

Molina Healthcare regularly reviews and updates the Preferred Drug List (PDL). Items may be added, removed or changed. Below is the list of updates made to the PDL this quarter.

Some items require a prior authorization (PA). View the [PA List](#) to see which drugs require PA.

For a complete list of benefits, visit the Molina Healthcare website at www.MolinaHealthcare.com/Providers/OH under the “Rx Info” tab or call Provider Services at (855) 322-4079.

Brand	Generic	Dosage Form	Strength	Update
Invokamet XR	Canagliflozin/metformin	Extended-release tablet	50mg/500mg; 50mg/1000mg; 150mg/500mg; 150mg/1000mg	Added to PA List
Orfadin	Nitisinone	Capsule	2mg; 5mg; 10mg	Added to PA List
Relistor	Methylnaltrexone	Tablet	150mg	Added to PA List
Namzaric	Donepezil;memantine	Extended-release capsule	7mg/10mg; 21mg/10mg	Added to PA List
Treximet	Sumatriptan/naproxen	Tablet	10mg/60mg	Added to PA List
Zurampic	Lesinurad	Tablet	200mg	Added to PA List
Exondys 51	Eteplirsen	Solution for injection	100mg/2mL; 500mg/10mL	Added to PA List
Benefix	Factor IX Concentrates	Powder for injection	3000 units	Added to PDL
	Basagalar	Solution for injection	100units/mL	Added to PDL
NOVAFERRUM drops	Polysaccharide Iron complex	Drops	15mg/mL	Added to PDL
NOVAFERRUM CAPSULE	Polysaccharide Iron complex	capsule	50mg	Added to PDL
Novaferum solution	Polysaccharide Iron complex	Solution	125mg/5mL	Added to PDL
	Entacapone	Tablet	200mg	Added to PA List, ST required
	Carbidopa/levodopa/entacapone	Tablet	12.5mg/50mg/200mg; 18.75mg/75mg/200mg; 25mg/100mg/200mg; 31.25mg/125mg/200mg; 37.5mg/150mg/200mg; 50mg/200mg/200mg	Added to PA List, ST required
	Chlordiazepoxide/clidinium	Capsule	5mg/2.5mg	Removed from PDL

Key: PDL = Preferred Drug List; PA = Prior Authorization; AL=Age Limit; QL=Quantity Limit; ST=Step Therapy; HRM = High risk medication for member age 65 years and older; OTC = Over-the-counter; SP = Specialty drug must be obtained through Caremark Specialty Pharmacy