



Washington State Health Care Authority
Prescription Drug Program

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November 10, 2010

Dear Interested Party,

Based on recommendations by the Washington State Pharmacy and Therapeutics Committee, the Department of Social and Health Services (DSHS) - Medicaid Purchasing Administration (MPA), the Health Care Authority (HCA) – Uniform Medical Plan (UMP) 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 (PDL), effective January 1, 2011:

(Please note that the agencies have suspended cost analysis until the April 20, 2011 P&T meeting and the only changes made to the PDL until then will be as a result of P&T Committee recommendations based on updated evidence or safety considerations.)

Alzheimer's Drugs		Agency Coverage		
Ingredient Name	Label Name of Preferred Products	LNI	Medicaid	UMP & Aetna PEP
donepezil HCL	Aricept [®] tablet	No	Yes	Yes
	Aricept ODT [®] tablet-dispersible	No	Yes	Yes
galantamine HBR	galantamine HBR ER	No	Yes	Yes
	galantamine HBR solution	No	Yes	Yes
	galantamine HBR tablet	No	Yes	Yes
memantine HCL	Namenda [®] solution	No	Yes	Yes
	Namenda [®] tablet	No	Yes	Yes
	Namenda Titration Pak [®] tablet	No	Yes	Yes

The effect of this recommendation is no change to the PDL.

Newer Antihistamines		Agency Coverage		
Ingredient Name	Label Name of Preferred Products	LNI	Medicaid	UMP & Aetna PEP
cetirizine	all day allergy [®] tablets	Yes	Yes	Yes
	all day allergy children's [®] chewable	No	Yes	Yes
	all day allergy children's [®] solution	No	Yes	Yes
	all day allergy children's [®] syrup	No	Yes	Yes
	cetirizine tablet	Yes	Yes	Yes
	cetirizine chewable	No	Yes	Yes
	cetirizine syrup	No	Yes	Yes

	cetirizine HCL children's solution	No	Yes	Yes
	cetirizine HCL children's allergy syrup	No	Yes	Yes
loratadine	alavert [®] tablet	Yes	Yes	Yes
	alavert [®] tablet-dispersible	Yes	Yes	Yes
	allergy relief [®] syrup	Yes	Yes	Yes
	allergy relief [®] tablet	Yes	Yes	Yes
	allergy relief for kids [®] syrup	No	Yes	Yes
	children's loratadine syrup	No	Yes	Yes
	clear-atadine children's [®] syrup	No	Yes	Yes
	clear-atadine children's [®] tablet-dispersible	No	Yes	Yes
	loradamed [®] tablet	Yes	Yes	Yes
	loratadine tablet	Yes	Yes	Yes
	loratadine hives relief solution	Yes	Yes	Yes
triaminic allerchews [®] tablet-dispersible	No	Yes	Yes	

The effect of this recommendation is no change to the preferred drugs in the class. The full evidence update adds azelastine nasal spray and olopatadine nasal spray as non-preferred and subject to TIP on the PDL.

Antiplatelets		Agency Coverage		
Ingredient Name	Label Name of Preferred Products	LNI	Medicaid	UMP & Aetna PEP
aspirin/dipyridamole	Aggrenox [®] ER	No	Stroke & Transient Ischemic Attacks	Yes
clopidogrel bisulfate	Plavix [®] tablet	No	Acute Coronary Syndrome & Percutaneous Coronary Interventions	Yes

The effect of this recommendation is no change to the PDL.

Atypical Antipsychotics		Agency Coverage		
Ingredient Name	Label Name of Preferred Products	LNI	Medicaid	UMP & Aetna PEP
aripiprazole	Abilify [®] oral solution	Yes	Yes	Yes
	Abilify [®] injectable	No	New patients requiring injectable forms	Yes
	Abilify [®] tablet	Yes	Yes	
	Abilify Discmelt [®]	Yes	Yes	Yes
asenapine	Saphris [®] SUBL	Yes	Yes	Yes
clozapine	clozapine tablet	Yes	Yes	Yes
	Fazaclo [®] tablet-dispersible	Yes	Yes	Yes
iloperidone	Fanapt [®] tablet	Yes	Yes	Yes
	Fanapt Titration	Yes	Yes	Yes

	Pack [®] tablets			
olanzapine	Zyprexa [®] solution	No	New patients requiring injectable forms	Yes
	Zyprexa [®] tablet	Yes	Yes	Yes
	Zyprexa Zydis [®] tablet-dispersible	Yes	Yes	Yes
olanzapine pamoate	Zyprexa Relprev V [®]	No	New patients requiring injectable forms	Yes
paliperidone	Invega [®] TB24	Yes	Yes	Yes
paliperidone palmitate	Invega Sustenna [®] suspension	No	New patients requiring injectable forms	Yes
quetiapine fumarate	Seroquel [®] tablet	Yes	Yes	Yes
	Seroquel [®] XR tablet	Yes	Yes	Yes
risperidone	Risperdal Consta [®]	No	New patients requiring injectable forms	Yes
	risperidone oral solution	Yes	Yes	Yes
	risperidone tablet	Yes	Yes	Yes
	risperidone M-TAB	Yes	Yes	Yes
	risperidone ODT	Yes	Yes	Yes
ziprasidone HCL	Geodon [®] capsule	Yes	Yes	Yes
ziprasidone mesylate	Geodon [®] solution	No	New patients requiring injectable forms	Yes
The effect of this recommendation is to add two new drugs included in the full evidence update -asenapine and iloperidone - as preferred on the PDL.				

Diabetes - Oral Hypoglycemics		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	LNI	Medicaid	UMP & Aetna PEP
glimepiride	glimepiride tablet	No	Yes	Yes
glipizide	glipizide tablet	No	Yes	Yes
	glipizide ER/XL tablet	No	Yes	Yes
glyburide	glyburide tablet	No	Yes	Yes
	glyburide micronized tablet	No	Yes	Yes
	glycron [®] tablet	No	Yes	Yes
The effect of this recommendation is no change to the PDL.				

Skeletal Muscle Relaxants		Agency Coverage		
Ingredient Name	Label Name of Preferred Products	L&I	Medicaid	UMP & Aetna PEP
cyclobenzaprine HCL	cyclobenzaprine HCL tablet	Yes	Yes	Yes
methocarbamol	methocarbamol tablet	Yes	Yes	Yes
Antispasticity		Agency Coverage		
Ingredient Name	Label Name of Preferred Products	L&I	Medicaid	UMP & Aetna PEP

baclofen	baclofen tablet	Yes	Yes	Yes
tizanidine HCL	tizanidine HCL tablet	Yes	Yes	Yes
The effect of this recommendation is no change to the PDL.				

Triptan		Agency Coverage		
Ingredient Name	Preferred Products	LNI	Medicaid	UMP & Aetna PEP
eletriptan HBR	Relpax [®] tablet	No	Yes	Yes
rizatriptan benzoate	Maxalt [®] tablet	No	Yes	Yes
	Maxalt-MLT [®] tablet-dispersible	No	Yes	Yes
sumatriptan succinate	sumatriptan succinate solution	No	Yes	Yes
	sumatriptan succinate tablet	No	Yes	Yes
The effect of this recommendation is no change to the PDL.				

Each agency will use the common PDL according to its benefit structure. You may view the current PDL at: <http://www.rx.wa.gov/documents/washingtonpdl.pdf>

If you have other questions or comments regarding this announcement, please contact Leta Evaskus at (206) 521-2029 or by email at leta.evaskus@hca.wa.gov.

Sincerely,



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 Washington State Health Care Authority