

Effective 7/1/2019, new updates to Molina's formulary will take effect. The formulary is a list of drugs we prefer your doctor write for you. These changes could affect what drugs your doctor will prescribe to you.

For some of these drugs, your doctor must submit a prior authorization request before they will be covered.

View the [Preferred Drug List Formulary](#) for a list of all drugs.

The following drugs will **require prior authorization** on 7/1/2019:

- Acetaminophen/Salicylamide/Phentoloxamine
- Cinryze
- Moexipril/HCTZ
- Pentazocine/Nalaxone
- Salsalate

The following drugs will be **covered without prior authorization** on 7/1/2019:

- Acamprosate
- Aripiprazole
- Duloxetine 20 mg, 30 mg, 60 mg
- Rosuvastatin

The following drugs will be **updated** on 7/1/2019:

- Albuterol Sulfate Pow – removed from formulary
- Alclometasone Dipropionate Cream 0.05% – quantity limit added
- Alclometasone Dipropionate Ointment 0.05% – quantity limit added
- Amlodipine/Benazepril – quantity limit added
- Aripiprazole – quantity limit changed from 2/day to 1/day
- Atorvastatin 80 mg – quantity limit added
- Desonide Cream 0.05% - quantity limit added
- Desonide Ointment 0.05% - quantity limit added
- Fenofibrate 43 mg, 67 mg, 134 mg, 200 mg – removed from formulary
- Fluticasone/Salmeterol Diskus 100mcg-50mcg/act Pow – added to formulary
- Fluticasone/Salmeterol Diskus 250mcg-50mcg/act Pow – added to formulary
- Fluticasone/Salmeterol Diskus 500mcg-50mcg/act Pow – added to formulary
- Formoterol Powder Fumarate – removed from formulary
- Ipratropium Bromide Pow – removed from formulary
- Metoprolol 75 mg – removed from formulary
- Naproxen 275 mg, 550 mg – removed from formulary
- Nitroglycerin Caps ER 2.5 mg, 6.5 mg, 9 mg – removed from formulary

- Nitroglycerin Patches – quantity limit added
- Polyethylene Glycol 3350 Pkt – removed from formulary
- Promethegan Sup 50 mg – removed from formulary
- Rosuvastatin – quantity limit added
- Triamcinolone Powder Acetonide Powder – removed from formulary
- Valsartan/HCTZ – quantity limit added
- Verapamil SR Caps – removed from formulary
- Wixela Inhub 100mcg-50mcg/act Pow – added to formulary
- Wixela Inhub 250mcg-50mcg/act Pow – added to formulary
- Wixela Inhub 500mcg-50mcg/act Pow – added to formulary

If you have questions or concerns, please visit our website at www.MolinaHealthcare.com or call Member Services at (800) 642-4168. For hearing impaired, call TTY/Ohio Relay (800) 750-0750 or 711. We're ready to help from 7 a.m. to 7 p.m., Monday through Friday.