



Provider Newsflash



A fax bulletin for the Molina Healthcare of Washington Provider Network

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

The following drugs below will no longer be preferred.

Drug Name	Preferred Alternative(s)
Tobramycin Inhalation Solution 300 mg/4 mL	Tobramycin (0.225% Sodium Chloride) 300 mg/5 mL Kitabis Pak (Tobramycin/Nebulizer) 300 mg/5 mL Tobramycin (Nebulizer) 300 mg/5 mg Bethkis (Tobramycin) 300 mg/4 mL
Copaxone	Glatiramer Acetate 20 mg/mL syringe (generic for Copaxone) Glatiramer Acetate 40 mg/mL syringe (generic for Copaxone)
Xigduo XR; Dapagliflozin Free Base-Metformin HCl Tab ER 24HR	Empagliflozin/Metformin HCl 5 mg–500 mg tablet Empagliflozin/Metformin HCl 5 mg–1000 mg tablet Empagliflozin/Metformin HCl 12.5 mg–500 mg tablet Empagliflozin/Metformin HCl 12.5 mg–1000 mg tablet
Farxiga (dapagliflozin)	Dapagliflozin 5 mg (generic for Farxiga) Dapagliflozin 10 mg (generic for Farxiga) Jardiance (empagliflozin) 10 mg Jardiance (empagliflozin) 25 mg