MOLINA HEALTHCARE

FORMULARY UPDATES: October 1, 2019

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA Prior Authorization
PA, QL= Quantity Limit is applied after Prior Authorization approval	QL= Quantity Limit	SP= Specialty Drugs; these drugs must be obtained through a specialty pharmacy	

Date Effective	Product Name	Change	Notes
10/1/2019	DOVATO TAB 50-300MG	Add to formulary with PA and QL	QL: Max 1 per day
10/1/2019	HYDROCORTISONE ENEMA 100MG	Add to formulary with QL	QL: Max 1680 per 30 days
10/1/2019	HYDROXYPROGESTERONE VIAL 250MG/ML	Add to formulary with PA	
10/1/2019	NORGM/EE LO TAB TRIPHASC	Add to formulary with QL (except NY)	QL: Max 1 per day
10/1/2019	LEVONORGESTREL-ETHINYL ESTRADIOL TAB (91-DAY)	Add to formulary with QL (except NY)	QL: Max 1 per day; Max 91 days per fill
10/1/2019	ABIRATERONE TAB 250MG	Add to formulary with PA and QL	QL: Max 120 per 30 days
10/1/2019	IBRANCE CAP 75MG, 100MG, 125MG	Add to formulary with PA and QL	QL: Max 21 per 28 days
10/1/2019	ALECENSA CAP 150MG	Add to formulary with PA and QL	QL: Max 240 per 30 days
10/1/2019	IMBRUVICA CAP 140MG	Add to formulary with PA and QL	QL: Max 3 per day
10/1/2019	IMBRUVICA TAB 420MG, 560MG	Add to formulary with PA and QL	QL: Max 1 per day
10/1/2019	ANASTROZOLE TAB 1MG	Add QL	QL: Max 1 per day
10/1/2019	CLOZAPINE TAB 25MG, 100MG, 200MG	Remove QL	
10/1/2019	BUSPIRONE TAB 7.5MG	Remove from formulary	
10/1/2019	GUANFACIN ER TAB 1MG, 2MG, 3MG, 4MG	Add to formulary with QL	QL: Max 1 per day
10/1/2019	TETRABENAZINE TAB 12.5MG, 25MG	Add to formulary with PA	
10/1/2019	GLATIRAMER SYN 40MG/ML	Add to formulary with PA	
10/1/2019	ACYCLOVIR CRE 5%	Remove from formulary	
10/1/2019	Baqsimi One Pack POWD 3MG/DOSE	Add to formulary with QL	QL: Max 2 per 30 days

Date Effective	Product Name	Change	Notes
10/1/2019	DIFFERIN GEL 0.1%	Remove age limits	
10/1/2019	BENZOYL PER LIQ 5% WASH	Remove age limits	
10/1/2019	BENZOYL PER LIQ 10% WASH	Remove age limits	
10/1/2019	BENZOYL PER GEL 2.5%	Remove age limits	
10/1/2019	BP GEL GEL 5%	Remove age limits	
10/1/2019	BENZOYL PER GEL 10%	Remove age limits	
10/1/2019	ACNE MEDICAT LOT 5%	Remove age limits	
10/1/2019	ACNE MEDICAT LOT 10%	Remove age limits	
10/1/2019	TRETINOIN CRE 0.025%	Update age limits	AGE: Max 35 years old
10/1/2019	TRETINOIN CRE 0.05%	Update age limits	AGE: Max 35 years old
10/1/2019	TRETINOIN CRE 0.1%	Update age limits	AGE: Max 35 years old
10/1/2019	TRETINOIN GEL 0.01%	Update age limits	AGE: Max 35 years old
10/1/2019	AVITA GEL 0.025%	Update age limits	AGE: Max 35 years old
10/1/2019	CLINDAMYCIN SOL 1%	Remove age limits	
10/1/2019	CLINDAMYCIN GEL 1%	Remove age limits	
10/1/2019	CLINDAMYCIN LOT 10MG/ML	Remove age limits	
10/1/2019	ERYTHROMYCIN SOL 2%	Remove age limits	
10/1/2019	Sulfacetamide Sodium (Acne) LOTN 10%	Add to formulary with Step and QL	STEP: Requires trial of clindamycin topical AND Differin OTC or Erythromycin topical AND Differin OTC QL: 118 per 30 days
10/1/2019	Ciclopirox SOLN 8%	Add to formulary with QL.	QL: 6.6 per 30 days
10/1/2019	Ciclopirox Olamine SUSP 0.77%	Add to formulary with QL.	QL: 60 per 30 days
10/1/2019	Dritho-Creme HP CREA 1%	Remove from formulary	
10/1/2019	Calcipotriene CREA 0.005%	Add to formulary with PA	
10/1/2019	Montelukast Sodium CHEW 4MG, 5MG	Remove age limits	