



Provider Notice 13-14

Correction: This PN supersedes PN 13-08 to remove the Drug class Overactive Bladder/Urinary Incontinence because this drug class will remain unchanged.

Dear Provider,

Effective for dates of service on and after March 1, 2013, the Medicaid Program of the Health Care Authority (the Agency) will publish a revised Washington Preferred Drug List (PDL). This update represents changes in selected drug classes.

Summary of Changes

The following changes will be made to the **Washington Preferred Drug List:**

Drug Class	Drug Name	Preferred Status
Alzheimer's Drugs	Aricept®	Non-preferred
	Aricept ODT®	Non-preferred
	rivastigmine tartrate	Preferred
Attention Deficit/ Hyperactivity Disorder	dextroamphetamine	Non-preferred
	dextroamphetamine SA	Non-preferred
	Concerta® (methylphenidate HCl)	Non-preferred
	Daytrana™ (methylphenidate HCl) transdermal patch	Non-preferred
	Intuniv™ (guanfacine)	Preferred
	Metadate CD™ (methylphenidate HCl)	Non-preferred
	methylphenidate HCl CD	Non-preferred
Atypical Antipsychotic Drugs	Fazaclor® (clozapine) disintegrating tablet	Non-preferred
	Geodon® (ziprasidone HCl) capsule	Non-preferred
	Risperdal® (risperidone) M-tab®	Non-preferred
	Seroquel® (quetiapine) tablet	Non-preferred
	Zyprexa® (olanzapine) tablet	Non-preferred
	Zydis® tablet	Non-preferred
Long-Acting Opioids	fentanyl transdermal	Preferred
	oxymorphone HCl ER	Preferred
Macrolides	EES® (erythromycin ethylsuccinate) granules	Non-Preferred
	E.E.S. 400®	Preferred
	ERYPED 200®, 400®	Non-Preferred
	Ery-Tab® (erythromycin base EC)	Preferred
	erythromycin base	Non-Preferred
	erythromycin ethylsuccinate	Preferred
Multiple Sclerosis Drugs	Betaseron® (interferon β 1b)	Preferred
	Gilenya® (fingolimod)	Preferred
	Extavia® (interferon β 1b)	Non-preferred

To view the Agency's 30 day pre-release PDL that becomes effective March 1, 2013, go to:

http://hrsa.dshs.wa.gov/billing/documents/guides/wpd/ prerulease_03012013.pdf

Thank you.

BC/AL
Provider Publications Team
Medicaid Program
Health Care Authority

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