

Molina Healthcare Marketplace

2024 Formulary Changes Effective April 1, 2024

Drug Name	Description of Formulary Change	Notes/Alternatives
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
FREESTYLE LIBRE 3 READER DEVICE	Add to formulary, Durable Medical Equipment (DME) Cost Sharing, with PA and QL	
FREESTYLE LIBRE 3 SENSOR	Add to formulary, Durable Medical Equipment (DME) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
NARCAN NASAL LIQUID 4 MG/0.1ML OTC	Add to formulary, Generic Tier (1) Cost Sharing	

Drug Name	Description of Formulary Change	Notes/Alternatives
OXANDROLONE ORAL TABLET 2.5 MG	Remove from formulary, FDA removed from market	Please contact your doctor
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 75 MG/0.5ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	Add to formulary, Specialty Tier (5) Cost Sharing, with PA and QL	

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