

Changes to My Choice Wisconsin's Formulary

My Choice Wisconsin may immediately remove a brand name drug on our Drug List if we are replacing it with a new generic drug that will appear on the same or lower cost sharing tier and with the same or fewer restrictions. Or, when adding the new generic drug, we may decide to keep the brand name drug on our Drug List, but immediately move it to a different cost-sharing tier or add new restrictions. We may not tell you in advance before we make that change, but we will later provide you with information about the specific change(s) we have made. Also, if the Food and Drug Administration deems a drug on our formulary to be unsafe or the drug's manufacturer removes the drug from the market, we may immediately remove the drug from our formulary and provide notice to members who take the drug.

Before we make other changes during the year to our Drug List that affect members currently taking a drug and that require us to provide advance notice, we will notify affected members of the change at least 30 days before the change becomes effective, or at the time the member requests a refill of the drug, at which time the member will receive a one-month supply of the drug.

If you are affected by a change in drug coverage or restriction, depending on the type of change, there may be different options to consider. For example:

You may be able to use another drug on our Drug List to treat your medical condition. Alternative drug(s) are provided below to help your prescriber to find a covered drug that might work for you. Ask your prescriber if one of the possible alternative drug(s) is right for you.

You, your prescriber, or your authorized representative may also ask for an exception. The notice we provide you will also include information on the steps to request an exception. To learn more about coverage decisions and how to ask for an exception, see your *Evidence of Coverage*, or call Member Services at (800) 665-3086 (TTY: 711), October 1 – March 31: 7 days a week, 8 a.m. to 8 p.m., local time, April 1 – September 30: Monday – Friday, 8 a.m. to 8 p.m., local time.

The table below outlines changes to our formulary that may impact you.

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
AMOXICILLIN & K CLAVULANATE CHEW TAB 200-28.5 MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	AMOXICILLIN & K CLAVULANATE FOR SUSP 200-28.5 MG/5ML	Tier 1	01/01/2025
CORLANOR TAB	Deletion Of Drug From Formulary	Generic Available	IVABRADINE TAB	Tier 1	01/01/2025
DROXIA CAP	Deletion Of Drug From Formulary	Manufacturer Discontinuation	Consult Your Health Care Provider		03/01/2025
DUPIXENT INJ 100MG/0.67ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	DUPIXENT INJ 200MG/1.14ML	Tier 1	02/01/2025
ENDARI POW 5GM	Deletion Of Drug From Formulary	Generic Available	L-GLUTAMINE POW 5GM	Tier 1	01/01/2025
ERYTHROCIN TAB 250MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ERYTHROMYCIN TAB 250MG BS	Tier 1	01/01/2025
FENTANYL OT LOZ	Deletion Of Drug From Formulary	Manufacturer Discontinuation	MORPHINE SULFATE TAB	Tier 1	02/01/2025
LEUKERAN TAB 2MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2025
MICROGESTIN 24 FE TAB 1-20 MG-MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	HAILEY 24 FE TAB 1-20 MG-MCG	Tier 1	02/01/2025
NATACYN SUS 5% OP	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2025
NYMYO TAB 0.25MG-35MCG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	NORGESTIMATE-ETHINYL ESTRADIOL TAB 0.25MG-35MCG	Tier 1	02/01/2025
PREHEVBRIO SUS 10MCG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	ENGERIX-B INJ; HEPLISAV-B INJ; RECOMBIVAX HB INJ	Tier 1	03/01/2025
SANDIMMUNE SOL 100MG/ML	Deletion Of Drug From Formulary	Manufacturer Discontinuation	CYCLOSPORINE CAP	Tier 1	01/01/2025
SELZENTRY TAB 25MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SELZENTRY SOL 20MG/ML	Tier 1	02/01/2025
SELZENTRY TAB 75MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	SELZENTRY SOL 20MG/ML	Tier 1	02/01/2025

Name of Affected Drug	Description of Change	Reason for Change	Alternative Drug(s) *	Alternative Drug(s) Cost-Sharing Tier	Effective Date
SPRYCEL TAB	Deletion Of Drug From Formulary	Generic Available	DASATINIB TAB	Tier 1	02/01/2025
TABLOID TAB 40MG	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	Consult Your Health Care Provider		01/01/2025
TDVAX INJ 2-2 LF	Deletion Of Drug From Formulary	Manufacturer Discontinuation	TENIVAC INJ 5-2LF	Tier 1	03/01/2025
TOBRADEX ST SUS 0.3-0.05%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	TOBRAMYCIN-DEXAMETHASONE SUS 0.3-0.1%	Tier 1	01/01/2025
VRAYLAR CAP 1.5-3MG	Deletion Of Drug From Formulary	Manufacturer Discontinuation	VRAYLAR CAP	Tier 1	02/01/2025
ZERVIAE DRO 0.24%	Deletion Of Drug From Formulary	Medicare Will No Longer Cover	AZELASTINE DRO 0.05%	Tier 1	01/01/2025
ZYPREXA RELPREVV INJ	Deletion Of Drug From Formulary	Manufacturer Discontinuation	RISPERIDONE ER INJ	Tier 1	02/01/2025

* Alternative drug(s) are drugs that you could consider with your prescriber. Only your prescriber can determine alternative drugs that are appropriate for you given the individualized nature of drug therapy. Please consult your prescriber to confirm if this is an appropriate drug for you.

Molina Healthcare is a C-SNP, D-SNP and HMO plan with a Medicare contract. D-SNP plans have a contract with the state Medicaid program. Enrollment depends on contract renewal.

My Choice Wisconsin by Molina Healthcare complies with applicable Federal civil rights laws and does not discriminate on the basis of age, color, disability, national origin (including limited English proficiency), race, or sex (consistent with the scope of sex discrimination described at § 92.101(a)).

To help you effectively communicate with us, My Choice Wisconsin provides services free of charge and in a timely manner:

- My Choice Wisconsin provides reasonable modifications and appropriate aids and services to people with disabilities. This includes: (1) Qualified interpreters. (2) Information in other formats, such as large print, audio, accessible electronic formats, Braille.
- My Choice Wisconsin provides language services to people who speak another language or have limited English skills. This includes: (1) Qualified oral interpreters. (2) Information translated in your language.

If you need these services, contact My Choice Wisconsin by Molina Healthcare Member Services at 1-800-963-0035 or TTY/TDD: 711, 8 a.m. – 8 p.m. CT, 7 days a week.

If you believe we have discriminated on the basis of age, color, disability, national origin, race, or sex, you can file a grievance. You can file a grievance by phone, mail, email, or online. If you need help writing your grievance, we will help you. You may obtain our grievance procedure by visiting our website at <https://www.molinahealthcare.com/members/common/en-US/Notice-of-Nondiscrimination.aspx>

Call our Civil Rights Coordinator at 1-866-606-3889, TTY/TDD: 711 or submit your grievance to:

Civil Rights Unit
200 Oceangate
Long Beach, CA 90802
Email: civil.rights@molinahealthcare.com
Website: <https://molinahealthcare.Alertline.com>

You can also file a civil rights complaint (grievance) with the U.S. Department of Health and Human Services, Office for Civil Rights, online through the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
Phone: 1-800-368-1019
TTY/TDD: 800-537-7697

Complaint forms are available here: <https://www.hhs.gov/sites/default/files/ocr-cr-complaint-form-package.pdf>

Free aids and services, such as sign language interpreters and written information in alternative formats are available to you. Call 1-800-963-0035 (TTY: 711).

English:

We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-963-0035 (TTY: 711). Someone who speaks English can help you. This is a free service.

Spanish:

Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-963-0035 (TTY: 711). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

Chinese Mandarin:

如果您对我们的健康计划或药品计划有任何问题，我们可以提供免费的口译服务回答您的问题。若要获得口译服务，请致电我们：1-800-963-0035 (TTY: 711)。说普通话的人士会帮助您。这是免费服务。

Chinese Cantonese:

我們有免費的口譯員服務，可回答您對於我們健康或藥物計劃的任何問題。若需要口譯員，請撥打1-800-963-0035 (TTY: 711) 聯絡我們。能說广东话的人士會為您提供協助。這是免費的服務。

Tagalog:

May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posibleng katanungan ninyo tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa 1-800-963-0035 (TTY: 711). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

French:

Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-963-0035 (TTY: 711). Un interlocuteur parlant français pourra vous aider. Ce service est gratuit.

Vietnamese:

Chúng tôi có các dịch vụ thông dịch miễn phí để trả lời các câu hỏi của quý vị về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để có thông dịch viên, hãy gọi cho chúng tôi theo số 1-800-963-0035 (TTY: 711). Sẽ có nhân viên nói tiếng Việt trợ giúp quý vị. Đây là dịch vụ miễn phí.

German:

Unser kostenloser Dolmetscherservice beantwortet Ihre Fragen zu unserem Gesundheits- und Arzneimittelpplan. Unsere Dolmetscher erreichen Sie unter 1-800-963-0035 (TTY: 711). Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

Korean:

당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-963-0035 (TTY: 711)번으로 문의해 주십시오. 한국어를 하는 담 당자가 도와드릴 것입니다. 이 서비스는 무료로 운영됩니다.

Russian:

Получить ответы на вопросы о нашем медицинском страховом плане или о плане, покрывающем лекарства по рецепту, вам бесплатно помогут наши устные переводчики. Просто позвоните нам по номеру 1-800-963-0035 (TTY: 711). Вам бесплатно поможет русскоязычный сотрудник.

Arabic

: إننا نقدم خدمات المترجم الفوري المجانية لإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على الرقم (1-800-963-0035 (TTY: 711)). سيقوم شخص يتحدث العربية بمساعدتك. هذه خدمة مجانية.

Hindi:

हमारी स्वास्थ्य या दवा योजना के बारे में अगर आपके कुछ सवाल हैं, तो उनके जवाब देने के लिए हमारे पास निःशुल्क दुभाषिया सेवाएँ उपलब्ध हैं। दुभाषिया पाने के लिए, हमें 1-800-963-0035 (TTY: 711) पर कॉल करें। हिंदी बोलने वाला कोई व्यक्ति आपकी मदद कर सकता है। यह एक निःशुल्क सेवा है।

Italian:

È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario o farmaceutico. Per ottenere un interprete, contattare il numero 1-800-963-0035 (TTY: 711). Un nostro incaricato che parla italiano fornirà l'assistenza necessaria. È un servizio gratuito.

Portuguese:

Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-963-0035 (TTY: 711). Irá encontrar alguém que fale o idioma português para o ajudar. Este serviço é gratuito.

French Creole:

Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa asirans medikaman nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-963-0035 (TTY: 711). Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

Polish:

Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polsku, należy zadzwonić pod numer 1-800-963-0035 (TTY: 711). Ta usługa jest bezpłatna.

Japanese:

当社の健康保険と薬品処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-963-0035 (TTY: 711) にお電話ください。日本語を話す人が支援いたします。これは無料のサービスです。

Albanian:

Ne ofrojmë shërbime interpretimi pa pagesë për t'iu përgjigjur çdo pyetjeje që mund të keni rreth planit tone shëndetësor ose të barnave. Për të marrë një interpret, thjesht na telefononi në 1-800-963-0035 (TTY: 711). Dikush që flet shqip mund t'ju ndihmojë. Ky është një shërbim pa pagesë.

Laotian:

ພວກເຮົາມີການບໍລິການນາຍພາສາຟຣີເພື່ອຕອບຄໍາຖາມທີ່ທ່ານອາດຈະມີກ່ຽວກັບສຸຂະພາບທີ່
ແຜນການຢາຂອງພວກເຮົາ. ເພື່ອໃຫ້ໄດ້ຮັບນາຍແປພາສາ, ພຽງແຕ່ໂທຫາພວກເຮົາທີ່
1-800-963-0035(TTY:711) . ມີຄົນທີ່ເວົ້າພາສາລາວສາມາດຊ່ວຍທ່ານໄດ້. ນີ້ແມ່ນການບໍລິການໂດຍບໍ່ເສຍຄ່າ.

Hmong:

Peb muaj cov kev pab cuam kws txhais lus yam tsis xam nqi los teb cov lus nug uas koj muaj hais txog peb lub
phiaj xwm kev noj qab haus huv los sis tshuaj kho mob. Yog xav tau ib tug neeg txhais lus, tsuas yog hu rau peb
ntawm 1-800-963-0035 (TTY: 711). Ib tug uas hais lus Hmoob pab tau koj. Nov yog ib qho kev pab cuam pub
dawb xwb.

Pennsylvanian Dutch:

Mir hen koschdelos Iwwersetze Services um eeniche Frooge die du hoscht iwwer en Health odder Drug Blan zu
antwadde. Um en Iwwersetzer zu griege, yuscht ruf uns um 1-800-963-0035 (TTY: 711). Epper der Deitsch
schwetzt kann dir helfe. Des iss en koschdelos Service.

Serbo-Croatian:

Имамо бесплатне услуге преводиоца да одговоримо на сва питања која имате о нашем
здравственом плану или плану за лекове. Да бисте добили преводиоца, само нас позовите на
број 1-800-963-0035 (TTY: 711). Неко ко говори Српски може вам помоћи. Ово је бесплатна
услуга.

Somali:

Waxaan haynaa adeegyada turjubaanka bilaashka ah ee kaaga jawaabay su'aalo walba ee laga yaabo inaad ka
qabtid qorshaheena caafimaadka ama daawada. Si aad u heshid turjubaan, kaliya naga soo wac 1-800-963-0035
(TTY: 711). Qof ku hadlaa af Somali ayaa ku caawin kara. Kan waa adeeg bilaash ah.