



## Molina Healthcare Marketplace

### 2021 Formulary Changes Effective 1/1/2021

Drug Name	Description of Formulary Change	Current Tier	New Tier
ABILIFY MAIN INJ 300MG	EXCLUDED FROM MAIL ORDER		
ABILIFY MAIN INJ 300MG	EXCLUDED FROM MAIL ORDER		
ABILIFY MAIN INJ 400MG	EXCLUDED FROM MAIL ORDER		
ABILIFY MAIN INJ 400MG	EXCLUDED FROM MAIL ORDER		
ADVATE INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 1500UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 4000UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
AFINITOR TAB 2.5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
AFINITOR TAB 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
AFINITOR TAB 7.5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ALBUTEROL PA INH HFA 200 - 18 GM	ADD TO FORMULARY, TIER 3 WITH QUANTITY LIMIT		
ALBUTEROL PA INH HFA 200 - 6.7 GM	ADD TO FORMULARY, TIER 3 WITH QUANTITY LIMIT		
ALBUTEROL PA INH HFA 200 - 6.7 GM	ADD TO FORMULARY, TIER 3 WITH QUANTITY LIMIT		
ALBUTEROL PA INH HFA 200 - 8.5 GM	ADD TO FORMULARY, TIER 3 WITH QUANTITY LIMIT		
ALBUTEROL PA INH HFA 200 - 8.5 GM	ADD TO FORMULARY, TIER 3 WITH QUANTITY LIMIT		
ALBUTEROL PA INH HFA 200 - 8.5 GM	ADD TO FORMULARY, TIER 3 WITH QUANTITY LIMIT		
ALPROLIX INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
ALPROLIX INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
ALPROLIX INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
ALPROLIX INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
ALPROLIX INJ 4000UNIT	DRUG REMOVED FROM FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
ALPROLIX INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
AMPHOTERICIN INJ 50MG	DRUG REMOVED FROM FORMULARY		
APRISO CAP 0.375GM	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ARISTADA INJ 441MG/1.	EXCLUDED FROM MAIL ORDER		
ARISTADA INJ 662MG/2	EXCLUDED FROM MAIL ORDER		
ARISTADA INJ 882MG/3	EXCLUDED FROM MAIL ORDER		
AVSOLA INJ 100MG	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
BENEFIX INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
BENEFIX INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
BENEFIX INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
BENEFIX INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
BENEFIX INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
BREO ELLIPTA INH 100-25	DOWNTIER TO TIER 2, REMOVE STEP THERAPY, ADD QUANTITY LIMIT	3	2
BREO ELLIPTA INH 200-25	DOWNTIER TO TIER 2, REMOVE STEP THERAPY, ADD QUANTITY LIMIT	3	2
BUT/APAP/CAF CAP	DRUG REMOVED FROM FORMULARY; TABLET FORM ON FORMULARY		
BUT/APAP/CAF CAP	DRUG REMOVED FROM FORMULARY; TABLET FORM ON FORMULARY		
CETROTIDE KIT 0.25MG	DRUG REMOVED FROM FORMULARY		
CHOR GONADOT INJ 10000UNT	DRUG REMOVED FROM FORMULARY		
CIPROFLOXACIN-DEXAMETHASONE OTIC SUSP 0.3-0.1%	ADD GENERIC TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
CYSTADANE POW	CHANGED TIER	3	4
CYSTARAN SOL 0.44%	CHANGED TIER	3	4
DEFERIPRONE TAB 500 MG	ADD GENERIC TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
DENA VIR CRE 1%	CHANGED TIER	2	3
DEPEN TITRA TAB 250MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
DEXCOM G6 MIS SENSOR	UPDATE QUANTITY LIMIT		
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 120 MG	ADD GENERIC TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		

Drug Name	Description of Formulary Change	Current Tier	New Tier
DIMETHYL FUMARATE CAPSULE DELAYED RELEASE 240 MG	ADD GENERIC TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
DIMETHYL FUMARATE CAPSULE DR STARTER PACK 120 MG & 240 MG	ADD GENERIC TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION		
DRITHO-CREME CRE HP 1%	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
DYRENIUM CAP 100MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
DYRENIUM CAP 50MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DF TAB 600-200-300 MG	ADD GENERIC TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 400-300-300 MG	ADD GENERIC TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DF TAB 600-300-300 MG	ADD GENERIC TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
ELAPRASE INJ 6MG/3ML	DRUG REMOVED FROM FORMULARY		
EMTRICITABINE CAPS 200 MG	ADD GENERIC TO FORMULARY, TIER 1 WITH QUANTITY LIMIT		
EMTRICITABINE-TENOFOVIR DF TAB 200-300 MG	ADD GENERIC TO FORMULARY, TIER 1 WITH QUANTITY LIMIT; TIER 5 FOR PREP USE		
EPINASTINE DRO 0.05%	CHANGED TIER	1	3
EPIVIR HBV SOL 5MG/ML	PRIOR AUTHORIZATION REQUIRED		
ERGOLOID MES TAB 1MG ORAL	EXCLUDED FROM MAIL ORDER		
EXELDERM CRE 1%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
FEIBA INJ	DRUG REMOVED FROM FORMULARY		
FENOPROFEN TAB 600MG	PRIOR AUTHORIZATION REQUIRED		
FIRAZYR INJ 30MG/3ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
FLUCYTOSINE CAP 250MG	CHANGED TIER	1	3
FLUCYTOSINE CAP 500MG	CHANGED TIER	1	3
FOSCAVIR INJ 24MG/ML	DRUG REMOVED FROM FORMULARY		
FOSFOMYCIN TROMETHAMINE POWD PACK 3 GM (BASE EQUIVALENT)	ADD GENERIC TO FORMULARY, TIER 3		

Drug Name	Description of Formulary Change	Current Tier	New Tier
FREESTY LIBR KIT 2 SENSOR	ADD TO FORMULARY, TIER 2, WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
FREESTY LIBR MIS 2 READER	ADD TO FORMULARY, TIER 2, WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
FREESTYLE 14 SEN LIBRE	UPDATE QUANTITY LIMIT		
GANIRELIX AC INJ 250/0.5	DRUG REMOVED FROM FORMULARY		
GENTAMICIN CRE 0.1%	ADDED QUANTITY LIMIT OF 60 GRAMS/25 DAYS		
GENTAMICIN OIN 0.1%	ADDED QUANTITY LIMIT OF 60 GRAMS/25 DAYS		
GLYXAMBI TAB 10-5 MG	ADD TO FORMULARY, TIER 2 WITH STEP THERAPY AND QUANTITY LIMIT		
GLYXAMBI TAB 25-5 MG	ADD TO FORMULARY, TIER 2 WITH STEP THERAPY AND QUANTITY LIMIT		
HALOG CRE 0.1%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
HEMLIBRA INJ 105/0.7	DRUG REMOVED FROM FORMULARY		
HEMLIBRA INJ 150/ML	DRUG REMOVED FROM FORMULARY		
HEMLIBRA INJ 30MG/ML	DRUG REMOVED FROM FORMULARY		
HEMLIBRA INJ 60/0.4	DRUG REMOVED FROM FORMULARY		
HEMOFIL M INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
HEMOFIL M INJ 1700UNIT	DRUG REMOVED FROM FORMULARY		
HEMOFIL M INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
HEMOFIL M INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
HUMATE-P SOL 2400UNIT	DRUG REMOVED FROM FORMULARY		
HUMATE-P SOL 500-1200	DRUG REMOVED FROM FORMULARY		
HYDROXY CAPR INJ 1.25/5ML	CHANGED TIER	3	4
INVEGA SUST INJ 117/0.75	EXCLUDED FROM MAIL ORDER		
INVEGA SUST INJ 156MG/ML	EXCLUDED FROM MAIL ORDER		

Drug Name	Description of Formulary Change	Current Tier	New Tier
INVEGA SUST INJ 234/1.5	EXCLUDED FROM MAIL ORDER		
INVEGA SUST INJ 39/0.25	EXCLUDED FROM MAIL ORDER		
INVEGA SUST INJ 78/0.5ML	EXCLUDED FROM MAIL ORDER		
INVEGA TRINZ INJ 273MG	EXCLUDED FROM MAIL ORDER		
INVEGA TRINZ INJ 410MG	EXCLUDED FROM MAIL ORDER		
INVEGA TRINZ INJ 546MG	EXCLUDED FROM MAIL ORDER		
INVEGA TRINZ INJ 819MG	EXCLUDED FROM MAIL ORDER		
KEPIVANCE INJ 6.25MG	DRUG REMOVED FROM FORMULARY		
KOVALTRY INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
KOVALTRY INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
KOVALTRY INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	ADD GENERIC TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
LAPATINIB DITOSYLATE TAB 250 MG (BASE EQUIV)	ADD GENERIC TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
LETAIRIS TAB 10MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LETAIRIS TAB 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LEUKERAN TAB 2MG	CHANGED TIER	3	4
LOTEMAX SUS 0.5%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYNPARZA TAB 100MG	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
LYNPARZA TAB 100MG	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
LYNPARZA TAB 150MG	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
LYNPARZA TAB 150MG	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		

Drug Name	Description of Formulary Change	Current Tier	New Tier
LYRICA CAP 100MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 150MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 200MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 225MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 25MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 300MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 50MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 75MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
MELPHALAN INJ 50MG	DRUG REMOVED FROM FORMULARY		
MELPHALAN TAB 2MG	CHANGED TIER	1	4
METHADONE HCL SOLN 10 MG/5ML	ADD QUANTITY LIMIT		
METHADONE HCL SOLN 5 MG/5ML	ADD QUANTITY LIMIT		
MITOXANTRON INJ 2MG/ML	DRUG REMOVED FROM FORMULARY		
NAFTIN GEL 1%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NEBUPENT INH 300MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NOVOEIGHT INJ 1500UNIT	DRUG REMOVED FROM FORMULARY		
NOVOEIGHT INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
NOVOEIGHT INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
NOVOSEVEN RT INJ 1MG	DRUG REMOVED FROM FORMULARY		
NOVOSEVEN RT INJ 2MG	DRUG REMOVED FROM FORMULARY		
NOVOSEVEN RT INJ 5MG	DRUG REMOVED FROM FORMULARY		
NOVOSEVEN RT INJ 8MG	DRUG REMOVED FROM FORMULARY		
NUCALA INJ 100MG/ML	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
NUCALA INJ 100MG/ML	ADD TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
NULOJIX INJ 250MG	DRUG REMOVED FROM FORMULARY		
NURTEC TAB 75MG ODT	ADD TO FORMULARY, TIER 3 WITH PRIOR AUTHORIZATION AND QUANTITY LIMIT		
NUVARING MIS	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NUWIQ INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 2500UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 4000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 1000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 2000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 2500UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 250UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 3000UNIT	DRUG REMOVED FROM FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
NUWIQ KIT 4000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 500UNIT	DRUG REMOVED FROM FORMULARY		
OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)	DRUG REMOVED FROM FORMULARY; OTC OLOPATADINE COVERED ON FORMULARY		
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	DRUG REMOVED FROM FORMULARY; OTC OLOPATADINE COVERED ON FORMULARY		
ONE-A-DAY TAB ESSENT	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ORFADIN CAP 10MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ORFADIN CAP 2MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ORFADIN CAP 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-C FOR SOLN 100 GM	ADD GENERIC TO FORMULARY, TIER 3		
PHENDIMETRAZ TAB 35MG	DRUG REMOVED FROM FORMULARY		
PROFILNINE INJ 1500UNIT	DRUG REMOVED FROM FORMULARY		
PROMETHAZINE SUP 25MG	ADDED QUANTITY LIMIT OF 24 SUPPOSITORIES/25 DAYS		
PROMETHEGAN SUP 12.5MG	ADDED QUANTITY LIMIT OF 24 SUPPOSITORIES/25 DAYS		
RAPAMUNE SOL 1MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
REMODULIN INJ 1MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
REMODULIN INJ 2.5MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
REMODULIN INJ 5MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		



Drug Name	Description of Formulary Change	Current Tier	New Tier
REMODULIN SOLN 200MG/20ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
RITUXAN INJ 100MG	DRUG REMOVED FROM FORMULARY		
RITUXAN INJ 500MG	DRUG REMOVED FROM FORMULARY		
RIXUBIS INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
RIXUBIS INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
RIXUBIS INJ 250 UNIT	DRUG REMOVED FROM FORMULARY		
RIXUBIS INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
RIXUBIS INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
ROSUVASTATIN TAB 10MG	CHANGED TIER, STEP THERAPY REQUIREMENT REMOVED, REMAINS TIER 5 PREVENTATIVE FOR AGES 40-75 YEARS	1	3
ROSUVASTATIN TAB 20MG	CHANGED TIER, STEP THERAPY REQUIREMENT REMOVED	1	3
ROSUVASTATIN TAB 40MG	CHANGED TIER, STEP THERAPY REQUIREMENT REMOVED	1	3
ROSUVASTATIN TAB 5MG	CHANGED TIER, STEP THERAPY REQUIREMENT REMOVED, REMAINS TIER 5 PREVENTATIVE FOR AGES 40-75 YEARS	1	3
ROZEREM TAB 8MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
RUBRACA TAB 200MG	ADD QUANTITY LIMIT		
RUBRACA TAB 250MG	ADD QUANTITY LIMIT		
RUBRACA TAB 300MG	ADD QUANTITY LIMIT		
RUFINAMIDE SUSP 40 MG/ML	ADD GENERIC TO FORMULARY, TIER 3		
RUXIENCE INJ 100/10ML	DRUG REMOVED FROM FORMULARY		
RUXIENCE INJ 500/50ML	DRUG REMOVED FROM FORMULARY		
SAPROPTERIN DIHYDROCHLORIDE SOLUBLE TAB 100 MG	ADD GENERIC TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
SENSIPAR TAB 30MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SENSIPAR TAB 60MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
SENSIPAR TAB 90MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SEVELAMER POW 0.8GM	DRUG REMOVED FROM FORMULARY		
SEVELAMER POW 2.4GM	DRUG REMOVED FROM FORMULARY		
SILENOR TAB 3MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SILENOR TAB 6MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SUPRAX CAP 400MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SYNERA DIS 70-70MG	DRUG REMOVED FROM FORMULARY		
TABLOID TAB 40MG	CHANGED TIER	3	4
TACLONEX SUS	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TAKHZYRO INJ 300/2ML	DRUG REMOVED FROM FORMULARY		
TARCEVA TAB 100MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TARCEVA TAB 150MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TARCEVA TAB 25MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TOLCAPONE TAB 100MG	PRIOR AUTHORIZATION REQUIRED		
TOLMETIN SOD CAP 400MG	PRIOR AUTHORIZATION REQUIRED		
TOLMETIN SOD TAB 600MG	PRIOR AUTHORIZATION REQUIRED		
TOLVAPTAN TAB 15 MG	ADD GENERIC TO FORMULARY, TIER 4 WITH PRIOR AUTHORIZATION		
TOPOSAR INJ 100/5ML	DRUG REMOVED FROM FORMULARY		
TOPOTECAN INJ 4MG	DRUG REMOVED FROM FORMULARY		
TRACLEER TAB 125MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TRACLEER TAB 62.5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TRANEXAMIC INJ 100MG/ML	DRUG REMOVED FROM FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
TRAVATAN Z DRO 0.004%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TRIJARDY XR TAB 10-5 MG	ADD TO FORMULARY, TIER 2 WITH STEP THERAPY AND QUANTITY LIMIT		
TRIJARDY XR TAB 12.5-2.5	ADD TO FORMULARY, TIER 2 WITH STEP THERAPY AND QUANTITY LIMIT		
TRIJARDY XR TAB 25-5 MG	ADD TO FORMULARY, TIER 2 WITH STEP THERAPY AND QUANTITY LIMIT		
TRIJARDY XR TAB 5-2.5 MG	ADD TO FORMULARY, TIER 2 WITH STEP THERAPY AND QUANTITY LIMIT		
TRUVADA TAB 200-300	CHANGED TIER; TIER 5 FOR PrEP	2	2
TRUXIMA INJ 100/10ML	DRUG REMOVED FROM FORMULARY		
TRUXIMA INJ 500/50ML	DRUG REMOVED FROM FORMULARY		
TUDORZA PRES AER 400/ACT	DRUG REMOVED FROM FORMULARY		
ULORIC TAB 40MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ULORIC TAB 80MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
VERAPAMIL CAP 100MG ER	CHANGED TIER	1	3
VERAPAMIL CAP 120MG ER	CHANGED TIER	1	3
VERAPAMIL CAP 180MG ER	CHANGED TIER	1	3
VERAPAMIL CAP 240MG SR	CHANGED TIER	1	3
VERAPAMIL CAP 300MG ER	CHANGED TIER	1	3
VERAPAMIL CAP 360MG SR	CHANGED TIER	1	3
VESICARE TAB 10MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
VESICARE TAB 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
VIREAD TAB 150MG	DRUG REMOVED FROM FORMULARY		
VIREAD TAB 200MG	DRUG REMOVED FROM FORMULARY		
VIREAD TAB 250MG	DRUG REMOVED FROM FORMULARY		
XYNTHA INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
XYNTHA INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
XYNTHA INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
XYNTHA INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
XYNTHA SOLOF INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		



Drug Name	Description of Formulary Change	Current Tier	New Tier
ZIANA GEL	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ZOLEDRONIC INJ 5/100ML	DRUG REMOVED FROM FORMULARY		



## Molina Healthcare Marketplace

### 2021 Formulary Changes Effective 4/1/2021

Drug Name	Description of Formulary Change	Current Tier	New Tier
XELJANZ SOLUTION	ADDED TO FORMULARY TIER 4 WITH PA		



## Molina Healthcare Marketplace

### 2021 Formulary Changes Effective 7/1/2021

Drug Name	Description of Formulary Change	Notes
ARIPIRAZOLE TAB 10MG	Remove PA requirement	
ARIPIRAZOLE TAB 15MG	Remove PA requirement	
ARIPIRAZOLE TAB 20MG	Remove PA requirement	
ARIPIRAZOLE TAB 2MG	Remove PA requirement	
ARIPIRAZOLE TAB 30MG	Remove PA requirement	
ARIPIRAZOLE TAB 5MG	Remove PA requirement	
ARISTADA INJ INITIO	Add brand to TIER 2 with QL, Age Min	QL = 2.5 mL per 25 days, Age min = 6
ARISTADA PRSY 1064MG/3.9ML	Add brand to TIER 2 with QL, Age Min	QL = 3.9 mL per 51 days, Age min = 6
BEPOTASTINE DRO 1.5%	Add to formulary, TIER 3, PA	
ESTRADIOL DIS 0.025MG	Add to formulary, TIER 3, QL	QL = 10 per 30 days
ESTRADIOL DIS 0.025MG	Add to formulary, TIER 3, QL	QL = 5 per 30 days
ESTRADIOL DIS 0.0375MG	Add to formulary, TIER 3, QL	QL = 10 per 30 days
ESTRADIOL DIS 0.0375MG	Add to formulary, TIER 3, QL	QL = 5 per 30 days
ESTRADIOL DIS 0.05MG	Add to formulary, TIER 3, QL	QL = 10 per 30 days
ESTRADIOL DIS 0.05MG	Add to formulary, TIER 3, QL	QL = 5 per 30 days
ESTRADIOL DIS 0.06MG	Add to formulary, TIER 3, QL	QL = 5 per 30 days
ESTRADIOL DIS 0.075MG	Add to formulary, TIER 3, QL	QL = 10 per 30 days
ESTRADIOL DIS 0.075MG	Add to formulary, TIER 3, QL	QL = 5 per 30 days
ESTRADIOL DIS 0.1MG	Add to formulary, TIER 3, QL	QL = 10 per 30 days
ESTRADIOL DIS 0.1MG	Add to formulary, TIER 3, QL	QL = 5 per 30 days
ESTRADIOL DIS 14MCG	Add to formulary, TIER 3, QL	QL = 5 per 30 days
FARXIGA TAB 10MG	Update ST Requirements	Requires Trial of Metformin
FARXIGA TAB 5MG	Update ST Requirements	Requires Trial of Metformin
GLUCAGON KIT 1MG	Add to formulary, TIER 1, QL	QL = 2 per 30 days
GLYXAMBI TAB 10-5 MG	Update ST Requirements	Requires Trial of Metformin
GLYXAMBI TAB 25-5 MG	Update ST Requirements	Requires Trial of Metformin
JARDIANCE TAB 10MG	Update ST Requirements	Requires Trial of Metformin
JARDIANCE TAB 25MG	Update ST Requirements	Requires Trial of Metformin
OZEMPIC INJ 2/1.5ML	Update ST Requirements	Requires Trial of Metformin
OZEMPIC INJ 2/1.5ML	Update ST Requirements	Requires Trial of Metformin

Drug Name	Description of Formulary Change	Notes
OZEMPIC INJ 4MG/3ML	Add brand to TIER 2 with ST	Requires Trial of Metformin
PYRIMETHAMIN TAB 25MG	Add to formulary, T4, PA, QL	QL = 120 per 30 days
RUFINAMIDE TAB 200MG	Add to formulary, TIER 3	
RUFINAMIDE TAB 400MG	Add to formulary, TIER 3	
RYBELSUS TAB 14 MG	Update ST Requirements	Requires Trial of Metformin
RYBELSUS TAB 3 MG	Update ST Requirements	Requires Trial of Metformin
RYBELSUS TAB 7 MG	Update ST Requirements	Requires Trial of Metformin
SANTYL OIN 250U/GM	Update QL Requirements	QL = 60 per 30 days
SULCONAZOLE SOL 1%	Add to formulary, TIER 3, PA	
SYNJARDY TAB	Update ST Requirements	Requires Trial of Metformin
SYNJARDY TAB 12.5-500	Update ST Requirements	Requires Trial of Metformin
SYNJARDY TAB 5-1000MG	Update ST Requirements	Requires Trial of Metformin
SYNJARDY TAB 5-500MG	Update ST Requirements	Requires Trial of Metformin
SYNJARDY XR TAB	Update ST Requirements	Requires Trial of Metformin
SYNJARDY XR TAB 10-1000	Update ST Requirements	Requires Trial of Metformin
SYNJARDY XR TAB 25-1000	Update ST Requirements	Requires Trial of Metformin
SYNJARDY XR TAB 5-1000MG	Update ST Requirements	Requires Trial of Metformin
TRIJARDYXR1G TAB 10-5 MG	Update ST Requirements	Requires Trial of Metformin
TRIJARDYXR1G TAB 12.5-2.5	Update ST Requirements	Requires Trial of Metformin
TRIJARDYXR1G TAB 25-5 MG	Update ST Requirements	Requires Trial of Metformin
TRIJARDYXR1G TAB 5-2.5 MG	Update ST Requirements	Requires Trial of Metformin
TRULICITY INJ 3/0.5	Update ST Requirements	Requires Trial of Metformin
TRULICITY INJ 4.5/0.5	Update ST Requirements	Requires Trial of Metformin
TRULICITY INJ 0.75/0.5	Update ST Requirements	Requires Trial of Metformin
TRULICITY INJ 1.5/0.5	Update ST Requirements	Requires Trial of Metformin



<b>Drug Name</b>	<b>Description of Formulary Change</b>	<b>Notes</b>
XIGDUO XR TAB 10-1000	Update ST Requirements	Requires Trial of Metformin
XIGDUO XR TAB 10-500MG	Update ST Requirements	Requires Trial of Metformin
XIGDUO XR TAB 2.5-1000	Update ST Requirements	Requires Trial of Metformin
XIGDUO XR TAB 5-1000MG	Update ST Requirements	Requires Trial of Metformin
XIGDUO XR TAB 5-500MG	Update ST Requirements	Requires Trial of Metformin

PA – Prior Authorization; QL – Quantity Limit; ST – Step Therapy; Age Min – Minimum Age Restriction





## Molina Healthcare Marketplace

### 2021 Formulary Changes Effective October 1, 2021

Date Effective	Product Name	Change	Notes
10/1/2021	COSENTYX INJ 75MG/0.5	Add to formulary, T4, with PA	
10/1/2021	ReliOn Rx TMX Blood Glucose Meter	Add to formulary, DME, with QL	1 per 365 days
10/1/2021	ReliOn Rx TMX strip 100 ct	Add to formulary, T2, with QL	200 per 30 days, 100/month max quantity for non-insulin users
10/1/2021	ReliOn Rx TMX strip 50 ct	Add to formulary, T2, with QL	200 per 30 days, 100/month max quantity for non-insulin users
10/1/2021	ALBENDAZOLE TAB 200MG	Add to formulary tier 3, QL	2 per 1 day, max days supply = 1
10/1/2021	TINIDAZOLE TAB 250MG	Add to formulary tier 3, QL	8 per day, max days supply = 7
10/1/2021	TINIDAZOLE TAB 500MG	Add to formulary tier 3, QL	4 per day, max days supply = 7
10/1/2021	PYRIME/LEUCO CAP 12.5/2.5	Add to formulary tier 1 with QL	90 per 30 days
10/1/2021	PYRIME/LEUCO CAP 25/5MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	PYRIME/LEUCO CAP 25/10MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	PYRIME/LEUCO CAP 50/10MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	PYRIME/LEUCO CAP 50/20MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	PYRIME/LEUCO CAP 50/25MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	PYRIME/LEUCO CAP 75/25MG	Add to formulary tier 1 with QL	30 per 30 days
10/1/2021	Ivermectin 3 mg TAB	Add QL and max day supply	
10/1/2021	TRAMADL/APAP TAB 37.5-325	Add to formulary tier 1 with QL, MED, Max 7 day initial supply	10 per day
10/1/2021	ABIRATERONE TAB 500MG	Add to formulary tier 1 with PA and QL	60 per 30 days
10/1/2021	ICLUSIG TAB 10MG	Add to formulary tier 3 with PA and QL	30 per 30 days

Date Effective	Product Name	Change	Notes
10/1/2021	ICLUSIG TAB 30MG	Add to formulary tier 4 with PA and QL	30 per 30 days
10/1/2021	Z-TUSS AC LIQ 2-9/5ML	Add to formulary tier 2 with QL	240 mL per 25 days
10/1/2021	DESVENLAFAX TAB 25MG ER	Add to formulary tier 1 QL	30 per 30 days
10/1/2021	ULESFIA LOT 5%	Add to formulary tier 3 with PA	
10/1/2021	Nitazoxanide TABS 500MG	Add to formulary tier 3 with PA	
10/1/2021	METOCLOPRAM INJ 5MG/ML	Add to formulary tier 1	
10/1/2021	METOCLOPRAM INJ 10MG/2ML	Add to formulary tier 1	
10/1/2021	Toujeo SoloStar SOPN 300UNIT/ML	Add to formulary tier 2, QL	18 mL/25 days
10/1/2021	Toujeo Max SoloStar SOPN 300UNIT/ML	Add to formulary tier 2, QL	18 mL/25 days
10/1/2021	Soliqua SOPN 100-33UNT-MCG/ML	Add to formulary tier 2 with ST, QL	18 mL/25 days
10/1/2021	Xultophy SOPN 100-3.6UNIT-MG/ML	Add to formulary tier 2 with ST, QL	15 mL/25 days
10/1/2021	NovoLIN R FlexPen SOPN 100UNIT/ML	Add to formulary, Tier 2 with QL	30 per 25 days
10/1/2021	NovoLIN N FlexPen SUPN 100UNIT/ML	Add to formulary, Tier 2 with QL	30 per 25 days
10/1/2021	Rebif Rebidose SOAJ 22MCG/0.5ML	Add to Formulary Tier 4 with PA	
10/1/2021	Rebif Rebidose SOAJ 44MCG/0.5ML	Add to Formulary Tier 4 with PA	
10/1/2021	Rebif Rebidose Titration Pack SOAJ 6X8.8 & 6X22MCG	Add to Formulary Tier 4 with PA	
10/1/2021	Rebif SOSY 22MCG/0.5ML	Add to Formulary Tier 4 with PA	
10/1/2021	Rebif SOSY 44MCG/0.5ML	Add to Formulary Tier 4 with PA	
10/1/2021	Rebif Titration Pack SOSY 6X8.8 & 6X22MCG	Add to Formulary Tier 4 with PA	
10/1/2021	Advair HFA AERO 45-21MCG/ACT	Add to formulary tier 2 with QL	12 g per 25 days
10/1/2021	Advair HFA AERO 115-21MCG/ACT	Add to formulary tier 2 with QL	12 g per 25 days
10/1/2021	Advair HFA AERO 230-21MCG/ACT	Add to formulary tier 2 with QL	12 g per 25 days
10/1/2021	Advair Diskus AEPB 100-50MCG/DOSE	Add to formulary tier 2 with QL	60 per 25 days

Date Effective	Product Name	Change	Notes
10/1/2021	Advair Diskus AEPB 250-50MCG/DOSE	Add to formulary tier 2 with QL	60 per 25 days
10/1/2021	Advair Diskus AEPB 500-50MCG/DOSE	Add to formulary tier 2 with QL	60 per 25 days
10/1/2021	Tremfya SOPN 100MG/ML	Add to formulary tier 4 with PA	
10/1/2021	Tremfya SOSY 100MG/ML	Add to formulary tier 4 with PA	
10/1/2021	Spiriva HandiHaler CAPS 18MCG	Add to formulary tier 2, QL	30 per 30 days
10/1/2021	Spiriva Respimat AERS 2.5MCG/ACT	Add to formulary tier 2, QL	4 per 30 days
10/1/2021	Spiriva Respimat AERS 1.25MCG/ACT	Add to formulary tier 2, QL	4 per 30 days
10/1/2021	Aimovig SOAJ 70MG/ML	Add to formulary tier 3 with PA and QL	1 mL per 28 days
10/1/2021	Aimovig (140 MG Dose) SOAJ 70MG/ML	Add to formulary tier 3 with PA and QL	2 mL per 28 days
10/1/2021	Aimovig SOAJ 140MG/ML	Add to formulary tier 3 with PA and QL	1 mL per 28 days
10/1/2021	Emgality SOAJ 120MG/ML	Add to formulary tier 3 with PA and QL	2 mL per 28 days
10/1/2021	Emgality (300 MG Dose) SOSY 100MG/ML	Add to formulary tier 3 with PA and QL	3 mL per 28 days
10/1/2021	Emgality SOSY 120MG/ML	Add to formulary tier 3 with PA and QL	2 mL per 28 days
10/1/2021	BREZTRI AERO AER SPHERE	Add to formulary tier 2 with QL 10.8 g per 25 days	10.8 g per 25 days
10/1/2021	TRELEGY AER ELLIPTA	Add to formulary tier 2 with QL	60 per 30 days
10/1/2021	TRELEGY AER ELLIPTA	Add to formulary tier 2 with QL	60 per 30 days
10/1/2021	CELECOXIB CAP 50MG	Remove PA	
10/1/2021	CELECOXIB CAP 100MG	Remove PA	
10/1/2021	CELECOXIB CAP 200MG	Remove PA	
10/1/2021	CELECOXIB CAP 400MG	Remove PA	
10/1/2021	XARELTO TAB 2.5MG	Remove PA, Add QL	QL 60 per 30 days
10/1/2021	XARELTO TAB 10MG	Remove PA, Add QL	QL 30 per 30 days
10/1/2021	XARELTO TAB 15MG	Remove PA, Add QL	QL 30 per 30 days
10/1/2021	XARELTO TAB 20MG	Remove PA, Add QL	QL 30 per 30 days
10/1/2021	XARELTO STAR TAB 15/20MG	Remove PA	
10/1/2021	ENOXAPARIN INJ 60/0.6ML	Remove max days supply	
10/1/2021	ENOXAPARIN INJ 80/0.8ML	Remove max days supply	

Date Effective	Product Name	Change	Notes
10/1/2021	ENOXAPARIN INJ 100MG/ML	Remove max days supply	
10/1/2021	ENOXAPARIN INJ 120/0.8	Remove max days supply	
10/1/2021	ENOXAPARIN INJ 150MG/ML	Remove max days supply	
10/1/2021	ENOXAPARIN INJ 300/3ML	Remove max days supply	
10/1/2021	ELIQUIS TAB 2.5MG	Downtier from T3 to T2, update QL	60 per 30 days
10/1/2021	ELIQUIS TAB 5MG	Downtier from T3 to T2, update QL	60 per 30 days
10/1/2021	ELIQUIS ST P TAB 5MG	Add to formulary, T2, with QL	1 fill per year
10/1/2021	LINZESS CAP 72MCG	Downtier from T3 to T2	
10/1/2021	LINZESS CAP 145MCG	Downtier from T3 to T2	
10/1/2021	LINZESS CAP 290MCG	Downtier from T3 to T2	
10/1/2021	HUMULIN R INJ U-500	Downtier from T3 to T2	
10/1/2021	HUMULIN R INJ U-500	Downtier from T3 to T2	
10/1/2021	CHANTIX PAK 0.5& 1MG	Update QL	53 per 24 days, max 2 fills per 365 days
10/1/2021	ESTRADIOL TAB 0.5MG	Remove QL	
10/1/2021	ESTRADIOL TAB 1MG	Remove QL	
10/1/2021	ESTRADIOL TAB 2MG	Remove QL	
10/1/2021	SEMAGLUTIDE TAB 3 MG	Add QL MDD = 1	30 per 30 days
10/1/2021	SEMAGLUTIDE TAB 7 MG	Add QL MDD = 2	60 per 30 days
10/1/2021	SEMAGLUTIDE TAB 14 MG	Add QL MDD = 3	90 per 30 days
10/1/2021	DULAGLUTIDE SOLN PEN- INJECTOR 0.75 MG/0.5ML	Add QL 2 mL/24 days	2 mL per 24 days
10/1/2021	DULAGLUTIDE SOLN PEN- INJECTOR 1.5 MG/0.5ML	Add QL 2 mL/24 days	2 mL per 24 days
10/1/2021	DULAGLUTIDE SOLN PEN- INJECTOR 3 MG/0.5ML	Add QL 2 mL/24 days	2 mL per 24 days
10/1/2021	DULAGLUTIDE SOLN PEN- INJECTOR 4.5 MG/0.5ML	Add QL 2 mL/24 days	2 mL per 24 days
10/1/2021	LIRAGLUTIDE SOLN PEN- INJECTOR 18 MG/3ML (6 MG/ML)	Add QL 9 mL/35 days	9 mL per 35 days
10/1/2021	SEMAGLUTIDE SOLN PEN-INJ 0.25 OR 0.5 MG/DOSE (2 MG/1.5ML)	Add QL 1.5 mL/24 days	1.5 mL per 24 days
10/1/2021	SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (2 MG/1.5ML)	Add QL 3 mL/24 days	3 mL per 24 days
10/1/2021	SEMAGLUTIDE SOLN PEN-INJ 1 MG/DOSE (4 MG/3ML)	Add QL 3 mL/24 days	3 mL per 24 days



Date Effective	Product Name	Change	Notes
10/1/2021	INSULIN DEGLUDEC-LIRAGLUTIDE SOL PEN-INJ 100-3.6 UNIT-MG/ML	Add QL 15 mL/25 days	15 mL per 25 days
10/1/2021	INSULIN GLARGINE-LIXISENATIDE SOL PEN-INJ 100-33 UNIT-MCG/ML	Add QL 18 mL/25 days	18 mL per 25 days
10/1/2021	DUPIXENT INJ 200MG	Add to formulary, T4, PA	
10/1/2021	XOFLUZA TAB 40MG	Add to formulary, T2, QL	2 per 25 days
10/1/2021	XOFLUZA TAB 80MG	Add to formulary, T2, QL	1 per 25 days
10/1/2021	RUKOBIA TAB 600MG ER	Add to formulary, T2, QL	60 per 30 days
10/1/2021	SUNITINIB MALATE CAP 37.5 MG (BASE EQUIVALENT)	Add to formulary, T4, PA, QL	30 per 30 days
10/1/2021	SUNITINIB MALATE CAP 25 MG (BASE EQUIVALENT)	Add to formulary, T4, PA, QL	60 per 30 days
10/1/2021	SUNITINIB MALATE CAP 50 MG (BASE EQUIVALENT)	Add to formulary, T4, PA, QL	30 per 30 days
10/1/2021	SUNITINIB MALATE CAP 12.5 MG (BASE EQUIVALENT)	Add to formulary, T4, PA, QL	120 per 30 days
10/1/2021	LOPINAVIR-RITONAVIR TAB 200-50 MG	Add to formulary, T1, QL	180 per 30 days
10/1/2021	LOPINAVIR-RITONAVIR TAB 100-25 MG	Add to formulary, T1, QL	360 per 30 days
10/1/2021	ETRAVIRINE TAB 200 MG	Add to formulary, T1, QL	60 per 30 days
10/1/2021	ETRAVIRINE TAB 100 MG	Add to formulary, T1, QL	120 per 30 days
10/1/2021	ARFORMOTEROL TARTRATE SOLN NEBU 15 MCG/2ML (BASE EQUIV)	Add to formulary, T1, QL	120 per 30 days

**PA** = Prior Authorization **QL** = Quantity Limits **ST** = Step Therapy