

Provider Notice 13-77

Dear Provider,

Effective for dates of service on and after December 1, 2013, the Medicaid Program of the Health Care Authority (agency) will publish an update of the Washington Preferred Drug List (WPDL) with a new drug class as follows:

Drug Class	Drug Name	Preferred Status
Newer Anticoagulants	Eliquis® (apixaban)*	Non-preferred
	Pradaxa® (dabigatran)*	Preferred
	Xarelto® (<i>rivaroxaban</i>)* see exceptions to PA below	Preferred

*Prior authorization (PA) required

Exceptions to the PA requirement for Xarelto®

A one-time fill for Xarelto® will be allowed for the following indications and dosages:

- Hip replacement: 10mg once daily for 35 days
- Knee replacement: 10mg once daily for 12 days
- Treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE): 15mg twice daily for 21 days

The agency's <u>30 day pre-release Washington PDL</u> that becomes effective December 1, 2013, is available online.

Thank you.

BC-JC Provider Publications Team Medicaid Program Health Care Authority

NOTE: Please do not reply directly to this Listserv message. If you have feedback or questions, please visit the HCA website at http://www.hca.wa.gov/medicaid/Pages/contact.aspx. That way your message can be delivered to the appropriate staff.

NOTICE: This message (including any attachments) may contain information that is privileged, confidential, proprietary and/or otherwise protected from disclosure to anyone other than its intended recipient(s). Any dissemination, copying, retention or use of this message or its contents (including any attachments) by persons other than the intended recipient(s) is strictly prohibited. If you have received this message in error, please immediately notify the sender by reply e-mail or telephone and permanently delete all copies of this message and any attachments. Thank you for your cooperation.