



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

626 8th Ave SE, Olympia, WA 98501

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

February 18, 2025

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 April 1, 2025:

Second Generation Antipsychotics reviewed 4/17/2024		Agency Coverage	
Oral Drugs			
Ingredient Name	Label Name of Preferred Products	L&I	UMP
aripiprazole	aripiprazole tablet	Yes	Yes
	aripiprazole ODT tablet dispersible	Yes	Yes
	aripiprazole oral solution	Yes	Yes
asenapine maleate	asenapine maleate sublingual	Yes	Yes
brexpiprazole	Rexulti [®] tablet	Yes	Yes
cariprazine HCL	Vraylar [®] capsule	Yes	Yes
clozapine	clozapine tablet	Yes	Yes
	clozapine ODT tablet dispersible	Yes	Yes
iloperidone	Fanapt [®] tablet	Yes	Yes
lurasidone HCL	lurasidone HCL tablet	Yes	Yes
olanzapine	olanzapine tablet	Yes	Yes
	olanzapine ODT tablet dispersible	Yes	Yes
paliperidone	paliperidone ER tablet	Yes	Yes
quetiapine fumarate	quetiapine fumarate tablet	Yes	Yes
	quetiapine fumarate ER tablet	Yes	Yes
risperidone	risperidone tablet	Yes	Yes
	risperidone oral solution	Yes	Yes
	risperidone ODT tablet dispersible	Yes	Yes
ziprasidone HCL	ziprasidone HCL capsule	Yes	Yes
The effect of this recommendation is no change to the Washington PDL.			
Injectable Drugs			
Ingredient Name	Label Name of Preferred Products	L&I	UMP
aripiprazole	Abilify Asimtufii [®] prefilled syringe	Not participating	Yes
	Abilify Maintena [®] suspension ER		Yes
aripiprazole lauroxil	Aristada [®] syringe		Yes
	Aristada Initio [®] syringe		Yes
olanzapine	olanzapine solution		Yes
olanzapine pamoate	Zyprexa Relprevv [®] suspension		Yes

paliperidone palmitate	Erzofri [®] syringe		Yes
	Invega Hafyera [®] syringe		Yes
	Invega Sustenna [®] syringe		Yes
	Invega Trinza [®] syringe		Yes
risperidone	Perseris [®] syringe		Yes
	risperidone ER syringe		Yes
	Rykindo [®] syringe ER		Yes
	Uzedy [®] syringe		Yes
ziprasidone mesylate	ziprasidone mesylate solution		Yes
The effect of this recommendation is to make Erzofri [®] preferred on the Washington 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 (360) 725-1188 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