



Washington State Health Care Authority
Prescription Drug Program

P.O. Box 91132 • Seattle, Washington 98111-9232
206-521-2027 • FAX 206-521-2001 • TTY 360-923-2701 • www.rx.wa.gov

October 20, 2008

Dear Interested Party,

Following recommendations by the Washington State Pharmacy and Therapeutics Committee, the Department of Social and Health Services - Health and Recovery Services Administration (DSHS-HRSA), the Health Care Authority – Public Employee Health Plans (PEHP), and the Department of Labor & Industries (L&I) have named the following drugs as preferred in their respective therapeutic classes on the Washington State Preferred Drug List.

Each agency will use the common PDL according to its benefit structure. The agencies¹ will implement these changes effective January 1, 2009.

Ace Inhibitors

benazepril (generic only)
captopril (generic only)
enalapril maleate (generic only)
lisinopril (generic only)
ramipril (generic only)*

* Subject to HRSA expedited prior authorization for patients meeting the HOPE study criteria

(Class not covered by L&I)

(EFFECT: Replaces Altace ® with generic ramipril on the current PDL)

Antiplatelets

ER dipyridamole /ASA (Aggrenox ®)*
clopidogrel (Plavix ®)**

* Subject to HRSA expedited prior authorization for special populations (Stroke and Transient Ischemic Attack)

** Subject to HRSA expedited prior authorization for special populations (Acute Coronary Syndrome and Percutaneous Coronary Interventions)

¹ Except drug classes/indications not covered by L&I as noted



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Antiplatelets (continued)

(Class not covered by L&I)

(EFFECT: Replaces generic clopidogrel with Plavix® on the current PDL as generic clopidogrel has been withdrawn from market)

Antiemtics (5HT3)

ondansetron (all generic formulations)*

* Subject to HRSA expedited prior authorization for chemotherapy and radiation therapy

(EFFECT: No change to the current PDL)

Atypical Antipsychotics

aripiprazole (Abilify®)
aripiprazole oral disintegrating (Abilify Discmelt®)
aripiprazole oral solution (Abilify®)
aripiprazole injectable (Abilify® vial)*
clozapine (Clozaril®)
clozapine oral disintegrating (FazaClo®)
ziprasidone (Geodon®)
ziprasidone injectable (Geodon® vial)*
paliperidone (Invega®)
risperidone (Risperdal®)
risperidone (Risperdal Consta®)*
risperidone oral disintegrating (Risperdal-M®)
quetiapine (Seroquel®)
quetiapine XR (Seroquel XR®)
olanzapine (Zyprexa®)
olanzapine oral disintegrating (Zyprexa Zydis®)
olanzapine injectable (Zyprexa® vial) *

* Injectables subject to HRSA expedited prior authorization. Injectables are a non-covered benefit for L&I clients in outpatient settings (WAC 296-20-03014(1))

(EFFECT: Adds aripiprazole injectable (Abilify® vial), paliperidone (Invega®) and quetiapine XR (Seroquel XR®) to the current PDL)



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Calcium Channel Blockers

amlodopine (generic only)
diltiazem (all generic formulations)
felodipine (generic only)
nicardipine (generic only)
nifedipine er (generic only)
verapamil (all generic formulations)

(Class not covered by L&I)

(EFFECT: Adds nicardipine to the current list)

Long Acting Opioids

methadone (generic only)
morphine sulfate ER (generic only)

(EFFECT: No change to the current PDL)

Multiple Sclerosis Drugs

glatiramer acetate (Copaxone®)
interferon β 1a IM (Avonex®)
interferon β 1a SQ (Rebif®)
interferon β 1b SQ (Betaseron®)
mitoxantrone (Novantrone®)
natalizumab (Tysabri®)*

* Subject to HRSA prior authorization

(Class not covered by L&I)

(EFFECT: No change to the current PDL)



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Newer Sedative Hypnotics

zolpidem (generic only)*

* Subject to HRSA expedited prior authorization. L&I does not cover chronic use of scheduled sedative hypnotics; DAW/TIP will apply for acute use (see WAC 296- 20-03014(3))

(EFFECT: No change to the current PDL)

Overactive Bladder Drugs

Short-Acting Formulation:

oxybutynin immediate release (generic only)

Long-Acting Formulations:

solifenacin (Vesicare®)

oxybutynin extended release (oral generic formulations)

oxybutynin transdermal (Oxytrol TD®)

(EFFECT: Removes darifenacin (Enablex®) from the current PDL and adds oxybutynin ER and solifenacin (Vesicare ®) to the current PDL).

Proton Pump Inhibitors

lansoprazole tablets (Prevacid Solutab ®)*

lansoprazole capsules (Prevacid ®)

omeprazole capsules (generic only)

omeprazole magnesium tablets (Prilosec OTC ®)

omeprazole sodium bicarbonate (Zegerid ®)

pantoprazole (generic only)

* Subject to HRSA expedited prior authorization for special populations (pediatric/swallowing difficulties)

(EFFECT: Adds Zegerid ® and generic pantoprazole to the current PDL)



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Skeletal Muscle Relaxants

baclofen (generic only)
cyclobenzaprine (generic only)
methocarbamol (generic only)
tizanidine (generic only)

(EFFECT: No change from the current PDL)

Triptans

sumatriptan tablets (Imitrex ®)
sumatriptan injection (Imitrex Injection ®)
sumatriptan nasal (Imitrex Nasal Spray ®)
eletriptan tablets (Relpax ®)
zolmitriptan tablets (Zomig ®)
zolmitriptan nasal (Zomig Nasal Spray ®)
zolmitriptan disintegrating tablets (Zomig ZMT®)

(Class not covered by L&I)

(EFFECT: No change to the current PDL)

If you have other questions or comments regarding this announcement, please contact Regina Chacon at (206) 521-2027 or by email at pdp@hca.wa.gov.

Sincerely,

Duane Thurman
Director, Prescription Drug Programs
Washington State Health Care Authority