

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/OhioProviders under the “Rx Info” tab or call Provider Services at (855) 322-4079.

| Brand | Generic | Dosage Form | Strength | Update |
|------------------------|-----------------------------------------------|-------------------------------------------|---------------------------------|----------------------------------|
| Triglide | Fenofibrate | Tablet | 160MG | Added to PDL |
| Tricor | Fenofibrate | Tablet | 145MG, 160MG | Added to PDL |
| Lipofen | Fenofibrate | Capsule | 150MG | Added to PDL |
| Isentress HD | Raltegravir Potassium | Tablet | 600MG | Added to PDL |
| Risperdal Consta | Risperidone Microspheres | Long-Acting Powder for Injection | 12.5MG, 25MG, 37.5MG, 50MG | Added to PDL |
| Zyprexa Relprevv | Olanzapine Pamoate Extended Release | Extended-Release Powder for Injection | 210MG, 300MG, 405MG | Added to PDL |
| Abilify Maintena | Aripiprazole Extended Release Susp | Extended-Release Powder for Injection | 300MG | Added to PDL |
| Aristada | Aripiprazole Lauroxil Extended Release | Extended-Release Suspension for Injection | 441MG | Added to PDL |
| Kariva, Viorele | Desogestrel-Ethinyl Estradiol & Eth Estradiol | Tablet | 0.15-0.02/0.01MG | Added to PDL |
| Invega Sustenna | Paliperidone Palmitate Extended Release | Extended-Release Suspension for Injection | 39MG, 78MG, 117MG, 156MG, 234MG | Added to PDL |
| Shingrix | Zoster Vaccine Recombinant Adjuvanted | Suspension for Injection | 50MCG | Added to PDL, AL added; QL added |
| Prevnar 13 | Pneumococcal 13-Valent Conjugate Vaccine | Suspension for Injection | | Added to PDL, AL added; QL added |
| Pneumovax 23 | Pneumococcal Polyvalent Vaccine | Solution for Injection | 25MCG | Added to PDL, QL added |
| Prozac | Fluoxetine HCL | Tablet | 10MG, 20MG | Tablet Removed from PDL |
| Narcan | Naloxone HCL | Spray | 4MG | Remove QL |
| Glucagon Emergency Kit | Glucagon, Human Recombinant | Powder for Injection | 1MG | QL updated |

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

| Brand | Generic | Dosage Form | Strength | Update |
|-------------------------|----------------------------------|-----------------------------------|------------------------------------|------------------------------|
| Trinessa Lo | Norgestimate/Ethinyl Estradiol | Tablet | 0.18-25/0.215-25/ 0.25-25MG-MCG | Added to PDL |
| | Naloxone HCL Syringe | Solution for Injection | 2MG | Remove QL |
| Trilipix | Choline Fenofibrate DR | Capsule | 45MG | Added to PDL |
| Santyl | Collagenase | Ointment | 250UNIT/GM | Added to PDL, PA required |
| Soma | Carisoprodol | Tablet | 350MG | PDL updated, PA required |
| Vancocin | Vancomycin | Capsule | 125MG, 250MG | Removed from PDL |
| First-Vancomycin | Vancomycin HCL (COMPOUND KIT) | Oral Powder for Reconstitution | 25MG/ML | Added to PDL, ST added |
| First-Vancomycin | Vancomycin HCL (COMPOUND KIT) | Oral Powder for Reconstitution | 50MG/ML | Added to PDL, ST added |
| TrueTest Test Strips | | | | Removed from PDL |
| | Buprenorphine | Sublingual Tablet | 2MG, 8MG | PDL updated, QL added |