

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
Vemlidy	Tenofovir alafenamide	Tablet	25mg	Added to PA List, Requires Clinical Review
Rubraca	Rucaparib	Tablet	200mg; 300mg	Added to PA List, Requires Clinical Review
Vascepa	Icosapent ethyl	Capsule	0.5g	Added to PA List, Lower Cost Alternatives available
Pancreaze	Pancrelipase	Delayed-release capsule	2600 unit	Added to PDL, no PA required
Pertzye	Pancrelipase	Delayed-release capsule	4000 unit	Added to PA List, Lower Cost Alternatives available
Royaldee	Calcifediol	Extended-release capsule	30mcg	Added to PA List, Requires Clinical Review
Alprolix	Coagulation Factor IX	Powder for injection	4000 unit	Added to PDL, no PA required
Bromsite	Bromfenac	Ophthalmic solution	0.08%	Added to PA List, Lower Cost Alternatives available
Lantus	Insulin glargine	Solution for injection	100units/mL	Removed from PDL, Added to PA List
Lantus Solostar	Insulin glargine	Solution for injection	100units/mL	Removed from PDL, Added to PA List

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
Levemir	Insulin detemir	Solution for injection	100units/mL	Removed from PDL, Added to PA List
Levemir Flextouch	Insulin detemir	Solution for injection	100units/mL	Removed from PDL, Added to PA List
	Granisetron	Tablet	1mg	PDL updated to PA required, Added to PA List
Differin	Adapalene	Cream, Gel, Lotion	0.1%; 0.3%	Removed from PDL, Added to PA List
Benzamycin	Benzoyl peroxide; Erythromycin	Gel	5%/3%	Removed from PDL, Added to PA List
Lo Loestrin Fe	Norethindrone acetate/ ethinyl estradiol	Tablet	1mg/10mcg and 10mcg	Removed from PDL, Added to PA List
Necon 10/11	Norethindrone/ethinyl estradiol	Tablet		Removed from PDL, Added to PA List
Pentasa	Mesalamine	Extended-release capsule	250mg; 500mg	Removed from PDL, Added to PA List
Apidra	Insulin glulisine	Solution for injection, vials	100units/mL	Removed from PDL, Added to PA List
Ciprodex Otic	Ciprofloxacin; Dexamethasone	Otic suspension	0.3%/0.1%	Removed from PDL, Added to PA List
Cetraxal	Ciprofloxacin	Otic solution	0.2%	Changed to no PA on PDL
Zortress	Everolimus	Tablet	0.25mg; 0.5mg; 0.75mg	Removed from PDL, Added to PA List
Valcyte	Valganciclovir	Tablet	450mg	PDL updated to PA required, Added to PA List
	Methadone	Tablet; concentrate solution	5mg; 10mg; 10mg/mL	Removed from PDL, Added to PA List
Symbicort	Budesonide; formoterol	Inhalation aerosol	80mcg/4.5mcg; 160mcg/4.5mcg	Removed from PDL, Added to PA List
Tudorza	Acclidinium	Powder for inhalation	400mcg	Removed from PDL, Added to PA List
Pulmicort Flexhaler	Budesonide	Powder for inhalation	90mcg; 180mcg	Removed from PDL, Added to PA List
Tradjenta	Linagliptin	Tablet	5mg	Removed from PDL, Added to PA List
Jentadueto	Linagliptin; Metformin	Tablet	2.5mg/500mg; 2.5mg/850mg; 2.5mg/1000mg	Removed from PDL, Added to PA List

Brand	Generic	Dosage Form	Strength	Update
Januvia	Sitagliptin	Tablet	25mg; 50mg; 100mg	Removed from PDL, Added to PA List
Janumet	Metformin; Sitagliptin	Tablet	50mg/500mg; 50mg/1000mg	Removed from PDL, Added to PA List
Janumet XR	Metformin; Sitagliptin	Extended-release tablet	50mg/500mg; 50mg/1000mg; 100mg/1000mg	Removed from PDL, Added to PA List
Uptravi	Selexipag	Tablet	200mcg; 400mcg; 600mcg; 800mcg; 1000mcg; 1200mcg; 1400mcg; 1600mcg	Added to PA List
Breo Ellipta	Fluticasone; Vilanterol	Powder for inhalation	100mcg/25mcg; 200mcg/25mcg	Added to PDL, no PA required
Repatha Pushtronex	Evolocumab	Solution for injection	420mg/3.5mL	Added to PDL, PA required
Arnuity Ellipta	Fluticasone	Powder for inhalation	100mcg; 200mcg	Added to PDL, no PA required
Dulera	Formoterol; Mometasone	Inhalation aerosol	100mcg/5mcg; 200mcg/5mcg	PDL updated, ST removed, no PA required
Avalide	Irbesartan/ hydrochlorothiazide	Tablet	150mg/12.5mg; 300mg/12.5mg	PDL updated, no PA required
Airduo Respiclick	Fluticasone; Salmeterol	Powder for inhalation	55mcg/14mcg; 113mcg/14mcg; 232mcg/14mcg	Added to PDL, no PA required
Anoro Ellipta	Umeclidinium; Vilanterol	Powder for inhalation	62.5mcg/25mcg	Added to PDL, no PA required
	Digoxin	Oral solution	0.05mg/mL	Added to PDL, no PA required
Introvale	Levonorgestrel/ethinyl estradiol	Tablet	0.15mg/0.03mg	Added to PDL, no PA required
Setlakin	Levonorgestrel/ethinyl estradiol	Tablet	0.15mg/0.03mg	Added to PDL, no PA required
Jolessa	Levonorgestrel/ethinyl estradiol	Tablet	0.15mg/0.03mg	Added to PDL, no PA required
Quasense	Levonorgestrel/ethinyl estradiol	Tablet	0.15mg/0.03mg	Added to PDL, no PA required
Amethia Lo	Levonorgestrel/ethinyl estradiol/ethinyl estradiol	Tablet	0.1mg/0.01mg/ 0.02mg	Added to PDL, no PA required
Camrese Lo	Levonorgestrel/ethinyl estradiol/ethinyl estradiol	Tablet	0.1mg/0.01mg/ 0.02mg	Added to PDL, no PA required
Ashlyna	Levonorgestrel/ethinyl estradiol/ethinyl estradiol	Tablet	0.15mg/0.01mg/ 0.03mg	Added to PDL, no PA required

Brand	Generic	Dosage Form	Strength	Update
Camrese	Levonorgestrel/ethinyl estradiol/ethinyl estradiol	Tablet	0.15mg/0.01mg/0.03mg	Added to PDL, no PA required
Amethia	Levonorgestrel/ethinyl estradiol/ethinyl estradiol	Tablet	0.15mg/0.01mg/0.03mg	Added to PDL, no PA required
Daysee	Levonorgestrel/ethinyl estradiol/ethinyl estradiol	Tablet	0.15mg/0.01mg/0.03mg	Added to PDL, no PA required