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

January 8, 2018

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 January 1, 2018:

Newer Anticoagulant Drugs reviewed 6/21/2017		**Agency Coverage**		
Ingredient Name	**Label Name of Preferred Product**	**L&I**	**Medicaid**	**UMP**
apixaban	Eliquis® tablet	Not covered	Preferred	Preferred
dabigatran etexilate mesylate	Pradaxa® capsule	Not covered	Preferred	Preferred
rivaroxaban	Xarelto® tablet	Not covered	Preferred	Non-preferred
The effect of this recommendation is no change to the PDL.				

MS Drugs reviewed 6/21/2017		**Agency Coverage**		
Ingredient Name	**Label Name of Preferred Product**	**L&I**	**Medicaid**	**UMP**
dimethyl fumarate	Tecfidera® capsule	Not covered	Preferred	Preferred
	Tecfidera Starter Pack® capsule	Not covered	Preferred	Preferred
fingolimod HCL	Gilenya® capsule	Not covered	Preferred	Preferred
glatiramer acetate	Copaxone® kit	Not covered	Preferred	Non-preferred
	Copaxone® syringe	Not covered	Preferred	Non-preferred
	glatiramer acetate prefilled syringe	Not covered	Non-preferred	Preferred
	Glatopa® solution	Not covered	Non-preferred	Preferred
	Glatopa® prefilled syringe	Not covered	Non-preferred	Preferred
interferon beta-1A	Avonex® kit	Not covered	Preferred	Preferred
	Avonex Pen® kit	Not covered	Preferred	Preferred
	Rebif® prefilled syringe	Not covered	Preferred	Non-preferred

	Rebif Rebidose® prefilled syringe	Not covered	Preferred	Non-preferred
	Rebif Rebidose Titration Pack® prefilled syringe	Not covered	Preferred	Non-preferred
interferon beta-1B	Betaseron® kit	Not covered	Preferred	Preferred
	Betaseron® solution	Not covered	Preferred	Preferred
The effect of this recommendation is to make Copaxone® non-preferred for UMP on the PDL and to make glatiramer acetate preferred for UMP 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