



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

626 8<sup>th</sup> Ave SE, Olympia, WA 98501 • 206-521-2029

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

June 16, 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 July 1, 2020:

<b>Asthma – Inhaled Corticosteroid reviewed 12/19/2018</b>		<b>Agency Coverage</b>	
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>UMP</b>
beclomethasone dipropionate	Qvar <sup>®</sup> aerosol	Yes	Yes
	Qvar Redihaler <sup>®</sup> aerosol	Yes	Yes
budesonide	budesonide suspension	Yes	Yes
fluticasone propionate	Flovent Diskus <sup>®</sup> aerosol powder breath activated	Yes	Yes
	Flovent HFA <sup>®</sup> aerosol	Yes	Yes
The effect of this recommendation is no change to the WA PDL.			
<b>Asthma/COPD – Long Acting Beta Agonists</b>		<b>Agency Coverage</b>	
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>UMP</b>
salmeterol xinafoate	Serevent Diskus <sup>®</sup> aerosol powder breath activated	PA Required	Yes
olodaterol HCl	Striverdi Respimat <sup>®</sup> inhalation spray	PA Required	Yes
The effect of this recommendation is to make Striverdi Respimat <sup>®</sup> preferred on the WA PDL.			
<b>Asthma – Leukotriene Modifier</b>		<b>Agency Coverage</b>	
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>UMP</b>
montelukast sodium	montelukast sodium tablet	Yes	Yes
	montelukast sodium pack	Yes	Yes
	montelukast sodium chewable	No	Yes
zafirlukast	zafirlukast tablet	Yes	Yes
The effect of this recommendation is no change to the WA PDL.			
<b>Asthma/COPD – Inhaled Corticosteroid - LABA Combinations</b>		<b>Agency Coverage</b>	
<b>Ingredient Name</b>	<b>Label Name of Preferred Product</b>	<b>L&amp;I</b>	<b>UMP</b>
budesonide/formoterol	budesonide/formoterol aerosol	PA Required	Yes
fluticasone/salmeterol	fluticasone/salmeterol diskus aerosol	PA Required	Yes
	Wixela Inhub diskus <sup>®</sup> aerosol	PA Required	Yes
	Advair HFA <sup>®</sup> aerosol	PA Required	Yes
The effect of this recommendation is to make fluticasone/salmeterol diskus and Wixela Inhub diskus <sup>®</sup> preferred on the WA PDL, and to make Advair Diskus <sup>®</sup> non-preferred on the WA PDL.			

Asthma/COPD – LAMA – LABA Combinations		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
tiotropium bromide/ olodaterol HCL	Stiolto Respimat® aerosol	PA Required	Yes
The effect of this recommendation is no change to the WA PDL.			
Asthma/COPD – PD4I Phosphodiesterase – 4 Inhibitor		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
roflumilast	Daliresp® tablet	PA Required	Yes
The effect of this recommendation is no change to the WA PDL.			
Asthma/COPD – Long Acting Muscarinic Agents (LAMA)		Agency Coverage	
Ingredient Name	Label Name of Preferred Product	L&I	UMP
tiotropium bromide monohydrate	Spiriva Handihaler® capsule	PA Required	Yes
	Spiriva Respimat® aerosol	PA Required	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](mailto:leta.evaskus@hca.wa.gov).

Sincerely,



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