Grandfathered Medication List

Information for providers participating in the Medicaid Line of business.

Molina Healthcare of Ohio updated the Preferred Drug List (PDL) for our members effective July 1, 2017. To avoid disruption of care, we have provided a three-month transition period through Sept. 30, 2017 for members identified as taking these medications based on pharmacy claims.

Beginning Oct. 1, 2017, these medications will require prior authorization for these members. Please consider switching Molina Healthcare members to a preferred product or submit a prior authorization request stating the rationale for why the preferred product(s) cannot be used.

Questions?
Provider Services – (855) 322-4079
8 a.m. to 5 p.m., Monday to Friday
(MyCare Ohio available until 6 p.m.)

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Grandfathered Medication	Preferred Product(s)
Adapalene 0.1% cream, 0.1% lotion, 0.3% gel	Adapalene 0.1% gel (Differin OTC), Benzoyl peroxide, Clindamycin solution
Apidra *(insulin glulisine)*	Humalog, Novolog
Benzamycin *(benzoyl peroxide/erythromycin gel)*	Benzoyl peroxide, Clindamycin solution
Granisetron tablet	Ondansetron
Janumet IR/XR *(metformin/sitagliptin)*	Alogliptin/metformin
Januvia *(sitagliptin)*	Alogliptin
Jentadueto *(linagliptin/metformin)*	Alogliptin/metformin
Lantus *(insulin glargine)*	Basaglar Kwikpen *(insulin glargine)*
Levemir *(insulin detemir)*	Basaglar Kwikpen *(insulin glargine)*
Lo Loestrin Fe *(norethindrone/ethinyl estradiol)*	Loestrin, Loestrin FE, Mircette
Necon 10/11 *(norethindrone/ethinyl estradiol)*	Mircette
Pentasa *(mesalamine)*	Apriso, Asacol HD
Pulmicort Flexhaler *(budesonide)*	Qvar, Aerospan, Arnuity Ellipta, Asmanex
Symbicort *(budesonide/formoterol)*	Breo Ellipta, Dulera, AirDuo Respiclick
Tradjenta *(linagliptin)*	Alogliptin
Tudorza *(aclidinium)*	Incruse Ellipta

For a complete list of benefits, visit the Molina Healthcare website at MolinaHealthcare.com/OhioProviders under the "Rx Info" tab or call Provider Services at (855) 322-4079.