

## Molina Healthcare Marketplace

### 2023 Formulary Changes Effective July 1, 2023

Drug Name	Description of Formulary Change	Notes/Alternatives
Aminocaproic Acid SOLN 0.25GM/ML	Add generic to formulary Tier 1, PA required, QL, Age limit	Limit 236.5 mL every 30 days, Max age 11 years
COVID-19 At Home Antigen Test Kit	Add to formulary, Medical DME rate cost-sharing, QL	Limit 1 kit (2 tests) per 30 days
DARUNAVIR TAB 800MG	Add to formulary, Tier 1, QL	Limit 30 per 30 days; Generic for "Prezista"
DARUNAVIR TAB 600 MG	Add to formulary, Tier 1, QL	Limit 60 per 30 days; Generic for "Prezista"
FreeStyle Libre 3 Sensor MISC	Add to formulary Tier 2, PA required, QL	Limit 2 sensors per 28 days
LEVALBUTEROL HCL SOLN NEBU 0.31 MG/3ML (BASE EQUIV)	Update QL	Increase limit to 150 mL per 30 days
LEVALBUTEROL HCL SOLN NEBU 0.63 MG/3ML (BASE EQUIV)	Update QL	Increase limit to 150 mL per 30 days
LEVALBUTEROL HCL SOLN NEBU 1.25 MG/3ML (BASE EQUIV)	Update QL	Increase limit to 150 mL per 30 days
LEVALBUTEROL HCL SOLN NEBU CONC 1.25 MG/0.5ML (BASE EQUIV)	Update QL	Increase limit to 150 mL per 30 days
METHSUXIMIDE CAP 300 MG	Add to formulary, Tier 3	Generic for "Celontin"
Ozempic (0.25 or 0.5 MG/DOSE) SOPN 2MG/3ML	Add to formulary Tier 2, ST, QL	New strength; Limit 3 mL every 28 days; Use higher strengths for higher dosing needs
TERIFLUNOMIDE TAB 14 MG	Add to formulary, Tier 4, PA required	Generic for "Aubagio"
TERIFLUNOMIDE TAB 7 MG	Add to formulary, Tier 4, PA required	Generic for "Aubagio"

**PA** = Prior Authorization **QL** = Quantity Limits **ST** = Step Therapy