



## Effective September 1, 2020 Preferred Drug List Formulary Updates

Effective 09/01/2020, new updates to Molina's formulary will take effect. The formulary is a list of drugs we prefer your doctor write for you. These changes could affect what drugs your doctor will prescribe to you.

For some of these drugs, your doctor must submit a prior authorization request before they will be covered.

View the [Unified Preferred Drug List Formulary](#) for a list of all drugs.

The following drugs will **require prior authorization** on 09/01/2020:

- ALL NON-PREFERRED DIABETIC PEN NEEDLES AND SYRINGES

The following drugs will be **covered without prior authorization** on 09/01/2020:

- TRIVIDIA TRUEPLUS INSULIN SYRINGES
- ARKRAY TECHLITE INSULIN SYRINGES
- TRIVIDIA TRUEPLUS PEN NEEDLES
- ARKRAY TECHLITE PEN NEEDLES

If you have questions or concerns, please visit our website at [www.MolinaHealthcare.com](http://www.MolinaHealthcare.com) or call Member Services at (800) 642-4168. For hearing impaired, call TTY/Ohio Relay (800) 750-0750 or 711. We're ready to help from 7 a.m. to 7 p.m., Monday through Friday.