

## Molina Healthcare Marketplace

### 2025 Formulary Changes Effective October 1, 2025

Drug Name	Description of Formulary Change	Notes/Alternatives
AFLURIA INJ 2025-26	Adding to Formulary, Preventive Tier with QL	
Afluria Preservative Free SUSY 0.5ML	Adding to Formulary, Preventive Tier with QL	
BOSENTAN TAB 32MG	Adding to Formulary, Specialty Tier with PA; QL	
DEXCOM G7 MIS 15 DAY	Adding to Formulary, DME Tier with PA; QL; Age Limit	
Doxycycline Hyclate CAPS 100MG	Adding to Formulary, Preferred Generic Tier	
Doxycycline Hyclate CAPS 50MG	Adding to Formulary, Preferred Generic Tier	
Doxycycline Hyclate TABS 100MG	Adding to Formulary, Preferred Generic Tier	
Doxycycline Monohydrate TABS 75MG	Adding to Formulary, Preferred Generic Tier	
FIDAXOMICIN TAB 200MG	Adding to Formulary, Preferred Generic Tier with PA	
FLUAD INJ 2025-26	Adding to Formulary, Preventive Tier with QL; Age Limit	
FLUARIX INJ 2025-26	Adding to Formulary, Preventive Tier with QL	
FLUBLOK INJ 2025-26	Adding to Formulary, Preventive Tier with QL; Age Limit	
FLUCELVAX INJ 2025-26	Adding to Formulary, Preventive Tier with QL	
FLULAVAL INJ 2025-26	Adding to Formulary, Preventive Tier with QL	
FLUMIST NASA LIQ 2025-26	Adding to Formulary, Preventive Tier with QL	

Drug Name	Description of Formulary Change	Notes/Alternatives
FLUZONE HD INJ 2025-26	Adding to Formulary, Preventive Tier with QL; Age Limit	
FLUZONE INJ 2025-26	Adding to Formulary, Preventive Tier with QL	
FLUZONE INJ 2025-26 PF	Adding to Formulary, Preventive Tier with QL	
Ixinity SOLR 1500UNIT	Adding to Formulary, Specialty Tier with PA	
MNEXSPIKE INJ 2025-26	Adding to Formulary, Preventive Tier	
MODERNA INJ 2025-26	Adding to Formulary, Preventive Tier	
PENMENVY INJ	Adding to Formulary, Preventive Tier	
Perampanel TABS 10MG	Adding to Formulary, Non-Preferred Brand Tier	
Perampanel TABS 12MG	Adding to Formulary, Non-Preferred Brand Tier	
Perampanel TABS 2MG	Adding to Formulary, Non-Preferred Brand Tier	
Perampanel TABS 4MG	Adding to Formulary, Non-Preferred Brand Tier	
Perampanel TABS 6MG	Adding to Formulary, Non-Preferred Brand Tier	
Perampanel TABS 8MG	Adding to Formulary, Non-Preferred Brand Tier	
Poly-Vi-Flor SUSP 0.25MG/ML	Adding to Formulary, Preferred Generic Tier with QL	
PREZCOBIX TAB 675/150	Adding to Formulary, Preferred Brand Tier with QL	
PYZCHIVA INJ 45/0.5ML	Adding to Formulary, Specialty Tier with QL	
RIVAROXABAN SUS 1MG/ML	Adding to Formulary, Preferred Generic Tier with QL; Age Limit	

Drug Name	Description of Formulary Change	Notes/Alternatives
SACUB/VALSAR TAB 24-26MG	Adding to Formulary, Preferred Generic Tier with PA	
SACUB/VALSAR TAB 49-51MG	Adding to Formulary, Preferred Generic Tier with PA	
SACUB/VALSAR TAB 97-103MG	Adding to Formulary, Preferred Generic Tier with PA	
SPIKEVAX INJ 2025-26	Adding to Formulary, Preventive Tier with Age Limit	

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