



## Molina Healthcare Marketplace

### 2025 Formulary Changes Effective January 1, 2025

Drug Name	Description of Formulary Change	Notes/Alternatives
Acetasol HC Solution 2-1% Otic	Remove Brand Version from Formulary	Generic Covered
Afrezza Powder 4UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Afrezza Powder 8UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Afrezza Powder 12UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Afrezza Powder 90 x 4 UNIT & 90x8 UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Afrezza Powder 90 x 8 UNIT & 90x12 UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Afrezza Powder 4 & 8 & 12UNIT Inhalation	Removing from Formulary	Short Acting Insulins (Novolin, Novolog, Fiasp) Covered
Alrex (loteprednol) Suspension 0.2% Ophthalmic	Remove Brand Version from Formulary	Generic Covered
Alvimopan Capsule 12MG Oral	Adding to formulary, non-preferred tier	
Amoxicillin Tablet 500MG Oral	Changing from non-preferred tier to preferred generic tier	
Atovaquone-Proguanil HCl Tablet 62.5-25MG Oral	Remove Prior Authorization Requirement	
Atovaquone-Proguanil HCl Tablet 250-100MG Oral	Remove Prior Authorization Requirement	
Balcoltra Tablet 0.1-20MG-MCG(21) Oral	Remove Brand Version from Formulary	Generic Covered
Candesartan Cilixetil Tablet 4MG Oral	Remove Step Therapy Requirement	
Candesartan Cilixetil Tablet 8MG Oral	Remove Step Therapy Requirement	
Candesartan Cilixetil Tablet 16MG Oral	Remove Step Therapy Requirement	
Candesartan Cilixetil Tablet 32MG Oral	Remove Step Therapy Requirement	
CARBAMAZEPIN CHW 200MG	Adding to formulary preferred generic tier	
COPAXONE 40 MG	Remove Brand Version from Formulary	Generic Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
CORLANOR TAB 5MG	Remove Brand Version from Formulary	Generic Covered
CORLANOR TAB 7.5MG	Remove Brand Version from Formulary	Generic Covered
Darunavir Tablet 600MG Oral	Adding to formulary preferred generic tier	
Darunavir Tablet 800MG Oral	Adding to formulary preferred generic tier	
Descovy Tablet 120-15MG Oral	Adding to formulary preferred brand tier	
Descovy Tablet 200-25MG Oral	Adding to formulary preferred brand tier	
diITIAZem HCl ER Capsule Extended Release 12 Hour 60MG Oral	Adding to formulary preferred generic tier	
diITIAZem HCl ER Capsule Extended Release 12 Hour 90MG Oral	Adding to formulary preferred generic tier	
diITIAZem HCl ER Tablet Extended Release 24 Hour 120MG Oral	Adding to formulary preferred generic tier	
diITIAZem HCl ER Tablet Extended Release 24 Hour 180MG Oral	Adding to formulary preferred generic tier	
diITIAZem HCl ER Tablet Extended Release 24 Hour 240MG Oral	Adding to formulary preferred generic tier	
diITIAZem HCl ER Tablet Extended Release 24 Hour 300MG Oral	Adding to formulary preferred generic tier	
diITIAZem HCl ER Tablet Extended Release 24 Hour 360MG Oral	Adding to formulary preferred generic tier	
diITIAZem HCl ER Tablet Extended Release 24 Hour 420MG Oral	Adding to formulary preferred generic tier	
Dimethyl Fumarate Capsule Delayed Release 120MG Oral	Changing from specialty tier cost sharing tier to preferred generic cost sharing tier	Specialty pharmacy required
Dimethyl Fumarate Capsule Delayed Release 240MG Oral	Changing from specialty tier cost sharing tier to preferred generic cost sharing tier	Specialty pharmacy required
Dimethyl Fumarate Starter Pack Capsule Delayed Release Therapy Pack 120 & 240MG Oral	Changing from specialty tier cost sharing tier to preferred generic cost sharing tier	Specialty pharmacy required

Drug Name	Description of Formulary Change	Notes/Alternatives
Doptelet Tablet 20MG	Adding to formulary preferred specialty tier with prior authorization	
Dorzolamide HCl-Timolol Mal PF SOLN 2-0.5%	Adding to formulary preferred generic tier, Quantity Limit	
Edarbi Tablet 40MG Oral	Remove Brand Version from Formulary	Irbesartan, Valsartan, Losartan, Candesartan Covered
Edarbi Tablet 80MG Oral	Remove Brand Version from Formulary	Irbesartan, Valsartan, Losartan, Candesartan Covered
Ergomar Tablet Sublingual 2MG Sublingual	Removing Prior Authorization Requirement	
Estradiol Tablet 0.5MG Oral	Removing Prior Authorization Requirement	
Estradiol Tablet 1MG Oral	Removing Prior Authorization Requirement	
Estradiol Tablet 2MG Oral	Removing Prior Authorization Requirement	
Eurax Cream 10% External	Removing Step Therapy Requirement	
Ezetimibe Tablet 10MG Oral	Removing Step Therapy Requirement	
Firvanq Solution Reconstituted Oral	Remove Brand Version from Formulary	Generic Covered
guanFACINE HCl ER Tablet Extended Release 24 Hour 1MG Oral	Removing Prior Authorization Requirement	
guanFACINE HCl ER Tablet Extended Release 24 Hour 2MG Oral	Removing Prior Authorization Requirement	
guanFACINE HCl ER Tablet Extended Release 24 Hour 3MG Oral	Removing Prior Authorization Requirement	
guanFACINE HCl ER Tablet Extended Release 24 Hour 4MG Oral	Removing Prior Authorization Requirement	
INSULIN ASPART INJ 100 UNIT/ML	Removing from formulary	Brand Fiasp and Brand Novolog Covered
INSULIN ASPART SOLN PEN-INJECTOR 100 UNIT/ML	Removing from formulary	Brand Fiasp and Brand Novolog Covered
INSULIN ASPART SOLN CARTRIDGE 100 UNIT/ML	Removing from formulary	Brand Fiasp and Brand Novolog Covered
INSULIN ASPART PROT & ASPART (HUMAN) INJ 100 UNIT/ML (70-30)	Removing from formulary	Brand Fiasp and Brand Novolog Covered

Drug Name	Description of Formulary Change	Notes/Alternatives
INSULIN ASPART PROT & ASPART SUS PEN-INJ 100 UNIT/ML (70-30)	Removing from formulary	Brand Fiasp and Brand Novolog Covered
Lanabiotic Ointment 5-500-10000 External	Adding to formulary, generic tier	
Ledipasvir-Sofosbuvir Tablet 90-400MG Oral	Changing from specialty cost sharing tier to preferred brand cost sharing tier	Specialty pharmacy required
Levonorgest-Eth Estradiol-Iron Tablet 0.1-20MG-MCG(21) Oral	Adding to formulary, preventative tier	
Liraglutide SOPN 18MG/3ML	Adding to formulary, generic tier, Step Therapy required, Quantity Limit	Prior use of metformin within the past 180 days
Loteprednol Etabonate Gel 0.5% Ophthalmic	Adding to formulary, generic tier with prior authorization requirement	
MIRABEGRON TAB ER 24 HR 25 MG	Adding to formulary, generic tier with prior authorization requirement	
MIRABEGRON TAB ER 24 HR 50 MG	Adding to formulary, generic tier with prior authorization requirement	
MYRBETRIQ (Mirabegron) TAB 25MG	Remove Brand Version from Formulary	Generic Covered
MYRBETRIQ (Mirabegron) TAB 50MG	Remove Brand Version from Formulary	Generic Covered
Naftifine HCl Gel 2% External	Adding to formulary, generic tier with prior authorization requirement	
Naftin Gel 2% External	Remove Brand Version from Formulary	Generic Covered
Narcan Liquid 4MG/0.1ML Nasal (Prescription Only Version)	Remove Brand Version from Formulary	Generic Covered, Over-the-Counter Brand Narcan covered
Paser Packet 4GM Oral	Adding to formulary, non-preferred brand tier	
Pataday (olopatadine) OTC 0.1% and 0.2%	Remove Brand Version from Formulary	Generic Covered
PAZOPanib HCl Tablet 200MG Oral	Adding to formulary, specialty tier with prior authorization requirement	
PREGABALIN SOL 20MG/ML	Adding to formulary non-preferred generic tier	
Prezista Tablet 600MG Oral	Remove Brand Version from Formulary	Generic Covered
Prezista Tablet 800MG Oral	Remove Brand Version from Formulary	Generic Covered
Promacta Tablet 12.5MG Oral	Removing from formulary	Doptelet and Tavalisse Covered with Prior Authorization

<b>Drug Name</b>	<b>Description of Formulary Change</b>	<b>Notes/Alternatives</b>
Promacta Tablet 25MG Oral	Removing from formulary	Doptelet and Tavalisse Covered with Prior Authorization
Promacta Tablet 50MG Oral	Removing from formulary	Doptelet and Tavalisse Covered with Prior Authorization
Promacta Tablet 75MG Oral	Removing from formulary	Doptelet and Tavalisse Covered with Prior Authorization
Rectiv Ointment 0.4% Rectal	Remove Brand Version from Formulary	Generic Covered
Simlandi (2 Pen) AJKT 40MG/0.4ML	Adding to formulary preferred specialty tier with prior authorization	
Simlandi (1 Pen) AJKT 40MG/0.4ML	Adding to formulary preferred specialty tier with prior authorization	
Sofosbuvir-Velpatasvir Tablet 400-100MG Oral	Changing from specialty tier to preferred brand tier	Specialty pharmacy required
Sprycel (dasatinib) Tablet 20MG Oral	Remove Brand Version from Formulary	Generic Covered
Sprycel (dasatinib) Tablet 50MG Oral	Remove Brand Version from Formulary	Generic Covered
Sprycel (dasatinib) Tablet 70MG Oral	Remove Brand Version from Formulary	Generic Covered
Sprycel (dasatinib) Tablet 80MG Oral	Remove Brand Version from Formulary	Generic Covered
Sprycel (dasatinib) Tablet 100MG Oral	Remove Brand Version from Formulary	Generic Covered
Sprycel (dasatinib) Tablet 140MG Oral	Remove Brand Version from Formulary	Generic Covered
Tavalisse TABS 100MG	Adding to formulary, preferred specialty tier with Prior Authorization	
Tavalisse TABS 150MG	Adding to formulary, preferred specialty tier with Prior Authorization	
TechLITE Insulin Syringe 29G X 1/2"0.3 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLITE Insulin Syringe 30G X 5/16"0.3 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLITE Insulin Syringe 30G X 1/2"0.3 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLITE Insulin Syringe 29G X 1/2"0.5 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLITE Insulin Syringe 30G X 5/16"0.5 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	

Drug Name	Description of Formulary Change	Notes/Alternatives
TechLITE Insulin Syringe 29G X 1/2"1 ML	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLite Pen Needles 29G X 10MM	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLite Pen Needles 29G X 12MM	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
TechLite Pen Needles 31G X 6 MM	Adding to formulary, DME Tier (takes Durable Medical Equipment Cost Sharing)	
Tiopronin Tablet 100MG Oral	Adding to formulary, specialty tier with prior authorization requirement	
Vancomycin solutions reconstituted oral	Adding to formulary, preferred generic tier	
Victoza (liraglutide) 18MG/3ML	Remove Brand Version from Formulary	Generic Covered
Votrient (pazopanib) Tablet 200MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 10MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 20MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 30MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 40MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 50MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 60MG Oral	Remove Brand Version from Formulary	Generic Covered
Vyvanse (lisdexamfetamine) Capsule 70MG Oral	Remove Brand Version from Formulary	Generic Covered
ZOLMitriptan SOLN 2.5MG	Adding to formulary, non-preferred generic tier with QL and ST requirement	

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

**The medications listed below are available on the pharmacy benefit without a Prior Authorization:**

**Los medicamentos que se enumeran a continuación están disponibles en el beneficio de farmacia sin autorización previa.**

ABIRATERONE TAB 500MG	EVEROLIMUS TAB 3MG
ABIRATERONE TAB 250MG	EVEROLIMUS TAB 5MG
ACTEMRA INJ 162/0.9	EVEROLIMUS TAB 5MG
ACTEMRA INJ 200/10ML	EVEROLIMUS TAB 7.5MG
ACTEMRA INJ 400/20ML	FARYDAK CAP 10MG
ACTEMRA INJ 80MG/4ML	FARYDAK CAP 15MG
ACTEMRA INJ ACTPEN	FARYDAK CAP 20MG
ACTIMMUNE INJ 2MU/0.5	FLEBOGAMMA INJ 20/200ML
ALECENSA CAP 150MG	FLEBOGAMMA INJ DIF 5%
ARCALYST INJ 220MG	FLEBOGAMMA INJ DIF 5%
BEXAROTENE CAP 75MG	GAMMAGARD INJ 1GM/10ML
CAPECITABINE TAB 150MG	GAMMAGARD SD INJ 10GM HU
CAPECITABINE TAB 500MG	GAMMAKED INJ 1GM/10ML
CAPRELSA TAB 100MG	GAMMAPLEX INJ 10%
CAPRELSA TAB 300MG	GAMMAPLEX INJ 5%
CIMZIA KIT	GAMUNEX-C INJ 1GM/10ML
CIMZIA PREFL KIT 200MG/ML	GILOTRIF TAB 20MG
Cosentyx Sensoready Pen SOAJ 150MG/ML	GILOTRIF TAB 30MG
Cosentyx SOSY 150MG/ML	GILOTRIF TAB 40MG
Cosentyx SOSY 75MG/0.5ML	GLEOSTINE CAP 100MG
Cosentyx UnoReady SOAJ 300MG/2ML	GLEOSTINE CAP 10MG
CUVITRU INJ 2GM/10ML	GLEOSTINE CAP 40MG
CYCLOPHOSPH CAP 25MG	Hadlima PushTouch SOAJ 40MG/0.4ML
CYCLOPHOSPH CAP 50MG	Hadlima PushTouch SOAJ 40MG/0.8ML
EMCYT CAP 140MG	Hadlima SOSY 40MG/0.4ML
ENBREL INJ 25/0.5ML	Hadlima SOSY 40MG/0.8ML
ENBREL INJ 50MG/ML	HIZENTRA INJ 1GM/5ML
Enbrel SOLN 25MG/0.5ML	HIZENTRA INJ 2GM/10ML
ENBREL SRCLK INJ 50MG/ML	HIZENTRA 1 GM/5ML
ERIVEDGE CAP 150MG	HIZENTRA 10 GM/50ML
ERLOTINIB TAB 100MG	HIZENTRA 4 GM/20ML
ERLOTINIB TAB 150MG	HIZENTRA INJ 2GM/10ML
ERLOTINIB TAB 25MG	HIZENTRA SOL 20% SOLN PR
ETOPOSIDE CAP 50MG	HUMIRA PSKT 40MG/0.8ML
EVEROLIMUS TAB 10MG	HUMIRA PEN PNKT 40MG/0.8ML
EVEROLIMUS TAB 2.5MG	HUMIRA PEN-CD/UC/HS STARTER PNKT
EVEROLIMUS TAB 2MG	40MG/0.8ML

HUMIRA PEN-PS/UV/ADOL HS START PNKT  
40MG/0.8ML  
HUMIRA PSKT 40MG/0.4ML  
HUMIRA PEDIATRIC CROHNS START PSKT 80  
MG/0.8ML &40MG/0.4ML  
HUMIRA PEN PNKT 40MG/0.4ML  
HUMIRA PEDIATRIC CROHNS START PSKT  
80MG/0.8ML  
HUMIRA PSKT 10MG/0.1ML  
HUMIRA PSKT 20MG/0.2ML  
HUMIRA PEN PNKT 80MG/0.8ML  
HUMIRA PEN-CD/UC/HS STARTER PNKT  
80MG/0.8ML  
HUMIRA PEN-PEDIATRIC UC START PNKT  
80MG/0.8ML  
HUMIRA PEN-PSOR/UEIT STARTER PNKT 80  
MG/0.8ML &40MG/0.4ML  
HYQVIA INJ 10-800  
HYQVIA INJ 2.5-200  
HYQVIA INJ 20-1600  
HYQVIA INJ 30-2400  
HYQVIA INJ 5-400  
Hyrimoz SOAJ 40MG/0.4ML  
Hyrimoz SOAJ 40MG/0.8ML  
Hyrimoz SOAJ 80MG/0.8ML  
Hyrimoz-Plaques Psoriasis Start SOAJ 80  
MG/0.8ML &40MG/0.4ML  
Hyrimoz SOSY 20MG/0.2ML  
Hyrimoz SOSY 40MG/0.4ML  
Hyrimoz SOSY 40MG/0.8ML  
IBRANCE CAP 100MG  
IBRANCE CAP 125MG  
IBRANCE CAP 75MG  
Ibrance TABS 100MG  
Ibrance TABS 125MG  
Ibrance TABS 75MG  
ICLUSIG TAB 10MG  
ICLUSIG TAB 15MG  
ICLUSIG TAB 30MG  
ICLUSIG TAB 45MG  
IMATINIB MES TAB 100MG  
IMATINIB MES TAB 400MG  
IMBRUVICA CAP 140MG  
JAKAFI TAB 10MG

JAKAFI TAB 15MG  
JAKAFI TAB 20MG  
JAKAFI TAB 25MG  
JAKAFI TAB 5MG  
KEVZARA INJ 150/1.14  
KEVZARA INJ 150/1.14  
KEVZARA INJ 200/1.14  
KEVZARA INJ 200/1.14  
KINERET INJ  
LAPATINIB TAB 250MG  
LENALIDOMIDE CAP 10 MG  
LENALIDOMIDE CAP 15 MG  
LENALIDOMIDE CAP 20 MG  
LENALIDOMIDE CAP 25 MG  
LENALIDOMIDE CAP 5 MG  
LENALIDOMIDE CAPS 2.5 MG  
LENVIMA CAP 10 MG  
LENVIMA CAP 12MG  
LENVIMA CAP 14 MG  
LENVIMA CAP 18 MG  
LENVIMA CAP 20 MG  
LENVIMA CAP 24 MG  
LENVIMA CAP 4MG  
LENVIMA CAP 8 MG  
LEUKERAN TAB 2MG  
LEUPROLIDE INJ 1MG/0.2  
LYNPARZA TAB 100MG  
LYNPARZA TAB 150MG  
LYSODREN TAB 500MG  
MATULANE CAP 50MG  
MEKINIST TAB 0.5MG  
MEKINIST TAB 2MG  
MELPHALAN TAB 2MG  
NILUTAMIDE TAB 150MG  
OCTAGAM INJ 20/200ML  
OCTAGAM INJ 5GM  
ODOMZO CAP 200MG  
ORENCIA CLCK INJ 125MG/ML  
ORENCIA INJ 125MG/ML  
ORENCIA INJ 250MG  
ORENCIA INJ 50/0.4  
ORENCIA INJ 87.5/0.7  
OTEZLA TAB 10/20/30  
OTEZLA TAB 30MG



PAZOPanib HCl TABS 200MG  
POMALYST CAP 1MG  
POMALYST CAP 2MG  
POMALYST CAP 3MG  
POMALYST CAP 4MG  
PRIVIGEN INJ 20GRAMS  
Rinvoq TB24 15MG  
Rinvoq TB24 30MG  
Rinvoq TB24 45MG  
RUBRACA TAB 200 MG  
RUBRACA TAB 250 MG  
RUBRACA TAB 300 MG  
Simlandi (2 Pen) AJKT 40MG/0.4ML  
Simlandi (1 Pen) AJKT 40MG/0.4ML  
SIMPONI INJ 100MG/ML  
SIMPONI INJ 100MG/ML  
SIMPONI INJ 50/0.5ML  
SIMPONI INJ 50/0.5ML  
Skyrizi (150 MG Dose) PSKT 75MG/0.83ML  
Skyrizi Pen SOAJ 150MG/ML  
Skyrizi SOCT 180MG/1.2ML  
Skyrizi SOCT 360MG/2.4ML  
Skyrizi SOLN 600MG/10ML  
Skyrizi SOSY 150MG/ML  
SORAfenib Tosylate TABS 200MG  
Stelara SOLN 130MG/26ML  
Stelara SOLN 45MG/0.5ML  
Stelara SOSY 45MG/0.5ML  
Stelara SOSY 90MG/ML  
STIVARGA TAB 40MG  
SUNItinib Malate CAPS 12.5MG  
SUNItinib Malate CAPS 25MG  
SUNItinib Malate CAPS 37.5MG  
SUNItinib Malate CAPS 50MG  
TABLOID TAB 40MG  
TAFINLAR CAP 50MG  
TAFINLAR CAP 75MG

Tagrisso TABS 40MG  
Tagrisso TABS 80MG  
TASIGNA CAP 150MG  
TASIGNA CAP 200MG  
TASIGNA CAP 50MG  
TEMOZOLOMIDE CAP 100MG  
TEMOZOLOMIDE CAP 140MG  
TEMOZOLOMIDE CAP 180MG  
TEMOZOLOMIDE CAP 20MG  
TEMOZOLOMIDE CAP 250MG  
TEMOZOLOMIDE CAP 5MG  
THALOMID CAP 100MG  
THALOMID CAP 150MG  
THALOMID CAP 200MG  
THALOMID CAP 50MG  
TOREMIFENE TAB 60MG  
Tremfya SOPN 100MG/ML  
Tremfya SOSY 100MG/ML  
TRETINOIN CAP 10MG  
Verzenio TABS 100MG  
Verzenio TABS 150MG  
Verzenio TABS 200MG  
Verzenio TABS 50MG  
XALKORI CAP 200MG  
XALKORI CAP 250MG  
Xeljanz SOLN 1MG/ML  
XELJANZ TAB 10MG  
XELJANZ TAB 5MG  
XELJANZ XR TAB 22MG  
XELJANZ XR TAB 11MG  
Xtandi CAPS 40MG  
Xtandi TABS 40MG  
Xtandi TABS 80MG  
ZEJULA CAP 100MG  
ZOLINZA CAP 100MG  
ZYDELIG TAB 100MG  
ZYDELIG TAB 150MG