



Molina Healthcare Marketplace 2021 Formulary Changes Effective January 1, 2021

Drug Name	Description of Formulary Change	Current Tier	New Tier
ABILIFY MAIN INJ 300MG	EXCLUDED FROM MAIL ORDER		
ABILIFY MAIN INJ 300MG	EXCLUDED FROM MAIL ORDER		
ABILIFY MAIN INJ 400MG	EXCLUDED FROM MAIL ORDER		
ABILIFY MAIN INJ 400MG	EXCLUDED FROM MAIL ORDER		
ADVATE INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 1500UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 4000UNIT	DRUG REMOVED FROM FORMULARY		
ADVATE INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
AFINITOR TAB 2.5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
AFINITOR TAB 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
AFINITOR TAB 7.5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ALPROLIX INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
ALPROLIX INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
ALPROLIX INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
ALPROLIX INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
ALPROLIX INJ 4000UNIT	DRUG REMOVED FROM FORMULARY		
ALPROLIX INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
AMPHOTERICIN INJ 50MG	DRUG REMOVED FROM FORMULARY		
APRISO CAP 0.375GM	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ARISTADA INJ 441MG/1.	EXCLUDED FROM MAIL ORDER		
ARISTADA INJ 662MG/2	EXCLUDED FROM MAIL ORDER		
ARISTADA INJ 882MG/3	EXCLUDED FROM MAIL ORDER		
BENEFIX INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
BENEFIX INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
BENEFIX INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
BENEFIX INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		



Drug Name	Description of Formulary Change	Current Tier	New Tier
BENEFIX INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
BUT/APAP/CAF CAP	DRUG REMOVED FROM FORMULARY; TABLET FORM ON FORMULARY		
BUT/APAP/CAF CAP	DRUG REMOVED FROM FORMULARY; TABLET FORM ON FORMULARY		
CETROTIDE KIT 0.25MG	DRUG REMOVED FROM FORMULARY		
CHOR GONADOT INJ 10000UNT	DRUG REMOVED FROM FORMULARY		
CYSTADANE POW	CHANGED TIER	3	4
CYSTARAN SOL 0.44%	CHANGED TIER	3	4
DENAVIR CRE 1%	CHANGED TIER	2	3
DEPEN TITRA TAB 250MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
DRITHO-CREME CRE HP 1%	CHANGED TIER, PRIOR AUTHORIZATION REQUIRED	2	3
DYRENIUM CAP 100MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
DYRENIUM CAP 50MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ELAPRASE INJ 6MG/3ML	DRUG REMOVED FROM FORMULARY		
EPINASTINE DRO 0.05%	CHANGED TIER	1	3
EPIVIR HBV SOL 5MG/ML	PRIOR AUTHORIZATION REQUIRED		
ERGOLOID MES TAB 1MG ORAL	EXCLUDED FROM MAIL ORDER		
EXELDERM CRE 1%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
FEIBA INJ	DRUG REMOVED FROM FORMULARY		
FENOPROFEN TAB 600MG	PRIOR AUTHORIZATION REQUIRED		
FIRAZYR INJ 30MG/3ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
FLUCYTOSINE CAP 250MG	CHANGED TIER	1	3
FLUCYTOSINE CAP 500MG	CHANGED TIER	1	3
FOSCAVIR INJ 24MG/ML	DRUG REMOVED FROM FORMULARY		
GANIRELIX AC INJ 250/0.5	DRUG REMOVED FROM FORMULARY		
GENTAMICIN CRE 0.1%	ADDED QUANTITY LIMIT OF 60 GRAMS/25 DAYS		
GENTAMICIN OIN 0.1%	ADDED QUANTITY LIMIT OF 60 GRAMS/25 DAYS		

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HALOG CRE 0.1%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
HEMLIBRA INJ 105/0.7	DRUG REMOVED FROM FORMULARY		
HEMLIBRA INJ 150/ML	DRUG REMOVED FROM FORMULARY		
HEMLIBRA INJ 30MG/ML	DRUG REMOVED FROM FORMULARY		
HEMLIBRA INJ 60/0.4	DRUG REMOVED FROM FORMULARY		
HEMOFIL M INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
HEMOFIL M INJ 1700UNIT	DRUG REMOVED FROM FORMULARY		
HEMOFIL M INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
HEMOFIL M INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
HUMATE-P SOL 2400UNIT	DRUG REMOVED FROM FORMULARY		
HUMATE-P SOL 500-1200	DRUG REMOVED FROM FORMULARY		
HYDROXY CAPR INJ 1.25/5ML	CHANGED TIER	3	4
INVEGA SUST INJ 117/0.75	EXCLUDED FROM MAIL ORDER		
INVEGA SUST INJ 156MG/ML	EXCLUDED FROM MAIL ORDER		
INVEGA SUST INJ 234/1.5	EXCLUDED FROM MAIL ORDER		
INVEGA SUST INJ 39/0.25	EXCLUDED FROM MAIL ORDER		
INVEGA SUST INJ 78/0.5ML	EXCLUDED FROM MAIL ORDER		
INVEGA TRINZ INJ 273MG	EXCLUDED FROM MAIL ORDER		
INVEGA TRINZ INJ 410MG	EXCLUDED FROM MAIL ORDER		
INVEGA TRINZ INJ 546MG	EXCLUDED FROM MAIL ORDER		
INVEGA TRINZ INJ 819MG	EXCLUDED FROM MAIL ORDER		
KEPIVANCE INJ 6.25MG	DRUG REMOVED FROM FORMULARY		
KOVALTRY INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
KOVALTRY INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
KOVALTRY INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
LETAIRIS TAB 10MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LETAIRIS TAB 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LEUKERAN TAB 2MG	CHANGED TIER	3	4
LOTEMAX SUS 0.5%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 100MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
LYRICA CAP 150MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 200MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 225MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 25MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 300MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 50MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
LYRICA CAP 75MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
MELPHALAN INJ 50MG	DRUG REMOVED FROM FORMULARY		
MELPHALAN TAB 2MG	CHANGED TIER	1	4
MITOXANTRON INJ 2MG/ML	DRUG REMOVED FROM FORMULARY		
NAFTIN GEL 1%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NEBUPENT INH 300MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NOVOEIGHT INJ 1500UNIT	DRUG REMOVED FROM FORMULARY		
NOVOEIGHT INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
NOVOEIGHT INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
NOVOSEVEN RT INJ 1MG	DRUG REMOVED FROM FORMULARY		
NOVOSEVEN RT INJ 2MG	DRUG REMOVED FROM FORMULARY		
NOVOSEVEN RT INJ 5MG	DRUG REMOVED FROM FORMULARY		
NOVOSEVEN RT INJ 8MG	DRUG REMOVED FROM FORMULARY		
NULOJIX INJ 250MG	DRUG REMOVED FROM FORMULARY		
NUVARING MIS	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
NUWIQ INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 2500UNIT	DRUG REMOVED FROM FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
NUWIQ INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 4000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 1000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 2000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 2500UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 250UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 3000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 4000UNIT	DRUG REMOVED FROM FORMULARY		
NUWIQ KIT 500UNIT	DRUG REMOVED FROM FORMULARY		
OLOPATADINE HCL OPHTH SOLN 0.1% (BASE EQUIVALENT)	DRUG REMOVED FROM FORMULARY; OTC OLOPATADINE COVERED ON FORMULARY		
OLOPATADINE HCL OPHTH SOLN 0.2% (BASE EQUIVALENT)	DRUG REMOVED FROM FORMULARY; OTC OLOPATADINE COVERED ON FORMULARY		
ONE-A-DAY TAB ESSENT	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ORFADIN CAP 10MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ORFADIN CAP 2MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ORFADIN CAP 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
PHENDIMETRAZ TAB 35MG	DRUG REMOVED FROM FORMULARY		
PROFILNINE INJ 1500UNIT	DRUG REMOVED FROM FORMULARY		
PROMETHAZINE SUP 25MG	ADDED QUANTITY LIMIT OF 24 SUPPOSITORIES/25 DAYS		
PROMETHEGAN SUP 12.5MG	ADDED QUANTITY LIMIT OF 24 SUPPOSITORIES/25 DAYS		
RAPAMUNE SOL 1MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
REMODULIN INJ 1MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
REMODULIN INJ 2.5MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
REMODULIN INJ 5MG/ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
REMODULIN SOLN 200MG/20ML	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
RITUXAN INJ 100MG	DRUG REMOVED FROM FORMULARY		
RITUXAN INJ 500MG	DRUG REMOVED FROM FORMULARY		
RIXUBIS INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
RIXUBIS INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
RIXUBIS INJ 250 UNIT	DRUG REMOVED FROM FORMULARY		
RIXUBIS INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
RIXUBIS INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
ROSUVASTATIN TAB 10MG	CHANGED TIER, STEP THERAPY REQUIREMENT REMOVED, REMAINS TIER 5 PREVENTATIVE FOR AGES 40-75 YEARS	1	3
ROSUVASTATIN TAB 20MG	CHANGED TIER, STEP THERAPY REQUIREMENT REMOVED	1	3
ROSUVASTATIN TAB 40MG	CHANGED TIER, STEP THERAPY REQUIREMENT REMOVED	1	3
ROSUVASTATIN TAB 5MG	CHANGED TIER, STEP THERAPY REQUIREMENT REMOVED, REMAINS TIER 5 PREVENTATIVE FOR AGES 40-75 YEARS	1	3
ROZEREM TAB 8MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
RUXIENCE INJ 100/10ML	DRUG REMOVED FROM FORMULARY		
RUXIENCE INJ 500/50ML	DRUG REMOVED FROM FORMULARY		
SENSIPAR TAB 30MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SENSIPAR TAB 60MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SENSIPAR TAB 90MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SEVELAMER POW 0.8GM	DRUG REMOVED FROM FORMULARY		
SEVELAMER POW 2.4GM	DRUG REMOVED FROM FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
SILENOR TAB 3MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SILENOR TAB 6MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SUPRAX CAP 400MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
SYNERA DIS 70-70MG	DRUG REMOVED FROM FORMULARY		
TABLOID TAB 40MG	CHANGED TIER	3	4
TACLONEX SUS	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TAKHZYRO INJ 300/2ML	DRUG REMOVED FROM FORMULARY		
TARCEVA TAB 100MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TARCEVA TAB 150MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TARCEVA TAB 25MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TOLCAPONE TAB 100MG	PRIOR AUTHORIZATION REQUIRED		
TOLMETIN SOD CAP 400MG	PRIOR AUTHORIZATION REQUIRED		
TOLMETIN SOD TAB 600MG	PRIOR AUTHORIZATION REQUIRED		
TOPOSAR INJ 100/5ML	DRUG REMOVED FROM FORMULARY		
TOPOTECAN INJ 4MG	DRUG REMOVED FROM FORMULARY		
TRACLEER TAB 125MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TRACLEER TAB 62.5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TRANEXAMIC INJ 100MG/ML	DRUG REMOVED FROM FORMULARY		
TRAVATAN Z DRO 0.004%	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
TRUVADA TAB 200-300	CHANGED TIER	2	5
TRUXIMA INJ 100/10ML	DRUG REMOVED FROM FORMULARY		
TRUXIMA INJ 500/50ML	DRUG REMOVED FROM FORMULARY		
TUDORZA PRES AER 400/ACT	DRUG REMOVED FROM FORMULARY		

Drug Name	Description of Formulary Change	Current Tier	New Tier
ULORIC TAB 40MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ULORIC TAB 80MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
VERAPAMIL CAP 100MG ER	CHANGED TIER	1	3
VERAPAMIL CAP 120MG ER	CHANGED TIER	1	3
VERAPAMIL CAP 180MG ER	CHANGED TIER	1	3
VERAPAMIL CAP 240MG SR	CHANGED TIER	1	3
VERAPAMIL CAP 300MG ER	CHANGED TIER	1	3
VERAPAMIL CAP 360MG SR	CHANGED TIER	1	3
VESICARE TAB 10MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
VESICARE TAB 5MG	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
VIREAD TAB 150MG	DRUG REMOVED FROM FORMULARY		
VIREAD TAB 200MG	DRUG REMOVED FROM FORMULARY		
VIREAD TAB 250MG	DRUG REMOVED FROM FORMULARY		
XYNTHA INJ 1000UNIT	DRUG REMOVED FROM FORMULARY		
XYNTHA INJ 2000UNIT	DRUG REMOVED FROM FORMULARY		
XYNTHA INJ 250UNIT	DRUG REMOVED FROM FORMULARY		
XYNTHA INJ 500UNIT	DRUG REMOVED FROM FORMULARY		
XYNTHA SOLOF INJ 3000UNIT	DRUG REMOVED FROM FORMULARY		
ZIANA GEL	BRAND DRUG REMOVED FROM FORMULARY; GENERIC COVERED ON FORMULARY		
ZOLEDRONIC INJ 5/100ML	DRUG REMOVED FROM FORMULARY		

Notice on Drug Company Cost Sharing Assistance

Cost Sharing paid with drug company support will not apply toward any Deductible or yearly Out-of-Pocket Maximum under your plan. Drug company support means discount cards, coupons, gift cards, cash or other financial help you get from the company or a sponsored program for the purpose of buying a company's drugs.