



Apple Health Preferred Drug List

DUR Board Meeting

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Clinical Quality and Care Transformation
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Agenda

- Review Budget Provis
- Apple Health PDL Update

Budget Proviso

- HCA shall develop and implement single, standard Medicaid preferred drug list (PDL):
 - to be used by all contracted Medicaid managed care systems (MCO), on or before January 1, 2018
 - in consultation with all Medicaid managed health care systems (MCO) and the P&T Committee or DUR Board
 - that ensures access to clinically effective and appropriate drug therapies in each class while maximizing federal and supplemental rebates
- 340B entities will continue to operate under their current pricing agreement

Budget Proviso

- HCA may use consultants with expertise in evidence-based drug class reviews, pharmacy benefit management, and purchasing
- All MCOs must use the PDL and must not negotiate or collect rebates for drugs listed on the PDL whether preferred or non-preferred
- MCOs shall provide HCA with drug specific financial information in a format and frequency determined by HCA including amount paid to pharmacy, amount charged to the plan, and rebates

Budget Proviso

- Financial and proprietary information disclosed to HCA shall be kept confidential and shall not be subject to the Washington public records act
- Annual report to the Governor and the Legislature by November 15, 2018 and 2019 including a comparison of the amount spent in the previous two fiscal years to expenditures under the new system, by fund source, total expenditure, drug class, and top twenty-five drugs
- Budget included a savings expectation of 10% (\$144M) over the biennium

HCA Priorities

- Patient care and access to necessary medications come first
- Patients, Prescribers, and Pharmacies have easy access to the right information
- Minimize patient and provider disruption

Single PDL – Draft Work Plan

#	Work Plan Category	Estimated Completion Date
1	Data Analysis	Complete
2	Collaborative Development of Single PDL	10/1/2017
3	State Plan Amendment (s)	EBD
4	MCO Contract Amendments	12/6/2017
5	Single PDL Look-Up Tool as Phase 2 Initiative	TBD
6	NCPDP formulary file	3/1/2018
7	Communications	Ongoing
8	Technology	Ongoing
9	Finance	Ongoing
10	Supplemental Rebate & Clinical Evidence Vendor	8/31/2017

QUESTIONS?



Epinephrine, Self-Injected

<u>Preferred</u>	Non-Preferred
EPINEPHRINE 0.15 MG (EPIPEN JR) (AG)	AUVI-Q 0.15 MG
EPINEPHRINE 0.3 MG (EPIPEN) (AG)	AUVI-Q 0.3 MG
	ADRENAClick 0.3 MG
	EPINEPHRINE 0.15 MG (ADRENAClick) (AG)
	ADRENAClick 0.15 MG
	EPIPEN JR
	EPIPEN
	EPINEPHRINE 0.3 MG (ADRENAClick) (AG)



Opioid Dependence Treatments

<u>Preferred</u>	Non-Preferred
BUPRENORPHINE/NALOXONE TAB	BUNAVAIL
NALTREXONE	BUPRENORPHINE HCL
SUBOXONE FILM	ZUBSOLV (SUBLINGUAL)
VIVITROL	



motion

Opioid Dependence

I move to accept the recommended preferred drugs and limitations for the drugs to treat Opioid Dependence.

Motion:

Second:

Decision:



OPIOID ANTAGONIST

<u>Preferred</u>	Non-Preferred
NALOXONE	EVZIO
NALTREXONE	
NARCAN SPRAY	



Opioid Antagonist

I move to accept the recommended preferred drugs and limitations for the drugs to treat Opioid overdose.

Motion:

Second:

Decision:



ADHD

Preferred

<u>AMPHETAMINES</u>	METHYLPHENIDATES	NON-STIMULANT
AMPHETAMINE SALT COMBO	DEXMETHYLPHENIDATE	ATOMOXETINE
AMPHETAMINE SALT COMBO ER	DEXMETHYLPHENIDATE ER	CLONIDINE ER
DEXTROAMPHETAMINE	METHYLPHENIDATE	GUANFACINE ER
DEXTROAMPHETAMINE ER	METHYLPHENIDATE CD	
VYVANSE	METHYLPHENIDATE ER	
	METHYLPHENIDATE SR	

Non-Preferred

ADDERALL	ADDERAL XR	ADZENYS XR	DEXEDRINE
EVEKEO	ZENZEDI	APTENSIO XR	CONCERTA
DAYTRANA	FOCALIN	FOCALIN XR	METADATE CD
METADATE ER	QUILLICHEW XR	QUILLIVANT XR	RITALIN
RITALIN LA	STRATTERA	INTUNIV	KAPVAY

Bronchodilators - Beta Agonist

<u>Preferred</u>	Non-Preferred
ALBUTEROL NEB SOLN 0.63, 1.25 MG	ARCAPTA NEOHALER
ALBUTEROL ER	BROVANA
ALBUTEROL SYRUP	FORADIL
ALBUTEROL TABLET	LEVALBUTEROL HFA (AG)
PROAIR HFA	LEVALBUTEROL NEB SOLN
PROVENTIL HFA	LEVALBUTEROL NEB SOLN CONC
SEREVENT	METAPROTERENOL SYRUP
	METAPROTERENOL TABLET
	PERFOROMIST
	PROAIR RESPICLICK
	STRIVERDI RESPIMAT
	TERBUTALINE
	VENTOLIN HFA
	XOPENEX HFA
	XOPENEX NEB SOLN
	XOPENEX NEB SOLN CONC



COPD

<u>Preferred</u>	Non-Preferred
IPRATROPIUM / ALBUTEROL	ANORO ELLIPTA
IPRATROPIUM NEBULIZER	BEVESPI AEROSPHERE
SPIRIVA HANDIHALER	DALIRESP
STIOLTO RESPIMAT	INCRUSE ELLIPTA
	SPIRIVA RESPIMAT
	TUDORZA PRESSAIR



Glucocorticoids - Inhaled

<u>Preferred</u>	Non-Preferred
ADVAIR DISKUS	AEROSPAN
ADVAIR HFA	ALVESCO
BUDESONIDE RESPULES	ARNUIITY ELLIPTA
DULERA	ASMANEX
FLOVENT DISKUS	ASMANEX HFA
FLOVENT HFA	BREO ELLIPTA
QVAR	PULMICORT 0.25, 0.5 MG RESPULES
SYMBICORT	PULMICORT 1 MG RESPULES
	PULMICORT FLEXHALER



Multiple Sclerosis Agents

<u>Preferred</u>	Non-Preferred
AVONEX	AMPYRA
AVONEX PEN	AUBAGIO
BETASERON KIT	COPAXONE 40 MG/ML
COPAXONE 20 MG/ML	EXTAVIA KIT
GILENYA	GLATIRAMER 20 MG/ML
REBIF	LEMTRADA
REBIF REBIDOSE	OCREVUS
TECFIDERA	PLEGRIDY
Copaxone 40 mg or its biosimilar	TYSABRI
	ZINBRYTA

Cytokine and CAM Antagonists

<u>Preferred</u>	Non-Preferred		
ENBREL PEN	ACTEMRA SYRINGE	ILARIS	SIMPONI SYRINGE
ENBREL KIT	ACTEMRA VIAL	KINERET	STELARA SYRINGE
ENBREL SYRINGE	ARCALYST	ORENCIA CLICKJECT	STELARA VIAL
HUMIRA KIT	CIMZIA KIT	ORENCIA SYRINGE	TALTZ AUTOINJECTOR
HUMIRA PEN KIT	CIMZIA SYRINGE KIT	ORENCIA VIAL	TALTZ SYRINGE
	COSENTYX PEN INJECTER	OTEZLA	XELJANZ
	COSENTYX SYRINGE	REMICADE	XELJANZ XR
	ENTYVIO	SIMPONI ARIA VIAL	
		SIMPONI PEN INJECTER	



Growth Hormone

<u>Preferred</u>	Non-Preferred
GENOTROPIN CARTRIDGE	HUMATROPE CARTRIDGE
GENOTROPIN DISP SYRIN	HUMATROPE VIAL
NORDITROPIN PEN	NUTROPIN AQ PEN
	OMNITROPE VIAL
	OMNITROPE CARTRIDGE
	SAIZEN VIAL
	SAIZEN CARTRIDGE
	SEROSTIM VIAL
	ZOMACTON VIAL



Hypoglycemics, Insulin and Related Agents

<u>Preferred</u>	Non-Preferred
HUMALOG CARTRIDGE	AFREZZA CARTRIDGE
HUMALOG MIX PEN	APIDRA SOLOSTAR PEN (SUB-Q)
HUMALOG MIX VIAL	APIDRA VIAL
HUMALOG PEN	BASAGLAR KWIKPEN
HUMALOG VIAL	HUMULIN PEN OTC
HUMULIN 500 U/M VIAL	HUMULIN 70/30 PEN OTC
HUMULIN 70/30 VIAL OTC	HUMALOG 200 U/ML PEN
HUMULIN VIAL OTC	NOVOLIN VIAL OTC
LANTUS SOLOSTAR PEN	NOVOLIN 70/30 VIAL OTC
LANTUS VIAL	TOUJEO SOLOSTAR PEN
LEVEMIR PENS	TRESIBA FLEXTOUCH
LEVEMIR VIAL	
NOVOLOG CARTRIDGE	
NOVOLOG MIX PEN	
NOVOLOG MIX VIAL	
NOVOLOG PEN	
NOVOLOG VIAL	
Must have NPH product preferred	



Hypoglycemics, Metformins

<u>Preferred</u>	Non-Preferred
GLIPIZIDE-METFORMIN	FORTAMET
GLYBURIDE-METFORMIN	GLUCOPHAGE
METFORMIN	GLUCOPHAGE XR
METFORMIN ER (GLUCOPHAGE XR) (AG)	GLUCOVANCE
	GLUMETZA
	METFORMIN ER (FORTAMET) (AG)
	METFORMIN ER (GLUMETZA) (AG)
	RIOMET



PAH, Oral and Inhaled

<u>Preferred</u>	Non-Preferred
ADCIRCA	ADEMPAS
LETAIRIS	OPSUMIT
SILDENAFIL	ORENITRAM ER
TRACLEER	REMODULIN
	REVATIO
	TYVASO
	UPTRAVI
	UPTRAVI TABLET DOSE PACK
	VENTAVIS



Analgesics, Narcotics Long

Preferred

FENTANYL (TRANSDERM)	HYDROMORPHONE ER	OXYMORPHONE ER
MORPHINE ER TABLET	OXYCODONE ER	

Non-Preferred

BELBUCA (BUCCAL)	HYSINGLA ER	OPANA ER
BUTRANS (TRANSDERM)	KADIAN	OXYCODONE ER (AG)
CONZIP	METHADONE CONC	OXYCONTIN
DURAGESIC MATRIX (TRANSDERM.)	METHADONE SOLUTION	
EMBEDA	METHADONE TABLET	TRAMADOL ER (CONZIP) (AG)
EXALGO	MORPHINE ER CAPSULE (AVINZA) (AG)	TRAMADOL ER (RYZOLT)
FENTANYL (37.5, 62.5, 87.5 MG) (TRANSDERM)	MORPHINE ER CAPSULE (KADIAN) (AG)	TRAMADOL ER (ULTRAM ER)
	MS CONTIN	XTAMPZA ER
	NUCYNTA ER	ZOHYDRO ER

Pancreatic Enzymes

<u>Preferred</u>	Non-Preferred
CREON	PANCREAZE
ZENPEP	PANCRELIPASE (AG)
	PERTZYE
	VIOKACE



Antibiotics, Inhaled

<u>Preferred</u>	Non-Preferred
BETHKIS	CAYSTON
KITABIS PAK	TOBI
	TOBI PODHALER
	TOBRAMYCIN PAK (AG)
	TOBRAMYCIN SOLUTION (AG)
	TOBRAMYCIN SOLUTION



Second Generation Antipsychotics

Preferred

ABILIFY MAINTENA	QUETIAPINE ER
ARIPIRAZOLE ODT /TAB	REXULTI
ARISTADA	RISPERDAL CONSTA
CLOZAPINE	RISPERIDONE ODT
CLOZAPINE ODT	RISPERIDONE SOLUTION
INVEGA SUSTENNA	RISPERIDONE TABLET
INVEGA TRINZA	SAPHRIS (SUBLINGUAL)
LATUDA	VRAYLAR
PALIPERIDONE (AG)	ZIPRASIDONE CAPSULE
PALIPERIDONE	ZYPREXA RELPREVV
OLANZAPINE ODT /TAB	
QUETIAPINE TABLETS	



Second Generation Antipsychotics

Non-Preferred

ABILIFY TABLET	RISPERDAL ODT
ARIPIRAZOLE SOLUTION	RISPERDAL SOLUTION
CLOZARIL	RISPERDAL TABLET
FANAPT TABLET	SEROQUEL
FAZACLO	SEROQUEL XR
GEODON	SYMBYAX
HALDOL	VERSACLOZ
INVEGA	
NUPLAZID	ZYPREXA
OLANZAPINE/FLUOXETINE	ZYPREXA ZYDIS
PIMOZIDE	



ANTICOAGULANTS

<u>Preferred</u>	Non-Preferred
WARFARIN	COUMADIN
ELIQUIS	JANTOVEN
XARELTO	PRADAXA
	SAVAYSA

ANTIEMETICS

<u>Preferred</u>	Non-Preferred
ONDANSETRON	EMEND
ONDANSETRON ODT	GRANISETRON
DICLEGIS	SANCUSO
	SUPLENZ
	Palenosetron (Aloxi)