



Molina Healthcare Marketplace

2023 Formulary Changes Effective April 1, 2023

Drug Name	Description of Formulary Change	Notes/Alternatives
Amjevita (adalimumab) SOAJ 40MG/0.8ML	Add biosimilar for Humira to formulary, Tier 4 with Prior Authorization and quantity limit	2 pens every 28 days
Amjevita (adalimumab) SOSY 20MG/0.4ML	Add biosimilar for Humira to formulary, Tier 4 with Prior Authorization and quantity limit	2 syringes every 28 days
Amjevita (adalimumab) SOSY 40MG/0.8ML	Add biosimilar for Humira to formulary, Tier 4 with Prior Authorization and quantity limit	2 syringes every 28 days
APOMORPHINE INJ 30MG/3ML	Add generic for Apokyn to formulary, Tier 4 with Prior Authorization	
Betaine POWD	Add generic for Cystadane to formulary, Tier 4 with Prior Authorization	
BRIMONIDINE TARTRATE GEL 0.33% (BASE EQUIVALENT)	Add generic for Mirvaso to formulary, Tier 3 with Prior Authorization	
Cosentyx (300 MG Dose) SOSY 150MG/ML	Add Quantity Limit	2 mL per 28 days
Cosentyx Sensoready (300 MG) SOAJ 150MG/ML	Add Quantity Limit	2 mL per 28 days
Cosentyx Sensoready Pen SOAJ 150MG/ML	Add Quantity Limit	1 mL per 28 days
Cosentyx SOSY 150MG/ML	Add Quantity Limit	1 mL per 28 days
Cosentyx SOSY 75MG/0.5ML	Add Quantity Limit	0.5 mL per 28 days
DILTIAZEM TAB 30MG	Update Quantity Limit	4 tablets per day
LURASIDONE HCL TAB 120 MG	Add generic for Latuda to formulary, Tier 3 with Prior Authorization	
LURASIDONE HCL TAB 20 MG	Add generic for Latuda to formulary, Tier 3 with Prior Authorization	
LURASIDONE HCL TAB 40 MG	Add generic for Latuda to formulary, Tier 3 with Prior Authorization	
LURASIDONE HCL TAB 60 MG	Add generic for Latuda to formulary, Tier 3 with Prior Authorization	
LURASIDONE HCL TAB 80 MG	Add generic for Latuda to formulary, Tier 3 with Prior Authorization	
PIRFENIDONE TAB 267MG	Add generic for Esbriet to formulary, Tier 4 with Prior Authorization	
Skyrizi (150 MG Dose) PSKT 75MG/0.83ML	Add Quantity Limit	1.7 mL per 84 days

Drug Name	Description of Formulary Change	Notes/Alternatives
Skyrizi Pen SOAJ 150MG/ML	Add Quantity Limit	1 mL per 84 days
Skyrizi SOCT 180MG/1.2ML	Add Quantity Limit	1.2 mL per 56 days
Skyrizi SOCT 360MG/2.4ML	Add Quantity Limit	2.4 mL per 56 days
Skyrizi SOSY 150MG/ML	Add Quantity Limit	1 mL per 84 days
SOD SULFATE-POT SULF-MG SULF ORAL SOL 17.5-3.13-1.6 GM/177ML	Add generic for SuPrep to formulary, Tier 3 or Tier 5 based on age range in preventive recommendations	Prev for ages 45-74, otherwise Tier 3
Stelara SOLN 45MG/0.5ML	Add Quantity Limit	0.5 mL per 84 days
Stelara SOSY 45MG/0.5ML	Add Quantity Limit	1 mL per 56 days
Stelara SOSY 90MG/ML	Add Quantity Limit	1 mL per 56 days
TASIMELTEON CAPSULE 20 MG	Add generic for Hetlioz to formulary, Tier 4 with Prior Authorization	
Tazarotene GEL 0.05%	Add generic for Tazorac to formulary, Tier 3 with Prior authorization and quantity limit	100 gm every 30 days

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