



# Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

## **Updated Drug Policy Effective December 1, 2023 (Medicaid)**

In partnership with the Washington State Health Care Authority (HCA), beginning December 1, 2023, Molina Healthcare will be required to implement seven revised drug policies, and one revised corresponding prior authorization form:

- 23.10.00 - Endocrine and Metabolic Agents Androgens Testosterone
- 27.17.00 - Antidiabetics GLP-1 Agonists
- 45.30.00 - Cystic Fibrosis Agents (Oral)
- 49.27.00 - Gastrointestinal Agents Proton Pump Inhibitors
- 90.27.30.AA- Atopic Dermatitis Agents: Dupilumab (Dupixent)
- 66.27.00 Cytokine and CAM Antagonists
- 65.10.00 Analgesics Opioid Agonists Long and Short Acting

To assist in the prior authorization process, criteria-specific forms for our drug policies are available for use. To ensure timely processing of your request, please fill out each form completely as needed, and attach supporting documentation.

The new prior authorization forms and our Preferred Drug List can be found here:  
[MolinaHealthcare.com/providers/wa/medicaid/drug/Pages/formulary.aspx](https://MolinaHealthcare.com/providers/wa/medicaid/drug/Pages/formulary.aspx)

If you would like more information on the HCA's policies, please visit the policy webpage: <https://www.hca.wa.gov/billers-providers-partners/program-information-providers/apple-health-medicaid-drug-coverage-criteria>

Thank you for your continued service to Molina members.