



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Drug Formulary Change Effective: October 1, 2021 (Medicaid)

As we notified you in December 2017, the Health Care Authority (HCA) is creating a Preferred Drug List for Apple Health (Medicaid) in partnership with managed care plans that serve Apple Health clients. As a continuation of those efforts, effective October 1, 2021, Molina Healthcare will make changes to the following drug classes to align with the HCA's Preferred Drug List.

ANALGESICS: OPIOID AGONISTS - LONG ACTING
ANALGESICS: OPIOID AGONISTS - SHORT ACTING
ANALGESICS: OPIOID PARTIAL AGONISTS
ANTIBIOTICS: AMINOGLYCOSIDES - INHALED
ANTIBIOTICS: CEPHALOSPORINS - 1ST GENERATION - ORAL
ANTIBIOTICS: CEPHALOSPORINS - 2ND GENERATION - ORAL
ANTIBIOTICS: CEPHALOSPORINS - 3RD GENERATION - ORAL
ANTIBIOTICS: LINCOSAMIDES - INJECTABLE
ANTIBIOTICS: MACROLIDES - ORAL
ANTIBIOTICS: OXAZOLIDINONES - ORAL
ANTIBIOTICS: PENICILLIN COMBINATIONS - INJECTABLE
ANTIBIOTICS: PENICILLIN COMBINATIONS - ORAL
ANTIBIOTICS: PLEUROMUTILINS
ANTIBIOTICS: STREPTOGRAMINS - INJECTABLE
ANTIBIOTICS: TETRACYCLINES - ORAL
ANTIBIOTICS: TOPICAL
ANTIBIOTICS: VAGINAL
ANTIDEMENTIA AGENTS:
ANTIDEPRESSANTS: NOREPINEPHRINE-DOPAMINE REUPTAKE INHIBITORS
ANTIDIABETICS: DIABETIC OTHER
ANTIDIABETICS: DPP4 INHIBITOR / TZD COMBINATIONS
ANTIDIABETICS: DPP4 INHIBITORS
ANTIDIABETICS: GLP1 AGONISTS
ANTIDIABETICS: INSULIN - RAPID ACTING
ANTIDIABETICS: SGLT2 INHIBITORS
ANTIEMETICS / ANTIVERTIGO AGENTS: 5-HT3 RECEPTOR ANTAGONISTS
ANTIEMETICS / ANTIVERTIGO AGENTS: OTHER

ANTIEMETICS / ANTIVERTIGO AGENTS: SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

ANTIFUNGALS: ORAL

ANTIFUNGALS: TOPICAL

ANTIHYPERLIPIDEMICS: PCSK-9 INHIBITORS

ANTIHYPERTENSIVES: BETA-BLOCKERS

ANTIPARASITICS: ANTIPROTOZOAL AGENTS

ANTIPARASITICS: SCABICIDES AND PEDICULICIDES

ANTIVIRALS: HEPATITIS B AGENTS

CARDIOVASCULAR AGENTS: ANTIANGINAL AGENTS - NITRATES

CARDIOVASCULAR AGENTS: SINUS NODE INHIBITORS

CORTICOSTEROIDS: GLUCOCORTICOSTEROIDS

DERMATOLOGICS: ACNE PRODUCTS - TOPICAL

DERMATOLOGICS: ANTISEBORRHEIC PRODUCTS

DIGESTIVE AIDS: PANCREATIC ENZYMES

DIURETICS: LOOP DIURETICS

ENDOCRINE AND METABOLIC AGENTS: ANDROGENS - TESTOSTERONE

ENDOCRINE AND METABOLIC AGENTS: INSULIN LIKE GROWTH FACTORS

ENDOCRINE AND METABOLIC AGENTS: PITUITARY SUPPRESSANTS

GASTROINTESTINAL AGENTS - ULCER DRUGS: PROTON PUMP INHIBITORS (PPI)

GASTROINTESTINAL AGENTS: INFLAMMATORY BOWEL AGENTS

GASTROINTESTINAL AGENTS: IRRITABLE BOWEL SYNDROME (IBS) AGENTS / GI MOTILITY

GASTROINTESTINAL AGENTS: PHOSPHATE BINDER AGENTS

GENITOURINARY AGENTS - MISC: URINARY ANTIINFECTIVES

GENITOURINARY AGENTS: OVERACTIVE BLADDER AGENTS

GLAUCOMA AGENTS: CARBONIC ANHYDRASE INHIBITORS

GLAUCOMA AGENTS: KINASE INHIBITORS

GLAUCOMA AGENTS: MIOTICS

GLAUCOMA AGENTS: PROSTAGLANDINS

GLAUCOMA AGENTS: PROSTAGLANDINS

GLAUCOMA AGENTS: PROSTAGLANDINS

GLAUCOMA AGENTS: ADRENERGIC AGENTS

GLAUCOMA AGENTS: ADRENERGIC AGENTS

GLAUCOMA AGENTS: ADRENERGIC AGENTS COMBINATIONS

GLAUCOMA AGENTS: BETA - BLOCKERS

GLAUCOMA AGENTS: BETA - BLOCKERS COMBINATIONS

GOUT AGENTS:

HEMATOLOGICAL AGENTS: HEREDITARY ANGIOEDEMA AGENTS

HEMATOLOGICAL AGENTS: PLATELET AGGREGATION INHIBITORS

HEMATOPOIETIC AGENTS: ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)

HEMATOPOIETIC AGENTS: IRON / IRON COMBINATIONS

HEMATOPOIETIC AGENTS: SICKLE CELL ANEMIA

HEMATOPOIETIC AGENTS: SICKLE CELL ANEMIA - SELECTIN BLOCKERS

IMMUNOSUPPRESSIVE AGENTS: INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS - ORAL

IMMUNOSUPPRESSIVE AGENTS: MACROLIDE IMMUNOSUPPRESSANTS

MIGRAINE AGENTS: CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAGONISTS

MIGRAINE AGENTS: SELECTIVE SEROTONIN AGONISTS 5-HT (1)

MISCELLANEOUS THERAPEUTIC CLASSES: POTASSIUM REMOVING AGENTS

MUSCULOSKELETAL THERAPY AGENTS: SKELETAL MUSCLE RELAXANTS

OPHTHALMIC AGENTS: ANTIBIOTICS

OPHTHALMIC AGENTS: ANTIBIOTICS - SULFONAMIDES

OPHTHALMIC AGENTS: ANTIBIOTIC-STEROID COMBINATIONS

RESPIRATORY AGENTS: CYSTIC FIBROSIS AGENTS - CFTR POTENTIATORS

To find out which medications will be preferred, please see our **2021 Preferred Drug List** on October 1, 2021.

Thank you for your continued service to Molina members. Pharmacy network participation varies by plan.

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