



**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>

February 13, 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 – March 1, 2017
- Uniform Medical Plan – April 1, 2017
- Labor and Industry – April 1, 2017

Second Generation Antipsychotics reviewed 12/21/2016		Agency Coverage		
Ingredient Name	Label Name of Preferred Products	L&I	Medicaid	UMP
aripiprazole	Abilify Maintena [®] suspension reconstituted	No	Age and dose limits	Yes
	aripiprazole solution	Yes	Age and dose limits	Yes
	aripiprazole tablet	Yes	Age and dose limits	Yes
	aripiprazole ODT tablet dispersible	Yes	Age and dose limits	Yes
aripiprazole lauroxil	Aristada [®] injectable	No	Age and dose limits	Yes
asenapine maleate	Saphris [®] sublingual	Yes	Age and dose limits	Yes
brexpiprazole	Rexulti [®] tablet	Yes	Age and dose limits	Yes
cariprazine HCL	Vraylar [®] capsule	Yes	Age and dose limits	Yes
clozapine	clozapine tablet	Yes	Age and dose limits	Yes
	clozapine ODT tablet dispersible	Yes	Age and dose limits	Yes
iloperidone	Fanapt [®] tablet	Yes	Age and dose limits	Yes
	Fanapt Titration Pack [®] tablet	Yes	Age and dose limits	Yes
lurasidone HCL	Latuda [®] tablet	Yes	Age and dose limits	Yes
olanzapine	olanzapine solution	No	Age and dose limits	Yes
	olanzapine tablet	Yes	Age and dose limits	Yes
	olanzapine ODT tablet dispersible	Yes	Age and dose limits	Yes

olanzapine pamoate	Zyprexa Relprevv [®] suspension reconstituted	No	Age and dose limits	Yes
paliperidone	paliperidone ER tablet	Yes	Age and dose limits	Yes
paliperidone palmitate	Invega Sustenna [®] suspension	No	Age and dose limits	Yes
	Invega Trinza [®] suspension	No	Age and dose limits	Yes
quetiapine fumarate	quetiapine fumarate tablet	Yes	Age and dose limits	Yes
	quetiapine fumarate ER tablet	Yes	Age and dose limits	Yes
risperidone	risperidone oral solution	Yes	Age and dose limits	Yes
	risperidone tablet	Yes	Age and dose limits	Yes
	risperidone M-TAB tablet dispersible	Yes	Age and dose limits	Yes
	risperidone ODT tablet dispersible	Yes	Age and dose limits	Yes
risperidone microspheres	Risperdal Consta [®] suspension reconstituted	No	Age and dose limits	Yes
ziprasidone HCL	ziprasidone HCL capsule	Yes	Age and dose limits	Yes
ziprasidone mesylate	Geodon [®] solution	No	Age and dose limits	Yes
The effect of this recommendation is to make Abilify [®] , Zyprexa [®] and Seroquel XR [®] non-preferred on the PDL and to make Aristada [®] , Rexulti [®] , Vraylar [®] , and Invega Trinza [®] preferred on 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