

## Molina Healthcare Marketplace

## 2024 Formulary Changes Effective October 1, 2024

| Drug Name                            | Description of Formulary<br>Change  | Notes/Alternatives |
|--------------------------------------|---|--------------------|
| ActHIB SOLR                          | Add to formulary, Preventative  |                    |
|                                      | (PREV) Cost Sharing   |                    |
| Afluria Preservative Free            | Add to formulary, Preventative  |                    |
| SUSY 0.5ML (2024-2025)               | (PREV) Cost Sharing   |                    |
| Afluria SUSP (2024-2025)             | Add to formulary, Preventative<br>(PREV) Cost Sharing                                     |                    |
| Arexvy Suspension                    | Updated Age Limit to MIN 50   |                    |
| Reconstituted 120                    | years   |                    |
| MCG/0.5ML Intramuscular              |   |                    |
| Bexsero SUSY                         | Add to formulary, Preventative<br>(PREV) Cost Sharing                                     |                    |
| Capvaxive SOSY 0.5ML                 | Add to formulary, Preventative<br>(PREV) Cost Sharing, with Age<br>Limit                  |                    |
| Entresto CPSP 6-6MG                  | Add to formulary, Preferred<br>Brand Tier (2) Cost Sharing, with<br>PA and QL             |                    |
| Entresto CPSP 15-16MG                | Add to formulary, Preferred<br>Brand Tier (2) Cost Sharing, with<br>PA and QL             |                    |
| Flublok SOSY 0.5ML (2024-            | Add to formulary, Preventative  |                    |
| 2025)                                | (PREV) Cost Sharing   |                    |
| Flucelvax SUSP (2024-2025)           | Add to formulary, Preventative<br>(PREV) Cost Sharing                                     |                    |
| Flucelvax SUSY 0.5ML (2024-<br>2025) | Add to formulary, Preventative<br>(PREV) Cost Sharing                                     |                    |
| FreeStyle Libre 3 Reader<br>DEVI     | Add to formulary, Durable<br>Medical Equipment (DME) Tier<br>Cost Sharing, with PA and QL |                    |
| Fulphila SOSY 6MG/0.6ML              | Add to formulary, Preferred<br>Specialty Tier (3) Cost Sharing,<br>with PA and QL         |                    |
| Hiberix SOLR 10MCG                   | Add to formulary, Preventative<br>(PREV) Cost Sharing                                     |                    |
| Kinrix SUSY 0.5ML                    | Add to formulary, Preventative<br>(PREV) Cost Sharing                                     |                    |
| M-M-R II SOLR                        | Add to formulary, Preventative<br>(PREV) Cost Sharing                                     |                    |



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|---------------------------|------------------------------------|-----------------------------|
| MenQuadfi SOLN            | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Menveo SOLN               | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Menveo SOLR               | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| MResvia SUSY              | Add to formulary, Preventative     |                             |
| 50MCG/0.5ML               | (PREV) Cost Sharing, with Age      |                             |
|                           | Limit                              |                             |
| Pediarix SUSY             | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Pedvax HIB SUSP           | Add to formulary, Preventative     |                             |
| 7.5MCG/0.5ML              | (PREV) Cost Sharing                |                             |
| Penbraya SUSR             | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Pentacel SUSR             | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Priorix SUSR              | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| ProQuad SUSR              | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Quadracel SUSP            | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Quadracel SUSY 0.5ML      | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Rotarix SUSP              | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| RotaTeq SOLN              | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Trumenba SUSY             | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Varivax INJ 1350PFU/0.5ML | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Vaxelis SUSP              | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Vaxelis SUSY              | Add to formulary, Preventative     |                             |
|                           | (PREV) Cost Sharing                |                             |
| Ziextenzo SOSY 6MG/0.6ML  | Remove from Formulary              | Fulphila is available as an |
|                           |                                    | alternative                 |

**PA** = Prior Authorization **QL** = Quantity Limits **ST** = Step Therapy **INF** = \$0 Cost sharing when prescribed for certain infections **BH** - \$0 Cost sharing when prescribed for mental or behavioral health