

Molina Healthcare Marketplace

Formulary Changes Effective January 1, 2026

Drug Name	Description of Formulary Change	Notes/Alternatives
ACNE MEDICAT LOT 10%	Adding to Formulary, Generic Tier	
ACNE MEDICAT LOT 5%	Adding to Formulary, Generic Tier	
ALOG/PIOGLIT TAB 12.5-15	Removing from Formulary	
ALOG/PIOGLIT TAB 12.5-30	Removing from Formulary	
ALOG/PIOGLIT TAB 12.5-45	Removing from Formulary	
ALOG/PIOGLIT TAB 25-15MG	Removing from Formulary	
ALOG/PIOGLIT TAB 25-30MG	Removing from Formulary	
ALOG/PIOGLIT TAB 25-45MG	Removing from Formulary	
Alogliptin Benzoate TABS 12.5MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
Alogliptin Benzoate TABS 25MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
Alogliptin Benzoate TABS 6.25MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 10-20MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 10-40MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 5-20MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
AMLOD/OLMESA TAB 5-40MG	Changing from Preferred Brand Tier to Preferred Generic Tier	
AMPHETAMINE TAB 10MG	Adding to Formulary, Preventative Tier	Quantity and Age Limits Apply
AMPHETAMINE TAB 5MG	Adding to Formulary, Preventative Tier	Quantity and Age Limits Apply
ARALAST NP INJ 1000MG	Removing from Formulary	
ARANESP INJ 100MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 10MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 150MCG	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
ARANESP INJ 200MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 25MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 300MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 40MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 500MCG	Changing from Specialty Tier to Non-Preferred Tier	
ARANESP INJ 60MCG	Changing from Specialty Tier to Non-Preferred Tier	
ATROVENT HFA AER 17MCG	Removing from Formulary	
AVITA CRE 0.025%	Removing from Formulary	
AVITA GEL 0.025%	Removing from Formulary	
Azelaic Acid GEL 15%	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
BETAINE POWD	Changing from Specialty Tier to Non-Preferred Tier	
BEYFORTUS INJ 100MG/ML	Adding to Formulary, Specialty Tier with Prior Authorization	Age Limits Apply
BEYFORTUS INJ 50/0.5ML	Adding to Formulary, Specialty Tier with Prior Authorization	Age Limits Apply
BISMTH/METR/ CAP TETRACY	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Briviact SOLN 10MG/ML	Adding to Formulary, Preventative Tier	Age Limits Apply
Briviact TABS 100MG	Adding to Formulary, Preventative Tier	
Briviact TABS 10MG	Adding to Formulary, Preventative Tier	
Briviact TABS 25MG	Adding to Formulary, Preventative Tier	
Briviact TABS 50MG	Adding to Formulary, Preventative Tier	
Briviact TABS 75MG	Adding to Formulary, Preventative Tier	
CABOMETYX TAB 20MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
CABOMETYX TAB 40MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
CABOMETYX TAB 60MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Calcipotriene CREA 0.005 %	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
CALCIPOTRIENE OINT 0.005%	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
CALCIPOTRIENE SOLN 0.005% (50 MCG/ML)	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
Candesartan Cilexetil TABS 16MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Candesartan Cilexetil TABS 32MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Candesartan Cilexetil TABS 4MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Candesartan Cilexetil TABS 8MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
CAPTOPR/HCTZ TAB 25-15MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 25-25MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 50-15MG	Removing from Formulary	
CAPTOPR/HCTZ TAB 50-25MG	Removing from Formulary	
CINACALCET TAB 30MG	Changing from Preferred Brand Tier to Specialty Tier	
CINACALCET TAB 60MG	Changing from Preferred Brand Tier to Specialty Tier	
CINACALCET TAB 90MG	Changing from Preferred Brand Tier to Specialty Tier	
Ciprofloxacin-Fluocinolone PF SOLN 0.3-0.025%	Adding to Formulary, Preferred Brand Tier	Quantity Limits and Age Limits Apply
CLINDAMY/BEN GEL 1.2-5%	Changing from Preferred Brand Tier to Preferred Generic Tier	
CLINDAMYCIN LOT 10MG/ML	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
COMETRIQ KIT 100MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
COMETRIQ KIT 140MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
COMETRIQ KIT 60MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
CYCLOPHOSPH CAP 25MG	Changing from Specialty Tier to Non-Preferred Tier	
CYCLOPHOSPH CAP 50MG	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
DABIGATRAN CAP 110MG	Adding to Formulary, Generic Tier	Quantity Limits Apply
DABIGATRAN CAP 150MG	Adding to Formulary, Generic Tier	Quantity Limits Apply
DABIGATRAN CAP 75MG	Adding to Formulary, Generic Tier	Quantity Limits Apply
DEXMETHYLPH CAP 10MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 15MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 20MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 25MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 30MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 35MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 40MG ER	Adding to Formulary, Preventative Tier	
DEXMETHYLPH CAP 5MG ER	Adding to Formulary, Preventative Tier	
DIACOMIT CAP 250MG	Changing from Non-Preferred Tier to Specialty Tier	
DIACOMIT CAP 500MG	Changing from Non-Preferred Tier to Specialty Tier	
DIACOMIT PAK 250MG	Changing from Non-Preferred Tier to Specialty Tier	
DIACOMIT PAK 500MG	Changing from Non-Preferred Tier to Specialty Tier	
DIFFERIN LOT 0.1%	Removing from Formulary	
DOFETILIDE CAP 125MCG	Changing from Preferred Brand Tier to Specialty Tier	
DOFETILIDE CAP 250MCG	Changing from Preferred Brand Tier to Specialty Tier	
DOFETILIDE CAP 500MCG	Changing from Preferred Brand Tier to Specialty Tier	
EMCYT CAP 140MG	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
EPOGEN INJ 10000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 2000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 20000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 3000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPOGEN INJ 4000/ML	Changing from Specialty Tier to Non-Preferred Tier	
EPROSART MES TAB 600MG	Removing from Formulary	
ETOPOSIDE CAP 50MG	Changing from Specialty Tier to Non-Preferred Tier	
EUFLEXXA INJ 10MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 0.25MG	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 0.5 MG	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 0.75MG	Changing from Specialty Tier to Non-Preferred Tier	
EVEROLIMUS TAB 1MG	Changing from Specialty Tier to Non-Preferred Tier	
FANAPT PAK	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 10MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 12MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 1MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 2MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 4MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 6MG	Removing from Formulary	Adding Rexulti and Vraylar
FANAPT TAB 8MG	Removing from Formulary	Adding Rexulti and Vraylar
Farydak CAPS 10MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Farydak CAPS 15MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Farydak CAPS 20MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
FENOFIBRATE CAP 134MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
FENOFIBRATE CAP 200MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
FENOFIBRATE CAP 43MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
FENOFIBRATE CAP 67MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
FULPHILA SOSY 6MG/0.6ML	Removing from Formulary	
Glassia SOLN 1000MG/50ML	Removing from Formulary	
Glassia SOLN 4GM/200ML	Removing from Formulary	
Glassia SOLN 5GM/250ML	Removing from Formulary	
GLUCAGON KIT 1MG	Changing from Generic Tier to Preventative Tier	Quantity Limits Apply
HYALGAN INJ 20MG/2ML	Changing from Specialty Tier to Non-Preferred Tier	
Imbruvica CAP 70MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 140MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 280MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 420MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Imbruvica TABS 560MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
INLYTA TAB 1MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
INLYTA TAB 5MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
Insulin Glargine-yfgn SOLN 100UNIT/ML	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Insulin Glargine-yfgn SOPN 100UNIT/ML	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
Lagevrio CAPS 200MG	Adding to Formulary, Preventative Tier	Quantity Limits Apply
LANSOPR/AMOX MIS /CLARITH	Removing from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
LEUKERAN TAB 2MG	Changing from Specialty Tier to Non-Preferred Tier	
LEVALBUTEROL INH HFA 200	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
MELPHALAN TAB 2MG	Changing from Specialty Tier to Non-Preferred Tier	
MENEST TAB 2.5MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
MESALAMINE TAB 1.2GM DR	Adding to Formulary, Preferred Brand Tier	
MESALAMINE TAB 800MG DR	Removing from Formulary	
METHITEST TAB 10MG	Changing from Specialty Tier to Non-Preferred Tier	
METHOTREXATE INJ 250/10ML	Changing from Generic Tier to Specialty Tier	Quantity Limits Apply
METHOTREXATE INJ 25MG/ML	Changing from Generic Tier to Specialty Tier	Quantity Limits Apply
METHOTREXATE INJ 50MG/2ML	Changing from Generic Tier to Specialty Tier	Quantity Limits Apply
METHYLTESTOS CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
METHYLTESTOSTERONE ORAL TAB 10 MG	Changing from Specialty Tier to Non-Preferred Tier	
Miconazole 3 SUPP 200MG	Adding to Formulary, Preferred Generic Tier	Quantity Limits Apply
MONOCLATE-P KIT 1000 UNIT INTRAVENOUS	Changing from Specialty Tier to Non-Preferred Tier	
NEUAC GEL 1.2-5%	Changing from Preferred Brand Tier to Preferred Generic Tier	
Niacin ER TBCR 1000MG	Adding to Formulary, Generic Tier	Quantity Limits Apply **OTC Only
NITISINONE CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
NITISINONE CAP 20 MG	Changing from Specialty Tier to Non-Preferred Tier	
NITISINONE CAP 2MG	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
NITISINONE CAP 5MG	Changing from Specialty Tier to Non-Preferred Tier	
NORVIR POW 100MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
OLM MED/HCTZ TAB 20-12.5	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
OLM MED/HCTZ TAB 40-12.5	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
OLM MED/HCTZ TAB 40-25MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Olmesartan Medoxomil TABS 20MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Olmesartan Medoxomil TABS 40MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Olmesartan Medoxomil TABS 5MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
OXYCODONE TAB 10MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 15MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 20MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 30MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 40MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 60MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
OXYCODONE TAB 80MG ER	Adding to Formulary, Non-Preferred Brand Tier with Prior Authorization	
PANRETIN GEL 0.1%	Changing from Specialty Tier to Non-Preferred Tier	
PHENADOZ SUP 12.5MG	Removing from Formulary	
PHENADOZ SUP 25MG	Removing from Formulary	
PHENOXYBENZA CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
Poly-Vi-Flor SUSP 0.25MG/ML	Removing from Formulary	

Drug Name	Description of Formulary Change	Notes/Alternatives
PROCRIT INJ 10000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 2000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 20000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 3000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 4000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROCRIT INJ 40000/ML	Changing from Specialty Tier to Non-Preferred Tier	
PROLASTIN-C INJ 1000MG	Removing from Formulary	
PROLIA SOL 60MG/ML	Removing from Formulary	
PROMETHAZINE SUP 12.5MG	Removing from Formulary	
PROMETHAZINE SUP 25MG	Removing from Formulary	
PROMETHEGAN SUP 12.5MG	Removing from Formulary	
PROMETHEGAN SUP 25MG	Removing from Formulary	
PYRIME/LEUCO CAP 12.5/2.5	Removing from Formulary	
PYRIME/LEUCO CAP 25/10MG	Removing from Formulary	
PYRIME/LEUCO CAP 25/5MG	Removing from Formulary	
PYRIME/LEUCO CAP 50/10MG	Removing from Formulary	
PYRIME/LEUCO CAP 50/20MG	Removing from Formulary	
PYRIME/LEUCO CAP 50/25MG	Removing from Formulary	
PYRIME/LEUCO CAP 75/25MG	Removing from Formulary	
QUINTABS TAB	Adding to Formulary, Generic Tier	
RELISTOR INJ 12/0.6ML	Changing from Specialty Tier to Non-Preferred Tier	

Drug Name	Description of Formulary Change	Notes/Alternatives
RELISTOR INJ 12/0.6ML	Changing from Specialty Tier to Non-Preferred Tier	
RELISTOR TAB 150MG	Changing from Specialty Tier to Non-Preferred Tier	
REPATHA INJ 140MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
REPATHA PUSH INJ 420/3.5	Changing from Specialty Tier to Non-Preferred Tier	
REPATHA SURE INJ 140MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 10000UNT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 20000UNI	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 2000UNIT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 3000UNIT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 40000UNT	Changing from Specialty Tier to Non-Preferred Tier	
RETACRIT INJ 4000UNIT	Changing from Specialty Tier to Non-Preferred Tier	
REYVOW TABS 100MG	Removing from Formulary	
REYVOW TABS 50MG	Removing from Formulary	
RHO D IMMUNE GLOBULIN IM SOLN PREF SYR 1500 UNIT (300MCG)	Changing from Preferred Brand Tier to Specialty Tier	
RIBAVIRIN CAP 200MG	Changing from Preferred Generic Tier to Specialty Tier	
RIBAVIRIN TAB 200MG	Changing from Preferred Generic Tier to Specialty Tier	
RINVOQ LQ SOL 1MG/ML	Adding to Formulary, Specialty Tier	Age Limits Apply
SIMLANDI 1PN INJ 40/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA
SIMLANDI 2PN INJ 40/0.4ML	Removing from Formulary	Hadlima is covered on Specialty Tier with PA

Drug Name	Description of Formulary Change	Notes/Alternatives
SIRTURO TAB 100MG	Changing from Non-Preferred Tier to Specialty Tier	
SIRTURO TAB 20MG	Changing from Non-Preferred Tier to Specialty Tier	
SOMAVERT INJ 25MG	Adding to Formulary, Specialty Tier with Prior Authorization	
Somavert SOLR 30MG	Adding to Formulary, Specialty Tier with Prior Authorization	
Sprycel TABS 100MG	Removing from Formulary	
Sprycel TABS 140MG	Removing from Formulary	
Sprycel TABS 20MG	Removing from Formulary	
Sprycel TABS 50MG	Removing from Formulary	
Sprycel TABS 70MG	Removing from Formulary	
Sprycel TABS 80MG	Removing from Formulary	
Stelara SOLN 130MG/26ML	Removing from Formulary	Pyzchiva and Yesintek are covered on Specialty Tier with PA
Stelara SOLN 45MG/0.5ML	Removing from Formulary	Pyzchiva and Yesintek are covered on Specialty Tier with PA
Stelara SOSY 90MG/ML	Removing from Formulary	Pyzchiva and Yesintek are covered on Specialty Tier with PA
SUPARTZ FX INJ 25/2.5ML	Changing from Specialty Tier to Non-Preferred Tier	
SYNAGIS INJ 100MG/ML	Removing from Formulary	Beyfortus Covered with Prior Authorization at Specialty Pharmacy
SYNAGIS INJ 50/0.5ML	Removing from Formulary	Beyfortus Covered with Prior Authorization at Specialty Pharmacy
SYNAREL SOL 2MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
TABLOID TAB 40MG	Changing from Specialty Tier to Non-Preferred Tier	
TASIGNA CAP 150MG	Removing from Formulary	Generic Nilotinib available on Specialty Tier
TASIGNA CAP 200MG	Removing from Formulary	Generic Nilotinib available on Specialty Tier
TASIGNA CAP 50MG	Removing from Formulary	Generic Nilotinib available on Specialty Tier

Drug Name	Description of Formulary Change	Notes/Alternatives
TAVABOROLE SOLN 5%	Prior Authorization Added	Quantity Limits Added
TAZAROTENE CRE 0.05%	Changing from Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Apply
TAZAROTENE CRE 0.1%	Changing from Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Apply
TAZAROTENE GEL 0.05%	Changing from Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Apply
TAZAROTENE GEL 0.1%	Changing from Preferred Brand Tier to Preferred Generic Tier with Prior Authorization	Quantity Limits Added
TECHLITE INSULIN SYRINGE MISC 30G X 1/2"0.3 ML	Adding to Formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	Quantity Limits Apply
Telmisartan TABS 20MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits Apply
Telmisartan TABS 40MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits Apply
Telmisartan TABS 80MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits Apply
TERBUTALINE TAB 2.5MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
TERBUTALINE TAB 5MG	Changing from Preferred Brand Tier to Preferred Generic Tier	Quantity Limits Apply
Teriparatide SOPN 560MCG/2.24ML	Removing from Formulary	
TRETINOIN CAP 10MG	Changing from Specialty Tier to Non-Preferred Tier	
TRETINOIN CRE 0.025%	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN CRE 0.05%	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN CRE 0.1%	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN GEL 0.01%	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply
TRETINOIN GEL 0.025%	Changing from Preferred Brand Tier to Preferred Generic Tier	Remove Step Therapy, Quantity Limits and Age Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
TRILURON INJ 20MG/2ML	Changing from Specialty Tier to Non-Preferred Tier	
TRIZIVIR TABS 300-150-300MG	Removing from Formulary	
VALGANCICLOV SOL 50MG/ML	Changing from Specialty Tier to Non-Preferred Tier	
VALGANCICLOV TAB 450MG	Changing from Specialty Tier to Non-Preferred Tier	
Venclexta Starting Pack TBPK 10 & 50 & 100MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Venclexta TABS 100MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Venclexta TABS 10MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Venclexta TABS 50MG	Adding to Formulary, Specialty Tier	Quantity Limits Apply
Viread POWD 40MG/GM	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 150MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 200MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 250MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VIREAD TAB 300MG	Adding to Formulary, Preferred Brand Tier	Quantity Limits Apply
VISCO-3 SOSY 25MG/2.5ML	Changing from Specialty Tier to Non-Preferred Tier	
Vraylar CPPK 1.5 & 3MG	Adding to Formulary, Preventative Tier	
XARELTO SUS 1MG/ML	Removing from Formulary	
XARELTO TAB 2.5MG	Removing from Formulary	Remove Brand
XIFAXAN TAB 200MG	Changing from Specialty Tier to Non-Preferred Tier	
XIFAXAN TAB 550MG	Changing from Specialty Tier to Non-Preferred Tier	
XOFLUZA TAB 20MG	Removing from Formulary	
XOFLUZA TAB 40MG	Changing from Preferred Brand Tier to Specialty Tier	Quantity Limits Apply
XOFLUZA TAB 80MG	Changing from Preferred Brand Tier to Specialty Tier	Quantity Limits Apply
ZARXIO SOSY 300MCG/0.5ML	Removing from Formulary	
ZARXIO SOSY 480MCG/0.8ML	Removing from Formulary	
ZEJULA TAB 100MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply

Drug Name	Description of Formulary Change	Notes/Alternatives
ZEJULA TAB 200MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
ZEJULA TAB 300MG	Adding to Formulary, Specialty Tier with Prior Authorization	Quantity Limits Apply
ZEMAIRA INJ 1000MG	Removing from Formulary	
Zenpep CPEP 60000-189600UNIT	Adding to Formulary, Preferred Brand Tier	

PA = Prior Authorization **QL** = Quantity Limits **ST** = Step Therapy

The medications listed below are available on the pharmacy benefit without a Prior Authorization:

Los medicamentos que se enumeran a continuación están disponibles en el beneficio de farmacia sin autorización previa.

ABIRATERONE TAB 500MG	EVEROLIMUS TAB 3MG
ABIRATERONE TAB 250MG	EVEROLIMUS TAB 5MG
ACTEMRA INJ 162/0.9	EVEROLIMUS TAB 5MG
ACTEMRA INJ 200/10ML	EVEROLIMUS TAB 7.5MG
ACTEMRA INJ 400/20ML	FARYDAK CAP 10MG
ACTEMRA INJ 80MG/4ML	FARYDAK CAP 15MG
ACTEMRA INJ ACTPEN	FARYDAK CAP 20MG
ACTIMMUNE INJ 2MU/0.5	FLEBOGAMMA INJ 20/200ML
ALECENSA CAP 150MG	FLEBOGAMMA INJ DIF 5%
ARCALYST INJ 220MG	FLEBOGAMMA INJ DIF 5%
BEXAROTENE CAP 75MG	GAMMAGARD INJ 1GM/10ML
CAPECITABINE TAB 150MG	GAMMAGARD SD INJ 10GM HU
CAPECITABINE TAB 500MG	GAMMAKED INJ 1GM/10ML
CAPRELSA TAB 100MG	GAMMAPLEX INJ 10%
CAPRELSA TAB 300MG	GAMMAPLEX INJ 5%
CIMZIA KIT	GAMUNEX-C INJ 1GM/10ML
CIMZIA PREFL KIT 200MG/ML	GILOTRIF TAB 20MG
Cosentyx Sensoready Pen SOAJ 150MG/ML	GILOTRIF TAB 30MG
Cosentyx SOSY 150MG/ML	GILOTRIF TAB 40MG
Cosentyx SOSY 75MG/0.5ML	GLEOSTINE CAP 100MG
Cosentyx UnoReady SOAJ 300MG/2ML	GLEOSTINE CAP 10MG
CUVITRU INJ 2GM/10ML	GLEOSTINE CAP 40MG
CYCLOPHOSPH CAP 25MG	Hadlima PushTouch SOAJ 40MG/0.4ML
CYCLOPHOSPH CAP 50MG	Hadlima PushTouch SOAJ 40MG/0.8ML
EMCYT CAP 140MG	Hadlima SOSY 40MG/0.4ML
ENBREL INJ 25/0.5ML	Hadlima SOSY 40MG/0.8ML
ENBREL INJ 50MG/ML	HIZENTRA INJ 1GM/5ML
Enbrel SOLN 25MG/0.5ML	HIZENTRA INJ 2GM/10ML
ENBREL SRCLK INJ 50MG/ML	HIZENTRA 1 GM/5ML
ERIVEDGE CAP 150MG	HIZENTRA 10 GM/50ML
ERLOTINIB TAB 100MG	HIZENTRA 4 GM/20ML
ERLOTINIB TAB 150MG	HIZENTRA INJ 2GM/10ML
ERLOTINIB TAB 25MG	HIZENTRA SOL 20% SOLN PR
ETOPOSIDE CAP 50MG	HUMIRA PSKT 40MG/0.8ML
EVEROLIMUS TAB 10MG	HUMIRA PEN PNKT 40MG/0.8ML
EVEROLIMUS TAB 2.5MG	HUMIRA PEN-CD/UC/HS STARTER PNKT
EVEROLIMUS TAB 2MG	40MG/0.8ML

HUMIRA PEN-PS/UV/ADOL HS START PNKT
40MG/0.8ML
HUMIRA PSKT 40MG/0.4ML
HUMIRA PEDIATRIC CROHNS START PSKT 80
MG/0.8ML & 40MG/0.4ML
HUMIRA PEN PNKT 40MG/0.4ML
HUMIRA PEDIATRIC CROHNS START PSKT
80MG/0.8ML
HUMIRA PSKT 10MG/0.1ML
HUMIRA PSKT 20MG/0.2ML
HUMIRA PEN PNKT 80MG/0.8ML
HUMIRA PEN-CD/UC/HS STARTER PNKT
80MG/0.8ML
HUMIRA PEN-PEDIATRIC UC START PNKT
80MG/0.8ML
HUMIRA PEN-PSOR/UEIT STARTER PNKT 80
MG/0.8ML & 40MG/0.4ML
HYQVIA INJ 10-800
HYQVIA INJ 2.5-200
HYQVIA INJ 20-1600
HYQVIA INJ 30-2400
HYQVIA INJ 5-400
Hyrimoz SOAJ 40MG/0.4ML
Hyrimoz SOAJ 40MG/0.8ML
Hyrimoz SOAJ 80MG/0.8ML
Hyrimoz-Plaque Psoriasis Start SOAJ 80
MG/0.8ML & 40MG/0.4ML
Hyrimoz SOSY 20MG/0.2ML
Hyrimoz SOSY 40MG/0.4ML
Hyrimoz SOSY 40MG/0.8ML
IBRANCE CAP 100MG
IBRANCE CAP 125MG
IBRANCE CAP 75MG
Ibrance TABS 100MG
Ibrance TABS 125MG
Ibrance TABS 75MG
ICLUSIG TAB 10MG
ICLUSIG TAB 15MG
ICLUSIG TAB 30MG
ICLUSIG TAB 45MG
IMATINIB MES TAB 100MG
IMATINIB MES TAB 400MG
IMBRUVICA CAP 140MG
JAKAFI TAB 10MG

JAKAFI TAB 15MG
JAKAFI TAB 20MG
JAKAFI TAB 25MG
JAKAFI TAB 5MG
KEVZARA INJ 150/1.14
KEVZARA INJ 150/1.14
KEVZARA INJ 200/1.14
KEVZARA INJ 200/1.14
KINERET INJ
LAPATINIB TAB 250MG
LENALIDOMIDE CAP 10 MG
LENALIDOMIDE CAP 15 MG
LENALIDOMIDE CAP 20 MG
LENALIDOMIDE CAP 25 MG
LENALIDOMIDE CAP 5 MG
LENALIDOMIDE CAPS 2.5 MG
LENVIMA CAP 10 MG
LENVIMA CAP 12MG
LENVIMA CAP 14 MG
LENVIMA CAP 18 MG
LENVIMA CAP 20 MG
LENVIMA CAP 24 MG
LENVIMA CAP 4MG
LENVIMA CAP 8 MG
LEUKERAN TAB 2MG
LEUPROLIDE INJ 1MG/0.2
LYNPARZA TAB 100MG
LYNPARZA TAB 150MG
LYSODREN TAB 500MG
MATULANE CAP 50MG
MEKINIST TAB 0.5MG
MEKINIST TAB 2MG
MELPHALAN TAB 2MG
NILUTAMIDE TAB 150MG
OCTAGAM INJ 20/200ML
OCTAGAM INJ 5GM
ODOMZO CAP 200MG
ORENCIA CLCK INJ 125MG/ML
ORENCIA INJ 125MG/ML
ORENCIA INJ 250MG
ORENCIA INJ 50/0.4
ORENCIA INJ 87.5/0.7
OTEZLA TAB 10/20/30
OTEZLA TAB 30MG

PAZOPanib HCl TABS 200MG
POMALYST CAP 1MG
POMALYST CAP 2MG
POMALYST CAP 3MG
POMALYST CAP 4MG
PRIVIGEN INJ 20GRAMS
Rinvoq TB24 15MG
Rinvoq TB24 30MG
Rinvoq TB24 45MG
RUBRACA TAB 200 MG
RUBRACA TAB 250 MG
RUBRACA TAB 300 MG
Simlandi (2 Pen) AJKT 40MG/0.4ML
Simlandi (1 Pen) AJKT 40MG/0.4ML
SIMPONI INJ 100MG/ML
SIMPONI INJ 100MG/ML
SIMPONI INJ 50/0.5ML
SIMPONI INJ 50/0.5ML
Skyrizi (150 MG Dose) PSKT 75MG/0.83ML
Skyrizi Pen SOAJ 150MG/ML
Skyrizi SOCT 180MG/1.2ML
Skyrizi SOCT 360MG/2.4ML
Skyrizi SOLN 600MG/10ML
Skyrizi SOSY 150MG/ML
SORAfenib Tosylate TABS 200MG
Stelara SOLN 130MG/26ML
Stelara SOLN 45MG/0.5ML
Stelara SOSY 45MG/0.5ML
Stelara SOSY 90MG/ML
STIVARGA TAB 40MG
SUNItinib Malate CAPS 12.5MG
SUNItinib Malate CAPS 25MG
SUNItinib Malate CAPS 37.5MG
SUNItinib Malate CAPS 50MG
TABLOID TAB 40MG
TAFINLAR CAP 50MG
TAFINLAR CAP 75MG

Tagrisso TABS 40MG
Tagrisso TABS 80MG
TASIGNA CAP 150MG
TASIGNA CAP 200MG
TASIGNA CAP 50MG
TEMOZOLOMIDE CAP 100MG
TEMOZOLOMIDE CAP 140MG
TEMOZOLOMIDE CAP 180MG
TEMOZOLOMIDE CAP 20MG
TEMOZOLOMIDE CAP 250MG
TEMOZOLOMIDE CAP 5MG
THALOMID CAP 100MG
THALOMID CAP 150MG
THALOMID CAP 200MG
THALOMID CAP 50MG
TOREMIFENE TAB 60MG
Tremfya SOPN 100MG/ML
Tremfya SOSY 100MG/ML
TRETINOIN CAP 10MG
Verzenio TABS 100MG
Verzenio TABS 150MG
Verzenio TABS 200MG
Verzenio TABS 50MG
XALKORI CAP 200MG
XALKORI CAP 250MG
Xeljanz SOLN 1MG/ML
XELJANZ TAB 10MG
XELJANZ TAB 5MG
XELJANZ XR TAB 22MG
XELJANZ XR TAB 11MG
Xtandi CAPS 40MG
Xtandi TABS 40MG
Xtandi TABS 80MG
ZEJULA CAP 100MG
ZOLINZA CAP 100MG
ZYDELIG TAB 100MG
ZYDELIG TAB 150MG