1367.47](#)

CA Health & Safety Code [1367.205](#)

CA Health & Safety Code, [Article 4.5 Right to Try Act](#)

SB No. 159 Chapter 532: An Act to Add Section 1342.74 to the Health and Safety Code Relating to HIV Prevention

[Sec. 4: 1342.74](#)

[Sec 5: 10123.1933](#)

[Health and Safety Code § 1367.21](#): Coverage of off label use

[Health and Safety Code § 1367.22](#): Coverage of previously prescribed prescription drugs

[AB 347 \(APL 22-004\)](#):

Requires health care service plans, effective January 1, 2022, to expeditiously grant “step therapy exceptions” within specified time periods when use of the prescription drug required under step therapy is inconsistent with good professional practice. AB 347 also permits providers to appeal a health plan’s denial of an exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request.

[AB 2352](#): Mental Health and Psychiatric Advance Directives

#### **FLORIDA:**

[Fla. Stat. § 627.4239](#): Coverage for use of drugs in treatment of cancer

#### **IDAHO:**

[SB 1234](#): PLANS COVERING CONTRACEPTION

#### **ILLINOIS:**

[215 ILCS 5/356z.5](#)): Prescription inhalants

[215 ILCS 125/4-6.3](#)): Prescription drugs; cancer treatment

[215 ILCS 5/356z.26](#)): Synchronization

[Public Act 97-0198](#): AN ACT concerning insurance.

[215 ILCS 5/356z.19](#): Cancer Drug Parity

Cancer Treatment – Prescription Drugs

[215 ILCS 5/356z.7](#)

[215 ILCS 125/4-6.3](#)

Amended by [P.A. 96-457](#)

[P.A. 93-529](#): Prescription Inhalants

[215 ILCS 125/5-3](#): Prescription Inhalants; Organ transplants – immunosuppressant Drugs

Organ transplants – immunosuppressant Drugs

[P.A. 95-1045](#)

[215 ILCS 5/356g.5-1](#)

[SB 1344](#): Coverage-Abort/Hormone/HIV

[HB 2189a](#): Access to Afford Insulin Act

#### **KENTUCKY:**

[Ky. Rev. Stat. § 304.17A-166](#): Prescription eye drops coverage to include refills and additional bottle if conditions met.

[Ky. Rev. Stat. § 304.17A-168](#): Coverage for tobacco cessation medications and services

[Ky. Rev. Stat. § 304.17A-172](#): Requirements for health benefit plans that include anticancer medications that are injected or intravenously administered by a health care provider and patient-administered anticancer medications.

[Ky. Rev. Stat. § 304.17A-535](#): Drug utilization waiver program -- Limitations on generic substitution -- Application to drug formulary

[HB 274](#): Practice of Pharmacy

[SB 188](#): Patient Access to Pharmacy Benefits

[HB 190](#): Pharmacy Benefits

#### **MICHIGAN:**

[MCL500.3406e](#): Antineoplastic surgery drugs

#### **MISSISSIPPI:**

[Miss. Code Ann. § 83-9-8](#): Coverage of drugs not approved by Federal Food and Drug Administration; drugs used in treatment of cancer.

[MS Code 83-9-6](#)

[HB 728](#): Defending Affordable Prescription Drug Costs Act

[HB 1143](#): Step Therapy; Advanced Metastatic Cancer

**NEVADA:**

Coverage of certain drugs for treatment of cancer

[NRS 689A.0404](#)

[NRS 695C.1733](#)

Coverage for prescription drug previously approved for medical condition of insured.

[NRS 689A.04045](#)

[NRS 695C.1734](#)

**NEW MEXICO:**

[NMSA 59A-22-42](#); [NMSA 59A-22-43](#); [NMSA 59A-46-44](#): Coverage for Prescription Contraceptive Drugs or Devices

[NMSA 59A-22-49.1](#); [NMSA 59A-23-7.10](#); [NMSA 59A-46-50.1](#); [NMSA 59A-47-45.1](#): Coverage for Orally Administered Anticancer

Medications; Limits on Patient Costs

HB 33 Prescription Drug Transparency

HB 135 Step Therapy Guidelines

**OHIO:**

[Ohio Rev. Code § 1751.66](#); [Ohio Rev. Code § 3923.60](#): Off-label prescription drugs

[Ohio Rev. Code § 1753.21](#): Prescription drugs

**SOUTH CAROLINA:**

[S.C. Code Ann. §38-71-275](#): Off-Label Drug Use

[45 CFR 156.122\(a\)\(3\)](#): P&T Committee

**TEXAS:**

[HB 3441](#); [TIC §1451.1261\(d\)](#): BILL TO BE ENTITLED AN ACT relating to reimbursement under certain health benefit plans for certain services and procedures performed by pharmacists.

[TIC §1369.213](#): Prohibited Conduct

[TIC §§1369.001 - 1369.004](#): Prescription Drugs - Off-label Drugs

[28 TAC §21.3010 and §21.3011](#): Prescription Drugs - Off-label Drugs

[TIC §§1369.201 - 1369.204](#): TIC Chapter 1369, Subchapter E- Prescription Drugs - Oral Anticancer Medications

[28 TAC §1358.056](#): COVERAGE FOR NEW OR IMPROVED EQUIPMENT AND SUPPLIES  
[TIC §1369.0041\(b\)](#): CERTAIN PAYMENTS AND REFILLS  
[§1369.055](#): CONTINUATION OF COVERAGE REQUIRED; OTHER DRUGS NOT PRECLUDED  
[TIC Section 1377.051](#): Prescription Drugs - Amino Acid-based Formulas  
  
[HB 1935, 87th Legislative Session](#)  
 HB 1935, and TIC §1358.054(a-1)  
[TIC §4201.304\(b\)](#)  
[TIC §1369.0541\(a\)\(3\)](#)

**WASHINGTON:**

[RCW 48.44.341](#): Mental health services—Health plans—Definition—Coverage required, when.

**WISCONSIN:**

[632.895\(9\)](#): Drugs for Treatment of HIV Infection

**B. STATE MARKET PLAN ENHANCEMENTS**

CVS-Pharmacy

Your plan's network also offers 90-day fill at network retail pharmacies. If you are looking for retail pharmacies that participate in the 90-day fill at retail program, participating pharmacies will show "90-day Supply Available" in the details of your search results. (Pharmacy Perspective)

**C. COVERED BENEFITS**

**IMPORTANT NOTE:** Covered benefits are listed in Sections A, B and C. Always refer to Sections A and B for additional covered benefits not listed in this Section.

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**MEDICATIONS AND OFF-LABEL DRUGS**
**CALIFORNIA:**
**PRESCRIPTION DRUGS**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina's networks. Covered drugs include over-the-counter (OTC) and

prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or Provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit [www.MolinaMarketplace.com](http://www.MolinaMarketplace.com). A hardcopy is also available upon request made to Member Services.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary". The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on [MolinaMarketplace.com](http://MolinaMarketplace.com). A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

#### **Formulary Exception Requests**

**Access to Nonformulary Drugs:** Molina members can request coverage of clinically appropriate drugs that are not on the formulary, or have "step therapy" or other requirements that have not been met. Drugs that are not on the formulary may not be covered by the plan. These drugs may cost members more than similar drugs that are on the formulary if covered on "exception," as described in the next sections. To ask for nonformulary drugs to be covered, a provider can submit a formulary exception request on a member's behalf. These requests will be considered for a medically accepted use when formulary options cannot be used, and other coverage requirements are met. A member's response to drug samples from a provider or a drug maker is not a reason to bypass standard rules for plan drug coverage.

Formulary drugs are typically prescribed by providers for members to get from a pharmacy and give themselves. Most injectable drugs that require a

provider's help are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for members' drugs. Some injectable drugs can be approved through the exceptions process to get from a pharmacy using the plan pharmacy benefit.

**Requesting a Formulary Exception:** The process for requesting a formulary exception is the same for requesting prior authorization on formulary drugs that require advanced approval for coverage. Requests are reviewed against standard rules to determine medical necessity.

A provider may fax a completed Prior Authorization/Medication Exception Request form to Molina at [1 (866) 508-6445]. The form may be obtained on [MolinaMarketplace.com](http://MolinaMarketplace.com) at the provider forms and documents page. The form must be completed and include all medical information. Otherwise, it will not be accepted.

Molina will grant an exception for a nonformulary drug or step therapy requirement if its reviewers determine the supporting information shows any of the following:

- The member has a medical contraindication to formulary or required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the member
- The required drug is expected to be ineffective based on the member's documented clinical characteristics.
- The member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event.
- The member is established on the drug as a current treatment from previous insurance coverage. If the established drug is a brand drug and we cover the generic or interchangeable biological product, an exception may be given if switching to the required drug will likely cause clinically predictable adverse reactions or harm.
- The supporting medical information clearly shows formulary or required drugs are not in the member's best interest, because they are likely to:
  - Present a barrier to treatment plan adherence, or
  - Negatively impact a member's comorbid condition, or
  - Cause a clinically predictable negative drug interaction, or
  - Decrease the member's ability to achieve or maintain reasonable functional ability in performing daily activities



After receiving all the needed information from the member's provider, Molina will notify the member's treating provider of approval or denial of the request:

- Within 72 hours for standard requests, and
- Within 24 hours for urgent requests

Urgent exception requests apply when a member is experiencing a health situation that may seriously jeopardize their life, health, or ability to regain maximum function, or when a member is undergoing a current course of treatment using a nonformulary drug.

If the request is denied, Molina Healthcare will send a letter to the member and their prescriber. The letter will explain why the drug or product was denied. The prescriber may request to discuss the denial with Molina. If the member disagrees with the denial of the request, the member can appeal Molina's coverage decision. The prescriber may also request that an Independent Review Organization (IRO) review Molina's coverage decision during an appeal. The IRO will notify the requestor of the IRO decision no later than:

- 72 hours following receipt of an appeal of a denied standard exception request
- 24 hours following receipt of an appeal on a denied urgent exception request

**Cost Sharing:** Molina puts drugs on different levels called tiers based on how well they improve health and their value compared to similar treatments. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.

Here are some details about which drugs are on which tiers.

Drug Tier	Description
<b>Tier 1</b>	1) Most generic drugs and low-cost preferred brands.
<b>Tier 2</b>	1) Non-preferred generic drugs or; 2) Preferred brand name drugs or; 3) Recommended by the plan's pharmaceutical and therapeutics (P&T) committee based on drug safety, efficacy, and cost.



	<b>Tier 3</b>	1) Non-preferred brand name drugs or; 2) Recommended by P&T committee based on drug safety, efficacy, and cost or; 3) Generally have a preferred and often less costly therapeutic alternative at a lower tier.
	<b>Tier 4</b>	1) Food and Drug Administration (FDA) or drug manufacturer limits distribution to specialty pharmacies or; 2) Self-administration requires training, clinical monitoring or; 3) Plan cost (net of rebates) is > \$600 for a 1-month supply.
	<b>Tier 5</b>	Nationally recognized preventative service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 cost sharing.
	<b>DME</b>	Durable Medical Equipment ("DME") - cost sharing applies; some non-drug products on the Formulary have cost sharing determined by the DME coinsurance.
<p>Members are not required to pay more than the retail price for a covered prescription drug. If a pharmacy's retail price is less than the applicable Copayment or Coinsurance amount listed on the Schedule of Benefits, the retail price the Member pays for a covered drug will constitute the applicable Cost Sharing. The retail-price payment will apply to both the Deductible, if any, and the OOPM.</p> <p><b>Cost Sharing on Formulary Exceptions:</b> For drugs or other products that are approved on Formulary exception, the Member will have Tier 3 Cost Sharing for non-specialty products or a Tier 4 Cost Sharing for Specialty products. Please note, for nonformulary brand-name products that have a generic product listed on the Formulary, if coverage is approved on exception, a</p>		

Member's share of the cost will also include the difference in cost between the Formulary generic drug and the brand-name drug.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost Sharing reduction for any prescription drugs obtained by Members through the use of a discount card, a coupon provided by a prescription drug manufacturer, or any form of prescription drug third party Cost Sharing assistance will not apply toward any Deductible, or the OOPM under the Plan.

**Over-the-Counter Drugs, Products and Supplements:** Molina covers over-the-counter drugs, products and supplements in accordance with State Law and federal laws. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Coverage includes inhaler spacers, nebulizers (including face masks and tubing), and peak flow meters, when Medically Necessary for the management and treatment of pediatric asthma. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [MolinaMarketplace.com](http://MolinaMarketplace.com) or contact Member Services for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Prescription Drugs to Stop Smoking:** Molina covers drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates "MAIL" for items that may be covered with a 3-month supply through a contracted mail order pharmacy

or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

Up to a 12-month supply is permitted for an FDA-approved, self-administered hormonal contraceptive when dispensed or furnished at one time for an enrollee by a provider, pharmacist, or at a location licensed or otherwise authorized to dispense drugs or supplies. The 30-day supply limit and 90-day mail order supply limit do not necessarily apply for the up-to-12-month supply for FDA-approved, self-administered hormonal contraceptives. Otherwise, quantities that exceed the day supply limit are not covered unless Prior Authorized.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member's pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days' supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including a shorter supply per fill and restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior Authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Tier 4 specialty drugs under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose. All

anti-cancer drugs taken by mouth and paid for under the pharmacy benefit will be covered on the same basis and at no greater Cost Sharing than imposed under the medical benefit for anti-cancer drugs given by other bodily routes by a Provider. The maximum Cost Sharing for an orally administered anti-cancer medication is \$250 for up to a 30-day supply and is not subject to a deductible.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III experimental or investigational drugs that are FDA approved and are administered according to protocol.

**Therapeutics for Treatment of COVID-19:** Molina covers therapeutics approved or granted emergency use authorization by the federal Food and Drug Administration for treatment of COVID-19 when prescribed or furnished by a Participating Provider, without Cost Sharing or Prior Authorization.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in tiers 1, 2, 3 and 5. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs will be mailed to a Member within 10 days from order request and approval. Tier 4 Specialty drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to [MolinaMarketplace.com](http://MolinaMarketplace.com) or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under state law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

**Information on Prescription Drug Coverage:** In addition to the information provided in this Agreement, Molina provides telephonic and online resources for Members and Providers to get specific coverage and Cost Sharing information. Members can call Member Services for this information. Providers can call pharmacy provider services for this information. Members and Providers can look up information online using the posted Formulary or

the “Search Drugs” tool at MolinaMarketplace.com. Formulary information is also available to the prescriber within electronic prescribing software if using a compatible electronic health record. Molina’s Pharmacy Benefit Manager, Caremark<sup>®</sup>, uses Surescripts<sup>®</sup> Real-Time Prescription Benefit interoperability to give prescribers visibility to Formulary information at the point-of-prescribing. Through these available resources Members and Providers can get information on all of the following details of prescription drug coverage (not all of these may be available in a single resource):

- Whether the drug is covered for the Member
- The most current covered drug list
- Cost Sharing information for the prescription drug and alternatives on the Formulary (For self-service Cost Sharing details, use the Search Drug tool online)
- Whether the drug is eligible for mail order or other 90-day programs, and the applicable Cost Sharing information (For self-service details, see the Formulary or the Search Drug tool online)
- Coverage requirement details like Prior Authorization, step therapy, age limits, and so on (For self-service details, see the Formulary online)

#### **FLORIDA:**

##### **Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina’s networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit [MolinaMarketplace.com/FLFindCare]. A hardcopy is also available upon request made to Customer Support.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan’s pharmacy benefit. The list of covered products is referred to as the “Formulary.” The list shows all the prescription and over-

the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members at [MolinaMarketplace.com/FLFormulary2024]. A hardcopy is also available upon request. The list of products on the Formulary is chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Nonformulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member.

Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for non-formulary drugs to be covered. Requests for coverage of non-formulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative or Prescribers may contact Molina's Pharmacy Department to request a Formulary exception.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member's health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing



a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and Prescriber of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request
- 72 hours following receipt of a standard exception request

If the request is denied, Molina will send a letter to the Member or their representative, and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member, their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member or their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request

**Cost Sharing:** Molina puts drugs on different levels called tiers, Preventative Drugs through Brand and Generic Specialty Drugs, based on how well they improve health and their value compared to similar treatments. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.

Here are some details about which drugs are on which tiers:

Drug Tier	Description
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	<b>Preventative Drugs</b>	Nationally recognized preventive service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.
	<b>Preferred Generic Drugs</b>	Preferred generic drugs; lowest Cost Sharing.
	<b>Preferred Brand Drugs</b>	Preferred brand-name drugs; higher Cost Sharing than preferred generic drugs.
	<b>Non-Preferred Drugs</b>	Non-preferred brand-name and generic drugs; higher Cost Sharing than preferred brand-name and generic drugs used to treat the same conditions.
	<b>Specialty Drugs</b>	Specialty drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than non-specialty drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use a network specialty pharmacy.
	<b>DME</b>	Durable Medical Equipment (“DME”) - Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME coinsurance.
<b>Cost Sharing on Formulary Exceptions:</b> For drugs or other products that are approved on Formulary exception, the Member will have the Non-Preferred Drugs Tier Cost Sharing for non-specialty products or the Brand and Generic Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for non-formulary brand-name products that have a generic product listed on the		

formulary, if coverage is approved on exception, a Member's share of the cost will also include the difference in price between the formulary generic drug and the brand-name drug.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the medical necessity of the requested site of care. Molina covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [MolinaMarketplace.com].

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is medically necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost Sharing reduction for any prescription drugs obtained by Members through the use of a discount card, a coupon provided by a prescription drug manufacturer, or any form of prescription drug third party Cost Sharing assistance will not apply toward any Deductible, or the OOPM under the Plan, except as otherwise required by federal or State Law.

**Over-the-Counter Drugs, Products, and Supplements:** Molina covers over-the-counter drugs, products, and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [MolinaMarketplace.com], or contact Customer Support for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Prescription Drugs to Stop Smoking:** Molina covers a three-month supply of drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member’s pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days’ supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including short supply per fill, and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Chemotherapy drugs obtained in the Provider’s office will be subject to medical benefit cost sharing, while those obtained at the pharmacy will be subject to pharmacy benefit cost sharing. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs are considered the Brand and Generic Specialty Drugs Tier

under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III experimental or investigational drugs that are FDA approved and are administered according to protocol. Members' share of the cost for certain categories of brand and generic drugs is limited to the cost sharing set by the formulary tier or the maximum amount set by Florida Safe Harbor guidelines, whichever is lower.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventative Drugs, Preferred Generic Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs Tiers. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs can be mailed to a Member within 10 days from order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to [MolinaMarketplace.com/FLFormulary2024] or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under State Law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

#### **IDAHO:**

##### **Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina's networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a

Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or Provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit Molina Marketplace website. A hardcopy is also available upon request made to Customer Support.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary". The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on [MolinaMarketplace.com/IDFormulary2024](https://MolinaMarketplace.com/IDFormulary2024). A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Non-Formulary Drugs:** The Formulary lets Members, and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member.

Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for non-formulary drugs to be covered. Requests for coverage of non-formulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat

Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative, or Prescriber may contact Molina's Pharmacy Department to request a Formulary exception.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and the Prescriber of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request
- 72 hours following receipt of a standard exception request

If the request is denied, Molina will send a letter to the Member or their representative, and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or the Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial reasons.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member, their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal of a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.



The Member or their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an IRO review request of a denied expedited exception request
- 72 hours following receipt of an IRO review request of a denied standard exception request.

**Cost Sharing:** Molina puts drugs on different levels called tiers, Preventative Drugs through Brand and Generic Specialty Drugs, based on how well they improve health and their value compared to similar treatments. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.

Here are more details about which drugs are on which tiers.

Drug Tier	Description
<b>Preventative Drugs</b>	Nationally recognized preventive service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.
<b>Preferred Generic Drugs</b>	Preferred generic drugs; lowest Cost Sharing.
<b>Preferred Brand Drugs</b>	Preferred brand-name drugs; higher Cost Sharing than preferred generic drugs.
<b>Non-Preferred Drugs</b>	Non-preferred brand-name and generic drugs; higher Cost Sharing than preferred brand-name and generic drugs used to treat the same conditions.
<b>Specialty Drugs</b>	Specialty drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than non-specialty drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use a network specialty pharmacy.



**DME**

Durable Medical Equipment (“DME”) - Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME coinsurance.

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have the Non-Preferred Drugs Tier Cost Sharing for non-specialty products or the Brand and Generic Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for nonformulary brand-name products that have a generic product listed on the Formulary, if coverage is approved on exception, a Member’s share of the cost will also include the difference in cost between the Formulary generic drug and the brand-name drug.

**Site of Care for Provider-Administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the medical necessity of the requested site of care. Molina covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [MolinaMarketplace.com](http://MolinaMarketplace.com).

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is medically necessary for a Provider-administered drug. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost Sharing reduction for any prescription drugs obtained by Members through the use of a discount card, a coupon provided by a prescription drug manufacturer, or any form of prescription drug third party Cost Sharing assistance will not apply toward any Deductible, or the Annual Out-of-Pocket Maximum under the Plan, except as otherwise required by federal or State Law.

**Over-the-Counter Drugs, Products, and Supplements:** Molina covers over-the-counter drugs, products, and supplements in accordance with State Law and Federal laws. Covered products are listed on the Formulary. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a

contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. Prior Authorization may be required for DME to be covered when the expected charges exceed five hundred dollars (\$500). Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to the MolinaMarketplace.com or contact Customer Support for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Prescription Drugs to Stop Smoking:** Molina covers drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member’s pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days’ supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including a shorter supply per fill and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the place of service where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered the Brand and Generic Specialty Drugs Tier under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III Experimental or Investigational drugs that are FDA approved and are administered according to protocol.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventative Drugs, Preferred Generic Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs Tiers. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs can be mailed to a Member within 10 days from order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to the Molina Marketplace website or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not

clinically appropriate if permitted under State Law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

**ILLINOIS:**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina's networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina covers all abortifacients, hormonal therapy medication, human immunodeficiency virus pre-exposure prophylaxis, and post-exposure prophylaxis drugs approved by the FDA, and follow-up services related to that coverage, including, but not limited to, management of side effects, medication self-management or adherence counseling, risk reduction strategies, and mental health counseling. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration restrictions on distribution, requires special handling or Provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit [MolinaMarketplace.com](http://MolinaMarketplace.com). A hardcopy is also available upon request made to Customer Support.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary". The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on [MolinaMarketplace.com](http://MolinaMarketplace.com). A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Insulin Cost Sharing Limit:** Insulin is limited Cost Sharing of \$35 for 30-day supply.

**Access to Non-Formulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member.

Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for non-formulary drugs to be covered. Requests for coverage of non-formulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative, or a Prescriber Prescribers may contact Molina's Pharmacy Department to request a Formulary exception. If the request is approved, Molina will contact the Prescriber.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member's health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and the Prescriber of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request.
- 72 hours following receipt of a standard exception request.

If the request is denied, Molina will send a letter to the Member or their representative, and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member, their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request.
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member or their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request.
- 72 hours following receipt of an appeal of a denied standard exception request.

**Cost Sharing:** Molina puts drugs on different levels called tiers, Preventive Drugs through Brand and Generic Specialty Drugs, based on how well they improve health and their value compared to similar treatments. The Schedule of Benefits shows Member Cost Share for a one-month supply based on these tiers.

Here are some details about which drugs are on which tiers.

Drug Tier	Description
<b>Preventive Drugs</b>	Nationally recognized preventive service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.
<b>Preferred Generic Drugs</b>	Preferred generic drugs; lowest Cost Sharing.



<b>Preferred Brand Drugs</b>	Preferred brand-name drugs; higher Cost Sharing than preferred generic drugs
<b>Non-Preferred Drugs</b>	Non-preferred, brand-name and generic drugs; higher Cost Sharing than preferred brand-name and generic drugs used to treat the same conditions.
<b>Specialty Drugs</b>	Specialty Drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than lower tier drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use the network specialty pharmacy.
<b>DME</b>	Durable Medical Equipment Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME Coinsurance.

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have the Non-Preferred Drugs Tier Cost Sharing for non-specialty products or the Brand and Generic Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for nonformulary brand-name products that have a generic product listed on the Formulary, if coverage is approved on exception, a Member's share of the cost will also include the difference in cost between the Formulary generic drug and the brand-name drug.

Molina will apply any third-party payments, financial assistance, discount, product vouchers, or any other reduction in out-of-pocket expenses made by or on behalf of a member for prescription drugs toward a covered Member's Deductible, Copayment, or Cost Sharing responsibility, or Annual Out-of-Pocket Maximum associated to the Member's Plan.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the Medical Necessity of the requested site of care. Site of care means the physical location of injection or infusion administration of a drug for a specialized condition. Molina covers injectable and infused medications in an outpatient Hospital setting or at a Hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [MolinaMarketplace.com](http://MolinaMarketplace.com).



Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is medically necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Over-the-Counter Drugs, Products and Supplements:** Molina covers over-the-counter drugs, products and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. DME coverage includes Medically Necessary compression sleeves to prevent or mitigate lymphedema. Please refer to [MolinaMarketplace.com](http://MolinaMarketplace.com) or contact Customer Support for more coverage information.

Molina covers cardiopulmonary monitors determined to be medically necessary for a person 18 years old or younger who has had a cardiopulmonary event.

Formulary also includes coverage for opioid Medical Assisted Treatment (MAT) products, intranasal opioid reversal agents, topical anti-inflammatory medications for acute and chronic pain, inhalants as required by State Law and epinephrine injectors.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, Glucagon Emergency Kit and select pen delivery systems for the administration of insulin.

**Prescription Drugs to Stop Smoking:** Molina covers drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions and in accordance with State Law.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drugs if the Member’s pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization and complies with State Law. The proration described will be based on the number of days’ supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including short supply per fill and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Benefits will be provided for at least one intranasal opioid reversal agent prescription for initial prescriptions of opioids with dosages of 50 MME or higher. Molina will conduct a utilization review for all opioid Prior Authorization requests.

This Agreement limits short-term opioid prescriptions to no more than 7 days.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered the Brand and Generic Specialty Drugs Tier under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program.

Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration, including Phase III Experimental or Investigational drugs that are FDA-approved and are administered according to protocol.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventive Drugs, Preferred Generic Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs Tiers. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs can be mailed to a Member within 10 days from order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to [MolinaMarketplace.com](http://MolinaMarketplace.com) or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under State Law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

#### **KENTUCKY:**

##### **Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Passport covers drugs ordered by Providers, approved by Passport, and filled through pharmacies in Passport's networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Passport also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a

Member, and Passport will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Passport covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or Provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit [PassportHealthPlan.com/Marketplace]. A hardcopy is also available upon request made to Customer Support.

**Passport Formulary:** Passport establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary." The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on [PassportHealthPlan.com/Marketplace]. A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Passport. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Non-Formulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member.

Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for non-formulary drugs to be covered. Requests for coverage of non-Formulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Passport on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting a Formulary Exception:** Passport has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative, or Prescribers may contact Passport's Pharmacy Department to request a Formulary exception.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member's health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Passport will notify the Member or their representative, and the Prescriber of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request
- 48 hours following receipt of a standard exception request

If the request is denied, Passport will send a letter to the Member or their representative, and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or the Prescriber, can appeal Passport's coverage decision. The Prescriber may request to talk to Passport reviewers about the denial reasons.

If an internal appeal of the original coverage determination is requested, Passport will notify the Member, their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member or their representative, or the Prescriber, may also request that an Independent Review Organization (IRO) review Passport's internal appeal

decision. Member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

**Requesting a Step Therapy Exception:** Passport has a process to allow Members to request a Step Therapy exception for covered drugs that have a Step Therapy requirement. Prescribers may contact Passport's Pharmacy Department to request a Step Therapy exception using the prescription drug prior authorization form and contact information on the [PassportHealthPlan.com/Marketplace] provider forms page. If the exception is approved, Passport will contact the Prescriber.

Passport will notify the Prescriber of the coverage determination no later than 48 hours following receipt of a step therapy exception request or the exception request will be deemed granted. Passport may request additional information if the request is incomplete or additional clinically relevant information is required. If all information reasonably necessary and requested by Passport is not received timely, this may result in a denial.

If the request is denied, Passport will send a letter to the Member and their Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member can file an internal appeal of Passport's coverage decision. The Prescriber may also request to talk to Passport reviewers about the denial reasons.

Passport will notify the Prescriber of the coverage determination no later than 48 hours following receipt of a step therapy exception internal appeal or the exception will be deemed granted.

If the internal appeal is denied, the Member or Prescriber may request that an Independent Review Organization (IRO) review Passport's decision. The internal appeal denial decision letter will inform the Member or Prescriber of the process to request an external appeal the decision. These instructions are also in the section of this Agreement titled "CLAIMS DECISIONS, GRIEVANCES, INTERNAL AND EXTERNAL APPEALS."

**Cost Sharing:** Passport puts drugs on different levels called tiers, "Preventive Drugs" through "Specialty Drugs," based on how well they improve health and



their value compared to similar treatments. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.

Here are some details about which drugs are on which tiers.

<b>Drug Tier Name</b>	<b>Description</b>
<b>Preventive Drugs</b>	Tier 1 - Nationally recognized preventive service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.
<b>Preferred Generic Drugs</b>	Tier 2 - Preferred generic drugs; lowest Cost Sharing.
<b>Preferred Brand Drugs</b>	Tier 3 - Preferred brand-name drugs; higher Cost Sharing than preferred generic drugs.
<b>Non-Preferred Drugs</b>	Tier 4 - Non-preferred, brand-name and generic drugs; higher Cost Sharing than preferred brand-name and generic drugs used to treat the same conditions.
<b>Specialty Drugs</b>	Tier 5 - Specialty drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than lower tier drugs used to treat the same conditions if available. Depending on state rules, Passport may require Members to use the network specialty pharmacy.
<b>DME</b>	Durable Medical Equipment ("DME") - Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME coinsurance.

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have the "Non-Preferred Drugs" Tier Cost Sharing for non-specialty products or the "Specialty Drugs" Tier Cost Sharing for Specialty products. Please note, for nonformulary brand-name products that have a generic product listed on the Formulary, if coverage is approved on exception, a Member's share of the cost will also include the difference in cost between the Formulary generic drug and the brand-name drug.



**Notice on Third-Party Cost Sharing Assistance:** Cost Sharing paid by you or on your behalf for a covered drug will apply as if you paid it and will count toward any applicable Deductible or yearly Out-of-Pocket Maximum under your plan. This includes Third-Party Cost Sharing Assistance. Third-Party Cost Sharing Assistance means discount cards, coupons, cash or other financial help you get from a company, a person, a charitable organization, or a sponsored program for the purpose of paying Cost Sharing on a drug we are covering for you. Amounts you pay or are paid on your behalf for a drug we are not covering or have denied coverage for will not apply.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the medical necessity of the requested site of care. Site of care means the physical location of injection or infusion administration of a drug for a specialized condition. Passport covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [[PassportHealthPlan.com/Marketplace](https://PassportHealthPlan.com/Marketplace)].

**Over-the-Counter Drugs, Products, and Supplements:** Passport covers over-the-counter drugs, products, and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Passport will cover DME rental or purchase costs for use with certain drugs when obtained through a contracted vendor. Passport will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [[PassportHealthPlan.com/Marketplace](https://PassportHealthPlan.com/Marketplace)] or contact Customer Support for more coverage information.

**Diabetic Supplies:** Passport covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin. Passport also covers all equipment, supplies, outpatient self-management training and education, including medical nutrition therapy, and all

medications necessary for the treatment of insulin-dependent diabetes, insulin-using diabetes, gestational diabetes, and noninsulin-using diabetes if prescribed by a health care provider legally authorized to prescribe the items. Member Cost Sharing for covered insulin medication is limited to \$30 per thirty-day supply of each prescription insulin drug.

**Prescription Drugs to Stop Smoking:** Passport covers drugs to help Members stop smoking, with no Cost Share. This includes tobacco cessation medications and over-the-counter nicotine replacement with a prescription. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary. Specifically, Passport will provide coverage for all FDA-approved tobacco cessation services recommended by the United States Preventive Services Task Force, including individual, group, and telephone counseling, and any combination thereof. For services associated with more than two (2) attempts to quit within a twelve (12) month period, or treatment exceeding the duration recommended by the most recently published United States Public Health Service clinical practice guidelines on treating tobacco use, prior authorization may be required.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Passport may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Prescription Eye Drops:** Passport covers prescription eye drop refills as follows:

- If your prescription calls for a 30-day supply, you may obtain a refill between 25-30 days from the later of: (i) the original date you received the prescription or (ii) the date of your most recent refill;
- If your prescription calls for a 90-day supply, you may obtain a refill between 80-90 days from the later of: (i) the original date you received the prescription or (ii) the date of your most recent refill.
- You are also permitted one (1) additional bottle of prescription eye drops if your prescription states that an additional bottle is needed for use in a day care center or school.
- Coverage for an additional bottle shall be limited to one (1) bottle every three (3) months.

**Therapeutic Food, formulas, supplements, and low protein modified food products:** Passport provides coverage for prescribed treatment of inborn errors of metabolism or genetic conditions, if the food is obtained under the direction of a doctor.

**Proration and Synchronization:** Passport provides medication proration for a partial supply of a prescription drug if the Member's pharmacy notifies Passport that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days' supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including: short supply per fill and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Passport will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Passport covers reasonable costs for anti-cancer drugs and their administration. Requests for uses outside of a drug's FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on usage outside of FDA labeling. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are placed on the Specialty Drugs Tier under the pharmacy benefit. Copayments and deductibles for patient-administered anticancer medications shall not be higher than those for injected or intravenously administered anticancer medications. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Treatment of Human Immunodeficiency Virus (HIV):** Passport covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III Experimental or Investigational drugs that are FDA approved and are administered according to protocol.

**Mail Order Availability of Formulary Drugs:** Passport offers Members a mail order option for certain drugs in the “Preventive Drugs,” “Preferred Generic Drugs,” “Preferred Brand Drugs,” and “Non-Preferred Drugs” Tiers. Eligible drugs are marked “MAIL” on the Formulary. Formulary drugs will be mailed to a Member within 10 days of order request and approval. “Specialty Drugs” Tier specialty drugs are not eligible for 90-day supply programs like Mail Order, though most specialty medications will be shipped to the Member directly. Refer to the [PassportHealthPlan.com/Marketplace] or contact Member Services for more information.

**Off-Label Drugs:** Passport will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Passport does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Passport may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under State Law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

#### **MICHIGAN:**

##### **Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina’s networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration restrictions on distribution, requires special handling or Provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit [MolinaMarketplace.com/MIFindCare]. A hardcopy is also available upon request made to Customer Support.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan’s pharmacy benefit. The list of covered products is referred to as the “Formulary”. The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with any coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on [MolinaMarketplace.com/MIFormulary2025]. A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Non-Formulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan’s pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member.

Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if covered on “exception,” as described in the next section. Members may ask for non-Formulary drugs to be covered. Requests for coverage of non-formulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative or Prescribers may contact Molina’s Pharmacy Department to request a Formulary exception..

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.

- A request is considered an expedited exception request if it is to treat a Member's exigent circumstances or health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-Formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and the Prescriber, of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request
- 72 hours following receipt of a standard exception request

If the request is denied, Molina will send a letter to the Member or their representative, and their Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial reasons.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member, their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member or their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

**Cost Sharing:** Molina puts drugs on different levels called tiers, Preventive Drugs through Brand and Generic Specialty Drugs, based on how well they improve health and their value compared to similar treatments. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.



Here are some details about which drugs are on which tiers.

Drug Tier	Description
<b>Preventive Drugs</b>	Nationally recognized preventive service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.
<b>Preferred Generic Drugs</b>	Preferred generic drugs; lowest Cost Sharing.
<b>Preferred Brand Drugs</b>	Preferred brand-name drugs; higher Cost Sharing than preferred generic drugs.
<b>Non-Preferred Drugs</b>	Non-preferred brand-name and generic drugs; higher Cost Sharing than preferred brand-name and generic drugs used to treat the same conditions.
<b>Specialty Drugs</b>	Specialty drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than lower tier drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use a network specialty pharmacy.
<b>DME</b>	Durable Medical Equipment - Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME Coinsurance.

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have the Non-Preferred Drugs Tier Cost Sharing for non-specialty products or the Brand and Generic Specialty Drugs Tier cost share for Specialty products. Please note, for non-

Formulary brand-name products that have a generic product listed on the Formulary, if coverage is approved on exception, a Member's share of the cost will also include the difference in cost between the Formulary generic drug and the brand-name drug.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the Medical Necessity of the requested site of care. Molina covers injectable and infused medications in an outpatient Hospital setting or at a Hospital-affiliated infusion suite when the level of care is determined to be Medically Necessary. To review the site of care policy, please visit [MolinaMarketplace.com].

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is Medically Necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost Sharing reduction for any prescription drugs obtained by Members through the use of a discount card, a coupon provided by a prescription drug manufacturer, or any form of prescription drug third party Cost Sharing assistance will not apply toward any Deductible, or the Annual Out-of-Pocket Maximum under the Plan, except as otherwise required by federal or State Law.

**Over-the-Counter Drugs, Products and Supplements:** Molina covers over-the-counter drugs, products and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs for use with certain drugs when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered.

Coverage is limited to one piece of same-use equipment. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to

[MolinaMarketplace.com/MIFormulary2025], or contact Customer Support for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring supplies, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Growth Hormone Therapy:** Molina covers medically necessary human growth hormone injections for Members. Covered drugs are listed on the Formulary.

**Prescription Drugs to Stop Smoking:** Molina covers drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member’s pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days’ supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including short supply per fill and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Naloxone Nasal Spray:** Molina covers naloxone nasal spray to have in case of an overdose with pain medication or other opioid drug. Prescription and over-the-counter naloxone nasal spray products are covered on the pharmacy benefit. Refer to the Drug Formulary and Guide for a list of covered products.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specific for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered the Brand and Generic Specialty Drugs Tier specialty drugs under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

Molina covers any Medically Necessary United States Food and Drug Administration (FDA) approved drug regardless of whether the specific neoplasm for which the drug is being used as treatment is the specific neoplasm for which the drug has received approval by the FDA if all of the following conditions are met:

- The drug is ordered by a Provider for the treatment of a specific type of neoplasm.
- The drug is approved by the FDA for use in antineoplastic therapy.
- The drug is used as part of an antineoplastic drug regimen.
- Current medical literature substantiates its efficacy and recognized oncology organizations generally accept the treatment.
- The Provider has obtained informed consent from the patient for the treatment regimen that includes FDA-approved drugs for off-label indications.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration, including Phase III Experimental or Investigational drugs that are FDA approved and are administered according to protocol.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventive Drugs, Preferred Generic Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs Tiers. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs will

be mailed to a Member within 10 days of order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to [MolinaMarketplace.com/MIFormulary2025] or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under State Law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

#### **MISSISSIPPI:**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina's networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit MolinaMarketplace.com. A hardcopy is also available upon request made to Customer Support.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary". The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The

Formulary is available to Members on MolinaMarketplace.com. A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Nonformulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member. Drugs that are not on the Formulary may not be covered by the Plan and may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for nonformulary drugs to be covered. Requests for coverage of nonformulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative or Prescribers may contact Molina's Pharmacy Department to request a Formulary exception.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member's health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.



Molina will notify the Member or their representative, and the Prescriber of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request
- 72 hours following receipt of a standard exception request

If the request is denied, Molina will send a letter to the Member or their representative and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member or their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member or their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

**Cost Sharing:** Molina puts drugs on different levels called tiers based on how well they improve health and their value compared to similar treatments. The Plan pharmacy benefit has six cost sharing levels. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.

Below are some details about which drugs are on which tiers.

Drug Tier	Description
<b>Preventive Drugs</b>	Nationally recognized preventive service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.

<b>Preferred Generic Drugs</b>	Preferred generic drugs; lowest Cost Sharing.
<b>Preferred Brand Drugs</b>	Preferred brand-name drugs; higher Cost Sharing than preferred generic drugs.
<b>Non-Preferred Drugs</b>	Non-preferred brand-name and generic drugs; higher Cost Sharing than preferred brand-name and generic drugs used to treat the same conditions.
<b>Specialty Drugs</b>	Specialty drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than non-specialty drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use a network specialty pharmacy.
<b>DME</b>	Durable Medical Equipment (“DME”) - Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME coinsurance.

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have Non-Preferred Drugs Tier Cost Sharing for non-specialty products or a Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for non-Formulary brand-name products that have a generic product listed on the formulary, if coverage is approved on exception, a Member’s share of the cost will also include the difference in cost between the formulary generic drug and the brand-name drug.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the medical necessity of the requested site of care. Site of care means the physical location of injection or infusion administration of a drug for a specialized condition. Molina covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [MolinaMarketplace.com].

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is medically necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost sharing reduction for any prescription drugs obtained by Members through the use of a discount card, a coupon provided by a prescription drug manufacturer, or any form of prescription drug third party cost sharing assistance will not apply toward any Deductible, or the Annual Out-of-Pocket Maximum under the Plan, except as otherwise required by federal or State Law.

**Over-the-Counter Drugs, Products, and Supplements:** Molina covers over-the-counter drugs, products, and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [MolinaMarketplace.com](http://MolinaMarketplace.com), or contact Customer Support for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Prescription Drugs to Stop Smoking:** Molina covers a three-month supply of drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may

be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member's pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days' supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including short supply per fill, and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior Authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Specialty drugs under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

All anti-cancer drugs taken by mouth and paid for under the pharmacy benefit will be covered on the same basis and at no greater Cost Sharing than imposed under the medical benefit for anti-cancer drugs given by other bodily routes by a Provider.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical

condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III experimental or investigational drugs that are FDA approved and are administered according to protocol.

**Mail Order Availability of Formulary Prescription Drugs:** Molina offers Members a mail order option for certain drugs. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs will be mailed to a Member within 10 days from order request and approval. Specialty drugs are not eligible for mail order programs, though most Specialty medications will be shipped to the Member directly. Refer to MolinaMarketplace.com or contact Customer Support for more information.

Members are not required to purchase maintenance drugs through a mail-order pharmacy as a condition of coverage for the maintenance drug. A Member's cost for maintenance drugs is the same whether purchased at a participating retail pharmacy or through a participating mail-order pharmacy.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under state law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

#### **NEVADA:**

##### **Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina's networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or Provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit [MolinaMarketplace.com](http://MolinaMarketplace.com). A hardcopy is also available upon request made to Customer Support.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary". The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on [[MolinaMarketplace.com/NVFormulary2025](http://MolinaMarketplace.com/NVFormulary2025)]. A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Non-Formulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member.

Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for Non-Formulary drugs to be covered. Requests for coverage of Non-Formulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step



therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative or Prescribers may contact Molina's Pharmacy Department to request a Formulary exception.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member's health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a Non-Formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and the Prescriber of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request
- 72 hours following receipt of a standard exception request

If the request is denied, Molina will send a letter to the Member or their representative and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member or their representative, and the Prescriber of the internal appeal decision not later than:

- 24 hours following receipt of an appeal on a denied expedited exception request.
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member or their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber will be notified of the IRO decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request.

- 72 hours following receipt of an appeal of a denied standard exception request.

Molina follows state rules for Formulary exceptions for Members wishing to continue a drug that the Plan has previously covered for the Member during the Plan year, but where coverage for the drug has changed.

**Requesting a Step Therapy Exception:** Prescribing Providers may request a Step Therapy Exception on behalf of a Member. Prescribers may send Molina's Pharmacy Department a completed prescription drug Prior Authorization form to request a Step Therapy exception.

Molina will grant a Step Therapy Exception if its reviewers determine the supporting information shows any of the following:

- The Member has a medical contraindication to required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the Member.
- The required drug is expected to be ineffective based on the Member's documented clinical characteristics.
- The Member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event.
- The Member is established on the drug as a current treatment with documentation of a positive therapeutic outcome and switching to the required drug will likely cause clinically predictable adverse reactions or harm.
  - Established on the drug means the Member has received benefits for the drug under the health Plan benefit currently in force or under a previous health benefit Plan.
  - Trials of drug samples from a prescriber or a drug manufacturer will not be considered as current treatment.
- The supporting medical information clearly shows required drugs are not in the Member's best interest. The requested drug is medically necessary because the required drug(s):
  - Present a barrier to treatment plan adherence, or
  - Negatively impact a Member's comorbid condition, or
  - Cause a clinically predictable negative drug interaction, or
  - Decrease the Member's ability to achieve or maintain reasonable functional ability in performing daily activities.

After receiving all the needed information from the Member's Provider, Molina will notify the Member's treating Provider of approval or denial of the request:

- Within 2 business days for standard requests, and
- Within 24 hours for urgent requests

Urgent exception time frames apply when a Member is experiencing a related health situation that may seriously jeopardize their life, health, or ability to regain maximum function.

If the request is denied, Molina will send a letter to the Member and Prescriber. The letter will explain why the drug or product was denied. The Prescriber may ask to talk to Molina reviewers about the denial. If the Member disagrees with the denial outcome, the Member can appeal Molina's decision. This information is available to Members at [\[MolinaMarketplace.com/marketplace/NV/en-us/MemberForms\]](https://MolinaMarketplace.com/marketplace/NV/en-us/MemberForms).

Regarding covered mental health medications other than for treating opioid substance use disorder, Members are not required to step through other medications first. If the mental health medication You need is not on the formulary, submit a formulary exception request. You will not be required to step through other medications first.

Regarding treatment of opioid substance use disorder, Members are not required to receive Prior Authorization for any medications to treat an opioid substance use disorder. If the medication You need is not on the formulary, submit a formulary exception request. If You are requesting a preferred brand drug and the matching preferred generic drug is on the formulary, your prescriber may need to provide information why the preferred generic drug cannot be used instead.

The Prescription Drug Prior Authorization or Step Therapy Exception Request Form can be accessed at [\[https://www.molinamarketplace.com/marketplace/nv/en-us/Providers/-/media/98F22F00FCA444EC9B6B39F752DA566C.ashx\]](https://www.molinamarketplace.com/marketplace/nv/en-us/Providers/-/media/98F22F00FCA444EC9B6B39F752DA566C.ashx)

**Cost Sharing:** Molina puts drugs on different levels called tiers, Preventive Drugs through Brand and Generic Specialty Drugs, based on how well they improve health and their value compared to similar treatments. The Plan pharmacy benefit has six Cost Sharing levels. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.

Here are some details about which drugs are on which tiers.

Drug Tier	Description
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<b>Preventive Drugs</b>	Nationally recognized preventive service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.
<b>Preferred Generic Drugs</b>	Preferred Generic drugs; Lowest Cost Sharing
<b>Preferred Brand Drugs</b>	Preferred Brand-Name drugs; Higher Cost Sharing than Preferred Generic drugs.
<b>Non-Preferred Drugs</b>	Non-Preferred, Brand-Name and Generic drugs; Higher Cost Sharing than Preferred Brand-Name and Generic drugs used to treat the same conditions.
<b>Specialty Drugs</b>	Specialty drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than non-specialty drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use the network specialty pharmacy.
<b>DME</b>	Durable Medical Equipment (“DME”)- Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME Coinsurance.

**Cost Sharing on Drugs taken by mouth to treat Cancer:** In accordance with state law, 30-day Cost Sharing on any oral cancer drug is limited to \$100 per claim. The \$100 limit on Cost Sharing is in place regardless of whether the Plan has a Deductible requirement. All other prescription coverage rules apply.

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have the Non-Preferred Drugs Tier Cost Sharing for non-specialty products or the Brand and Generic Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for Non-Formulary brand-name products that have a generic product listed on the Formulary, if coverage is approved on exception, a Member’s share of the cost will also include the difference in cost between the Formulary generic drug and the brand-name drug.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the Medical Necessity of the requested site of care. Site of care means the physical location of injection or infusion administration of a drug for a specialized condition. Molina covers injectable and infused medications in an outpatient Hospital setting or at a Hospital-affiliated infusion suite when the level of care is determined to be Medically Necessary. To review the site of care policy, please visit [MolinaMarketplace.com].

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is Medically Necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Over-the-Counter Drugs, Products and Supplements:** Molina covers over-the-counter drugs, products, and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Purchases are limited to a single type of DME, including repair and replacement, every three (3) years. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [MolinaMarketplace.com] or contact Customer Support for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Eye Drops to Treat Chronic Eye Disease:** Molina’s pharmacy system will allow Members to obtain refills for eye drops to treat chronic eye diseases and conditions at 21-day, 43-day and 63-day intervals.

**Prescription Drugs to Stop Smoking:** Molina covers drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member’s pharmacy or Provider notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days’ supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including short supply per fill, and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Treatment of Sickle Cell Disease:** Medically necessary prescription drugs to treat sickle cell disease and its variants are covered. Non-Formulary prescription drugs—or injection drugs that are given by a Provider in an office—are covered based on Medical Necessity, in line with Molina clinical policies.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior Authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for



the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered the Specialty Drugs Tier under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Treatment of Hepatitis Viruses and Human Immunodeficiency Virus (HIV):**

Molina covers prescription drugs for the prevention and treatment of Hepatitis, HIV infection, or an illness or medical condition arising from or related to HIV. All drugs, regardless of whether they are included on the Formulary, are covered. We may require step therapy to access drugs not listed on the Formulary or that are Provider-administered injections.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventive Drugs, Preferred Generic Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs Tiers. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs will be mailed to a Member within 10 days of order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to the [MolinaMarketplace.com] or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under State Law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

**Declared Emergency:** If the Governor of Nevada declares a state of Emergency or issues a declaration of disaster will cover prescription drugs for up to a 30-day supply of a covered prescription drug and will waive any provision within

this plan restricting the time in which a Member may refill a prescription if the Member:

1. Has not exceeded the number of authorized fills;
2. Resides in the area in which the Emergency or disaster has been declared; and
3. Requests the refill during the declaration or within 30 days of the declaration, whichever is later.

#### **NEW MEXICO:**

##### **Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina's networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered where indicated on the formulary. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit [MolinaMarketplace.com](https://MolinaMarketplace.com). A hardcopy is also available upon request made to Member Services.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary". The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on [MolinaMarketplace.com/NMFormulary](https://MolinaMarketplace.com/NMFormulary). A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every 120 days based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs. Molina will send the Member notice 60 days prior to formulary changes in accordance with State Law.

**Access to Nonformulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member.

Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for non-formulary drugs to be covered. Requests for coverage of non-formulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative or Prescribers may contact Molina's Pharmacy Department to request a Formulary exception.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances:

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member's health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and the Prescriber, of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request

- 72 hours following receipt of a standard exception request

Note: if Molina fails to respond within 72 hours, the request is deemed to be approved.

If the step therapy exception is granted, the length of granted exception will be for no less than the duration of the therapeutic effect of the drug.

If the request is denied, Molina will send a letter to the Member or their representative, and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member, their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member or their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

**Cost Sharing:** Molina puts drugs on different levels called tiers based on how well they improve health and their value compared to similar treatments. The Summary of Benefits and Coverage shows Member Cost Share for a one-month supply based on these tiers.

Molina will not require a Member to make a payment at the point of sale for a covered prescription drug in an amount greater than the least of the:

- applicable cost-sharing amount for the prescription drug;

- amount a Member would pay for the prescription drug if the Member purchased the prescription drug without using a health benefits plan or any other source of prescription drug benefits or discounts;
- total amount the pharmacy will be reimbursed for the prescription drug from Molina, including the cost-sharing amount paid by Molina; or
- value of the rebate from the manufacturer provided to Molina or its pharmacy benefits manager for the prescribed drug.

Here are some details about which drugs are on which tiers.

<b>Drug Tier</b>	<b>Description</b>
<b>Preventive</b>	PREV – Preventative and family planning drugs and devices (i.e., contraception) with \$0 cost sharing.
<b>Preferred Generic</b>	Tier 1 – Preferred generic drugs.
<b>Preferred Brand and Non-Preferred Generic</b>	Tier 2 – Preferred brand name drugs and some generic drugs that are non-preferred.
<b>Preferred Specialty</b>	Tier 3 – All preferred specialty drugs (brand name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements; Depending on state rules, Molina may require Members to use a network specialty pharmacy; Some Specialty Drugs are only sold by certain pharmacies the drug company has chosen (“Limited Distribution”).
<b>Non-Preferred Brand</b>	Tier 4 – Non-preferred brand name drugs.
<b>Non – Preferred Specialty</b>	Tier 5 – All non-preferred specialty drugs (brand name and generic); Drugs that require special handling, complex counseling or monitoring,

		limited distribution, or other special pharmacy requirements; Higher cost sharing than preferred specialty drugs used to treat the same conditions, if available; Depending on state rules, Molina may require Members to use a network specialty pharmacy; Some specialty drugs are only sold by certain pharmacies the drug company has chosen ("Limited Distribution").
	DME	DME – Non-drug items such as monitoring equipment and supplies covered under the pharmacy benefit; Cost sharing follows the medical benefit cost sharing for Durable Medical Equipment for non-drug items on the drug list. Routine foot care items and services are not covered, except for Members with diabetes unless medically necessary due to diabetes or other significant peripheral neuropathies.
<p>In accordance with the Affordable Care Act, your plan covers nationally recognized preventative service drugs and dosage forms (PREV) with \$0 cost sharing when prescribed for you to use in line with those recommendations.</p> <p>Certain types of drugs covered by your plan have cost sharing limits each time you fill them. If your state has specific limits, cost sharing will be the lower of your plan design cost sharing or any limit that is required.</p> <ul style="list-style-type: none"> <li>• There are limits on your cost sharing for anticancer drugs taken by mouth. You will pay the lower of two rates: the applicable formulary tier cost sharing OR the chemotherapy and provider-administered drug cost sharing specified under your plan's medical benefit.</li> <li>• There are limits on your cost sharing for insulin. The limit (\$25) applies per insulin drug, per 30-day supply. The limit does not apply to products that contain other drugs besides insulin.</li> </ul>		



- You have no cost sharing for drugs prescribed to treat mental health or substance use disorders.
- You have no cost sharing for prescription and over-the-counter birth control.
- You have no cost sharing for mifepristone and misoprostol when prescribed to stop an early pregnancy.
- You have no cost sharing for anti-infection drugs when prescribed to treat a sexually transmitted infection.

Prescription drug rebate is more than the amount needed to reduce the member's copayment to zero on a particular drug, the remainder shall be credited to Molina.

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have the Non-Preferred Drugs Tier Cost Sharing for non-specialty products or the Brand and Generic Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for non-formulary brand-name products that have a generic product listed on the Formulary, if coverage is approved on exception, a Member's share of the cost will also include the difference in cost between the Formulary generic drug and the brand-name drug.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the medical necessity of the requested site of care. Site of care means the physical location of injection or infusion administration of a drug for a specialized condition. Molina covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit <https://www.molinamarketplace.com/marketplace/nm/en-us/Providers/Drug-List.aspx>.

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is medically necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost sharing reduction for any prescription drugs obtained by Members through the use of a discount card, a coupon provided by a prescription drug manufacturer, or any form of prescription drug third party cost sharing assistance will apply toward any

Deductible, or the Annual Out-of-Pocket Maximum under the Plan, except as otherwise required by federal or State Law. Molina will apply to the Member the full value of any discounts provided or payments made by the third parties including but not limited to drug company support programs at the time of the prescription drug claim.

**Over-the-Counter Drugs, Products, and Supplements:** Molina covers over-the-counter drugs, products, and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, products, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. Prior Authorization is required for DME to be covered. In accordance with state law for Diabetes Care a member who has received prior authorization during the policy year shall not be subject to additional prior authorization requirements in the same policy year if prescribed as medically necessary by the covered person's health care practitioner.

Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to [MolinaMarketplace.com](http://MolinaMarketplace.com), or contact Member Services for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, including those for the legally blind, visual reading urine and ketone strips, insulin injection aids, including those adaptable to meet the needs of the legally blind, prescriptive oral agents for controlling blood sugar levels, glucagon emergency kits, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Diabetic Drug Limits:** The amount a Member with diabetes is required to pay for a preferred formulary prescription insulin drug or a medically necessary alternative is an amount not to exceed a total of twenty-five dollars (\$25.00) per thirty-day supply.

**Prescription Drugs to Stop Smoking:** Molina covers a three-month supply of drugs to help Members stop smoking, with no Cost Share. Members should

consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Prescription eye drops:** Molina covers medically necessary prescription eye drops as identified on the formulary and as prescribed as the Members provider. The following must be met for a renewal of a prescription:

- the renewal is requested by the Member at least twenty-three days for a thirty-day supply of eye drops, forty-five days for a sixty-day supply of eye drops or sixty-eight days for a ninety-day supply of eye drops from the later of the date that the original prescription was dispensed to the Member or the date that the last renewal of the prescription was dispensed to the Member; and
- the participating provider indicates on the original prescription that additional quantities are needed and that the renewal requested by the insured does not exceed the number of additional quantities needed.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member’s pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, the Member requests or agrees to receive less than a thirty-day supply of the prescription drug, the reduced fill or refill is made for the purpose of synchronizing the Member’s prescription drug fills. The proration described will be based on the number of days’ supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization are required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including: short supply per fill, and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member

is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs (including oral anti-cancer drugs) and their administration. Requests for uses outside of a drug's FDA labeling (i.e. off-label uses) are reviewed for Medical Necessity against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on usage outside of FDA labeling. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the SBC for applicable Cost Sharing. Most new anti-cancer drugs are considered the Specialty Drugs under the pharmacy benefit. Coverage for a prescribed, orally administered anticancer medication is not subject to any prior authorization, dollar limit, copayment, deductible or coinsurance provision that does not apply to intravenously administered or injected anticancer medication used to kill or slow the growth of cancerous cells. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventive Drugs, Preferred Generic Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs Tiers. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs will be mailed to a Member within 10 days of order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to the [MolinaMarketplace.com](https://MolinaMarketplace.com) or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under Sections 59A-22-42, 59A-22-43, and 59A-46-44 NMSA 1978. The off-label drug use request must demonstrate

Medical Necessity to treat a covered condition when Prior Authorization is required.

**OHIO:**

**Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina's networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on Molina's formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or Provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit [MolinaMarketplace.com]. A hardcopy is also available upon request made to Customer Support.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the Formulary. The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on [MolinaMarketplace.com]. A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Nonformulary Drugs:** The Formulary lets Members, and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member.

Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if

covered on “exception,” as described in the next section. Members may ask for nonformulary drugs to be covered. Requests for coverage of nonformulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative or Prescribers may contact Molina’s Pharmacy Department to request a Formulary exception.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member’s health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and the Prescriber of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request.
- 72 hours following receipt of a standard exception request.

If the request is denied, Molina will send a letter to the Member or their representative, and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member’s rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or Prescriber can appeal Molina’s decision. The Prescriber may request to talk to Molina reviewers about the denial.



If an internal appeal of the original coverage determination is requested, Molina will notify the Member or their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request.
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member or their representative, or the Prescriber, may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request.
- 72 hours following receipt of an appeal of a denied standard exception request.

**Cost Sharing:** Molina puts drugs on different levels called tiers – Preventive Drugs through Brand and Generic Specialty Drugs – based on how well they improve health, and their value compared to similar treatments. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.

Here are some details about which drugs are on which tiers.

Drug Tier	Description
<b>Preventive Drugs</b>	Nationally recognized preventive service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.
<b>Preferred Generic Drugs</b>	Preferred generic drugs; lowest Cost Sharing.
<b>Preferred Brand Drugs</b>	Preferred brand-name drugs; higher Cost Sharing than preferred generic drugs.
<b>Non-Preferred Drugs</b>	Non-preferred brand-name and generic drugs; higher Cost Sharing than preferred brand-name and generic drugs used to treat the same conditions.

<b>Specialty Drugs</b>	Specialty drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than lower tier drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use the network specialty pharmacy.
<b>DME</b>	Durable Medical Equipment (“DME”)- Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME coinsurance.

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have Non-Preferred Drugs Tier Cost Share for non-specialty products or the Brand and Generic Specialty Drugs Tier Cost Sharing for Specialty products. These amounts will count towards the Member’s Deductible and Annual Out-of-Pocket Maximum (OOPM). Please note, for nonformulary brand-name products that have a generic product listed on the formulary, if coverage is approved on exception, a Member’s share of the cost will also include the difference in cost between the formulary generic drug and the brand-name drug.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the Medical Necessity of the requested site of care. Molina covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [<https://www.molinamarketplace.com/marketplace/oh/en-us/Providers/Drug-List>].

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is medically necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost Sharing reduction for any prescription drugs obtained by Members through the use of a discount card, a coupon provided by a prescription drug manufacturer, or any form of prescription drug third party Cost Sharing assistance will not apply toward any

Deductible, or the Annual Out-of-Pocket Maximum under the Plan, except as otherwise required by federal or State Law.

**Over-the-Counter Drugs, Products, and Supplements:** Molina covers over-the-counter drugs, products, and supplements in accordance with State Law and Federal laws. Only over-the counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs for use with certain drugs when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to the [MolinaMarketplace.com] or contact Customer Support for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Prescription Drugs to Stop Smoking:** Molina covers drugs to help Members stop smoking, with no Cost Sharing. This includes tobacco cessation medications and over-the-counter nicotine replacement with a prescription. Members should consult their Provider to determine which drug is right for them. These covered drugs are listed on the Formulary. Specifically, Molina will provide coverage for all FDA-approved tobacco cessation services recommended by the United States Preventive Services Task Force, including individual, group, and telephone counseling, and any combination thereof. For services associated with more than two (2) attempts to quit within a twelve (12) month period, or treatment exceeding the duration recommended by the most recently published United States Public Health Service clinical practice guidelines on treating tobacco use, Prior Authorization may be required.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member's pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days' supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including short supply per fill, and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Requests for uses outside of a drug's FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on usage outside of FDA labeling. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs are considered Brand and Generic Specialty Drugs Tier under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

All orally administered cancer medications will be covered on the same basis and at no greater Cost Sharing than imposed for intravenous or injected cancer medication.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III Experimental or Investigational drugs that are FDA approved and are administered according to protocol.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventive Drugs, Preferred Generic Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs Tiers. Eligible drugs are marked “MAIL” on the Formulary. Formulary drugs will be mailed to a Member within 10 days from order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to [MolinaMarketplace.com] or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under State Law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

**Pharmacy Benefits Practices:** Molina will not directly or indirectly restrict informing Members about less expensive ways to purchase prescription drugs, Molina will not require a Cost Share that is greater than the amount a Member would pay for the drug if it were purchased without coverage.

#### **SOUTH CAROLINA:**

##### **Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina’s networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food

and Drug Administration (FDA) restrictions on distribution, requires special handling or Provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit MolinaMarketplace.com. A hardcopy is also available upon request made to Member Services.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary." The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on MolinaMarketplace.com. A hardcopy is also available upon request. The list of products on the Formulary is chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Non-Formulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member. Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for non-formulary drugs to be covered. Requests for coverage of non-formulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative or Prescribers may contact Molina's Pharmacy Department to request a Formulary exception.



If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member's health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and the Prescriber, of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request
- 72 hours following receipt of a standard exception request

If the request is denied, Molina will send a letter to the Member or their representative, and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member, their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member or their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

**Cost Sharing:** Molina puts drugs on different levels called tiers based on how well they improve health and their value compared to similar treatments. The

Plan pharmacy benefit has six Cost Sharing levels. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers. Here are some details about which drugs are on which tiers:

Drug Tier	Description
<b>Preventive Drugs</b>	Nationally recognized preventive service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.
<b>Preferred Generic Drugs</b>	Preferred generic drugs; lowest Cost Sharing.
<b>Preferred Brand Drugs</b>	Preferred brand-name drugs; higher Cost Sharing than preferred generic drugs.
<b>Non-Preferred Drugs</b>	Non-preferred brand-name and generic drugs; higher Cost Sharing than preferred brand-name and generic drugs used to treat the same conditions.
<b>Specialty Drugs</b>	Specialty drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than non-specialty drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use a network specialty pharmacy.
<b>DME</b>	Durable Medical Equipment (“DME”) - Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME coinsurance.

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have Non-Preferred Drugs Tier Cost Sharing for non-specialty products or the Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for non-formulary brand-name products that have a generic product listed on the formulary, if coverage is approved on exception, a Member's share of the cost will also include the difference in cost between the Formulary generic drug and the brand-name drug.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the medical necessity of the requested site of care. Site of care means the physical location of injection or infusion administration of a drug for a specialized condition. Molina covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [MolinaMarketplace.com](http://MolinaMarketplace.com).

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is medically necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost Sharing reduction for any prescription drugs obtained by Members through the use of a discount card, a coupon provided by a prescription drug manufacturer, or any form of prescription drug third party Cost Sharing assistance will not apply toward any Deductible, or the OOPM under the Plan, except as otherwise required by federal or State Law.

**Over-the-Counter Drugs, Products and Supplements:** Molina covers over-the-counter drugs, products and supplements in accordance with State Law and federal laws. Covered products are listed on the Formulary. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits

apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to MolinaMarketplace.com or contact Member Services for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Prescription Drugs to Stop Smoking:** Molina covers drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member’s pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days’ supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including: short supply per fill, and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical

Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Specialty drugs under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment and prevention of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III Experimental or Investigational drugs that are FDA approved and are administered according to protocol.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs will be mailed to a Member within 10 days from order request and approval. Specialty drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to [MolinaMarketplace.com](http://MolinaMarketplace.com) or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under State Law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

**TEXAS:**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in

the plan's networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Molina covers orally administered anti-cancer medications used to kill or slow the growth of cancerous cells on the same basis as intravenously or injected cancer medications. Molina covers emergency fills of insulin and related supplies. The same drug coverage rules as non-emergency fills apply. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Member and Provider if the request is either approved or denied based upon Medical Necessity review.

Molina will not require a member to receive more than one prior authorization annually for covered for prescription drugs prescribed to treat an autoimmune disease, hemophilia, or Von Willebrand disease. Please see the formulary for a full drug and associated prior authorization requirements.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit [MolinaMarketplace.com](http://MolinaMarketplace.com). A hardcopy is also available upon request made to Customer Support.

Molina will not deny reimbursement to a pharmacist for the provision of a service or procedure within the scope of the pharmacist's license to practice pharmacy under Subtitle J, Title 3, Occupations Code, that: would be covered by the Agreement or other coverage Agreement if the service or procedure were provided by: a physician; an advanced practice nurse; or a physician assistant; and is performed by the pharmacist in strict compliance with laws and rules related to: the provision of the service or procedure; and the pharmacist's license.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary". The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on [MolinaMarketplace.com](http://MolinaMarketplace.com) or by calling Molina Member service; a hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals



from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs. Molina does not remove drugs from the Drug Formulary during the plan year. If drugs are discontinued Molina will notify the Member 60 days prior to the discontinuance of a concurrent prescription drug or intravenous infusion. If drugs coverage is modified Molina will send a notice the Member 60 days before the modification.

**Access to Nonformulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member. Drugs that are not on the Formulary may not be covered by the Plan and may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for nonformulary drugs to be covered. Requests for coverage of nonformulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting a Formulary Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative or Prescribers may contact Molina's Pharmacy Department to request a Formulary exception.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.

- A request is considered an expedited exception request if it is to treat a Member health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and the Prescriber, of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request
- 72 hours following receipt of a standard exception request

If the request is denied, Molina will send a letter to the Member or their representative, and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member, their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.
- The Member or their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber, will be notified of IRO decision no later than: 24 hours following receipt of an appeal on a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

**Requesting a Step Therapy Exception:** Prescribing providers may request a Step Therapy Exception on behalf of a member. Prescribers may send Molina's

Pharmacy Department a completed “Texas Standard Prior Authorization Form for Prescription Drugs” to request a Step Therapy exception.

Molina will grant a Step Therapy Exception if its reviewers determine the supporting information shows any of the following:

- The member has a medical contraindication to required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the member
- The required drug is expected to be ineffective based on the member’s documented clinical characteristics
- The member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event
- The member is established on the drug as a current treatment with documentation of a positive therapeutic outcome and switching to the required drug will likely cause clinically predictable adverse reactions or harm
  - Established on the drug means the member has received benefits for the drug under the health plan benefit currently in force or under a previous health benefit plan
  - Trials of drug samples from a prescriber or a drug manufacturer will not be considered as current treatment
  - As required by state law
- The supporting medical information clearly shows required drugs are not in the member’s best interest, because they are likely to:
  - Present a barrier to treatment plan adherence, or
  - Negatively impact a member’s comorbid condition, or
  - Cause a clinically predictable negative drug interaction, or
  - Decrease the member’s ability to achieve or maintain reasonable functional ability in performing daily activities

Molina will not require a failure to respond to more than one different drug or prove a history of failure of more than one different drug (excluding generic or pharmaceutical equivalent) for prescription drugs to treat serious mental illness. Subject to exception requests, step therapy protocols may be implemented for generic or pharmaceutical equivalents once a year or if the drug is added to Molina’s drug formulary.

After receiving all the needed information from the member's provider, Molina will notify the member's treating provider of approval or denial of the request:

- Within 72 hours for standard requests, and
- Within 24 hours for urgent requests

Urgent exception time frames apply when a member is experiencing a related health situation that may seriously jeopardize their life, health, or ability to regain maximum function.

If the request is denied, Molina will send a letter to the Member and Prescriber. The letter will explain why the drug or product was denied. The Prescriber may ask to talk to Molina reviewers about the denial. If the Member disagrees with the denial outcome, the Member can appeal Molina's decision.

**Cost Sharing:** Molina puts drugs on different levels called tiers based on how well they improve health and their value compared to similar treatments. The Plan pharmacy benefit has six cost sharing levels. For Tiers 1 through 4, the lower the Tier, the lower the Member's share of the cost will be. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers. Molina will not require the Member to make payment for a prescription drug greater than the lesser of the applicable copayment allowable claim amount or the cash price. Here are more details about which drugs are on which tiers.

Drug Tier	Description
<b>Preventive Drugs</b>	Nationally recognized preventative service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 cost sharing.
<b>Preferred Generic Drugs</b>	Preferred Generic drugs; Lowest cost sharing.
<b>Preferred Brand Drugs</b>	Non-Preferred Generic drugs and Preferred Brand-Name drugs.

<b>Non-Preferred Brand and Generic Drugs</b>	Non-Preferred Brand-Name and Generic drugs; Higher cost sharing than lower tier drugs used to treat the same conditions.
<b>Brand and Generic Specialty Drugs</b>	All Specialty Drugs, Brand-Name and Generic; Higher cost sharing than lower tier drugs used to treat the same conditions if available. Depending on state rules, members may choose which pharmacy within the specialty pharmacy network to use.
<b>DME</b>	Durable Medical Equipment (“DME”)- cost sharing applies; some non-drug products on the Formulary have cost sharing determined by the DME Percentage Copayment

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have the Non-Preferred Drugs Tier Cost Sharing for non-specialty products or the Brand and Generic Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for non-formulary brand-name products that have a generic product listed on the Formulary, if coverage is approved on exception, a Member’s share of the cost will also include the difference in cost between the Formulary generic drug and the brand-name drug.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the medical necessity of the requested site of care. Site of care means the physical location of injection or infusion administration of a drug for a specialized condition. Molina covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [MolinaMarketplace.com](http://MolinaMarketplace.com).

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is medically necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Certain limitations on coverage of clinician-administered drugs prohibited:**

Molina will not require the following for a member with a chronic, complex, rare, or life-threatening medical condition as required by state law:

- Require clinician-administered drugs to be dispensed only by certain pharmacies or only by pharmacies participating in Molina's network;
- If a clinician-administered drug is otherwise covered, limit or exclude coverage for such drugs based on the member's choice of in network pharmacy, or because the drug was not dispensed by a pharmacy that participates in Molina's network;
- Reimburse at a lesser amount clinician-administered drugs based on the member's choice of pharmacy, or because the drug was dispensed by a pharmacy that does not participate in Molina's network; or
- Require that a member pay an additional fee, higher copay, higher coinsurance, second copay, second coinsurance, or any other price increase for clinician-administered drugs based on the member's choice of pharmacy, or because the drug was not dispensed by a pharmacy that participates in Molina's network.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost sharing reduction for any prescription drugs obtained by Members through the use of any third-party payment, financial assistance, discount, product voucher, or other reduction in out-of-pocket expenses made by or on behalf of a member for a prescription drug to the member's, copayment, cost-sharing responsibility, or out-of-pocket maximum applicable to health benefits under the member's plan.

**Over-the-Counter Drugs, Products, and Supplements:** Molina covers over-the-counter drugs, products, and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy



benefit. Please refer to [MolinaMarketplace.com](http://MolinaMarketplace.com), or contact Customer Support for more coverage information.

**Eye Drops to treat chronic eye disease:** Molina's pharmacy system will allow the Member to obtain refills for eye drops to treat chronic eye diseases and conditions at 21-day, 43-day and 63-day intervals.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin. Molina also covers new or improved diabetic equipment and supplies, including improved insulin or another prescription drug approved by the United States Food and Drug Administration. Select pen delivery systems for the administration of insulin are also covered.

**Prescription Drugs to Stop Smoking:** Molina covers a three-month supply of drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates "MAIL" for items that may be covered with a 3-month supply through a contracted mail order pharmacy. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions. Molina covers short-acting, intermediate-acting, and long-acting insulin with a \$25 per 30-day supply limit of each insulin you fill.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member's pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days' supply of the drug dispensed.

**Step Therapy and Considerations for Drugs that require a Prior Authorization:** Our Pharmacy Director and/or Our Medical Director will review general medical criteria and will work in conjunction with the prescribing provider. The following parameters may be considered when reviewing the request:

- diagnosis and relevant concurrent medical conditions,
- age, and sex,

- allergies,
- clinical rationale for selecting the drug,
- if the condition being treated is consistent with FDA-approved indications and/or meets approved criteria for safe use,
- expected outcome of therapy and methods to be used to measure outcome,
- anticipated duration of therapy,
- previous experience with this drug, if any
- previous drug therapy, drug responses and adverse effects,
- concurrent drug therapy,
- compliance history,
- prescriber's familiarity with the drug,
- cost-effectiveness of the drug on overall healthcare costs, and
- whether or not the Member has tried and failed an adequate supply of formulary drugs.

Does not apply to prescription drugs associated with the treatment of stage-four advanced, metastatic cancer or associated conditions.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including: short supply per fill, and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior Authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered Brand and Generic Specialty Drugs Tier specialty drugs under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs

half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III experimental or investigational drugs that are FDA approved and are administered according to protocol.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventive Drugs, Preferred Generic Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs . Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs will be mailed to a Member within 10 days from order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to [MolinaMarketplace.com](http://MolinaMarketplace.com) or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under state law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

#### **UTAH:**

##### **Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina's networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit Molina Marketplace website. A hardcopy is also available upon request made to Customer Support.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the Formulary. The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members at [MolinaMarketplace.com/UTFormulary2025](https://MolinaMarketplace.com/UTFormulary2025). A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Nonformulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member. Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for non-formulary drugs to be covered. Requests for coverage of non-formulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have

not been met. Members, their representative, or Prescribers may contact Molina's Pharmacy Department to request a Formulary exception.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and the Prescriber of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request
- 72 hours following receipt of a standard exception request

If the request is denied, Molina will send a letter to the Member or their representative, and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or the Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member, their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal of a denied expedited exception request
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member, their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The Member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an IRO review request of a denied expedited exception request

- 72 hours following receipt of an IRO review request of a denied standard exception request.

**Cost Sharing:** Molina puts drugs on different levels called tiers, Preventative Drugs through Brand and Generic Specialty Drugs, based on how well they improve health and their value compared to similar treatments. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.

Here are more details about which drugs are on which tiers.

Drug Tier	Description
<b>Preventative Drugs</b>	Nationally recognized preventive service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.
<b>Preferred Generic Drugs</b>	Preferred generic drugs; lowest Cost Sharing.
<b>Preferred Brand Drugs</b>	Preferred brand-name drugs; higher Cost Sharing than preferred generic drugs.
<b>Non-Preferred Drugs</b>	Non-preferred brand-name and generic drugs; higher Cost Sharing than preferred brand-name and generic drugs used to treat the same conditions.
<b>Specialty Drugs</b>	Specialty drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than non-specialty drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use a network specialty pharmacy.
<b>DME</b>	Durable Medical Equipment (“DME”) - Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME coinsurance.

**Cost Sharing on Formulary Exceptions:** For drugs or other products that are approved on Formulary exception, the Member will have the Non-Preferred



Drugs Tier Cost Sharing for non-specialty products or the Brand and Generic Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for nonformulary brand-name products that have a generic product listed on the formulary, if coverage is approved on exception, a Member's share of the cost will also include the difference in cost between the formulary generic drug and the brand-name drug.

**Site of Care for Provider-Administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the medical necessity of the requested site of care. Molina covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [MolinaMarketplace.com](http://MolinaMarketplace.com).

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is medically necessary for a Provider-administered drug. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost Sharing reduction for any prescription drugs obtained by Members through the use of a discount card, a coupon provided by a prescription drug manufacturer, or any form of prescription drug third party Cost Sharing assistance will not apply toward any Deductible, or the Annual Out-of-Pocket Maximum under the Plan, except as otherwise required by federal or State Law.

**Over-the-Counter Drugs, Products, and Supplements:** Molina covers over-the-counter drugs, products, and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, products and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs, when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered. Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the

Formulary for DME and other non-drug products covered under the pharmacy benefit. Please refer to the [MolinaMarketplace.com](http://MolinaMarketplace.com) or contact Customer Support for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Prescription Drugs to Stop Smoking:** Molina covers a three-month supply of drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member’s pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days’ supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including a shorter supply per fill and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members

with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the place of service where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered the Brand and Generic Specialty Drugs Tier under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III experimental or investigational drugs that are FDA approved and are administered according to protocol.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventative Drugs, Preferred Generic Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs Tiers. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs can be mailed to a Member within 10 days from order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to the Molina Marketplace website or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under State Law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

#### **WASHINGTON:**

##### **Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in

Molina's network. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Member and Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit the Molina Marketplace website. A hardcopy is also available upon request made to Customer Support.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary." The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along any coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members, prospective enrollees, the State, the Exchange, HHS and the U.S. Office of Personnel Management, and the general public on [MolinaMarketplace.com/WAFormulary2025](https://MolinaMarketplace.com/WAFormulary2025). A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Nonformulary Drugs:** Molina has a process to allow Members to request coverage of clinically appropriate drugs that are not on the formulary or have "fail first" or other requirements that have not been met. Drugs that are not on the formulary may not be covered by the Plan and may cost Members more than similar drugs that are on the formulary if covered on "exception," as described in the next sections. Members may ask for nonformulary drugs to be covered by asking their provider to submit a formulary exception request. Requests for coverage of nonformulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. An enrollee's response to drug samples from a provider or a drug maker will not be considered as a reason to bypass standard rules for plan drug coverage.

In general, drugs listed on the Formulary are drugs providers prescribe for members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat members with. Some injectable drugs can be approved through the exceptions process to get from a pharmacy using the plan pharmacy benefit.

**Requesting a Formulary Exception:** The process for requesting a formulary exception is the same process for requesting Prior Authorization on formulary drugs that require advanced approval for coverage. Requests are reviewed against standard rules to determine Medical Necessity.

A provider may fax a completed **Prior Authorization/Medication Exception Request** form to Molina at 1 (800) 869-7791. The form may be obtained on our website [MolinaMarketplace.com](http://MolinaMarketplace.com) at the provider forms and documents page. The form fields must be completed to be accepted and the request must include all medical information for consideration.

A Member who is stabilized on a nonformulary drug may remain on the drug during the formulary exception review process by requesting an emergency fill. To request an emergency fill, the pharmacy can call 1 (800) 213-5525, Option 1-2-2. Trials of drug samples from a prescriber or a drug manufacturer will not be considered as current treatment.

Molina will grant a formulary exception if its reviewers determine the supporting information shows any of the following:

- The Member has a medical contraindication to formulary or required drug(s)
- The required drug(s) will likely cause a clinically predictable adverse reaction if taken by the Member
- The required drug is expected to be ineffective based on the Member's documented clinical characteristics
- The Member has tried the required drug, a related drug, or a drug that works in a similar way, and discontinued it due to lack of effectiveness, loss of effect, or adverse event
- The Member is established on the drug as a current treatment with documentation of a positive therapeutic outcome and switching to the required drug will likely cause clinically predictable adverse reactions or harm

- The supporting medical information clearly shows formulary or required drugs are not in the member's best interest, because they are likely to:
  - Present a barrier to treatment plan adherence, or
  - Negatively impact a Member's comorbid condition, or
  - Cause a clinically predictable negative drug interaction, or
  - Decrease the Member's ability to achieve or maintain reasonable functional ability in performing daily activities

After receiving all the needed information from the member's provider to decide, Molina will notify the Member's treating provider of approval or denial of the request:

- Within 72 hours for standard requests, and
- Within 24 hours for urgent requests

Exception requests are considered urgent when a member is experiencing a health situation that may seriously jeopardize their life, health, ability to regain maximum function, or when a member is undergoing a current course of treatment using a nonformulary drug.

If the request is denied, Molina will send a letter to the member and their prescriber. The letter will explain why the drug or product was denied. The prescriber may request to talk to Molina reviewers about the denial reasons. If the member disagrees with the denial of the request, the member can appeal Molina's coverage decision. The prescriber may also request that an Independent Review Organization (IRO) review Molina's coverage decision during an appeal. The IRO will notify the requesting prescriber of the IRO decision no later than:

- 72 hours following receipt of an appeal of a denied standard exception request
- 24 hours following receipt of an appeal on a denied urgent exception request

**Cost Sharing:** Molina puts drugs on different levels called tiers, Preventive Drugs through Brand and Generic Specialty Drugs, based on how well they improve health and their value compared to similar treatments. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.

Here are some details about which drugs are on which tiers.

Drug Tier	Description
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	<b>Preventive Drugs</b>	Nationally recognized preventative service drugs and dosage forms, and family planning drugs and devices (i.e., contraception) with \$0 Cost Sharing.
	<b>Preferred Generic Drugs</b>	Preferred Generic drugs; Lowest Cost Sharing.
	<b>Preferred Brand Drugs</b>	Preferred Brand-Name drugs; Higher Cost Sharing than Preferred Generic Drugs.
	<b>Non-Preferred Brand and Generic Drugs</b>	Non-Preferred, Brand-Name and Non-Preferred Generic drugs; Higher Cost Sharing than lower tier drugs used to treat the same conditions.
	<b>Brand and Generic Specialty Drugs</b>	Specialty Drugs; Brand-Name and Generic; Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than lower tier drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use the network specialty pharmacy.
	<b>DME</b>	Durable Medical Equipment (“DME”) Cost Sharing applies; some non-drug products on the Formulary have Cost Sharing determined by the DME Coinsurance.
<p><b>Cost Sharing on Formulary Exceptions:</b> For drugs or other products that are approved on Formulary exception, the Member will have the Non-Preferred Brand and Generic Drugs Tier Cost sharing for non-specialty products or the Brand and Generic Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for nonformulary brand-name products that have a generic product listed on the formulary, if coverage is approved on exception, a Member’s share of the cost will also include the difference cost between the formulary generic drug and the brand-name drug. Cost Sharing for drugs that are approved as formulary exceptions accumulate toward the Member’s Annual Out-of-Pocket Maximum.</p> <p><b>Site of Care for Provider-administered Drugs Required Program:</b> For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the Medical Necessity of the requested site of care. Site of Care</p>		

means the physical location of injection or infusion administration of a drug for a specialized condition. Molina covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be Medically Necessary. To review the site of care policy, please visit [\[https://www.molinamarketplace.com/marketplace/wa/en-us/Providers/Drug-List\]](https://www.molinamarketplace.com/marketplace/wa/en-us/Providers/Drug-List).

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is Medically Necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Third-Party Cost Sharing Assistance:** Cost Sharing paid by the Member or on their behalf for a covered drug will apply as if the Member paid it and will count toward any applicable Deductible or Annual Out-of-Pocket Maximum under their plan. This includes Third-Party Cost Sharing Assistance. Third-Party Cost Sharing Assistance means discount cards, coupons, cash or other financial help a Member may get from a company, a person, a charitable organization, or a sponsored program for the purpose of paying Cost Sharing on a drug Molina is covering for the Member. Amounts the Member pays or are paid on their behalf for a drug Molina does not cover or have denied coverage for will not apply.

**Over-the-Counter Drugs, Products, and Supplements:** Molina covers over-the-counter drugs and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Contraceptive Drugs and Devices:** Molina provides coverage, with no Cost Sharing, and with no prescription required, for all FDA approved over-the-counter (OTC) contraceptive drugs and devices, including condoms, regardless of the gender or sexual orientation of the covered person, regardless of whether they are used to be for contraception or exclusively for the prevention of sexually transmitted infections.

If a Member has paid for over-the-counter birth control, emergency birth control, or condoms listed on the formulary, Molina will repay the Member. The Member must mail a refund request with your receipt using the "Prescription Reimbursement Claim Form." This form is available on [MolinaMarketplace.com](https://www.molinamarketplace.com) under Members "Forms and Documents." Please note, if purchasing OTC birth control products or using an out-of-network pharmacy, Molina will reimburse you up to the allowed amount we pay

network pharmacies for the same product, if covered. The Member must submit the claim for reimbursement within twelve (12) months from the date they made the payment.

Molina does not limit changes to a member's method of contraception. In addition, Molina does not impose any waiting periods, or restrictions or delays, such as medical management techniques, that limit a Member's choice in accessing the full range of contraceptive drugs, devices or other products that have been approved by the FDA.

Coverage is provided for a 12-month refill of all FDA approved methods of contraception that are obtained at one time by the Member. Members are allowed to obtain contraceptive drugs on-site at the provider's office, if available.

**Durable Medical Equipment (DME):** Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Molina will cover DME rental or purchase costs for use with certain drugs when obtained through a contracted vendor. Molina will also cover reasonable, sales tax, repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. Prior Authorization may be required for DME to be covered. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit. Please visit [MolinaMarketplace.com](http://MolinaMarketplace.com) or contact Customer Support for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin. Member Cost Sharing for covered insulin medication is not subject to deductible and is limited to \$35 per thirty-day supply of the medication.

**Asthma Inhalers:** There are limits on your cost sharing for select steroid and steroid combination inhaler drugs for asthma and chronic lung disease. The limit \$35 applies per inhaler drug, per 30-day supply. Please refer to the Formulary for additional information.

**Epinephrine Autoinjectors:** There are limits on your cost sharing for select epinephrine self-injection pens. The limit \$35 applies per 2-pack. Please refer to the Formulary for additional information.

**Prescription Drugs to Stop Smoking:** Molina covers a three-month supply of drugs to help Members stop smoking, at no Cost Share. This includes tobacco

cessation medications and over-the-counter nicotine replacement with a prescription. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary. Specifically, Molina will provide coverage for all FDA-approved tobacco cessation services recommended by the United States Preventive Services Task Force, including individual, group, and telephone counseling, and any combination thereof. For services associated with more than two (2) attempts to quit within a twelve (12) month period, or treatment exceeding the duration recommended by the most recently published United States Public Health Service clinical practice guidelines on treating tobacco use, prior authorization may be required.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a three-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member’s pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days’ supply of the drug dispensed.

In addition, Molina's pharmacy procedures will allow you, without consulting a physician, prescription, or refill from a physician, to provide for one early refill of a prescription for topical ophthalmic products if all of the following criteria are met:

- (1) The refill is requested by a patient at or after seventy percent of the predicted days of use of:
  - (a) The date the original prescription was dispensed to the patient; or
  - (b) The date that the last refill of the prescription was dispensed to the patient;
- (2) The prescriber indicates on the original prescription that a specific number of refills will be needed; and
- (3) The refill does not exceed the number of refills that the prescriber indicated under subsection (2) of this section.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, Members may be limited to coverage of a shorter supply per fill and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the

following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior Authorization requests for drug's to be used outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on usage outside of non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered the Brand and Generic Specialty Drugs Tier under the pharmacy benefit. All orally administered cancer medications will be covered on the same basis and at no greater Cost Sharing than imposed for IV or injected cancer medication. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III Experimental or Investigational drugs that are FDA approved and are administered according to protocol.

**Post-Exposure Prevention of Human Immunodeficiency Virus Infection (Post-Exposure Prophylaxis or "PEP"):** Molina covers a 28-day course of post-exposure prevention medication without cost-sharing and without prior authorization. The course of treatment must be part of a regimen recommended by the United States Centers for Disease Control & Prevention (CDC). Hospital or emergency room direct dispensing of 28-day PEP must comply with Washington State access laws. Pharmacy claims must be submitted by in-network pharmacies. Claims must indicate the use of the drug is for post-exposure prevention of HIV by submission of diagnosis code Z20.6 "Contact with and (suspected) exposure to human immunodeficiency virus."

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventive Drugs, Preferred Generic

Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs Tiers. Eligible drugs are marked “MAIL” on the Formulary. Formulary drugs will be mailed to a Member within 10 days of order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Please refer to MolinaMarketplace.com or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under state law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

**Emergency Fill:** Emergency Fill is a short-term dispensed amount of medication that allows time for the processing of a Prior-Authorization request. Only the Emergency Fill dosage of the medication will be approved and paid.

Emergency Fills may be appropriate in circumstances where a Member presents at an in-network-pharmacy with an 'urgent therapeutic need' for a prescribed medication that requires a Prior Authorization due to Formulary or other utilization management restrictions. An in-network-pharmacy may do a one-time override to provide the Member with an Emergency Fill without a Prior Authorization if:

- In-network-pharmacy cannot reach the Molina’s prior authorization department by phone because it is outside of Molina’s business hours
- Molina is available to respond by phone to the dispensing pharmacy regarding benefit, but Molina cannot reach the Member’s prescribing provider for full consultation
- A Member has an urgent therapeutic need; where a passage of time (i.e., the timeframe required for an Urgent Review) without treatment would result in imminent emergency care, hospital admission or might seriously jeopardize the life or health of the Member or others in contact with the Member.



The dosage of the Emergency Fill must either be the minimum packaging size that cannot be broken (e.g., injectable), or the lesser of a 7-day supply or the amount as prescribed. In the event the medication is to be continued for treatment beyond the Emergency Fill authorization, Molina may apply formulary or utilization management restrictions that will be reviewed following the Molina standard procedure.

Members will be responsible for a 30-day supply Cost Share. The Cost Share is based on the tier in which Molina has placed the drug. This may also include Deductibles, Coinsurance, Copayments, and similar charges. For Cost Share information please refer to the Schedule of Benefits.

#### **WISCONSIN:**

##### **Prescription Drugs**

**Drugs, Medications and Durable Medical Equipment:** Molina covers drugs ordered by Providers, approved by Molina, and filled through pharmacies in Molina's networks. Covered drugs include over-the-counter (OTC) and prescription drugs as listed on the Formulary. Molina also covers medical drugs ordered or given in a participating facility when provided in connection with a Covered Service. Prior Authorization may be required to have certain drugs covered. A Provider who is lawfully permitted to write prescriptions, also known as a Prescriber, may request Prior Authorization on behalf of a Member, and Molina will notify the Provider if the request is either approved or denied based upon Medical Necessity review.

**Pharmacies:** Molina covers drugs at retail pharmacies, specialty pharmacies, and mail order pharmacies within our networks. Members may be required to fill a drug with a contracted specialty pharmacy if the drug is subject to Food and Drug Administration (FDA) restrictions on distribution, requires special handling or provider coordination, or if specialized patient education is required to ensure safe and effective use. To find network pharmacies, please visit [MolinaMarketplace.com](http://MolinaMarketplace.com). A hardcopy is also available upon request made to Customer Support.

**Molina Formulary:** Molina establishes a list of drugs, devices, and supplies that are covered under the Plan's pharmacy benefit. The list of covered products is referred to as the "Formulary". The list shows all the prescription and over-the-counter products Plan Members can get from a pharmacy, along with coverage requirements, limitations, or restrictions on the listed products. The Formulary is available to Members on [MolinaMarketplace.com](http://MolinaMarketplace.com). A hardcopy is also available upon request. The list of products on the Formulary are chosen by a group of medical professionals from inside and outside of Molina. This group reviews the Formulary regularly and makes changes every three months

based on updates in evidence-based medical practice, medical technology, and new-to-market branded and generic drugs.

**Access to Nonformulary Drugs:** The Formulary lets Members and their Prescribers know which products are covered by the Plan's pharmacy benefit. The fact that a drug is listed on the Formulary does not guarantee that a Prescriber will prescribe it for a Member.

Drugs that are not on the Formulary may not be covered by the Plan. These drugs may cost Members more than similar drugs that are on the Formulary if covered on "exception," as described in the next section. Members may ask for non-formulary drugs to be covered. Requests for coverage of non-formulary drugs will be considered for a medically accepted use when Formulary options cannot be used, and other coverage requirements are met. In general, drugs listed on the Formulary are drugs Providers prescribe for Members to get from a pharmacy and give to themselves. Most injectable drugs that require help from a Provider to use are covered under the medical benefit instead of the pharmacy benefit. Providers have instructions from Molina on how to get advanced approval for drugs they buy and treat Members with. Some injectable drugs can be approved to get from a pharmacy using the Plan pharmacy benefit.

**Requesting an Exception:** Molina has a process to allow Members, their representative, or a Prescriber to request clinically appropriate drugs that are not on the Formulary. They may request coverage for drugs that have step therapy requirements or other restrictions under the Plan benefit that have not been met. Members, their representative or Prescribers may contact Molina's Pharmacy Department to request a Formulary exception.

If a prescription requires a Prior Authorization review for a Formulary exception, the request can be considered under standard or expedited circumstances.

- Any request that is not considered an expedited exception request is considered a Standard Exception request.
- A request is considered an expedited exception request if it is to treat a Member's health condition that may seriously jeopardize their life, health, or ability to regain maximum function, or when the Member is undergoing a current course of treatment using a non-formulary drug. Trials of pharmaceutical samples from a Prescriber or a drug manufacturer will not be considered as current treatment.

Molina will notify the Member or their representative, and the Prescriber of the coverage determination no later than:

- 24 hours following receipt of an expedited exception request
- 72 hours following receipt of a standard exception request

If the request is denied, Molina will send a letter to the Member or their representative and the Prescriber. The letter will explain why the drug or product was denied. It is within the Member's rights to purchase the drug at the full cost charged by the pharmacy. If the Member disagrees with the denial of the request, the Member, their representative, or Prescriber can appeal Molina's decision. The Prescriber may request to talk to Molina reviewers about the denial.

If an internal appeal of the original coverage determination is requested, Molina will notify the Member, their representative, and the Prescriber, of the internal appeal decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request.
- 72 hours following receipt of an appeal of a denied standard exception request.

The Member or their representative, or the Prescriber may also request that an Independent Review Organization (IRO) review Molina's internal appeal decision. The member or their representative, and the Prescriber, will be notified of the IRO decision no later than:

- 24 hours following receipt of an appeal on a denied expedited exception request.
- 72 hours following receipt of an appeal of a denied standard exception request.

#### **Cost Sharing:**

Molina puts drugs on different levels called tiers, Preventive Drugs through Brand and Generic Specialty Drugs, based on how well they improve health and their value compared to similar treatments. The Schedule of Benefits shows Member Cost Sharing for a one-month supply based on these tiers.

Below are some details about which drugs are on which tiers.

Drug Tier	Description
Preventive Drugs	Nationally recognized preventive service drugs and dosage forms, and family planning drugs and

		devices (i.e., contraception) with \$0 Cost Sharing; additional drugs with \$0 Cost Sharing where applicable.
	<b>Preferred Generic Drugs</b>	Preferred generic drugs; lowest Cost Sharing.
	<b>Preferred Brand Drugs</b>	Preferred brand-name drugs; higher Cost Sharing than preferred generic drugs.
	<b>Non-Preferred Drugs</b>	Non-preferred brand-name and generic drugs; higher Cost Sharing than preferred brand-name and generic drugs used to treat the same conditions.
	<b>Specialty Drugs</b>	Specialty drugs (brand-name and generic); Drugs that require special handling, complex counseling or monitoring, limited distribution, or other special pharmacy requirements. Higher Cost Sharing than lower tier drugs used to treat the same conditions if available. Depending on state rules, Molina may require Members to use a network specialty pharmacy.
	<b>DME</b>	Durable Medical Equipment ("DME")- cost sharing applies; some non-drug products on the Formulary have cost sharing determined by the DME coinsurance.
<p><b>Cost Sharing on Formulary Exceptions:</b> For drugs or other products that are approved on Formulary exception, the Member will have the Non-Preferred Drugs Tier Cost Sharing for non-specialty products or the Brand and Generic Specialty Drugs Tier Cost Sharing for Specialty products. Please note, for non-formulary brand-name products that have a generic product listed on the Formulary, if coverage is approved on exception, a Member's share of the cost</p>		

will also include the difference in cost between the Formulary generic drug and the brand-name drug.

**Site of Care for Provider-administered Drugs Required Program:** For Provider-administered drugs that require Prior Authorization, when coverage criteria are met for the medication, a site of care policy is used to determine the medical necessity of the requested site of care. Molina covers injectable and infused medications in an outpatient hospital setting or at a hospital-affiliated infusion suite when the level of care is determined to be medically necessary. To review the site of care policy, please visit [MolinaMarketplace.com](http://MolinaMarketplace.com).

Molina will conduct peer-to-peer discussion or other outreach to evaluate the level of care that is medically necessary. If an alternate site of care is suitable, Molina will offer the ordering Provider help in identifying an in-network infusion center, physician office, or home infusion service, and will help the Member coordinate and transition through case management.

**Drug Cost Sharing Assistance and Out-of-Pocket Costs:** Cost sharing reduction for any prescription drugs obtained by Members through the use of a discount card, a coupon provided by a prescription drug manufacturer, or any form of prescription drug third party cost sharing assistance will not apply toward any Deductible, or the Annual Out-of-Pocket Maximum under the Plan, except as otherwise required by federal or State Law.

**Over-the-Counter Drugs, Products and Supplements:** Molina covers over-the-counter drugs, products and supplements in accordance with State Law and Federal laws. Only over-the-counter drugs, supplies, and supplements that appear on the Formulary may be covered.

**Durable Medical Equipment (DME):** Molina will cover DME rental or purchase costs, including for use with certain drugs when obtained through a contracted vendor. Molina will also cover reasonable repairs, maintenance, delivery, and related supplies for DME. Members may be responsible for necessary DME repair or replacement costs if needed due to misuse or loss of the DME. The Cost Sharing amounts as listed on your Schedule of Benefits apply per purchase or rental period. Prior Authorization may be required for DME to be covered.

Benefits are for a single purchase of a type of DME (including repair/replacement) every three years. This limit does not apply to wound vacuums. Cochlear implants are included under the Durable Medical Equipment benefit as required by Wisconsin insurance law.

Coverage may be under the medical benefit or the pharmacy benefit, depending on the type of DME. Please refer to the Formulary for DME and other non-drug products covered under the pharmacy benefit.

Please refer to MolinaMarketplace.com, or contact Customer Support for more coverage information.

**Diabetic Supplies:** Molina covers diabetic supplies on the Formulary such as insulin syringes, insulin infusion pumps (limited to one pump per calendar year), lancets and lancet puncture devices, blood glucose monitors, continuous glucose monitoring DME, blood glucose test strips, urine test strips, and select pen delivery systems for the administration of insulin.

**Prescription Drugs to Stop Smoking:** Molina covers a three-month supply of drugs to help Members stop smoking, with no Cost Sharing. Members should consult their Provider to determine which drug is right for them. Covered drugs are listed on the Formulary.

**Day Supply Limit:** While Providers determine how much drug, product supply, or supplement to prescribe, Molina may only cover one month of supply at a time for certain products. The Formulary indicates “MAIL” for items that may be covered with a 3-month supply through a contracted mail order pharmacy or other Plan programs. Quantities that exceed the day supply limits on the Formulary are not covered, with few exceptions.

**Proration and Synchronization:** Molina provides medication proration for a partial supply of a prescription drug if the Member’s pharmacy notifies Molina that the quantity dispensed is to synchronize the dates that the pharmacy dispenses the prescription drugs, synchronization is in the best interest of the Member, and Member agrees to the synchronization. The proration described will be based on the number of days’ supply of the drug dispensed.

**Opioid Analgesics for Chronic Pain:** Prior Authorization may be required for pharmacy coverage of opioid pain medications to treat chronic pain. Without a Prior Authorization, opioid claims have safety limits, including: short supply per fill and subject to restrictions on long-acting opioid drugs and combined total daily doses. These requirements do not apply to Members in the following circumstances: Opioid analgesics are prescribed to a Member who is a hospice patient, the Member was diagnosed with a terminal condition, or the Member is actively being treated for cancer. Molina will conduct a utilization review for all opioid Prior Authorization requests.

**Drugs to Treat Cancer:** Molina covers reasonable costs for anti-cancer drugs and their administration. Prior authorization requests for drugs to be used



outside the FDA labeling (i.e., off-label uses) are reviewed for Medical Necessity. These requests are reviewed against standard recommendations for the use of the drug and for the type of cancer being treated. No request is denied solely based on non-FDA label use. Drugs that Providers treat Members with will be subject to Cost Sharing specified for chemotherapy under the medical benefit for the site where treatment is given. Drugs that Members get from pharmacies will be subject to Cost Sharing specified for the pharmacy benefit. Please refer to the Schedule of Benefits for applicable Cost Sharing. Most new anti-cancer drugs require special handling and education and are considered the Brand and Generic Specialty Drugs Tier under the pharmacy benefit. Certain anti-cancer drugs are covered under a partial fill program. Network pharmacies may dispense newly started anti-cancer drugs half a month's supply at a time for the first several fills until Members are stable on the drug and dose.

**Treatment of Human Immunodeficiency Virus (HIV):** Molina covers prescription drugs for the treatment of HIV infection, or an illness or medical condition arising from or related to HIV. Drugs must be prescribed within the Provider's scope of practice and approved by the United States Food and Drug Administration (FDA), including Phase III experimental or investigational drugs that are FDA approved and are administered according to protocol.

**Mail Order Availability of Formulary Drugs:** Molina offers Members a mail order option for certain drugs in the Preventive Drugs, Preferred Generic Drugs, Preferred Brand Drugs, and Non-Preferred Brand and Generic Drugs Tiers. Eligible drugs are marked "MAIL" on the Formulary. Formulary drugs will be mailed to a Member within 10 days of order request and approval. Brand and Generic Specialty Drugs Tier drugs are not eligible for 90-day supply programs like Mail Order, though most Specialty medications will be shipped to the Member directly. Refer to the MolinaMarketplace.com or contact Member Services for more information.

**Off-Label Drugs:** Molina will not deny coverage of off-label drug use solely on the basis that the drug will be used outside of the FDA-approved labeling. Molina does cover off-label drug use to treat a covered, chronic, disabling, or life-threatening illness. The drug must be approved by the FDA for at least one indication. The use must be recognized as standard and effective for treatment of the indication in any of the standard drug reference compendia or substantially accepted peer-reviewed medical literature. Molina may require that other treatments that are also standard have been tried or are not clinically appropriate if permitted under state law. The off-label drug use request must demonstrate Medical Necessity to treat a covered condition when Prior Authorization is required.

**D. NOT COVERED**

Refer to the member's Evidence of Coverage (EOC) and Schedule of Benefits (SOB) to determine coverage eligibility.

**SERVICES NOT APPROVED BY THE FDA**
**ALL STATES:**

**Services Not Approved by the FDA:** Drugs, supplements, tests, vaccines, devices, radioactive materials, and any other services that by law require FDA approval in order to be sold in the U.S. but are not approved by the FDA are not covered. This exclusion applies to services provided anywhere, even outside the U.S. This exclusion does not apply to services covered under Approved Clinical Trials section. Please refer to the Appeals and Grievances section for information about denied requests for Experimental or Investigational services.

**NON-COVERED DRUGS**
**CALIFORNIA:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs
- Weight loss drugs, unless approved by Medical Necessity for morbid obesity (Class III Obesity). Only individuals with diabetes are eligible to receive coverage of applicable drugs indicated for the treatment of diabetes.
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Erectile dysfunction
- Sexual dysfunction

**Non-Covered Drugs:** Non-covered drugs such as benefit exclusions are not covered at all. They cannot be approved for coverage by formulary exception.

Molina does not cover certain types of drugs that are listed as benefit exclusions in the plan policy, including:

- Cosmetic drugs
- Drugs not FDA-approved or licensed for use in the United States
- Drugs to treat erectile dysfunction or other types of sexual dysfunction
- Experimental and Investigational drugs or uses of drugs
- Gene therapy
- Hair loss or growth treatments
- Homeopathic treatments and nutritional supplements
- Infertility drugs (other than treating and underlying infertility cause itself)
- Over-the-counter drugs not listed on the formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Weight loss drugs, unless approved by Medical Necessity for morbid obesity (Class III Obesity). Only individuals with diabetes are eligible to receive coverage of applicable drugs indicated for the treatment of diabetes. Please refer to the Glossary in Section E for the definition of Class III Obesity.

**FLORIDA:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the Formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs
  - Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
  - Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

**IDAHO:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the Formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene Therapy
- Experimental and Investigational drugs
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead for treating diabetes
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

**ILLINOIS:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA-approved or licensed for use in the United States
- Over-the-counter drugs not on the Formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
- Any drugs that would be illegal to prescribe under federal or State law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment

- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

**KENTUCKY:**

**Non-Covered Drugs:** Passport does not cover certain drugs:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the Formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene Therapy
- Experimental and Investigational drugs
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
- Any drugs that would be illegal to prescribe under federal or State law, regardless of the state in which the drug is prescribed or filled.

Passport does not cover drugs to treat conditions that are benefit exclusions, including:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying infertility cause itself)
- Erectile dysfunction
- Sexual dysfunction

**MICHIGAN:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the Formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy, except drugs related to the treatment of cancer
- Experimental and Investigational drugs
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services

- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

**MISSISSIPPI:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

**NEVADA:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the Formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled



Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

**NEW MEXICO:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

**OHIO:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the Formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs (except permitted uses described in the Off-Label Drugs section of this Agreement)

- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

#### **SOUTH CAROLINA:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the Formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs
- Weight-loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

#### **TEXAS:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the formulary

- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

#### UTAH:

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene Therapy
- Experimental and Investigational drugs
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead for treating diabetes
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

#### WASHINGTON:

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic drugs (This does not include drugs that may be necessary for gender affirming treatment.)
- Hair loss or growth treatment (This does not include drugs that may be necessary for gender affirming treatment.)
- Infertility (other than treating an underlying infertility cause itself)
- Erectile dysfunction
- Sexual dysfunction
- Gene therapy, cell therapy, and cell-based gene therapy
- Homeopathic treatments and nutritional supplements
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes

**WISCONSIN:**

**Non-Covered Drugs:** Molina does not cover certain drugs, including but not limited to:

- Drugs not FDA approved or licensed for use in the United States
- Over-the-counter drugs not on the formulary
- Proposed less-than-effective drugs identified by the Drug Efficacy Study Implementation (DESI) program
- Gene therapy
- Experimental and Investigational drugs
- Weight loss drugs, or diabetic drugs when used off-label to lose weight instead of treating diabetes
- Any drugs that would be illegal to prescribe under federal or State Law, regardless of the state in which the drug is prescribed or filled

Molina does not cover drugs to treat conditions that are benefit exclusions, including but not limited to:

- Cosmetic services
- Hair loss or growth treatment
- Infertility (other than treating an underlying diagnosis which caused infertility)
- Erectile dysfunction
- Sexual dysfunction

### MORE INFORMATION

**Note:** The drug related exclusions listed above apply to drugs administered by provider in a medical setting (including, but not limited to, office, outpatient, or inpatient facility). For drugs obtained at a pharmacy, check with the pharmacy plan administrator for information on covered and excluded drugs.

#### E. DEFINITIONS

[See Glossary](#)

#### F. POLICY HISTORY/REVISION INFORMATION

Date	Action/Description
5/12/2023	<ul style="list-style-type: none"> <li>• Added NV 2024 EOC Language</li> </ul>

#### Prior Authorization

For the MHI PA Matrix, if a code is NOT listed, it could EITHER be:

- Covered and No PA Required
- Not Covered

You cannot use the MHI PA Matrix to make coverage determinations.

[PA Lookup Tool](#)

#### Approval

Departments	Product	CIM	Clinical Management	Pharmacy
Date	11/9/2021	3/18/2022	11/9/2021	1/21/2022
Revised (for 1/1/2023)	11/17/2022	3/17/2023	12/13/2022	12/21/2022
Revised (for 1/1/2024)	12/15/2023	4/1/2024	12/8/2023	12/18/2023
Revised (for 1/1/2025)	11/7/2024	-	11/7/2024	12/3/2024