



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

626 8th Ave SE, Olympia, WA 98501 • 206-521-2029

<https://www.hca.wa.gov/about-hca/prescription-drug-program>

November 1, 2018

Dear Interested Party,

Based on recommendations by the Washington State Pharmacy and Therapeutics Committee, the Health Care Authority, Uniform Medical Plan (UMP), 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, 2019:

Diabetes Drugs – DPP-4 reviewed 10/18/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	UMP	Medicaid fee-for-service
alogliptin benzoate	alogliptin tablet	No	Yes	See Apple Health PDL
alogliptin/ metformin HCL	alogliptin/ metformin HCL tablet	No	Yes	
alogliptin/ pioglitazone	alogliptin/ pioglitazone tablet	No	Yes	
linagliptin	Tradjenta [®] tablet	No	Yes	
linagliptin/ metformin	Jentaducto [®] tablet	No	Yes	
	Jentaducto XR [®] tablet	No	Yes	
The effect of this recommendation is to make Jentaducto XR [®] preferred on the PDL.				
Diabetes Drugs – GLP-1 Agonist reviewed 10/18/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	UMP	Medicaid fee-for-service
exenatide	Byetta [®] solution	No	Yes	See Apple Health PDL
liraglutide	Victoza [®] solution	No	Yes	
The effect of this recommendation is to make Victoza [®] preferred on the PDL.				
Diabetes Drugs – SGLT2 Inhibitors reviewed 10/18/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	UMP	Medicaid fee-for-service
dapagliflozin propanediol	Farxiga [®] tablet	No	Yes	See Apple Health PDL
dapagliflozin/ metformin ER	Xigduo XR [®] tablet	No	Yes	
empagliflozin	Jardiance [®] tablet	No	Yes	
empagliflozin/	Synjardy [®] tablet	No	Yes	

metformin HCL	Synjardy XR [®] tablet	No	Yes	
The effect of this recommendation is to make Jardiance [®] , Synjardy [®] and Synjardy XR [®] preferred on the PDL, and to make Invokana [®] and Invokamet [®] non-preferred on the PDL.				

Asthma – Inhaled Corticosteroid reviewed 12/20/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	UMP	Medicaid fee-for-service
beclomethasone dipropionate	Qvar Redihaler [®] aerosol	Yes	Yes	No
budesonide	budesonide suspension	Yes	Yes	Yes
fluticasone propionate	Flovent Diskus [®] aerosol powder breath activated	Yes	Yes	Yes
	Flovent HFA [®] aerosol	Yes	Yes	Yes

The effect of this recommendation is no change to the PDL.

Asthma/COPD – Long Acting Beta Agonists reviewed 12/20/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	UMP	Medicaid fee-for-service
salmeterol xinafoate	Serevent Diskus [®] aerosol powder breath activated	PA Required	Yes	Yes

The effect of this recommendation is no change to the PDL.

Asthma – Leukotriene Modifier reviewed 12/20/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	UMP	Medicaid fee-for-service
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.

Asthma/COPD – Inhaled Corticosteroid - LABA Combinations reviewed 12/20/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	UMP	Medicaid fee-for-service
fluticasone/salmeterol	Advair Diskus [®] aerosol all strengths	PA Required	Yes	Yes
	Advair HFA [®] aerosol	PA Required	Yes	Yes

The effect of this recommendation is no change to the PDL.

Asthma/COPD – LAMA – LABA Combinations reviewed 12/20/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	UMP	Medicaid fee-for-service

tiotropium bromide/ olodaterol HCL	Stiolto Respimat [®] aerosol	PA Required	Yes	Yes
The effect of this recommendation is no change to the PDL.				
Asthma/COPD – PD4I Phosphodiesterase – 4 Inhibitor reviewed 12/20/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	UMP	Medicaid fee-for- service
roflumilast	Daliresp [®] tablet	PA Required	Yes	No
The effect of this recommendation is no change to the PDL.				
Asthma/COPD – Long Acting Muscarinic Agents (LAMA) reviewed 12/20/2017		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	UMP	Medicaid fee-for- service
tiotropium bromide monohydrate	Spiriva Handihaler [®] capsule	PA Required	Yes	Yes
	Spriva Respimat [®] aerosol	PA Required	Yes	No
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.

Sincerely,



Donna Sullivan
Chief Pharmacy Officer
Clinical Quality and Care Transformation
Washington State Health Care Authority