



# Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

## Drug Formulary and Policy changes Effective: January 1, 2026 (Medicaid)

The following drugs below will no longer be preferred without prior authorization. A prior authorization may be required.

| DRUG NAME   | Preferred Alternative(s)   |
|---|--|
| Pradaxa   | Dabigatran Etexilate (generic for Pradaxa)   |
| Purixan Suspension<br>20mg/mL   | Mercaptopurine SUSP 20MG/mL (generic for Purixan)  |
| Armour Thyroid<br>Adthyza<br>Np Thyroid<br>Niva Thyroid<br>Renthroid<br>Thyroid | Levothyroxine Sodium Tablet Strengths: 25 mcg, 50 mcg, 75 mcg, 88 mcg, 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 300 mcg<br><br>LIOMNY Tablet Strengths: 5 mcg, 25 mcg, 50 mcg<br><br>Liothyronine Sodium Tablet Strengths: 5 mcg, 25 mcg, 50 mcg |

### The following policies and associated PA forms will be implemented on 1/1/2026:

- 23.10.00 Androgenic Agents – Testosterone Replacement Therapy (TRT)
  - No associated form update
- 49.27.00 Proton Pump Inhibitors (PPI)
  - Update to associated form included
- 66.27.00.AB Cytokine and CAM Antagonists: IL-4/IL-13/IL-31 Inhibitors
  - No associated form update
- 66.27.00.AH Cytokine and CAM Antagonists: JAK Inhibitors
  - No associated form update

**The following policies and associated PA forms will be implemented on 2/1/2026:**

- *21.53.20 Oncology Agents : BRAF Kinase Inhibitors – Oral*
- *21.53.80 Oncology Agents : Phosphatidylinositol 3-Kinase (PI3K) Inhibitors – Oral*
- *66.27.00.AL Cytokine and CAM Antagonists: IL-36 Inhibitors*
- *30.17.00 Endocrine and Metabolic Agents : Somatostatic Agents*
- *Non-Clinical Policy no. 0002-1: Medical Necessity*