



Washington State Health Care Authority
Prescription Drug Program

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February 10, 2008

Dear Interested Party,

Based on 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 - 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).

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

Alzheimer's Drugs

donepezil (Aricept®)
galantamine hcl*
memantine hcl (Namenda®, Namenda Titration PK®)

*generic products only
(Not part of L&I's benefit)

(EFFECT: adds galantamine to the current PDL)

Second Generation Antidepressant Drugs

SSRI products:

fluoxetine*
sertraline*
citalopram*
paroxetine*

Other antidepressant products:

Bupropion* #
bupropion SR* #
bupropion XL*
mirtazapine*

SNRI products:

venlafaxine extended release (Effexor XR®)
venlafaxine*

*generic products only

¹ Except drug classes not covered by L&I where noted.

#Subject to HRSA Expedited Prior Authorization: Not for smoking cessation

(EFFECT: no change to the current PDL)

Beta Blocker Drugs

acebutolol*
atenolol*
carvedilol*
labetalol*
metoprolol tartrate*
metoprolol succinate*
nadolol*
pindolol*
propranolol/XR*
timolol*

*generic products only
(Not part of L&I's benefit)

(EFFECT: removes bisoprolol from the current PDL and eliminates the HRSA expedited prior authorization for carvedilol and metoprolol succinate)

Hepatitis C

peginterferon alfa-2b (PEG-Intron®, PEG-Intron RediPen®)

(Not part of L&I's benefit)

(EFFECT: removes peginterferon alpha-2a(Pegasys®) from the current PDL and adds peginterferon alfa-2b(PEG-Intron®, PEG-Intron RediPen®) to the current PDL)

Nasal Corticosteroids

fluticasone*
flunisolide*
triamcinolone (Nasacort AQ ® nasal spray)

*generic products only

(EFFECT: removes Nasonex® from the current PDL and adds generic fluticasone and generic flunisolide to the current PDL)

Newer Antihistamine Drugs

loratadine OTC*
cetirizine hydrochloride*
cetirizine hydrochloride syrup*#
fexofenadine hydrochloride*

*generic products only

Subject to expedited prior authorization for children ages 6 months to 2 years for HRSA and UMP. L&I does not cover pediatric indications

(EFFECT: removes desloratadine syrup (Clarinet Syrup®) from the current PDL and adds, cetirizine hydrochloride, cetirizine hydrochloride syrup, and fexofenadine hydrochloride to the current PDL)

Oral Hypoglycemics

glipizide*
glipizide ER/XL*
glyburide*
glyburide micronized*
glimepiride*

*generic products only

(EFFECT: adds glipizide ER/XL, and glimepiride to the current PDL)

Thiazolidinedione Antidiabetic Agents

pioglitazone (Actos®)
rosiglitazone (Avandia®)

(Not part of L&I's benefit)

(EFFECT: adds pioglitazone (Actos®) to the current PDL)

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

Sincerely,



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