

PREFERRED DRUG LIST (PDL) CHANGES

Updated: 11/20/2020

Please review the formulary changes which pertain to the Pharmacy Benefit unless denoted otherwise. If you have questions, contact Molina Health Plan's Pharmacy Help Desk.

Key			
AL= Age Limit	ST= Step Therapy	OTC= Over the Counter	PA = Prior Authorization required
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	MMD= Maximum daily dose

Date Effective	Product Name	Change	Comments
1/1/2021	Rebif	Add to PDL	PA
1/1/2021	Semglee vials and pens	Add to PDL	QL 30ml/30 days
1/1/2021	Victoza	Remove from PDL	