



**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>

May 15, 2024

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 July 1, 2024 for UMP and October 1, 2024 for L&I:

Asthma – Inhaled Corticosteroid (ICS) reviewed 12/19/2018		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
beclomethasone dipropionate HFA	Qvar [®] aerosol	Preferred, PA required	Yes
	Qvar Redihaler [®] aerosol	Preferred, PA required	Yes
budesonide	budesonide suspension	Preferred, PA required	Yes
mometasone furoate	Asmanex HFA [®] aerosol	Preferred, PA required	Yes
	Asmanex Twisthaler [®] aerosol	Preferred, PA required	Yes
The effect of this recommendation is to make Asmanex [®] preferred on the WA PDL, and fluticasone propionate HFA and fluticasone propionate discus non-preferred on the WA PDL.			
COPD – Long-acting Beta Agonists (LABA) reviewed 12/19/2018		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
formoterol fumarate	formoterol fumarate nebulizer	Preferred, PA required	Yes
olodaterol HCL	Striverdi Respimat [®] inhalation spray	Preferred, PA required	Yes
The effect of this recommendation is to make Serevent Diskus [®] non-preferred on the WA PDL.			
Asthma or COPD – ICS – LABA Combinations reviewed 12/19/2018		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
budesonide/ formoterol fumarate dihydrate	budesonide/formoterol fumarate dihydrate aerosol	Preferred, PA required	Yes
fluticasone/salmeterol	fluticasone propionate/salmeterol diskus aerosol	Preferred, PA required	Yes
	fluticasone propionate/salmeterol HFA	Preferred, PA required	Yes
	Wixela Inhub [®] aerosol	Preferred, PA required	Yes
mometasone furoate/ formoterol fumarate dihydrate	Dulera [®] aerosol	Preferred, PA required	Yes
The effect of this recommendation is to make Dulera [®] preferred on the WA PDL.			
COPD – Long-acting Muscarinic Agents (LAMA) – LABA Combinations reviewed 12/19/2018		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP

tiotropium bromide/ olodaterol HCL	Stiolto Respimat® aerosol	Preferred, PA required	Yes
umeclidinium/ vilanterol	Anoro Ellipta® aerosol	Preferred, PA required	Yes
The effect of this recommendation is to make Anoro Ellipta® preferred on the WA PDL.			
COPD –LAMA reviewed 12/19/2018		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
tiotropium bromide monohydrate	Spiriva Respimat® aerosol	Preferred, PA required	Yes
	tiotropium bromide capsule	Preferred, PA required	Yes
umeclidinium bromide	Incuse Ellipta® aerosol	Preferred, PA required	Yes
The effect of this recommendation is to make Incuse Ellipta® preferred on the WA PDL.			
Asthma or COPD – ICS - LAMA – LABA Combinations reviewed 12/14/2022		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
fluticasone/ umeclidinium/ vilanterol	Trelegy Ellipta® aerosol	Preferred, PA required	Yes
The effect of this recommendation to make Trelegy Ellipta® preferred on the WA PDL.			

Diabetes Drugs – DPP-4 reviewed 6/15/2022		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
alogliptin benzoate	alogliptin tablet	Not participating	Yes
alogliptin-metformin HCL	alogliptin-metformin HCL tablet		Yes
alogliptin-pioglitazone	alogliptin-pioglitazone tablet		Yes
linagliptin	Tradjenta® tablet		Yes
linagliptin-metformin	Jentaducto® tablet		Yes
	Jentaducto XR® tablet		Yes
The effect of this recommendation is no change to the WA PDL.			
Diabetes Drugs – GLP-1 Agonist reviewed 12/13/2023		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
dulaglutide	Trulicity® pen	Not participating	Yes
liraglutide	Victoza® solution		Yes
semaglutide	Ozempic® pen		Yes
	Rybelsus® tablet		Yes
The effect of this recommendation is to make Byetta® non-preferred the WA PDL.			
Diabetes Drugs – SGLT2 Inhibitors reviewed 6/15/2022		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
dapagliflozin propanediol	Farxiga® tablet	Not participating	Yes
dapagliflozin-metformin ER	Xigduo XR® tablet		Yes
empagliflozin	Jardiance® tablet		Yes
empagliflozin-metformin HCL	Synjardy® tablet		Yes
	Synjardy XR® tablet		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 (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