MOLINA HEALTHCARE

Provider Newsflash

A fax bulletin for the Molina Healthcare of Washington Provider Network

Drug Formulary Benefit and Policy changes
Effective: October 1, 2025
(Medicaid)

In partnership with the Washington State Health Care Authority (HCA), Molina Healthcare will make changes to the formulary to align with the HCA's Preferred Drug List.

The following drug categories are affected:
ANTIBIOTICS : AMINOGLYCOSIDES - INHALED
ANTIBIOTICS : ANTI-INFECTIVE AGENTS - MISC - ORAL
ANTIBIOTICS : GLYCOPEPTIDES - ORAL
ANTIDIABETICS : INSULIN - RAPID ACTING
ANTIDIABETICS : SGLT2 INHIBITORS
ANTIFUNGALS : ORAL
ANTIHYPERLIPIDEMICS : FIBRIC ACID DERIVATIVES
ANTIPARASITICS : AMEBICIDES
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL
DERMATOLOGICS : ANTISEBORRHEIC PRODUCTS
ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - TESTOSTERONE
GASTROINTESTINAL AGENTS : INFLAMMATORY BOWEL AGENTS
GASTROINTESTINAL AGENTS : LIVE FECAL MICROBIOTA
GENITOURINARY AGENTS : OVERACTIVE BLADDER AGENTS
HEMATOLOGICAL AGENTS : HEREDITARY ANGIOEDEMA AGENTS

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

DRUG NAME	Preferred Alternative(s)
AEMCOLO	AZITHROMYCIN
FENOFIBRATE 40 mg and 120 mg	FENOFIBRATE 50 MG

MHW Part# 0084RX-2508
MHW-08/12/2025

	FENOFIBRATE 150 MG FENOFIBRATE NANOCRYSTALLIZED 48 MG FENOFIBRATE 54 MG FENOFIBRATE NANOCRYSTALLIZED 145 MG FENOFIBRATE 160 MG
FESOTERODINE FUMARATE ER	SOLIFENACIN SUCCINATE 5 MG SOLIFENACIN SUCCINATE 10 MG BETHANECHOL CHLORIDE 5 MG BETHANECHOL CHLORIDE 10 MG BETHANECHOL CHLORIDE 25 MG BETHANECHOL CHLORIDE 50 MG OXYBUTYNIN CHLORIDE 5 MG OXYBUTYNIN CHLORIDE 10 MG OXYBUTYNIN CHLORIDE 15 MG OXYBUTYNIN CHLORIDE 5 MG/5 ML OXYBUTYNIN CHLORIDE 2.5 MG
TOLTERODINE TARTRATE ER	SOLIFENACIN SUCCINATE 5 MG SOLIFENACIN SUCCINATE 10 MG BETHANECHOL CHLORIDE 5 MG BETHANECHOL CHLORIDE 10 MG BETHANECHOL CHLORIDE 25 MG BETHANECHOL CHLORIDE 50 MG OXYBUTYNIN CHLORIDE 5 MG OXYBUTYNIN CHLORIDE 10 MG OXYBUTYNIN CHLORIDE 15 MG OXYBUTYNIN CHLORIDE 5 MG/5 ML OXYBUTYNIN CHLORIDE 2.5 MG
FIRVANQ	VANCOMYCIN HCL 25 MG/ML
INVOKAMET, INVOKANA	DAPAGLIFLOZIN PROPANEDIOL 5 MG DAPAGLIFLOZIN PROPANEDIOL 10 MG DAPAGLIFLOZ PROPANED/METFORMIN 2.5-1000 MG DAPAGLIFLOZ PROPANED/METFORMIN 5 MG-500 MG DAPAGLIFLOZ PROPANED/METFORMIN 5 MG-1000 MG DAPAGLIFLOZ PROPANED/METFORMIN 10 MG-500 MG DAPAGLIFLOZ PROPANED/METFORMIN 10-1000 MG EMPAGLIFLOZIN 10 MG EMPAGLIFLOZIN 25 MG EMPAGLIFLOZIN/METFORMIN HCL 5 MG-500 MG EMPAGLIFLOZIN/METFORMIN HCL 12.5-1000 MG EMPAGLIFLOZIN/METFORMIN HCL 5 MG-1000 MG EMPAGLIFLOZIN/METFORMIN HCL 12.5-500 MG
MESALAMINE DR 400 MG	MESALAMINE 250 MG MESALAMINE 500 MG MESALAMINE 1.2 G MESALAMINE 1000 MG MESALAMINE 0.375G OLSALAZINE SODIUM 250 MG SULFASALAZINE 500 MG

SODIUM SULFACETAMIDE 10 % CLNSR GEL	SULFACETAMIDE SODIUM 10 % CLEANSER
TAZAROTENE 0.1 % FOAM	ADAPALENE 0.1 % CREAM & GEL, ADAPALENE 0.3 % GEL & GEL W/PUMP ADAPALENE-BENZOYL PEROXIDE 0.1 %-2.5% GEL W/PUMP CLINDAMYCIN PHOS-BENZOYL PEROX 1.2(1)%-5% GEL, 1.2%-2.5% GEL W/PUMP CLINDAMYCIN PHOSPHATE 1 % GEL, LOTION, MED. SWAB, SOLUTION CLINDAMYCIN-BENZOYL PEROXIDE CLINDAMYCIN GEL, GEL W/PUMP DIFFERIN 0.1 % CREAM & LOTION, 0.3 % GEL W/PUMP ERYTHROMYCIN 2 % SOLUTION ERYTHROMYCIN-BENZOYL PEROXIDE 3 %-5 % GEL RETIN-A 0.025 % & 0.01 % GEL SODIUM SULFACETAMIDE-SULFUR 10 %-2 % & 10-5%(W/W) CLEANSER TRETINOIN 0.01 % GEL, 0.025 % CREAM & GEL, 0.05 % CREAM, 0.1 % CREAM
TRETINOIN 0.05 % GEL	TRETINOIN 0.05 % CREAM
VOWST	VOWST preferred with PA

The following policies and associated PA forms will be implemented:

- *21.40.24 Oncology Agents: Antiandrogens- Oral*
- *30.10.00 Endocrine and Metabolic Agents: Growth Hormones*
- *66.27.00.AB Cytokine and CAM Antagonists: IL-4/IL-13/IL-31 Inhibitors*
- *90.78.40 Topical Immunosuppressives- Calcineurin Inhibitors*