

Washington State Health Care Authority **Prescription Drug Program**

1511 3rd Ave Suite 523 • Seattle, Washington 98101

206-521-2029 • http://hca.wa.gov/about-hca/prescription-drug-program

November 22, 2016

Dear Interested Party,

Based on recommendations by the Washington State Pharmacy and Therapeutics Committee, the Health Care Authority (Medicaid/Uniform Medical Plan) 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, 2017:

Newer Anticoagulant Drugs reviewed 6/15/2016		Agency Coverage				
Ingredient Name	Label Name of Preferred	L&I	Medicaid	UMP		
	Product					
apixaban	Eliquis [®] tablet	No	PA Required	Yes		
dabigatran etexilate	Pradaxa [®] capsule	No	PA Required	Yes		
mesylate						
The effect of this recommendation is no change to the PDL.						

MS Drugs reviewed 6/15/2016		Agency Coverage			
Ingredient Name	Label Name of Preferred	L&I	Medicaid	UMP	
	Product				
dimethyl fumarate	Tecfidera [®] capsule	No	Yes	Yes	
	Tecfidera Starter Pack® capsule	No	Yes	Yes	
fingolimod HCL	Gilenya [®] capsule	No	Yes	Yes	
glatiramer acetate	Copaxone [®] kit (40mg)	No	Yes	Yes	
	Copaxone® solution (40mg)	No	Yes	Yes	
	Glatopa [®] solution	No	Yes	Yes	
interferon beta-1A	Avonex [®] kit	No	Yes	Yes	
	Avonex Pen [®] kit	No	Yes	Yes	
interferon beta-1B	Betaseron [®] kit	No	Yes	Yes	
	Betaseron [®] solution	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://hca.wa.gov/about-hca/prescription-drug-program/reports.

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,

Ray Hanley Prescription Drug Programs Director Washington State Health Care Authority