



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	JAKAFI TAB 15MG
HUMIRA PSKT 40MG/0.4ML	JAKAFI TAB 20MG
HUMIRA PEDIATRIC CROHNS START PSKT 80 MG/0.8ML &40MG/0.4ML	JAKAFI TAB 25MG
HUMIRA PEN PNKT 40MG/0.4ML	JAKAFI TAB 5MG
HUMIRA PEDIATRIC CROHNS START PSKT 80MG/0.8ML	KEVZARA INJ 150/1.14
HUMIRA PSKT 10MG/0.1ML	KEVZARA INJ 150/1.14
HUMIRA PSKT 20MG/0.2ML	KEVZARA INJ 200/1.14
HUMIRA PEN PNKT 80MG/0.8ML	KEVZARA INJ 200/1.14
HUMIRA PEN-CD/UC/HS STARTER PNKT 80MG/0.8ML	KINERET INJ
HUMIRA PEN-PEDIATRIC UC START PNKT 80MG/0.8ML	LAPATINIB TAB 250MG
HUMIRA PEN-PSOR/UVEIT STARTER PNKT 80 MG/0.8ML &40MG/0.4ML	LENALIDOMIDE CAP 10 MG
HYQVIA INJ 10-800	LENALIDOMIDE CAP 15 MG
HYQVIA INJ 2.5-200	LENALIDOMIDE CAP 20 MG
HYQVIA INJ 20-1600	LENALIDOMIDE CAP 25 MG
HYQVIA INJ 30-2400	LENALIDOMIDE CAP 5 MG
HYQVIA INJ 5-400	LENALIDOMIDE CAPS 2.5 MG
Hyrimoz SOAJ 40MG/0.4ML	LENVIMA CAP 10 MG
Hyrimoz SOAJ 40MG/0.8ML	LENVIMA CAP 12MG
Hyrimoz SOAJ 80MG/0.8ML	LENVIMA CAP 14 MG
Hyrimoz-Plaque Psoriasis Start SOAJ 80 MG/0.8ML &40MG/0.4ML	LENVIMA CAP 18 MG
Hyrimoz SOSY 20MG/0.2ML	LENVIMA CAP 20 MG
Hyrimoz SOSY 40MG/0.4ML	LENVIMA CAP 24 MG
Hyrimoz SOSY 40MG/0.8ML	LENVIMA CAP 4MG
IBRANCE CAP 100MG	LENVIMA CAP 8 MG
IBRANCE CAP 125MG	LEUKERAN TAB 2MG
IBRANCE CAP 75MG	LEUPROLIDE INJ 1MG/0.2
Ibrance TABS 100MG	LYNPARZA TAB 100MG
Ibrance TABS 125MG	LYNPARZA TAB 150MG
Ibrance TABS 75MG	LYSODREN TAB 500MG
ICLUSIG TAB 10MG	MATULANE CAP 50MG
ICLUSIG TAB 15MG	MEKINIST TAB 0.5MG
ICLUSIG TAB 30MG	MEKINIST TAB 2MG
ICLUSIG TAB 45MG	MELPHALAN TAB 2MG
IMATINIB MES TAB 100MG	NILUTAMIIDE TAB 150MG
IMATINIB MES TAB 400MG	OCTAGAM INJ 20/200ML
IMBRUVICA CAP 140MG	OCTAGAM INJ 5GM
JAKAFI TAB 10MG	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 HCI TABS 200MG	Tagrisso TABS 40MG
POMALYST CAP 1MG	Tagrisso TABS 80MG
POMALYST CAP 2MG	TASIGNA CAP 150MG
POMALYST CAP 3MG	TASIGNA CAP 200MG
POMALYST CAP 4MG	TASIGNA CAP 50MG
PRIVIGEN INJ 20GRAMS	TEMOZOLOMIDE CAP 100MG
Rinvoq TB24 15MG	TEMOZOLOMIDE CAP 140MG
Rinvoq TB24 30MG	TEMOZOLOMIDE CAP 180MG
Rinvoq TB24 45MG	TEMOZOLOMIDE CAP 20MG
RUBRACA TAB 200 MG	TEMOZOLOMIDE CAP 250MG
RUBRACA TAB 250 MG	TEMOZOLOMIDE CAP 5MG
RUBRACA TAB 300 MG	THALOMID CAP 100MG
Simlandi (2 Pen) AJKT 40MG/0.4ML	THALOMID CAP 150MG
Simlandi (1 Pen) AJKT 40MG/0.4ML	THALOMID CAP 200MG
SIMPONI INJ 100MG/ML	THALOMID CAP 50MG
SIMPONI INJ 100MG/ML	TOREMIFENE TAB 60MG
SIMPONI INJ 50/0.5ML	Tremfya SOPN 100MG/ML
SIMPONI INJ 50/0.5ML	Tremfya SOSY 100MG/ML
Skyrizi (150 MG Dose) PSKT 75MG/0.83ML	TRETINOIN CAP 10MG
Skyrizi Pen SOAJ 150MG/ML	Verzenio TABS 100MG
Skyrizi SOCT 180MG/1.2ML	Verzenio TABS 150MG
Skyrizi SOCT 360MG/2.4ML	Verzenio TABS 200MG
Skyrizi SOLN 600MG/10ML	Verzenio TABS 50MG
Skyrizi SOSY 150MG/ML	XALKORI CAP 200MG
SORAfenib Tosylate TABS 200MG	XALKORI CAP 250MG
Stelara SOLN 130MG/26ML	Xeljanz SOLN 1MG/ML
Stelara SOLN 45MG/0.5ML	XELJANZ TAB 10MG
Stelara SOSY 45MG/0.5ML	XELJANZ TAB 5MG
Stelara SOSY 90MG/ML	XELJANZ XR TAB 22MG
STIVARGA TAB 40MG	XELJANZ XR TAB 11MG
SUNItinib Malate CAPS 12.5MG	Xtandi CAPS 40MG
SUNItinib Malate CAPS 25MG	Xtandi TABS 40MG
SUNItinib Malate CAPS 37.5MG	Xtandi TABS 80MG
SUNItinib Malate CAPS 50MG	ZEJULA CAP 100MG
TABLOID TAB 40MG	ZOLINZA CAP 100MG
TAFINLAR CAP 50MG	ZYDELIG TAB 100MG
TAFINLAR CAP 75MG	ZYDELIG TAB 150MG