



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Drug Formulary Change – Fexofenadine Effective: June 1, 2020 (Medicaid)

As we notified you in December 2017, the Health Care Authority (HCA) is creating a Preferred Drug List (PDL) for Apple Health (Medicaid) in partnership with managed care plans that serve Apple Health clients. As a continuation of those efforts, effective June 1, 2020, Molina Healthcare will no longer cover Fexofenadine.

To find out which medications will be preferred, please see below or look at our **2020 Formulary** on our website at MolinaHealthcare.com on June 1, 2020.

CHLORPHENIRAMINE MALEATE TAB 4 MG
DIPHENHYDRAMINE HCL CAP 25 MG
DIPHENHYDRAMINE HCL CAP 50 MG
DIPHENHYDRAMINE HCL TAB 25 MG
DIPHENHYDRAMINE HCL LIQUID 12.5 MG/5ML
DIPHENHYDRAMINE HCL ELIXIR 12.5 MG/5ML
CYPROHEPTADINE HCL TAB 4 MG
CYPROHEPTADINE HCL SYRUP 2 MG/5ML
CETIRIZINE HCL TAB 5 MG
CETIRIZINE HCL TAB 10 MG
CETIRIZINE HCL SYRUP 1 MG/ML (5 MG/5ML)
CETIRIZINE HCL ORAL SOLN 1 MG/ML (5 MG/5ML)
LORATADINE TAB 10 MG
LORATADINE SYRUP 5 MG/5ML

Thank you for your continued service to Molina members.