



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 |

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| 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 |

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| 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