



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

1511 3rd Ave Suite 523 • Seattle, Washington 98101
206-521-2029 • www.hca.wa.gov/pdp

January 26, 2016

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 March 1, 2016:

ADHD – Methylphenidates reviewed 10/21/2015		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
dexmethylphenidate HCL	dexmethylphenidate HCL tablet	No	Yes	Yes
	dexmethylphenidate HCL ER tablet	No	Yes	Yes
methylphenidate HCL	methylphenidate HCL tablet	No	Yes	Yes
	methylphenidate HCL solution	No	Yes	Yes
	methylphenidate HCL ER capsule	No	Yes	Yes
	methylphenidate HCL ER tablet controlled release	No	Yes	Yes
	methylphenidate HCL SR tablet	No	Yes	Yes
	methylphenidate HCL LA capsule	No	Yes	Yes
	methylphenidate HCL CD	No	Yes	Yes
	methylphenidate HCL CR	No	Yes	Yes
The effect of this recommendation is to make Focalin XR [®] non-preferred on the PDL.				
ADHD – Amphetamines reviewed 10/21/2015		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
mixed amphetamine salts	amphetamine/ dextroamphetamine 24hr capsule	No	Yes	Yes
	amphetamine/ dextroamphetamine tablet	No	Yes	Yes
dextroamphetamine sulfate	dextroamphetamine sulfate tablet	No	Yes	Yes
	dextroamphetamine sulfate ER capsule	No	Yes	Yes
lisdexamfetamine dimesylate	Vyvanse [®] capsule	No	Yes	Yes
The effect of this recommendation is to make dextroamphetamine sulfate and dextroamphetamine sulfate ER preferred on the PDL.				
ADHD – Non-Stimulant reviewed 10/21/2015		Agency Coverage		
Ingredient Name	Label Name of Preferred Product	L&I	Medicaid	UMP
atomoxetine HCL	Strattera [®] capsule	No	Yes	Yes

guanfacine HCL	guanfacine HCL tablet	No	Yes	Yes
	guanfacine ER tablet	No	Yes	Yes
The effect of this recommendation is to make guanfacine ER preferred on the PDL and to make Intuniv [®] non-preferred on the PDL.				

Long Acting Opioids reviewed 10/21/2015		Agency Coverage		
Ingredient Name	Label Name of Preferred Products	L&I	Medicaid	UMP
fentanyl	fentanyl patch	No	Yes	Yes
hydromorphone HCL	hydromorphone HCL ER	No	Yes	Yes
morphine sulfate	morphine sulfate CR tablet	No	Yes	Yes
	morphine sulfate ER capsule	No	Yes	Yes
	morphine sulfate ER tablet	No	Yes	Yes
oxycodone HCL	oxycodone HCL ER tablet	No	Yes	Yes
The effect of this recommendation is to make fentanyl, hydromorphone HCL ER and oxycodone HCL ER preferred on the PDL, and to make methadone HCL, methadose and oxymorphone HCL ER non-preferred on the PDL.				

Each agency will use the common PDL according to its benefit structure. You may view the current PDL at: <http://www.hca.wa.gov/pdp/Documents/washingtonpdl.pdf>.

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