



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Drug Formulary Benefit changes Effective: April 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:

- ANTIDEPRESSANTS :TRICYCLIC AGENTS
- ANTIDIABETICS :INSULIN - LONG ACTING
- CYTOKINE AND CAM ANTAGONISTS :
- ENDOCRINE AND METABOLIC AGENTS : ESTROGEN / SELECTIVE ESTROGEN RECEPTOR MODULATOR COMBINATIONS
- ENDOCRINE AND METABOLIC AGENTS : MENOPAUSAL SYMPTOMS SUPPRESSANTS

Molina has updated or introduced new limits on certain medications. For the complete formulary, please visit <https://www.molinahealthcare.com/providers/wa/medicaid/drug/formulary.aspx>

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

DRUG NAME	Preferred Alternative(s)
Amoxapine	Amitriptyline Hcl Clomipramine Hcl Desipramine Hcl Doxepin Hcl Imipramine Hcl Nortriptyline Hcl

Basaglar	Insulin Glargine-Yfgn Lantus Solostar Lantus
Levemir	Insulin Glargine-Yfgn Lantus Solostar Lantus

Brand name Humira products will no longer be preferred, for additional details please visit:

https://www.molinahealthcare.com/-/media/Molina/PublicWebsite/PDF/Providers/wa/Medicaid/comm/updatesandevents/AHPDL4125-CytokineandCAM1_R.ashx