



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

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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

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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	

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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



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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