

THIS CA UPDATE HAS BEEN SENT TO THE FOLLOWING:**COUNTIES:**

- Imperial
- Riverside/San Bernardino
- Los Angeles
- Orange
- Sacramento
- San Diego

LINES OF BUSINESS:

- Molina Medi-Cal Managed Care
- Molina Medicare
- Molina Marketplace (Covered CA)

PROVIDER TYPES:

- Medical Group/ IPA/MSO**
 - Primary Care**
 - IPA/MSO
 - Directs
- Specialists**
 - Directs
 - IPA
- Hospitals**
 - Ancillary**
 - CBAS
 - SNF/LTC
 - DME
 - Home Health
 - Other

CA Marketplace 2024 Formulary Changes for Providers

This is an advisory notification to Molina Healthcare of California (MHC) network providers on Marketplace drug formulary changes in 2024.

WHAT YOU NEED TO KNOW:

Throughout the year, MHC adds more drugs and makes other changes that lower member cost sharing and increase access to drugs. Each new plan year, a new drug list is offered that may differ from the previous year. We are letting you know what is changing for the new plan year. There may be coverage changes next year that affect drugs your member is currently taking or planning to take. Please review the changes below.

WHAT YOU NEED TO DO:

If your member cannot take the covered drugs, a formulary exception request can be sent in the new year for consideration. Please note that non-formulary drugs have Tier 3 cost-sharing for non-specialty drugs and Tier 4 cost-sharing for specialty drugs. Next year, drugs on the covered drug list may be a lower cost for your member if they can, for example, take the covered generic instead of the non-covered brand drug. For information on the exception review process and the subsequent form for submission, please visit: <https://www.molinamarketplace.com/marketplace/ca/en-us/Providers/Provider-Forms>.

We thank you for choosing MHC!

WHEN THIS IS HAPPENING:

MHC is removing the following drugs effective **January 1, 2024**, with comments and alternatives noted on the subsequent pages.

WHAT IF YOU NEED ASSISTANCE?

If you have any questions regarding the notification, please contact your Molina Provider Services Representative below.

Drug	Action
*ALCOHOL SWABS***	Move preferred non-drug product to DME tier
*RESPIRATORY THERAPY SUPPLIES - DEVICES**	Move preferred non-drug product to DME tier
ABILIFY MAIN INJ 300MG	Remove provider-administered drug from prescription drug list
ABILIFY MAIN INJ 300MG	Remove provider-administered drug from prescription drug list
ABILIFY MAIN INJ 400MG	Remove provider-administered drug from prescription drug list
ABILIFY MAIN INJ 400MG	Remove provider-administered drug from prescription drug list
ABREVA CRE 10%	Remove Brand Version from Formulary
Acetaminophen Suppos 325 MG	Add to formulary, preferred generic tier
ADULT MASK MIS	Move preferred non-drug product to DME tier
Advair Diskus AEPB 100-50MCG/DOSE	Remove Brand Version from Formulary
Advair Diskus AEPB 250-50MCG/DOSE	Remove Brand Version from Formulary
Advair Diskus AEPB 500-50MCG/DOSE	Remove Brand Version from Formulary
Advair HFA AERO 115-21MCG/ACT	Remove Brand Version from Formulary
Advair HFA AERO 230-21MCG/ACT	Remove Brand Version from Formulary
Advair HFA AERO 45-21MCG/ACT	Remove Brand Version from Formulary
APOKYN INJ 10MG/ML	Remove Brand Version from Formulary
ARISTADA INJ 1064MG	Remove provider-administered drug from prescription drug list
ARISTADA INJ 441MG/1.	Remove provider-administered drug from prescription drug list
ARISTADA INJ 662MG/2	Remove provider-administered drug from prescription drug list
ARISTADA INJ 882MG/3	Remove provider-administered drug from prescription drug list
ARISTADA INJ INITIO	Remove provider-administered drug from prescription drug list
AUBAGIO TAB 14MG	Remove Brand Version from Formulary
AUBAGIO TAB 7MG	Remove Brand Version from Formulary
AVSOLA INJ 100MG	Remove provider-administered drug from prescription drug list
Benadryl Allergy Con Ultratabs TABS 25-10MG	Add to formulary, preferred brand tier
BOTOX INJ 100UNIT	Remove provider-administered drug from prescription drug list
BOTOX INJ 200UNIT	Remove provider-administered drug from prescription drug list
BROVANA NEB 15MCG	Remove Brand Version from Formulary
Brukinsa CAPS 80MG	Remove from formulary
BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 160-4.5 MCG/ACT	Add generic (SYMBICORT), non-preferred generic tier, Quantity Limit
BUDESONIDE-FORMOTEROL FUMARATE DIHYD AEROSOL 80-4.5 MCG/ACT	Add generic (SYMBICORT), non-preferred generic tier, Quantity Limit
Butenafine HCl CREA 1%	Add to formulary, preferred generic tier
Cabometyx TABS 20MG	Remove from formulary
Cabometyx TABS 40MG	Remove from formulary
Cabometyx TABS 60MG	Remove from formulary
CHANTIX PAK 0.5& 1MG	Remove Brand Version from Formulary
CHANTIX PAK 1MG	Remove Brand Version from Formulary
CHANTIX TAB 0.5MG	Remove Brand Version from Formulary
CHEMSTRIP K TEST STRIPS	Move preferred non-drug product to DME tier
CINACALCET TAB 30MG	Tier change from specialty to non-preferred drug (generic) tier
CINACALCET TAB 60MG	Tier change from specialty to non-preferred drug (generic) tier
CINACALCET TAB 90MG	Tier change from specialty to non-preferred drug (generic) tier
COMETRIQ KIT 100MG	Remove from formulary
COMETRIQ KIT 140MG	Remove from formulary

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Please include provider name, NPI, county, and fax number and you will be removed within 30 days.*

COMETRIQ KIT 60MG	Remove from formulary
COPAXONE 20 MG	Remove Brand Version from Formulary
CRIXIVAN CAP 200MG	Remove Brand Version from Formulary
CRIXIVAN CAP 400MG	Remove Brand Version from Formulary
CYSTADANE POW	Remove Brand Version from Formulary
DALIRESP TAB 250MCG	Remove Brand Version from Formulary
DALIRESP TAB 500MCG	Remove Brand Version from Formulary
DENAVIR CRE 1%	Remove Brand Version from Formulary
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier
DEXCOM G5 MIS RECEIVER	Move preferred non-drug product to DME tier
DEXCOM G5 MIS TRANSMIT	Move preferred non-drug product to DME tier
DEXCOM G6 MIS RECEIVER	Move preferred non-drug product to DME tier
DEXCOM G6 MIS SENSOR	Move preferred non-drug product to DME tier
DEXCOM G6 MIS TRANSMIT	Move preferred non-drug product to DME tier
Dupixent SOSY 100MG/0.67ML	Remove from formulary
DUPIXENT INJ 200/1.14ML	Remove from formulary
DUPIXENT INJ 200MG	Remove from formulary
DUPIXENT INJ 300/2ML	Remove from formulary
DUPIXENT INJ 300/2ML	Remove from formulary
ESBRIET CAP 267MG	Remove Brand Version from Formulary
ESBRIET TAB 267MG	Remove Brand Version from Formulary
ESBRIET TAB 801MG	Remove Brand Version from Formulary
Eucrisa OINT 2%	Add to formulary, non-preferred brand tier, Prior Authorization Required, Quantity Limit
Fasenra SOSY 30MG/ML	Remove from formulary
Fasenra Pen SOAJ 30MG/ML	Remove from formulary
FIBRICOR TAB 35MG	Remove from formulary
FLUPHENAZ DE INJ 25MG/ML	Remove provider-administered drug from prescription drug list
FLUTICASONE PROPIONATE HFA INHAL AER 110 MCG/ACT (125/VALVE)	Add generic (FLOVENT), non-preferred generic tier, Quantity Limit
FLUTICASONE PROPIONATE HFA INHAL AERO 44 MCG/ACT (50/VALVE)	Add generic (FLOVENT), non-preferred generic tier, Quantity Limit
Fluticasone-Salmeterol Aer Powder BA 100-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit
Fluticasone-Salmeterol Aer Powder BA 250-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit
Fluticasone-Salmeterol Aer Powder BA 500-50 MCG/DOSE	Add generic (ADVAIR DISKUS), preferred generic tier, Quantity Limit
Fluticasone-Salmeterol Inhal Aerosol 115-21 MCG/ACT	Add generic (ADVAIR HFA), preferred generic tier, Quantity Limit
Fluticasone-Salmeterol Inhal Aerosol 230-21 MCG/ACT	Add generic (ADVAIR HFA), preferred generic tier, Quantity Limit
Fluticasone-Salmeterol Inhal Aerosol 45-21 MCG/ACT	Add generic (ADVAIR HFA), preferred generic tier, Quantity Limit
FORTEO SOL 600/2.4	Remove Brand Version from Formulary
FREESTY LIBR KIT 2 SENSOR	Move preferred non-drug product to DME tier
FREESTY LIBR MIS 2 READER	Move preferred non-drug product to DME tier
FREESTYLE KIT SENSOR	Move preferred non-drug product to DME tier
FREESTYLE KIT SENSOR	Move preferred non-drug product to DME tier
FreeStyle Libre 3 Sensor MISC	Move preferred non-drug product to DME tier

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FREESTYLE MIS READER	Move preferred non-drug product to DME tier
FREESTYLE MIS READER	Move preferred non-drug product to DME tier
GILENYA CAP 0.5MG	Remove Brand Version from Formulary
GLATIRAMER 20 MG	Add Generic for COPAXONE 20 mg to formulary, specialty tier
GLATOPA 20 MG	Add Generic for COPAXONE 20 mg to formulary, specialty tier
HALOPER DEC INJ 100MG/ML	Remove provider-administered drug from prescription drug list
HALOPER DEC INJ 50MG/ML	Remove provider-administered drug from prescription drug list
Herzuma SOLR 150MG	Remove provider-administered drug from prescription drug list
Herzuma SOLR 420MG	Remove provider-administered drug from prescription drug list
HETLIOZ CAP 20MG	Remove Brand Version from Formulary
HYDROXY CAPR INJ 1.25/5ML	Remove provider-administered drug from prescription drug list
HYDROXYPROG INJ 250MG/ML	Remove from formulary; no longer FDA-approved
INFLECTRA INJ 100MG	Remove provider-administered drug from prescription drug list
INVEGA SUST INJ 117/0.75	Remove provider-administered drug from prescription drug list
INVEGA SUST INJ 156MG/ML	Remove provider-administered drug from prescription drug list
INVEGA SUST INJ 234/1.5	Remove provider-administered drug from prescription drug list
INVEGA SUST INJ 39/0.25	Remove provider-administered drug from prescription drug list
INVEGA SUST INJ 78/0.5ML	Remove provider-administered drug from prescription drug list
INVEGA TRINZ INJ 273MG	Remove provider-administered drug from prescription drug list
INVEGA TRINZ INJ 410MG	Remove provider-administered drug from prescription drug list
INVEGA TRINZ INJ 546MG	Remove provider-administered drug from prescription drug list
INVEGA TRINZ INJ 819MG	Remove provider-administered drug from prescription drug list
KALETRA TAB 100-25MG	Remove Brand Version from Formulary
KALETRA TAB 200-50MG	Remove Brand Version from Formulary
Kanjinti SOLR 150MG	Remove provider-administered drug from prescription drug list
Kanjinti SOLR 420MG	Remove provider-administered drug from prescription drug list
KISQALI TAB 200DOSE	Remove from formulary
KISQALI TAB 400DOSE	Remove from formulary
KISQALI TAB 600DOSE	Remove from formulary
KISQALI 200 PAK FEMARA	Remove from formulary
KISQALI 400 PAK FEMARA	Remove from formulary
KISQALI 600 PAK FEMARA	Remove from formulary
Kuvan PACK 100MG	Remove Brand Version from Formulary
LATUDA TAB 120MG	Remove Brand Version from Formulary
LATUDA TAB 20MG	Remove Brand Version from Formulary
LATUDA TAB 40MG	Remove Brand Version from Formulary
LATUDA TAB 60MG	Remove Brand Version from Formulary
LATUDA TAB 80MG	Remove Brand Version from Formulary
LONSURF TAB 15-6.14	Remove from formulary
LONSURF TAB 20-8.19	Remove from formulary
LOTEMAX GEL 0.5%	Remove Brand Version from Formulary
LUPANETA KIT 11.25-5	Remove provider-administered drug from prescription drug list
LUPANETA KIT 3.75-5	Remove provider-administered drug from prescription drug list
LUPR DEP-PED INJ 11.25MG	Remove provider-administered drug from prescription drug list
LUPR DEP-PED INJ 11.25MG	Remove provider-administered drug from prescription drug list

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LUPR DEP-PED INJ 15MG	Remove provider-administered drug from prescription drug list
LUPR DEP-PED INJ 3M 30MG	Remove provider-administered drug from prescription drug list
LUPR DEP-PED INJ 7.5MG	Remove provider-administered drug from prescription drug list
LUPRON DEPOT INJ 11.25MG	Remove provider-administered drug from prescription drug list
LUPRON DEPOT INJ 22.5MG	Remove provider-administered drug from prescription drug list
LUPRON DEPOT INJ 3.75MG	Remove provider-administered drug from prescription drug list
LUPRON DEPOT INJ 7.5MG	Remove provider-administered drug from prescription drug list
MAG64 TAB 64MG	Remove Brand Version from Formulary
Magdelay TBEC 70MG	Remove Brand Version from Formulary
MAYZENT TAB 0.25MG	Remove from formulary
MAYZENT TAB 2MG	Remove from formulary
MIRVASO GEL 0.33%	Remove Brand Version from Formulary
Naftin GEL 1%	Add to formulary, non-preferred brand tier
NARCAN SPR	Remove Brand Version from Formulary
NEXAVAR TAB 200MG	Remove Brand Version from Formulary
NP THYROID TAB 120MG	No longer generic; Tier change from generic to preferred brand tier
NP THYROID TAB 15MG	No longer generic; Tier change from generic to preferred brand tier
NP THYROID TABS 30MG	No longer generic; Tier change from generic to preferred brand tier
NP THYROID TABS 60MG	No longer generic; Tier change from generic to preferred brand tier
NP THYROID TABS 90MG	No longer generic; Tier change from generic to preferred brand tier
Ogivri SOLR 150MG	Remove provider-administered drug from prescription drug list
Ogivri SOLR 420MG	Remove provider-administered drug from prescription drug list
Ontruzant SOLR 150MG	Remove provider-administered drug from prescription drug list
Ontruzant SOLR 420MG	Remove provider-administered drug from prescription drug list
ORFADIN CAP 20MG	Remove Brand Version from Formulary
Pimecrolimus CREA 1%	Add to formulary, non-preferred generic tier, Quantity Limit
PROLIA SOL 60MG/ML	Remove provider-administered drug from prescription drug list
Regenecare HA Spray GEL 2%	Add to formulary, preferred generic tier
RELION TRUE TES METRIX STRIPS	Move preferred non-drug product to DME tier
RELION TRUE TES METRIX STRIPS	Move preferred non-drug product to DME tier
RENFLXIS INJ 100MG	Remove provider-administered drug from prescription drug list
RIFATER TAB	Remove Brand Version from Formulary
RISPERDAL INJ 12.5MG	Remove provider-administered drug from prescription drug list
RISPERDAL INJ 25MG	Remove provider-administered drug from prescription drug list
RISPERDAL INJ 37.5MG	Remove provider-administered drug from prescription drug list
RISPERDAL INJ 50MG	Remove provider-administered drug from prescription drug list
Ruxience SOLN 100MG/10ML	Remove provider-administered drug from prescription drug list
Ruxience SOLN 500MG/50ML	Remove provider-administered drug from prescription drug list
SALMETEROL XINAFOATE AER POW BA 50 MCG/DOSE (BASE EQUIV)	Add pending generic (SEREVENT), preferred generic tier, Quantity Limit
SANDOSTATIN KIT LAR 10MG	Remove provider-administered drug from prescription drug list
SANDOSTATIN KIT LAR 20MG	Remove provider-administered drug from prescription drug list
SANDOSTATIN KIT LAR 30MG	Remove provider-administered drug from prescription drug list
SAPROPTERIN POW 500MG	Add generic to formulary, specialty tier, Prior Authorization Required
SEREVENT DIS AER 50MCG	Remove Brand Version from Formulary
SIDESTREAM MIS PED MASK	Move preferred non-drug product to DME tier

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SPIRIVA HANDIHALER	Remove Brand Version from Formulary
Spiriva Respimat AERS 1.25MCG/ACT	Change tier to non-preferred brand tier, add prior authorization
Spiriva Respimat AERS 2.5MCG/ACT	Change tier to non-preferred brand tier, add prior authorization
Sudafed Childrens LIQD 15MG/5ML	Add to formulary, preferred brand tier
SUPREP BOWEL SOL PREP KIT	Remove Brand Version from Formulary
SYMBICORT AER 160-4.5	Remove Brand Version from Formulary
SYMBICORT AER 80-4.5	Remove Brand Version from Formulary
TARGRETIN GEL 1%	Remove Brand Version from Formulary
Tavaborole SOLN 5%	Add to formulary, non-preferred generic tier, Quantity Limit
TAZORAC CRE 0.05%	Remove Brand Version from Formulary
TAZORAC GEL 0.05%	Remove Brand Version from Formulary
TAZORAC GEL 0.1%	Remove Brand Version from Formulary
THYROGEN INJ 1.1MG	Remove provider-administered drug from prescription drug list
Tiotropium Bromide Monohydrate Inhal Cap 18 MCG (Base Equiv)	Add pending generic (SPIRIVA HANDIHALER), preferred generic tier, Quantity Limit
TOVIAZ TAB 4MG	Remove Brand Version from Formulary
TOVIAZ TAB 8MG	Remove Brand Version from Formulary
Trazimera SOLR 150MG	Remove provider-administered drug from prescription drug list
Trazimera SOLR 420MG	Remove provider-administered drug from prescription drug list
TRELSTAR MIX INJ 11.25MG	Remove provider-administered drug from prescription drug list
TRELSTAR MIX INJ 3.75MG	Remove provider-administered drug from prescription drug list
TRUE METRIX TES GLUCOSE STRIPS	Move preferred non-drug product to DME tier
TRUE METRIX TES GLUCOSE STRIPS	Move preferred non-drug product to DME tier
Truxima SOLN 100MG/10ML	Remove provider-administered drug from prescription drug list
Truxima SOLN 500MG/50ML	Remove provider-administered drug from prescription drug list
TYSABRI INJ 300/15ML	Remove provider-administered drug from prescription drug list
VELTIN GEL	Remove Brand Version from Formulary
VIMPAT SOL 10MG/ML	Remove Brand Version from Formulary
VIVITROL INJ 380MG	Remove provider-administered drug from prescription drug list
VRAYLAR CAP 1.5MG	Remove from formulary
VRAYLAR CAP 3MG	Remove from formulary
VRAYLAR CAP 4.5MG	Remove from formulary
VRAYLAR CAP 6MG	Remove from formulary
Vumerity CPDR 231MG	Remove from formulary
Vumerity (Starter) CPDR 231MG	Remove from formulary
XGEVA INJ	Remove provider-administered drug from prescription drug list
XYREM SOL 500MG/ML	Remove Brand Version from Formulary
ZIOPTAN DRO 0.0015%	Remove Brand Version from Formulary
ZOLADEX IMP 10.8MG	Remove provider-administered drug from prescription drug list
ZOLADEX IMP 3.6MG	Remove provider-administered drug from prescription drug list
Zomig SOLN 2.5MG	Add to formulary, non-preferred brand tier, Step Therapy, Quantity Limit
ZYPREXA RELP INJ 210MG	Remove provider-administered drug from prescription drug list
ZYPREXA RELP INJ 300MG	Remove provider-administered drug from prescription drug list
ZYPREXA RELP INJ 405MG	Remove provider-administered drug from prescription drug list

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Service County Area	Provider Services Representative	Contact Number	Email Address
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Los Angeles	Clemente Arias Christian Diaz Daniel Amirian	562-517-1014 562-549-3550 562-549-4809	Clemente.Arias@molinahealthcare.com Christian.Diaz@molinahealthcare.com Daniel.Amirian@molinahealthcare.com
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