



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

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206-521-2029 • <http://www.rx.wa.gov>

March 1, 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 dates:

- Medicaid – May 1, 2017
- Uniform Medical Plan – May 1, 2017
- Labor and Industry – July 1, 2017

<b>Asthma – Quick Relief reviewed 10/19/2016</b>		<b>Agency Coverage</b>		
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>Medicaid</b>	<b>UMP</b>
albuterol sulfate	albuterol sulfate nebulizer	Yes	Yes	Yes
	Proair HFA <sup>®</sup> aerosol	Yes	Yes	Yes
The effect of this recommendation is no change to the PDL.				

<b>Asthma – Inhaled Corticosteroid reviewed 10/19/2016</b>		<b>Agency Coverage</b>		
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>Medicaid</b>	<b>UMP</b>
beclomethasone dipropionate	Qvar <sup>®</sup> aerosol	Yes	Yes	Yes
budesonide	budesonide suspension	Yes	Yes	Yes
fluticasone propionate	Flovent Diskus <sup>®</sup> aerosol powder breath activated	Yes	Yes	Yes
	Flovent HFA <sup>®</sup> aerosol	Yes	Yes	Yes

The effect of this recommendation is to make Pulmicort 1mg non-preferred on the PDL.

<b>Asthma/COPD – Inhaled Corticosteroid - LABA Combinations</b>		<b>Agency Coverage</b>		
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>Medicaid</b>	<b>UMP</b>
fluticasone/ salmeterol	Advair Diskus <sup>®</sup> aerosol all strengths	PA Required	Yes	Yes
	Advair HFA <sup>®</sup> aerosol	PA Required	Yes	Yes

The effect of this recommendation is to make Breo Ellipta<sup>®</sup> non-preferred on the PDL.

<b>Asthma – Leukotriene Modifier</b>	<b>Agency Coverage</b>
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<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>Medicaid</b>	<b>UMP</b>
montelukast sodium	montelukast sodium tablet	Yes	Yes	Yes
	montelukast sodium pack	Yes	Yes	Yes
	montelukast sodium chewable	No	Yes	Yes
zafirlukast	zafirlukast tablet	Yes	Yes	Yes
The effect of this recommendation is no change to the PDL.				
<b>Asthma/COPD – Long Acting Beta Agonists</b>		<b>Agency Coverage</b>		
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>Medicaid</b>	<b>UMP</b>
salmeterol xinafoate	Serevent Diskus <sup>®</sup> aerosol powder breath activated	PA Required	EA Required	Yes
The effect of this recommendation is no change to the PDL.				
<b>Asthma/COPD – Long Acting Muscarinic Agents (LAMA)</b>		<b>Agency Coverage</b>		
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>Medicaid</b>	<b>UMP</b>
tiotropium bromide monohydrate	Spiriva Handihaler <sup>®</sup> capsule	PA Required	EA Required	Yes
	Spiriva Respimat <sup>®</sup> aerosol	PA Required	EA Required	Yes
The effect of this recommendation is no change to the PDL.				
<b>Asthma/COPD – PD4I Phosphodiesterase – 4 Inhibitor</b>		<b>Agency Coverage</b>		
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>Medicaid</b>	<b>UMP</b>
roflumilast	Daliresp <sup>®</sup> tablet	PA Required	EA Required	Yes
The effect of this recommendation is no change to the PDL.				
<b>Asthma/COPD – LABA - LAMA</b>		<b>Agency Coverage</b>		
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>Medicaid</b>	<b>UMP</b>
tiotropium bromide/ olodaterol HCL	Stiolto Respimat <sup>®</sup> aerosol	PA Required	EA Required	Yes
The effect of this recommendation is to make Anoro Ellipta <sup>®</sup> non-preferred on the PDL and to make Stiolto Respimat <sup>®</sup> preferred on the PDL.				

<b>Diabetes Drugs – DPP-4 reviewed 10/19/2016</b>		<b>Agency Coverage</b>		
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>Medicaid</b>	<b>UMP</b>
alogliptin benzoate	alogliptin tablet	No	Yes	Yes
alogliptin + metformin	alogliptin metformin tablet	No	Yes	Yes
alogliptin + pioglitazone	alogliptin pioglitazone tablet	No	Yes	Yes
linagliptin	Tradjenta <sup>®</sup> tablet	No	Yes	Yes
linagliptin + metformin	Jentadueto <sup>®</sup> tablet	No	Yes	Yes

The effect of this recommendation is to make alogliptin, alogliptin metformin, alogliptin pioglitazone and Jentaduo <sup>®</sup> preferred on the PDL.				
Diabetes Drugs – SGLT2 Inhibitors		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
dapagliflozin propanediol	Farxiga <sup>®</sup> tablet	No	Yes	Yes
canagliflozin	Invokana <sup>®</sup> tablet	No	Yes	Yes
metformin + canagliflozin	Invokamet <sup>®</sup> tablet	No	Yes	Yes
metformin ER + dapagliflozin	Xigduo XR <sup>®</sup> tablet	No	Yes	Yes
The effect of this recommendation is to make Invokana <sup>®</sup> , Invokamet <sup>®</sup> and Xigduo XR <sup>®</sup> preferred on the PDL.				
Diabetes Drugs – GLP-1 Agonist		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
exenatide	Byetta <sup>®</sup> 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 on our [website](#).

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](mailto:leta.evaskus@hca.wa.gov).

Sincerely,



Ray Hanley  
 Prescription Drug Programs Director  
 Washington State Health Care Authority