



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 | PINWORM TAB MEDICINE | Add to formulary tier 1 | |
| 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