



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

626 8<sup>th</sup> Ave SE, Olympia, WA 98501

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

5/12/2025

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:

Overactive Bladder – Long Acting reviewed 6/26/2024		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
darifenacin hydrobromide	darifenacin hydrobromide ER tablet	Yes	Yes
oxybutynin chloride	oxybutynin chloride ER tablet	Yes	Yes
solifenacin succinate	solifenacin succinate tablet	Yes	Yes
tolterodine tartrate	tolterodine tartrate ER capsule	Yes	Yes
trospium chloride	trospium chloride ER capsule	Yes	Yes
The effect of this recommendation is no change to the WA PDL.			
Overactive Bladder – Short Acting		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
oxybutynin chloride	oxybutynin chloride syrup	Yes	Yes
	oxybutynin chloride tablet	Yes	Yes
tolterodine tartrate	tolterodine tartrate tablet	Yes	Yes
trospium chloride	trospium chloride tablet	Yes	Yes
The effect of this recommendation is no change to 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](mailto:leta.evaskus@hca.wa.gov).

Sincerely,

Donna Sullivan  
Chief Pharmacy Officer  
Clinical Quality and Care Transformation  
Washington State Health Care Authority