



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

August 31, 2009

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, the Health Care Authority – PEBB Plan Management, and the Department of Labor & Industries 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 agencies will implement these changes effective October 1, 2009.

Estrogen Drug Class

Estrogen only products:

menest tablet*
estradiol tablet *
estropipate tablet*

(Effect: Oral & transdermal preparations were combined; adds estropipate to the current PDL & removes estradiol patch from PDL)

Estrogen Topical:

Vagifem®

(EFFECT: No change to current PDL)

Estrogen Combination Products:

Activella® (0.5mg/.01mg only)
estradiol/norethindrone (1mg/0.5mg only)

(EFFECT: Oral & transdermal preparations were combined; removes Prempro®, Premphase®, & Climara Pro® from the current PDL, adds generic estradiol/norethindrone)

*generic products only
This drug class is not covered by L&I.



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Calcium Channel Blockers

amlodopine *
diltiazem *
diltiazem ER*
felodipine ER*
nicardipine*
nifedipine ER*
nisoldipine*
verapamil ER*
verapamil*

(EFFECT: adds nisoldipine to the current PDL)

* generic products only
This drug class is not covered by L&I.

Over Active Bladder/Urinary Incontinence Drug Class

Short-Acting Formulation:

oxybutynin immediate release (generic products only)

Long-Acting Formulations:

solifenacin (Vesicare[®])
oxybutynin extended release (oral generic products)

(EFFECT: Removes Oxytrol TD[®] from the current PDL)

Proton Pump Inhibitor Drug Class

lansoprazole tablets (Prevacid Solutab[®])*
lansoprazole powder (Prevacid Suspension[®])*
omeprazole capsules (generic products only)
omeprazole tablets (Prilosec OTC[®])

(EFFECT: Removes Prevacid capsules[®], pantoprazole and Zegerid[®] from the current PDL)

* Subject to HRSA expedited prior authorization for pediatric indications; not covered by L&I.



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If you have other questions or comments regarding this announcement, please contact Regina Chacon 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