



Provider Notice 12-89

Dear Provider,

Effective for dates of service on and after December 1, 2012, the Medicaid Program of the Health Care Authority (Agency) is publishing a revised Washington Preferred Drug List (PDL) with the following changes:

Summary of Changes

The following changes have been made to the **Washington PDL**:

Drug Class	Drug Name	Preferred Status
Combination Asthma Products	Symbicort® (budesonide/formoterol)*	non-preferred
Inhaled Beta-Agonists	Brand long-acting inhaled: Foradil® Aerolizer® (formoterol)	non-preferred
Inhaled Corticosteroids	Pulmicort Flexhaler® (budesonide DPI)	non-preferred
Leukotriene Modifiers	montelukast sodium* zafirlikast*	preferred
Leukotriene Modifiers	Singulair® (montelukast)*	non-preferred

To view the Agency's current Washington PDL, go to:

<http://hrsa.dshs.wa.gov/download/BillingInstructions/Prescription%20Drug%20Program/WPDL.pdf>

Thank you.

BC-AL
Provider Publications Team
Medicaid Program
Health Care Authority

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