April 1, 2025 Preferred Drug List Changes

Effective **April 1, 2025**, the drugs listed below will be non-preferred. Suggested preferred alternatives are listed in the last column. Please note that impacted members will be notified prior to the change.

Drug Class	Drug Name	Preferred Alternative(s)
ANTIDIABETICS: INSULIN - LONG ACTING	BASAGLAR KWIKPEN U-100 BASAGLAR TEMPO PEN U-100	INSULIN GLARGINE-YFGN OR LANTUS SOLOSTAR
ANTIDIABETICS: INSULIN - LONG ACTING	LEVEMIR	INSULIN GLARGINE-YFGN OR LANTUS
ANTIDIABETICS: INSULIN - LONG ACTING	LEVEMIR FLEXPEN	INSULIN GLARGINE-YFGN OR LANTUS SOLOSTAR
ANTIDEPRESSANTS: TRICYCLIC AGENTS	AMOXAPINE TABLETS	AMITRIPTYLINE HCL TABLETS, CLOMIPRAMINE HCL CAPSULES, DESIPRAMINE HCL TABLETS, DOXEPIN CAPSULES, IMIPRAMINE HCL TABLETS, OR NORTRIPTYLINE HCL CAPSULES

Significant Change to Humira (adalimumab) Coverage Effective 04/01/2025

Effective **April 1, 2025** Washington Apple Health (Medicaid) will make a significant change to the preferred products in the Cytokine and CAM Antagonist drug class. **Brand name Humira products will no longer be preferred.** Select adalimumab biosimilars (see included list for specific products), Enbrel, Enbrel Sureclick and Spevigo will be the preferred products in this class.

This change will apply to all agency-contracted managed care organizations (MCOs) and the fee-for-service (FFS) program per the Apple Health PDL. For questions about the Apple Health PDL, please email applehealthpharmacypolicy@hca.wa.gov.

Preferred adalimumab biosimilars				
Product ID	**Label Name**	**Generic Name**	**Strength**	**Dosage Form**
72606002206	ADALIMUMAB-AATY(CF)	ADALIMUMAB-AATY	40MG/0.4ML	SYRINGEKIT

72606004101	ADALIMUMAB-AATY(CF)	ADALIMUMAB-AATY	20MG/0.2ML	SYRINGEKIT
72606002210	ADALIMUMAB-AATY(CF) AUTOINJ(2)	ADALIMUMAB-AATY	40MG/0.4ML	AUTOINJKIT
72606002209	ADALIMUMAB-AATY(CF) AUTOINJECT	ADALIMUMAB-AATY	40MG/0.4ML	AUTOINJKIT
72606004004	ADALIMUMAB-AATY(CF) AUTOINJECT	ADALIMUMAB-AATY	80MG/0.8ML	AUTOINJKIT
61314032764	ADALIMUMAB-ADAZ(CF)	ADALIMUMAB-ADAZ	40MG/0.4ML	SYRINGE
61314032720	ADALIMUMAB-ADAZ(CF) PEN	ADALIMUMAB-ADAZ	40MG/0.4ML	PEN INJCTR
00597055580	ADALIMUMAB-ADBM(CF)	ADALIMUMAB-ADBM	20MG/0.4ML	SYRINGEKIT
00597056520	ADALIMUMAB-ADBM(CF)	ADALIMUMAB-ADBM	40MG/0.4ML	SYRINGEKIT
00597058589	ADALIMUMAB-ADBM(CF)	ADALIMUMAB-ADBM	10MG/0.2ML	SYRINGEKIT
00597059520	ADALIMUMAB-ADBM(CF)	ADALIMUMAB-ADBM	40MG/0.8ML	SYRINGEKIT
00597057550	ADALIMUMAB-ADBM(CF) PEN	ADALIMUMAB-ADBM	40MG/0.4ML	PEN IJ KIT
00597054566	ADALIMUMAB-ADBM(CF) PEN CROHNS	ADALIMUMAB-ADBM	40MG/0.8ML	PEN IJ KIT
00597057560	ADALIMUMAB-ADBM(CF) PEN CROHNS	ADALIMUMAB-ADBM	40MG/0.4ML	PEN IJ KIT
00597054544	ADALIMUMAB-ADBM(CF) PEN PS-UV	ADALIMUMAB-ADBM	40MG/0.8ML	PEN IJ KIT
00597057540	ADALIMUMAB-ADBM(CF) PEN PS-UV	ADALIMUMAB-ADBM	40MG/0.4ML	PEN IJ KIT
00597054522	ADALIMUMAB-ADBM(CF)PEN	ADALIMUMAB-ADBM	40MG/0.8ML	PEN IJ KIT
00597037082	CYLTEZO(CF)	ADALIMUMAB-ADBM	40MG/0.8ML	SYRINGEKIT
00597040089	CYLTEZO(CF)	ADALIMUMAB-ADBM	10MG/0.2ML	SYRINGEKIT
00597040580	CYLTEZO(CF)	ADALIMUMAB-ADBM	20MG/0.4ML	SYRINGEKIT
00597048520	CYLTEZO(CF)	ADALIMUMAB-ADBM	40MG/0.4ML	SYRINGEKIT
00597037597	CYLTEZO(CF) PEN	ADALIMUMAB-ADBM	40MG/0.8ML	PEN IJ KIT
00597049550	CYLTEZO(CF) PEN	ADALIMUMAB-ADBM	40MG/0.4ML	PEN IJ KIT
00597037516	CYLTEZO(CF) PEN CROHN'S-UC-HS	ADALIMUMAB-ADBM	40MG/0.8ML	PEN IJ KIT
00597049560	CYLTEZO(CF) PEN CROHN'S-UC-HS	ADALIMUMAB-ADBM	40MG/0.4ML	PEN IJ KIT
00597037523	CYLTEZO(CF) PEN PSORIASIS-UV	ADALIMUMAB-ADBM	40MG/0.8ML	PEN IJ KIT

00597049540	CYLTEZO(CF) PEN PSORIASIS-UV	ADALIMUMAB-ADBM	40MG/0.4ML	PEN IJ KIT

Implementation of Health Care Authority Quantity Limits Effective 04/01/2025

Effective **April 1, 2025**, Coordinated Care will be implementing the Health Care Authorities' quantity limits which will include daily dose, quantity vs time, and fill limits. Below are the drugs that will have the highest impact related to quantity limit updates. Quantity limits effective 04/01, will be posted on the Coordinated Care (Apple Health) Preferred Drug List.

Top 10 Impacted Drugs for Daily Dose Updates

Drug Name	New Daily Dose
Methocarbamol Tablet 500MG	8 Tablets
Methocarbamol Tablet 750MG	6 Tablets
Tizanidine Tablet 2MG	4 Tablets
Sumatriptan Tablet 50MG	2 Tablets
Baclofen Tablet 5MG	4 Tablets
Baclofen Tablet 10MG	4 Tablets
Azathioprine Tablet 50MG	1 Tablet
Duloxetine Capsule 20MG	2 Capsules
Duloxetine Capsule 30MG	2 Capsules
Clobazam Tablet 10MG	2 Tablets

Top 5 Impacted Drugs for Quantity vs Time (QVT) Updates

Drug Name	**Quantity vs Time Updates**
Estradiol TD Patch Biweekly 0.1 MG/24HR	8 per 28 days
Estradiol TD Patch Biweekly 0.075 MG/24HR	8 per 28 days
Estradiol TD Patch Weekly 0.1 MG/24HR	4 per 28 days
Estradiol TD Patch Weekly 0.025 MG/24HR	4 per 28 days
Scopolamine TD Patch 72HR 1 MG/3DAYS	10 per 30 days

Top 10 Impacted Drugs for Fill Limit Updates

Drug Name	**Fill Limit**
Fluconazole Tablet 150mg	2 Fills per 30 Days
Methocarbamol Tablet 750mg	2 Fills per 30 Days
Ondansetron Tablet 4mg ODT	2 Fills per 30 Days
Gabapentin Capsule 300mg	2 Fills per 30 Days
Colchicine Tablet 0.6mg	2 Fills per 30 Days

Hydroxyzine HCL Tablet 25mg	2 Fills per 30 Days
Hydroxyzine Pam Capsule 50mg	2 Fills per 30 Days
Oxycodone Tablet 5mg	4 Fills per 30 Days
Cyclobenzaprine Tablet 10mg	2 Fills per 30 Days
Acetaminophen Tablet 500mg	2 Fills per 30 Days

Fill Limits Exceeded Additional Information

If a fill limit is exceeded, the medication may be overridden at point of sale for more fills than the allowable fill limit under the following circumstances:

- The prescription is written for a short days-supply because the prescriber is monitoring the member's supply
- The member needs a take-home supply of medication for school, camp, or skilled nursing facility.

For any other circumstance, the provider must acknowledge monitoring and provide justification that it is medically necessary for needing more than the allowable fill limit.