



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

Drug Formulary and Policy changes Effective: April 1, 2026 (Medicaid)

The following drugs below will no longer be preferred.

Drug Name	Preferred Alternative(s)
Adderall XR	amphetamine/dextroamphetamine ER – 5 mg, 10 mg, 15 mg, 20 mg, 25 mg, 30 mg
Concerta	methylphenidate ER – 18 mg, 27 mg, 36 mg, 54 mg
Entresto	sacubitril/valsartan – 24 mg/26 mg, 49 mg/51 mg, 97 mg/103 mg
Lantus vials	Lantus SoloStar (insulin glargine) 100 units/mL insulin pen; insulin glargine yfgn 100 units/mL insulin pen; insulin glargine yfgn 100 units/mL vial
Relexxii	methylphenidate ER – 18 mg, 27 mg, 36 mg, 54 mg
Granix syringes	Preferred with Prior Authorization: Neupogen (filgrastim) 300 mcg/mL vial; Neupogen (filgrastim) 480 mcg/1.6 mL vial; Neupogen (filgrastim) 300 mcg/0.5 mL syringe; Neupogen (filgrastim) 480 mcg/0.8 mL syringe; Granix (tbo-filgrastim) 300 mcg/mL vial; Granix (tbo-filgrastim) 480 mcg/1.6 mL vial

The following policies and associated PA forms will be implemented on 4/1/2026:

- 39.38.00 Antihyperlipidemics : Adenosine Triphosphate- Citrate Lyase Inhibitors
- 40.90.00 Cardiovascular Agents : Vasoactive Soluble Guanylate Cyclase