

MOLINA MARKETPLACE 7/1/2020 FORMULARY UPDATES

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
7/1/2020	NEXLETOL TAB 180MG	Add to formulary with PA, T3	
7/1/2020	VALTOCO SPR 5MG	Add to formulary with QL, T2	QL :10 per 30 days
7/1/2020	VALTOCO SPR 10MG	Add to formulary with QL, T2	QL :10 per 30 days
7/1/2020	VALTOCO LIQ 15MG	Add to formulary with QL, T2	QL :10 per 30 days
7/1/2020	VALTOCO LIQ 20MG	Add to formulary with QL, T2	QL :10 per 30 days
7/1/2020	Glucagen	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	BAQSIMI POW 3MG/DOSE	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	LABETALOL HCL TAB 100MG	Update QL	QL :120 per 30 days
7/1/2020	LABETALOL HCL TAB 200MG	Update QL	QL :120 per 30 days
7/1/2020	VIVITROL VIA 380MG	Add to formulary with QL, T2	QL :1 per 30 days
7/1/2020	FLOVENT 44MCG	Add to formulary with QL, T3	QL :10.6 per 30 days
7/1/2020	FLOVENT 110 MCG	Add to formulary with QL, T3	QL :12 per 30 days
7/1/2020	RIZATRIPTAN BEN ORAL DISTENGRATING TAB 5MG	Add to formulary with QL, T1	QL :12 per 30 days
7/1/2020	RIZATRIPTAN BEN ORAL DISTENGRATING TAB 10MG	Add to formulary with QL, T1	QL :12 per 30 days
7/1/2020	FAMOTIDINE SUS 40MG/5ML	Add to formulary with QL, T1	QL :150 per 30 days
7/1/2020	ACETYLCYST SOL 10%	Add to formulary, T1	
7/1/2020	AFREZZA POW 8- 12UNIT	Add to formulary, T3	
7/1/2020	AMANTADINE TAB 100MG	Add to formulary with QL, T1	QL :120 per 30 days

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7/1/2020	AMLOD/BENAZP CAP 10-20 MG	Add to formulary with QL, T1	QL :30 per 30 days
7/1/2020	AMLOD/BENAZP CAP 10-40MG	Add to formulary with QL, T1	QL :30 per 30 days
7/1/2020	AMLOD/BENAZP CAP 2.5-10MG	Add to formulary with QL, T1	QL :60 per 30 days
7/1/2020	AMLOD/BENAZP CAP 5-10MG	Add to formulary with QL, T1	QL :60 per 30 days
7/1/2020	AMLOD/BENAZP CAP 5-20MG	Add to formulary with QL, T1	QL :60 per 30 days
7/1/2020	AMLOD/BENAZP CAP 5-40MG	Add to formulary with QL, T1	QL :30 per 30 days
7/1/2020	BAQSIMI POW ONE 3MG/DOSE	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	CLOBAZAM TAB 10MG	Add to formulary, T1	
7/1/2020	CLOBAZAM TAB 20MG	Add to formulary, T1	
7/1/2020	CLONIDINE DIS 0.1/24HR	Add to formulary with ST, T3	
7/1/2020	CLONIDINE DIS 0.2/24HR	Add to formulary with ST, T3	
7/1/2020	CLONIDINE DIS 0.3/24HR	Add to formulary with ST, T3	
7/1/2020	CORLANOR SOL 5MG/5ML	Add to formulary with PA, T2	
7/1/2020	CORLANOR TAB 5MG	Add to formulary with PA, T2	
7/1/2020	CORLANOR TAB 7.5MG	Add to formulary with PA, T2	
7/1/2020	CYANOCOBALAM INJ 1000MCG	Add to formulary with QL, T1	QL :10 per 30 days
7/1/2020	DOXYCY HYC TAB 100MG	Add to formulary, T1	
7/1/2020	DOXYCYCLINE TAB 50MG	Add to formulary, T1	
7/1/2020	ENTRESTO TAB 24- 26MG	Add to formulary with PA, T2	
7/1/2020	ENTRESTO TAB 49- 51MG	Add to formulary with PA, T2	

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7/1/2020	ENTRESTO TAB 97-103MG	Add to formulary with PA, T2	
7/1/2020	ERYTHROM ETH SUS 400/5ML	Add to formulary with UM, T3	
7/1/2020	FERRIPROX TAB 1000MG	Add to formulary with PA, T4	
7/1/2020	FEVERALL SUP 325MG	Add to formulary, T1	
7/1/2020	GLIP/METFORM TAB 2.5-250MG	Add to formulary with QL, T1	QL :120 per 30 days
7/1/2020	GLIP/METFORM TAB 2.5-500MG	Add to formulary with QL, T1	QL :120 per 30 days
7/1/2020	GLIP/METFORM TAB 5-500MG	Add to formulary with QL, T1	QL :120 per 30 days
7/1/2020	HUMULIN 500 PEN R-U500KP	Add to formulary with QL, T3	QL :18 per 30 days
7/1/2020	HUMULIN 500 VIA R-U500	Remove ST and secondary messaging. Keep existing UM.	
7/1/2020	INFLECTRA INJ 100MG	Add to formulary with PA, T4	
7/1/2020	KALYDECO PAK 25MG	Add to formulary with PA, T4	
7/1/2020	KISQALI TAB 200DOSE	Add to formulary with PA, T4	
7/1/2020	KISQALI TAB 400DOSE	Add to formulary with PA, T4	
7/1/2020	KISQALI TAB 600DOSE	Add to formulary with PA, T4	
7/1/2020	KISQALI 200 PAK FEMARA	Add to formulary with PA, T4	
7/1/2020	KISQALI 400 PAK FEMARA	Add to formulary with PA, T4	
7/1/2020	KISQALI 600 PAK FEMARA	Add to formulary with PA, T4	
7/1/2020	KOGENATE FS INJ 2000UNIT	Add to formulary with PA, T4	
7/1/2020	KOGENATE FS INJ 3000UNIT	Add to formulary with PA, T4	
7/1/2020	MAYZENT TAB 0.25MG	Add to formulary with PA, T4	
7/1/2020	METOPRL/HCTZ TAB 100-25MG	Add to formulary with QL, T1	QL :60 per 30 days

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7/1/2020	METOPREL/HCTZ TAB 100-50MG	Add to formulary with QL, T1	QL :60 per 30 days
7/1/2020	METOPREL/HCTZ TAB 50-25MG	Add to formulary with QL, T1	QL :60 per 30 days
7/1/2020	MINOCYCLINE CAP 75MG	Add to formulary, T1	
7/1/2020	NALOXONE INJ 0.4MG/ML	Add to formulary, T1	
7/1/2020	OLM MED/HCTZ TAB 20-12.5	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	OLM MED/HCTZ TAB 40-12.5	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	OLM MED/HCTZ TAB 40-25MG	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	OXYTROL/WOMN DIS 3.9MG/24	Add an OTC NDC to formulary with QL, T2	QL :8 per 30 days
7/1/2020	PROLASTIN-C INJ 1000MG	Add to formulary with PA, T4	
7/1/2020	RENFLIXIS INJ 100MG	Add to formulary with PA, T4	
7/1/2020	RUXIENCE INJ 100/10ML	Add to formulary with PA, T4	
7/1/2020	RUXIENCE INJ 500/50ML	Add to formulary with PA, T4	
7/1/2020	SIMVASTATIN TAB 80MG	Add to formulary with QL, T1	QL :30 per 30 days
7/1/2020	SYMJEPI INJ 0.15MG	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	SYMJEPI INJ 0.3MG	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	TREPROSTINIL INJ 10MG/ML	Add to formulary with PA, T4	
7/1/2020	VIVITROL INJ 380MG	Add to formulary with QL, T2	QL :1 per 30 days
7/1/2020	XOFLUZA TAB 20MG	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	XOFLUZA TAB 40MG	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	PRASUGREL TAB 5MG	Remove PA	
7/1/2020	PRASUGREL TAB 10MG	Remove PA	
7/1/2020	SCOPOLAMINE DIS 1MG/3 DAY	Remove PA, add QL	QL :4 per 30 days

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7/1/2020	ITRACONAZOLE CAP 100MG	Update to T1	
7/1/2020	MESALAMINE ENE 4GM	Update to T1	
7/1/2020	METHYLPHENID TAB 10MG ER	Update to T1	
7/1/2020	METHYLPHENID TAB 20MG ER	Update to T1	
7/1/2020	DIFICID TAB 200MG	Update tier only, T3	
7/1/2020	VORICONAZOLE TAB 50MG	Update tier only, T3	
7/1/2020	VORICONAZOLE TAB 200MG	Update tier only, T3	
7/1/2020	CANDESARTAN TAB 4MG	Change Note only (ST prereqs)	
7/1/2020	CANDESARTAN TAB 8MG	Change Note only (ST prereqs)	
7/1/2020	TELMISARTAN TAB 40MG	Change Note only (ST prereqs)	
7/1/2020	TELMISARTAN TAB 80MG	Change Note only (ST prereqs)	
7/1/2020	TELMISARTAN TAB 20MG	Change Note only (ST prereqs)	
7/1/2020	EPROSART MES TAB 600MG	Change Note only (ST prereqs)	
7/1/2020	CANDESARTAN TAB 16MG	Change Note only (ST prereqs)	
7/1/2020	CANDESARTAN TAB 32MG	Change Note only (ST prereqs)	
7/1/2020	EDARBI TAB 40MG	Change Note only (ST prereqs)	
7/1/2020	EDARBI TAB 80MG	Change Note only (ST prereqs)	
7/1/2020	OLMESA MEDOX TAB 5MG	Delete ST (and note)	

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7/1/2020	OLMESA MEDOX TAB 20MG	Delete ST (and note)	
7/1/2020	OLMESA MEDOX TAB 40MG	Delete ST (and note)	
7/1/2020	VALSARTAN TAB 40MG	Delete ST (and note)	
7/1/2020	VALSARTAN TAB 80MG	Delete ST (and note)	
7/1/2020	VALSARTAN TAB 160MG	Delete ST (and note)	
7/1/2020	VALSARTAN TAB 320MG	Delete ST (and note)	
7/1/2020	VALSART/HCTZ TAB 80- 12.5	Delete ST (and note)	
7/1/2020	VALSART/HCTZ TAB 160-12.5	Delete ST (and note)	
7/1/2020	VALSART/HCTZ TAB 160-25	Delete ST (and note)	
7/1/2020	VALSART/HCTZ TAB 320-12.5	Delete ST (and note)	
7/1/2020	VALSART/HCTZ TAB 320-25	Delete ST (and note)	
7/1/2020	AMLOD/OLMESA TAB 10-20MG	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	AMLOD/OLMESA TAB 10-40MG	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	AMLOD/OLMESA TAB 5-20MG	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	AMLOD/OLMESA TAB 5-40MG	Add to formulary with QL, T3	QL :30 per 30 days
7/1/2020	TRULICITY INJ 0.75/0.5	Add ST and note, remove PA	
7/1/2020	TRULICITY INJ 1.5/0.5	Add ST and note, remove PA	
7/1/2020	VICTOZA INJ 18MG/3ML	Add ST and note, remove PA	
7/1/2020	OZEMPIC INJ 2/1.5ML	Add ST and note, remove PA	
7/1/2020	OZEMPIC INJ 2/1.5ML	Add ST and note, remove PA	
7/1/2020	SOLIFENACIN SUCCINATE TAB 5 MG	Remove PA, add ST, update note	

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7/1/2020	SOLIFENACIN SUCCINATE TAB 10 MG	Remove PA, add ST, update note	
7/1/2020	Baqsimi Pack POWD	Add to formulary with QL, T2	QL :2 per 30 days
7/1/2020	HIZENTRA INJ 1GM/5ML	Add to formulary with PA, T4	
7/1/2020	HIZENTRA INJ 2GM/5ML	Add to formulary with PA, T4	
7/1/2020	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 1 G	Add to formulary with PA, T4	
7/1/2020	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 10	Add to formulary with PA, T4	
7/1/2020	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS INJ 4 G	Add to formulary with PA, T4	
7/1/2020	IMMUNE GLOBULIN (HUMAN) SUBCUTANEOUS SOLN PR	Add to formulary with PA, T4	
7/1/2020	Ibrance tab 75mg	Add to formulary with PA, T4	
7/1/2020	Ibrance tab 100mg	Add to formulary with PA, T4	
7/1/2020	Ibrance tab 125mg	Add to formulary with PA, T4	
7/1/2020	TAGRISSO TAB 40MG	Update QL	QL :30 per 30 days
7/1/2020	Dupixent inj 200/1.14	Add to formulary with PA, T4	
7/1/2020	RANITIDINE HCL SYRUP 15 MG/ML (75 MG/5ML)	Delete max age note	
7/1/2020	INSULIN LISIP INJ 10 N	Add to formulary with ST and QL, T3	QL :30 per 30 days
7/1/2020	ADMELOG SOLO INJ 10 N	Add to formulary with ST and QL, T3	QL :30 per 30 days
7/1/2020	MY WAY TAB 1.5MG	Update QL	QL :4 per 90 days
7/1/2020	ELLA TAB 30MG	Update QL	QL :4 per 90 days

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7/1/2020	XULANE DIS 150-35	Update QL	QL :4 per 28 days
7/1/2020	DESO/ETHINYL TAB ESTRADIO	Update QL	QL :39 per 28 days
7/1/2020	DROSPIR/ETHI TAB 3- 0.02MG	Update QL	QL :39 per 28 days
7/1/2020	DROSPIR/ETHI TAB 3- 0.03MG	Update QL	QL :39 per 28 days
7/1/2020	ETHY ETH EST TAB 1-35	Update QL	QL :39 per 28 days
7/1/2020	KELNOR 1/50 TAB	Update QL	QL :39 per 28 days
7/1/2020	LEVONOR/ETHI TAB 0.1-0.02	Update QL	QL :39 per 28 days
7/1/2020	LEVONOR/ETHI TAB ESTRADIO	Update QL	QL :39 per 28 days
7/1/2020	BRIELLYN TAB	Update QL	QL :39 per 28 days
7/1/2020	NORTREL TAB 0.5/35	Update QL	QL :39 per 28 days
7/1/2020	NORTREL TAB 1/35	Update QL	QL :39 per 28 days
7/1/2020	LOW-OGESTREL TAB	Update QL	QL :39 per 28 days
7/1/2020	OGESTREL TAB	Update QL	QL :39 per 28 days
7/1/2020	NORGEST/ETHI TAB 0.25/35	Update QL	QL :39 per 28 days
7/1/2020	DROSPIRE/ETH TAB ESTR/LEV	Update QL	QL :39 per 28 days
7/1/2020	TYDEMY TAB	Update QL	QL :39 per 28 days
7/1/2020	BALCOLTRA TAB 0.1-20	Update QL	QL :39 per 28 days
7/1/2020	FALESSA KIT	Update QL	QL :75 per 28 days
7/1/2020	NORE/ETH/FER CHW 0.4MG-35	Update QL	QL :39 per 28 days
7/1/2020	NORETH/ETHIN CHW FE	Update QL	QL :39 per 28 days
7/1/2020	TAYTULLA CAP 1MG/20MC	Update QL	QL :39 per 28 days
7/1/2020	NORETH/ETHIN TAB FE 1/20	Update QL	QL :39 per 28 days
7/1/2020	LARIN 24 TAB FE 1/20	Update QL	QL :39 per 28 days

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7/1/2020	JUNEL FE TAB 1.5/30	Update QL	QL :39 per 28 days
7/1/2020	MELODETTA CHW 24 FE	Update QL	QL :39 per 28 days
7/1/2020	DESO/ETHINYL TAB ESTRADIO	Update QL	QL :39 per 28 days
7/1/2020	LO LOESTRIN TAB 1- 10-10	Update QL	QL :39 per 28 days
7/1/2020	VELIVET PAK	Update QL	QL :39 per 28 days
7/1/2020	LEVONOR/ETHI TAB	Update QL	QL :39 per 28 days
7/1/2020	NORTREL TAB 7/7/7	Update QL	QL :39 per 28 days
7/1/2020	LEENA TAB	Update QL	QL :39 per 28 days
7/1/2020	NORGEST/ETHI TAB ESTRADIO	Update QL	QL :39 per 28 days
7/1/2020	NORGEST/ETHI TAB ESTRADIO	Update QL	QL :39 per 28 days
7/1/2020	TILIA FE TAB	Update QL	QL :39 per 28 days
7/1/2020	NATAZIA TAB	Update QL	QL :39 per 28 days
7/1/2020	LEVONOR/ETHI TAB ESTRADIO	Update QL	QL :30 per 28 days
7/1/2020	LEVONOR/ETHI TAB ESTRADIO	Update QL	QL :30 per 28 days
7/1/2020	LEVONOR/ETHI TAB ESTRADIO	Update QL	QL :30 per 28 days
7/1/2020	RIVELSA TAB	Update QL	QL :30 per 28 days
7/1/2020	Drospirenone Tab 4 MG	Update QL	QL :39 per 28 days
7/1/2020	Segesterone Ace- Ethinyl Estradiol VA Ring 0.15-0.013 MG/24HR	Update QL	QL :1 per 270 days
7/1/2020	NORETHINDRONE TAB 0.35 MG	Update QL	QL :39 per 28 days
7/1/2020	CEFADROXIL CAP 500MG	Delete age note	
7/1/2020	CEFADROXIL TAB 1GM	Delete age note	

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7/1/2020	CEFPROZIL TAB 250MG	Delete age note	
7/1/2020	CEFPROZIL TAB 500MG	Delete age note	
7/1/2020	DULERA AER 50-5MCG	Add to formulary with ST and QL , T3	QL :13 per 30 days