



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Updated Drug Policy Effective February 1, 2024 (Medicaid)

In partnership with the Washington State Health Care Authority (HCA), beginning February 1, 2024, Molina Healthcare will be required to implement one revised drug policy, two new drug policies, and one revised and two new corresponding prior authorization forms:

- 39.50.00.AA-Antihyperlipidemics Icosapent Ethyl (Vascepa)
- 22.10.00.AA-Corticosteroids Glucocorticosteroids-Deflazacort (Emflaza)
- 61.40.00-Anti-narcolepsy

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

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.