



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>

April 3, 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 April 1, 2020:

MS Drugs reviewed 8/15/2018		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
dimethyl fumarate	Tecfidera [®] capsule	No	Yes
	Tecfidera Starter Pack [®]	No	Yes
fingolimod HCL	Gilenya [®] capsule	No	Yes
glatiramer acetate	glatiramer acetate syringe	No	Yes
	Glatopa [®] syringe	No	Yes
interferon beta-1A	Avonex [®] kit	No	Yes
	Avonex Pen [®] kit	No	Yes

The effect of this recommendation is to make Copaxone and Betaseron 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 (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