



## Molina Healthcare Marketplace

### 2022 Formulary Changes Effective April 1, 2022

Drug Name	Description of Formulary Change	Current Tier	New Tier
DUPIXENT INJ 100/0.67	Add to formulary, T4, PA Required		
XARELTO SUS 1MG/ML	Add to formulary, T2, Age max, QL		
BUPREN/NALOX MIS 2-0.5MG	Add to formulary, T1 with QL		
BUPREN/NALOX MIS 4-1MG	Add to formulary, T1 with QL		
BUPREN/NALOX MIS 8-2MG	Add to formulary, T1 with QL		
BUPREN/NALOX MIS 12-3MG	Add to formulary, T1 with QL		
ALBUTEROL SULFATE HFA	Tier change from 3 to 1	3	1

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



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### 2022 Formulary Changes Effective July 1, 2022

Drug Name	Description of Formulary Change	Current Tier	New Tier
TRIUMEQ PD TAB	Add to formulary, Tier 2 with QL		
DESCOVY TAB 120-15MG	Add to formulary, Tier 2 with QL		
OZEMPIC INJ 8MG/3ML	Add to formulary, Tier 2 with ST, QL		
ETODOLAC TAB 500MG	Update QL		
SIRTURO TAB 20MG	Add to formulary, Tier 3		
NURTEC ODT 75MG	Add to formulary Tier 3, PA, QL		
LACOSAMIDE TAB 50MG	Add generic to formulary, Tier 1, QL		
LACOSAMIDE TAB 100MG	Add generic to formulary, Tier 1, QL		
LACOSAMIDE TAB 150MG	Add generic to formulary, Tier 1, QL		
LACOSAMIDE TAB 200MG	Add generic to formulary, Tier 1, QL		
Promacta TABS 12.5MG	Add QL		
Promacta TABS 25MG	Add QL		
Promacta TABS 50MG	Add QL		
Promacta TABS 75MG	Add QL		
Iclusig TABS 15MG	Add QL		
Iclusig TABS 30MG	Add QL		
Iclusig TABS 45MG	Add QL		
Vimpat TABS 50MG	Add QL		
Vimpat TABS 100MG	Add QL		
Vimpat TABS 150MG	Add QL		
Vimpat TABS 200MG	Add QL		
ZARXIO INJ 300/0.5	Add QL		
ZARXIO INJ 480/0.8	Add QL		
LACOSAMIDE ORAL SOLUTION 10 MG/ML	Add generic to formulary, Tier 1		
RINVOQ TAB 15MG	Add QL		
RINVOQ TAB 30MG	Add to formulary, Tier 4, PA, QL		
RINVOQ TAB 45MG ER	Add to formulary, Tier 4, PA, QL		
Brimonidine Tartrate-Timolol SOLN 0.2-0.5%	Add generic to formulary, Tier 3		
Bepotastine Besilate SOLN 1.5%	Add generic to formulary, Tier 3, PA		
cycloSPORINE EMUL 0.05%	Add generic to formulary, Tier 3, PA		
Difluprednate EMUL 0.05%	Add generic to formulary, Tier 3, PA		
DEFERIPRONE TAB 1000 MG	Add generic to formulary, Tier 4, PA		



Drug Name	Description of Formulary Change	Current Tier	New Tier
NEBIVOLOL TAB 2.5MG	Add generic to formulary, Tier 3		
NEBIVOLOL TAB 5MG	Add generic to formulary, Tier 3		
NEBIVOLOL TAB 10MG	Add generic to formulary, Tier 3		
NEBIVOLOL TAB 20MG	Add generic to formulary, Tier 3		
LENALIDOMIDE CAP 5MG	Add generic to formulary, Tier 4, PA, QL		
LENALIDOMIDE CAP 10MG	Add generic to formulary, Tier 4, PA, QL		
LENALIDOMIDE CAP 15MG	Add generic to formulary, Tier 4, PA, QL		
LENALIDOMIDE CAP 25MG	Add generic to formulary, Tier 4, PA, QL		
Iclusig TABS 10MG	Add generic to formulary, Tier 4, PA, QL		
SORAFENIB TAB 200MG	Add generic to formulary, Tier 4, PA, QL		
PIRFENIDONE TAB 267 MG	Add generic to formulary, Tier 4, PA		
BEXAROTENE GEL 1%	Add generic to formulary, Tier 4, PA		

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### 2022 Formulary Changes Effective October 1, 2022

Drug Name	Description of Formulary Change	Current Tier	New Tier
ABILIFY MAIN INJ 300MG	Minimum age requirement of 18 years added		
ABILIFY MAIN INJ 300MG	Minimum age requirement of 18 years added		
ABILIFY MAIN INJ 400MG	Minimum age requirement of 18 years added		
ABILIFY MAIN INJ 400MG	Minimum age requirement of 18 years added		
APAP/CODEINE SOL 120-12/5	Minimum age requirement of 12 years added		
APAP/CODEINE TAB 300-15MG	Minimum age requirement of 12 years added		
APAP/CODEINE TAB 300-30MG	Minimum age requirement of 12 years added		
APAP/CODEINE TAB 300-60MG	Minimum age requirement of 12 years added		
ARISTADA INJ 1064MG	Minimum age requirement of 18 years added		
ARISTADA INJ 441MG/1.	Minimum age requirement of 18 years added		
ARISTADA INJ 662MG/2	Minimum age requirement of 18 years added		
ARISTADA INJ 882MG/3	Minimum age requirement of 18 years added		
ARISTADA INJ INITIO	Minimum age requirement of 18 years added		
BIKTARVY TAB 30-120-15 MG (low dose)	Added to formulary, tier 2, with age maximum of 12 years, quantity limit		
BRIMO/TIMOLO SOL 0.2/0.5%	Downtier from 3 to tier 1	3	1
CELECOXIB CAP 50MG	Quantity limit of 4 per day		
CODEINE SULF TAB 30MG	Minimum age requirement of 12 years added		
CODEINE SULF TAB 60MG	Minimum age requirement of 12 years added		
FESOTERODINE TAB 4MG ER	Generic added to formulary, tier 3 with Prior Authorization, quantity limit		
FESOTERODINE TAB 8MG ER	Generic added to formulary, tier 3 with Prior Authorization, quantity limit		
INVEGA SUST INJ 117/0.75	Minimum age requirement of 18 years added		

Drug Name	Description of Formulary Change	Current Tier	New Tier
INVEGA SUST INJ 156MG/ML	Minimum age requirement of 18 years added		
INVEGA SUST INJ 234/1.5	Minimum age requirement of 18 years added		
INVEGA SUST INJ 39/0.25	Minimum age requirement of 18 years added		
INVEGA SUST INJ 78/0.5ML	Minimum age requirement of 18 years added		
INVEGA TRINZ INJ 273MG	Minimum age requirement of 18 years added		
INVEGA TRINZ INJ 410MG	Minimum age requirement of 18 years added		
INVEGA TRINZ INJ 546MG	Minimum age requirement of 18 years added		
INVEGA TRINZ INJ 819MG	Minimum age requirement of 18 years added		
NUCALA INJ 40MG/0.4	Added to formulary, tier 4, with prior authorization requirement, quantity limit		
RISPERDAL INJ 12.5MG	Minimum age requirement of 18 years added		
RISPERDAL INJ 25MG	Minimum age requirement of 18 years added		
RISPERDAL INJ 37.5MG	Minimum age requirement of 18 years added		
RISPERDAL INJ 50MG	Minimum age requirement of 18 years added		
SKYRIZI INJ 360/2.4	Added to formulary, tier 4, with prior authorization requirement, quantity limit		
SKYRIZI SOL 60MG/ML	Added to formulary, tier 4, with prior authorization requirement		
TINIDAZOLE TAB 250MG	Downtier from 3 to tier 1	3	1
TINIDAZOLE TAB 500MG	Downtier from 3 to tier 1	3	1
TRAMADL/APAP TAB 37.5-325	Minimum age requirement of 12 years added		
TRAMADOL HCL TAB 50MG	Minimum age requirement of 12 years added		
VARENICLINE PAK 0.5X1MG	Generic added to formulary, tier 1 with quantity limit		
VARENICLINE TAB 0.5MG	Generic added to formulary, tier 1 with quantity limit		
VARENICLINE TAB 1MG	Generic added to formulary, tier 1 with quantity limit		



<b>Drug Name</b>	<b>Description of Formulary Change</b>	<b>Current Tier</b>	<b>New Tier</b>
XOFLUZA TAB 80MG	Added to formulary, tier 2, with quantity of 1 every 30 days		
ZYPREXA RELP INJ 210MG	Minimum age requirement of 18 years added		
ZYPREXA RELP INJ 300MG	Minimum age requirement of 18 years added		
ZYPREXA RELP INJ 405MG	Minimum age requirement of 18 years added		

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