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 10, 2011

Dear Interested Party,

Based on recommendations by the Washington State Pharmacy and Therapeutics Committee (P&T Committee), the Health Care Authority, Uniform Medical Plan (UMP) and Medicaid programs 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 October 1, 2011:

(NOTE: Effective July 1, 2011, the Medicaid program was consolidated into the Health Care Authority pursuant to HB 1738.)

Antiemetic (5HT3) reviewed 4/20/2011		**Agency Coverage**		
Ingredient Name	**Label Name of Preferred Product**	**L&I**	**Medicaid**	**UMP**
ondansetron	ondansetron oral tablet	No	For Chemotherapy and Radiation Therapy	Yes
	ondansetron ODT tablet dispersible	No	For Chemotherapy and Radiation Therapy	Yes
	ondansetron oral solution	No	For Chemotherapy and Radiation Therapy	Yes
	ondansetron injectable solution	No	For Chemotherapy and Radiation Therapy	Yes
The effect of this recommendation is no change to the PDL.				

Asthma – Quick Relief Inhaler reviewed 4/20/2011		**Agency Coverage**		
Ingredient Name	**Label Name of Preferred Product**	**L&I**	**Medicaid**	**UMP**
albuterol sulfate	Proair HFA® aerosol	Yes	Yes	Yes
	Ventolin HFA® inhaler	Yes	Yes	Yes
The effect of this recommendation makes Proventil HFA® non-preferred on the PDL.				

Asthma – Quick Relief Nebulized reviewed 4/20/2011		**Agency Coverage**		
Ingredient Name	**Label Name of Preferred Product**	**L&I**	**Medicaid**	**UMP**
albuterol sulfate	albuterol sulfate nebulizer	Yes	Yes	Yes
The effect of this recommendation is no change to the PDL.				

Insomnia Drugs reviewed 4/21/10		Agency Coverage		
Ingredient Name	**Label Name of Preferred Product**	**L&I**	**Medicaid**	**UMP**
zaleplon	zaleplon capsule	Acute use only	For Insomnia, limited to 30 tab/30 days initial month, then 10 tab/30 days	Yes
zolpidem tartrate	zolpidem tartrate tablet	Acute use only	For Insomnia, limited to 30 tab/30 days initial month, then 10 tab/30 days	Yes
The effect of this recommendation is no change to the PDL.				

NSAID / Cox II Inhibitor reviewed 4/20/2011		Agency Coverage		
Ingredient Name	**Label Name of Preferred Product**	**L&I**	**Medicaid**	**UMP**
diclofenac potassium	diclofenac potassium tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
diclofenac sodium	diclofenac sodium /DR/EC/ER/XR tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
diflunisal	diflunisal tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
etodolac	etodolac capsule	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
	etodolac/ER tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
fenoprofen calcium	fenoprofen calcium tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
flurbiprofen	flurbiprofen tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
ibuprofen	ibuprofen tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
indomethacin	indomethacin/ER capsule	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
ketoprofen	ketoprofen/ER capsule	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
ketorolac tromethamine	ketorolac tromethamine tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes

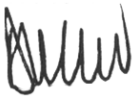
mefenamic acid	mefenamic acid capsule	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
meloxicam	meloxicam suspension	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
	meloxicam tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
nabumetone	nabumetone tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
naproxen	naproxen suspension	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
	naproxen/DR tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
naproxen sodium	naproxen sodium tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
oxaprozin	oxaprozin tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
piroxicam	piroxicam capsule	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
salsalate	salsalate tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
sulindac	sulindac tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
tolmetin sodium	tolmetin sodium capsule	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
	tolmetin sodium tablet	Yes	No Hx of GI bleed or ulcer; DAW1 does not override EPA	Yes
The effect of this recommendation makes meclofenamate sodium non-preferred on the PDL.				

Statin (HMG-CoA Reductase Inhibitor) reviewed 4/20/2011		Agency Coverage		
Ingredient Name	**Label Name of Preferred Product**	**L&I**	**Medicaid**	**UMP**
lovastatin	lovastatin tablet	No	Yes	Yes
pravastatin sodium	pravastatin sodium tablet	No	Yes	Yes
rosuvastatin calcium	Crestor® tablet	No	Yes	Yes
simvastatin	simvastatin 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,



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