



**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>

January 9, 2017

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 immediately:

ADHD – Methylphenidates reviewed 8/17/2016		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
dexmethylphenidate HCL	dexmethylphenidate HCL tablet	No	Yes	Yes
	dexmethylphenidate HCL ER capsule	No	Yes	Yes
methylphenidate HCL	methylphenidate HCL tablet	No	Yes	Yes
	methylphenidate HCL solution	No	Yes	Yes
	methylphenidate HCL ER capsule	No	Yes	Yes
	methylphenidate HCL ER tablet	No	Yes	Yes
	methylphenidate HCL SR tablet	No	Yes	Yes
	methylphenidate HCL LA capsule	No	Yes	Yes
	methylphenidate HCL CD	No	Yes	Yes
	methylphenidate HCL CR	No	Yes	Yes

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

ADHD – Amphetamines reviewed 8/17/2016		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
mixed amphetamine salts	amphetamine/ dextroamphetamine 24hr capsule	No	Yes	Yes
	amphetamine/ dextroamphetamine tablet	No	Yes	Yes
dextroamphetamine sulfate	dextroamphetamine sulfate tablet	No	Yes	Yes
	dextroamphetamine sulfate ER capsule	No	Yes	Yes
lisdexamfetamine dimesylate	Vyvanse [®] capsule	No	Yes	Yes

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

ADHD – Non-Stimulant reviewed 8/17/2016		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
atomoxetine HCL	Strattera [®] capsule	No	Yes	Yes
guanfacine HCL	guanfacine tablet	No	Yes	Yes
	guanfacine ER tablet	No	Yes	Yes

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

Antiemetic (5HT3) reviewed 8/17/2016		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
granisetron	granisetron HCL solution	No	Yes	Yes
	granisetron HCL tablet	No	Yes	Yes
ondansetron	ondansetron ODT tablet dispersible	No	Limit of 24mg/day	Yes
ondansetron HCL	ondansetron HCL solution	No	Limit of 24mg/day	Yes
	ondansetron HCL tablet	No	Limit of 24mg/day	Yes

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

Targeted Immune Modulator (TIM) reviewed 8/17/2016		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
adalimumab	Humira [®] kit	No	EPA limited to FDA indications and dosing	Yes
	Humira Pen [®] kit	No	EPA limited to FDA indications and dosing	Yes
	Humira Pediatric Crohns Disease Starter Pack [®] kit	No	EPA limited to FDA indications and dosing	Yes
	Humira Pen-Crohns Disease Starter [®] kit	No	EPA limited to FDA indications and dosing	Yes
	Humira Pen-Psoriasis Starter [®] kit	No	EPA limited to FDA indications and dosing	Yes
etanercept	Enbrel [®] kit	No	EPA limited to FDA indications and dosing	Yes
	Enbrel [®] solution	No	EPA limited to FDA indications and dosing	Yes
	Enbrel Sureclick [®] solution	No	EPA limited to FDA indications and dosing	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