



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

1511 3rd Ave Suite 523 • Seattle, Washington 98101
206-521-2029 • <https://www.hca.wa.gov/about-hca/prescription-drug-program>

September 6, 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 October 1, 2017:

Antidepressants – Other reviewed 4/19/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
bupropion HCL	budeprion SR tablet	Yes	Yes	Yes
	budeprion XL tablet	Yes	Yes	Yes
	bupropion HCL tablet	Yes	Yes	Yes
	bupropion HCL ER tablet	Yes	Yes	Yes
	bupropion HCL SR tablet	Yes	Yes	Yes
	bupropion HCL XL tablet	Yes	Not for smoking cessation	Yes
mirtazapine	mirtazapine tablet	Yes	Yes	Yes
	mirtazapine tablet dispersible	Yes	Yes	Yes
	mirtazapine ODT tablet dispersible	Yes	Yes	Yes
The effect of this recommendation is no change to the PDL.				
Antidepressants – SNRI reviewed 4/19/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
venlafaxine HCL	venlafaxine HCL tablet	Yes	Yes	Yes
	venlafaxine HCL ER capsule	Yes	Yes	Yes
The effect of this recommendation is no change to the PDL.				
Antidepressants – SSRI reviewed 4/19/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
citalopram HBR	citalopram HBR tablet	Yes	Yes	Yes
escitalopram oxalate	escitalopram oxalate tablet	Yes	Yes	Yes
fluoxetine HCL	fluoxetine DR capsule	Yes	Yes	Yes
	fluoxetine HCL capsule	Yes	Yes	Yes
	fluoxetine HCL solution	Yes	Yes	Yes
fluvoxamine maleate	fluvoxamine maleate tablet	Yes	Yes	Yes
paroxetine HCL	paroxetine HCL tablet	Yes	Yes	Yes
sertraline HCL	sertraline HCL tablet	Yes	Yes	Yes
The effect of this recommendation is no change to the PDL.				

Estrogen – Oral reviewed 4/19/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
estradiol	estradiol tablet	No	Yes	Yes
estropipate	estropipate tablet	No	Yes	Yes
The effect of this recommendation is no change to the PDL.				
Estrogen – Oral Combination reviewed 4/19/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
estradiol/ norethindrone acetate	Amabelz [®] tablet	No	Yes	Yes
	estradiol/ norethindrone acetate tablet	No	Yes	Yes
	Mimvey [®] tablet	No	Yes	Yes
	Mimvey Lo [®] tablet	No	Yes	Yes
norethindrone acetate/ethinyl estradiol	Jevantique Lo [®] tablet	No	Yes	Yes
	Jinteli [®] tablet	No	Yes	Yes
	norethindrone acetate/ethinyl estradiol	No	Yes	Yes
The effect of this recommendation is to make Amabelz [®] , Mimvey Lo [®] , Jevantique Lo [®] , and norethindrone acetate/ethinyl estradiol preferred on the PDL.				
Estrogen – Transdermal reviewed 4/19/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
The effect of this recommendation is no change to the PDL.				
Estrogen –Transdermal Combination reviewed 4/19/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
The effect of this recommendation is no change to the PDL.				
Estrogen – Vaginal reviewed 4/19/2017		Agency Coverage		
estradiol	Estring [®] ring	No	Yes	Yes
The effect of this recommendation is no change to the PDL.				

Insomnia Drugs reviewed 4/19/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
ramelteon	Rozerem [®] tablet	Yes	Maximum 1 tablet/day	Yes
zaleplon	zaleplon capsule	Acute use only	Maximum 1 tablet/day	Yes
zolpidem tartrate	zolpidem tartrate tablet	Acute use only	Maximum 1 tablet/day	Yes
The effect of this recommendation is no change to the PDL.				

PCSK9 Inhibitors reviewed 4/19/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
evolocumab	Repatha [®] injection	No	Prior authorization required	Yes
	Repatha Pushtronex System [®] on-body infusor with prefilled cartridge	No	Prior authorization required	Yes

	Repatha Sureclick® injection	No	Prior authorization required	Yes
The effect of this recommendation is no change to the PDL.				

Statin (HMG-CoA Reductase Inhibitor) reviewed 4/19/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
atorvastatin calcium	atorvastatin calcium tablet	No	Yes	Yes
lovastatin	lovastatin tablet	No	Yes	Yes
pravastatin sodium	pravastatin sodium tablet	No	Yes	Yes
rosuvastatin calcium	rosuvastatin calcium tablet	No	Max dose limit of 40mg/day	Yes
simvastatin	simvastatin tablet	No	Prior Authorization required for => 80mg	Yes
The effect of this recommendation is to make fluvastatin non-preferred on the PDL, and to make rosuvastatin calcium preferred on 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.

Sincerely,



Ray Hanley
 Prescription Drug Programs Director
 Washington State Health Care Authority