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

October 16, 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 immediately:

MS Drugs reviewed 4/17/2024		Agency Coverage	
Ingredient Name	**Label Name of Preferred Product**	**L&I**	**UMP**
dimethyl fumarate	dimethyl fumarate capsule	Not participating	Yes
	dimethyl fumarate starterpack		Yes
diroximel fumarate	Vumerity® capsule		Yes
fingolimod HCL	fingolimod capsule		Yes
glatiramer acetate	glatiramer acetate syringe		Yes
	Glatopa® syringe		Yes
interferon beta-1A	Avonex® kit		Yes
	Avonex Pen® kit		Yes
	Rebif® syringe		Yes
	Rebif Rebidose® auto-inject		Yes
	Rebif Rebidose Titration Pack® auto-inject		Yes
	Rebif Titration Pack® syringe		Yes
ofatumumab	Kesimpta® auto-inject		Yes
teriflunomide	teriflunomide tablet		Yes
The effect of this recommendation is to make fingolimod and teriflunomide preferred on the WA PDL and to make Gilenya® and Aubagio® non-preferred on the WA 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