



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Drug Formulary Change Effective: January 1st, 2025 (Medicaid)

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

ANTIHYPERTENSIVES : ANGIOTENSIN II RECEPTOR BLOCKER COMBINATIONS
ANTIHYPERTENSIVES : ANGIOTENSIN II RECEPTOR BLOCKERS
ANTIHYPERTENSIVES : BETA-BLOCKERS - ORAL
ASTHMA AND COPD AGENTS : INHALED CORTICOSTEROIDS
DERMATOLOGICS : ACNE PRODUCTS - TOPICAL
ENDOCRINE AND METABOLIC AGENTS : ANDROGENS - TESTOSTERONE
GENITOURINARY AGENTS : OVERACTIVE BLADDER AGENTS
MIGRAINE AGENTS : CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS
MIGRAINE AGENTS : SELECTIVE SEROTONIN AGONISTS 5-HT(1)
MOUTH / THROAT / DENTAL AGENTS : OTHER
MULTIPLE SCLEROSIS AGENTS :

To find out which medications will be preferred, please see our [2025 Preferred Drug List](#) on or after January 1st, 2025.

Thank you for your continued service to Molina members.