



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

626 8th Ave SE, Olympia, WA 98501 • 206-521-2029

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

July 15, 2020

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 October 1, 2020:

ADHD – Amphetamines reviewed 10/16/2019			
Ingredient Name	Label Name of Preferred Product	L&I	UMP
mixed amphetamine salts	amphetamine/ dextroamphetamine 24hr capsule	No	Yes
	amphetamine/ dextroamphetamine tablet	No	Yes
dextroamphetamine sulfate	dextroamphetamine sulfate tablet	No	Yes
	dextroamphetamine sulfate ER capsule	No	Yes
lisdexamfetamine dimesylate	Vyvanse [®] capsule	No	Yes
	Vyvanse [®] chewable	No	Yes
The effect of this recommendation is no change to the WA PDL.			
ADHD – Methylphenidates			
Ingredient Name	Label Name of Preferred Product	L&I	UMP
dexmethylphenidate HCL	dexmethylphenidate HCL tablet	No	Yes
	dexmethylphenidate HCL ER capsule	No	Yes
methylphenidate HCL	methylphenidate HCL tablet	No	Yes
	methylphenidate HCL solution	No	Yes
	methylphenidate HCL ER capsule	No	Yes
	methylphenidate HCL ER tablet	No	Yes
	methylphenidate HCL LA capsule	No	Yes
	methylphenidate HCL CD capsule	No	Yes
The effect of this recommendation is no change to the WA PDL.			
ADHD – Non-Stimulant			
Ingredient Name	Label Name of Preferred Product	L&I	UMP
atomoxetine HCL	atomoxetine HCL capsule	No	Yes
clonidine HCL	clonidine HCL tablet	No	Yes
	clonidine HCL ER tablet	No	Yes
guanfacine HCL	guanfacine tablet	No	Yes
	guanfacine ER tablet	No	Yes
The effect of this recommendation is no change to the WA PDL.			

Atopic Dermatitis reviewed 10/16/2019			
Ingredient Name	Label Name of Preferred Product	L&I	UMP
tacrolimus	tacrolimus ointment	No	Yes
pimecrolimus	pimecrolimus cream	No	Yes
The effect of this recommendation is to make tacrolimus ointment and pimecrolimus cream 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 (206) 521-2029 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