

Below are list(s) of anticipated changes to how prescription drugs may be covered on the UMP Preferred Drug List (PDL). The PDL applies to these UMP Plans:

- UMP Classic (PEBB)
- UMP Consumer-Directed Health Plan (UMP CDHP) (PEBB)
- UMP Plus–Puget Sound High Value Network (UMP Plus–PSHVN) (PEBB)
- UMP Plus–UW Medicine Accountable Care Network (UMP Plus–UW Medicine ACN) (PEBB)
- UMP Achieve 1 (SEBB)
- UMP Achieve 2 (SEBB)
- UMP High Deductible (SEBB)
- UMP Plus–Puget Sound High Value Network (UMP Plus–PSHVN) (SEBB)
- UMP Plus–UW Medicine Accountable Care Network (UMP Plus–UW Medicine ACN) (SEBB)

The list(s) below do not contain every anticipated change to the UMP PDL. They only contain changes **that may negatively impact members**, such as increasing a drug's cost-share to members or limiting the amount dispensed per fill. Events such as the release of new generic drugs could result in more changes to the UMP PDL.

Tier changes are not applicable to UMP CDHP (PEBB) and UMP High Deductible (SEBB). These plans' members pay 15 percent coinsurance for all drugs not considered preventive at network pharmacies after meeting their deductible, including the drugs listed below.

For questions, please contact Washington State Rx Services at 1-888-361-1611 (TRS: 711) or refer to the UMP PDL:

- PEBB members: <https://www.hca.wa.gov/ump-pebb-pdl>
- SEBB members: <https://www.hca.wa.gov/ump-sebb-pdl>

## Tier changes

Drug name	Current status	Effective 10/01/2020	Less expensive alternative(s)*
Ala-Scalp 2% Lotion	Tier 1	Tier 2	See "Adding step therapy" section.
Alclometasone Dipropionate 0.05% Cream (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Alclometasone Dipropionate 0.05% Oint. (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Amcinonide 0.1% Cream (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Amcinonide 0.1% Oint. (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Anusol-Hc 2.5% Cream/Pe App	Tier 2	Tier 3	See "Adding step therapy" section.
Beser 0.05% Lotion	Tier 2	Tier 3	See "Adding step therapy" section.
Betamethasone Diprop Augmented 0.05% Gel (Gram)	Tier 1	Tier 2	See "Adding step therapy" section.
Clobetasol Emollient 0.05% Cream (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Clobetasol Emollient 0.05% Foam	Tier 1	Tier 2	See "Adding step therapy" section.
Clobetasol Emulsion 0.05% Foam	Tier 1	Tier 2	See "Adding step therapy" section.
Clobetasol Propionate 0.05% Foam	Tier 1	Tier 2	See "Adding step therapy" section.

Drug name	Current status	Effective 10/01/2020	Less expensive alternative(s)*
Clobetasol Propionate 0.05% Spray	Tier 1	Tier 2	See “Adding step therapy” section.
Clobex 0.05% Lotion	Tier 2	Tier 3	See “Adding step therapy” section.
Clobex 0.05% Shampoo	Tier 2	Tier 3	See “Adding step therapy” section.
Clobex 0.05% Spray	Tier 2	Tier 3	See “Adding step therapy” section.
Clodan 0.05% Shampoo	Tier 2	Tier 3	See “Adding step therapy” section.
Cloderm 0.1% Cream (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Cordran 0.05% Cream (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Cordran 0.05% Lotion	Tier 2	Tier 3	See “Adding step therapy” section.
Cordran 0.05% Oint. (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Cutivate 0.05% Cream (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Cutivate 0.05% Lotion	Tier 2	Tier 3	See “Adding step therapy” section.
Derma-Smoothe-Fs 0.01% Oil	Tier 2	Tier 3	See “Adding step therapy” section.
Derma-Smoothe-Fs 0.01% Oil (Shower Cap)	Tier 2	Tier 3	See “Adding step therapy” section.
Dermatop 0.1% Oint. (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Desonide 0.05% Cream (G)	Tier 1	Tier 2	See “Adding step therapy” section.
Desonide 0.05% Lotion	Tier 1	Tier 2	See “Adding step therapy” section.
Desonide 0.05% Oint. (G)	Tier 1	Tier 2	See “Adding step therapy” section.
Desowen 0.05% Cream (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Desowen 0.05% Lotion	Tier 2	Tier 3	See “Adding step therapy” section.
Desoximetasone 0.05% Cream (G)	Tier 1	Tier 2	See “Adding step therapy” section.
Desoximetasone 0.05% Gel (Gram)	Tier 1	Tier 2	See “Adding step therapy” section.
Desoximetasone 0.05% Oint. (G)	Tier 1	Tier 2	See “Adding step therapy” section.
Diprolene 0.05% Oint. (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Elocon 0.1% Cream (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Fluocinolone Acetonide 0.01% Cream (G)	Tier 1	Tier 2	See “Adding step therapy” section.
Fluocinolone Acetonide 0.025% Cream (G)	Tier 1	Tier 2	See “Adding step therapy” section.
Fluocinolone Acetonide 0.025% Oint. (G)	Tier 1	Tier 2	See “Adding step therapy” section.
Fluocinonide 0.05% Gel (Gram)	Tier 1	Tier 2	See “Adding step therapy” section.
Fluocinonide-E 0.05% Cream (G)	Tier 1	Tier 2	See “Adding step therapy” section.
Hydrocortisone 1% Cream/Pe App	Tier 1	Tier 2	See “Adding step therapy” section.

Drug name	Current status	Effective 10/01/2020	Less expensive alternative(s)*
Hydrocortisone 2.5% Cream/Pe App	Tier 1	Tier 2	See "Adding step therapy" section.
Hydrocortisone Butyrate 0.1% Cream (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Hydrocortisone Butyrate 0.1% Oint. (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Hydrocortisone Valerate 0.2% Cream (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Hydrocortisone Valerate 0.2% Oint. (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Kenalog 0.147mg/G Aerosol	Tier 2	Tier 3	See "Adding step therapy" section.
Levorphanol Tartrate Tablet	Tier 2	Tier 3	N/A
Locoid 0.1% Cream (G)	Tier 2	Tier 3	See "Adding step therapy" section.
Locoid 0.1% Lotion	Tier 2	Tier 3	See "Adding step therapy" section.
Locoid 0.1% Solution	Tier 2	Tier 3	See "Adding step therapy" section.
Locoid Lipocream 0.1% Cream (G)	Tier 2	Tier 3	See "Adding step therapy" section.
Luxiq 0.12% Foam	Tier 2	Tier 3	See "Adding step therapy" section.
Nolix 0.05% Cream (G)	Tier 2	Tier 3	See "Adding step therapy" section.
Nolix 0.05% Lotion	Tier 2	Tier 3	See "Adding step therapy" section.
Olux 0.05% Foam	Tier 2	Tier 3	See "Adding step therapy" section.
Olux-E 0.05% Foam	Tier 2	Tier 3	See "Adding step therapy" section.
Prednicarbate 0.1% Cream (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Prednicarbate 0.1% Oint. (G)	Tier 1	Tier 2	See "Adding step therapy" section.
Proctocort 1% Cream/Pe App	Tier 2	Tier 3	See "Adding step therapy" section.
Procto-Med Hc 2.5% Cream/Pe App	Tier 1	Tier 2	See "Adding step therapy" section.
Procto-Pak 1% Cream/Pe App	Tier 1	Tier 2	See "Adding step therapy" section.
Proctosol-Hc 2.5% Cream/Pe App	Tier 1	Tier 2	See "Adding step therapy" section.
Psorcon 0.05% Cream (G)	Tier 2	Tier 3	See "Adding step therapy" section.
Scalacort 2% Lotion	Tier 2	Tier 3	See "Adding step therapy" section.
Synalar 0.01% Solution	Tier 2	Tier 3	See "Adding step therapy" section.
Synalar 0.025% Cream (G)	Tier 2	Tier 3	See "Adding step therapy" section.
Synalar 0.025% Oint. (G)	Tier 2	Tier 3	See "Adding step therapy" section.
Temovate 0.05% Cream (G)	Tier 2	Tier 3	See "Adding step therapy" section.
Temovate 0.05% Oint. (G)	Tier 2	Tier 3	See "Adding step therapy" section.
Topicort 0.05% Cream (G)	Tier 2	Tier 3	See "Adding step therapy" section.

Drug name	Current status	Effective 10/01/2020	Less expensive alternative(s)*
Topicort 0.05% Gel (Gram)	Tier 2	Tier 3	See “Adding step therapy” section.
Topicort 0.05% Oint. (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Topicort 0.25% Cream (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Topicort 0.25% Oint. (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Topicort 0.25% Spray	Tier 2	Tier 3	See “Adding step therapy” section.
Triamex 0.05% Oint. (G)	Tier 1	Tier 2	See “Adding step therapy” section.
Tridesilon 0.05% Cream (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Ultravate 0.05% Cream (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Ultravate 0.05% Oint. (G)	Tier 2	Tier 3	See “Adding step therapy” section.
Vanos 0.1% Cream (G)	Tier 2	Tier 3	See “Adding step therapy” section.

\***Less expensive alternative(s):** This column shows some less expensive alternative(s). Drugs listed in this column may not include every available less expensive alternative. Please contact Washington State Rx Services, your pharmacist, or your prescriber for a complete list.

**Adding quantity level limits:** Some drugs have limits to how much you can get per prescription or refill.

Drug name	Current status	Effective 10/01/2020
Alogliptin/pioglitazone 12.5-15 mg tablet	No QLL	Limited to 30 tabs per 30 days
Alogliptin/pioglitazone 12.5-30 mg tablet	No QLL	Limited to 30 tabs per 30 days
Alogliptin/pioglitazone 12.5-45 mg tablet	No QLL	Limited to 30 tabs per 30 days
Alogliptin/pioglitazone 25-15 mg tablet	No QLL	Limited to 30 tabs per 30 days
Alogliptin/pioglitazone 25-30 mg tablet	No QLL	Limited to 30 tabs per 30 days
Alogliptin/pioglitazone 25-45 mg tablet	No QLL	Limited to 30 tabs per 30 days

**Adding step therapy:** When a drug requires step therapy, you must use one or more “first-line” drugs before you can get the step therapy drug. Your prescribing provider will need to call Washington State Rx Services to request preauthorization for a step therapy drug prescribed “out of order.”

Drug name	Current status	Effective 10/01/2020
Ala-Scalp 2% Lotion	No Step Therapy	Must try/fail at least two of the following: Ala-Cort 1% cream, hydrocortisone 1% cream, or hydrocortisone 2.5% cream/lotion/ointment.
Alclometasone Dipropionate 0.05% Cream (G) Alclometasone Dipropionate 0.05% Oint. (G) Desonide 0.05% Cream (G) Desonide 0.05% Lotion Fluocinolone Acetonide 0.01% Cream (G)	No Step Therapy	Must try/fail at least two of the following: betamethasone val 0.1% lotion, fluocinolone acet 0.01% solution/oil, or triamcinolone acet 0.025% cream/lotion.
Amcinonide 0.1% Cream (G) Desoximetasone 0.05% Cream (G) Desoximetasone 0.05% Oint. (G) Fluocinonide-E 0.05% Cream (G)	No Step Therapy	Must try/fail at least two of the following: betamethasone diprop 0.05% cream, betamethasone val 0.1% ointment, fluticasone prop 0.05% ointment, mometasone fur 0.1% ointment, triamcinolone acet 0.5% cream/ointment or triderm 0.5% cream.

Drug name	Current status	Effective 10/01/2020
Amcinonide 0.1% Oint. (G) Desoximetasone 0.05% Gel (Gram) Fluocinonide 0.05% Gel (Gram)	No Step Therapy	Must try/fail at least two of the following: betamethasone diprop aug 0.05% cream, betamethasone diprop 0.05% ointment, desoximetasone 0.25% cream/ointment, or fluocinonide 0.05% cream/ointment/solution.
Anusol-Hc 2.5% Cream/Pe App Proctocort 1% Cream/Pe App Scalacort 2% Lotion	No Step Therapy	Must try/fail at least two of the following: Ala-Cort 1% cream, hydrocortisone 1% cream, or hydrocortisone 2.5% cream/lotion/ointment.
Avage 0.1% Cream (G) Fabior 0.1% Foam Tazorac 0.05% Cream (G) Tazorac 0.05% Gel (Gram) Tazorac 0.1% Cream (G) Tazorac 0.1% Gel (Gram)	No Step Therapy	Must try and fail generic tretinoin AND generic adapalene OR one topical steroid (e.g. halobetasol, fluticasone, triamcinolone).
Beser 0.05% Lotion Cordran 0.05% Cream (G) Cordran 0.05% Lotion Cutivate 0.05% Cream (G) Cutivate 0.05% Lotion Dermatop 0.1% Oint. (G) Locoid 0.1% Cream (G) Locoid 0.1% Lotion Locoid 0.1% Solution Locoid Lipocream 0.1% Cream (G) Nolix 0.05% Cream (G) Nolix 0.05% Lotion Synalar 0.025% Cream (G)	No Step Therapy	Must try/fail at least two of the following: betamethasone diprop 0.05% lotion, betamethasone val 0.1% cream, fluticasone prop 0.05% cream, triamcinolone acet 0.1% lotion, or triamcinolone acet 0.025% ointment.
Betamethasone Diprop Augmented 0.05% Gel (Gram) Clobetasol Emollient 0.05% Cream (G) Clobetasol Emollient 0.05% Foam Clobetasol Emulsion 0.05% Foam Clobetasol Propionate 0.05% Foam Clobetasol Propionate 0.05% Spray	No Step Therapy	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lotion/ointment or clobetasol prop 0.05% cream/gel/lotion/ointment/shampoo/solution.
Clobex 0.05% Lotion Clobex 0.05% Shampoo Clobex 0.05% Spray Clodan 0.05% Shampoo Diprolene 0.05% Oint. (G) Olux 0.05% Foam Olux-E 0.05% Foam Temovate 0.05% Cream (G) Temovate 0.05% Oint. (G) Ultravate 0.05% Cream (G) Ultravate 0.05% Oint. (G) Vanos 0.1% Cream (G)	No Step Therapy	Must try/fail at least two of the following: betamethasone diprop aug 0.05% lotion/ointment or clobetasol prop 0.05% cream/gel/lotion/ointment/shampoo/solution.
Cloderm 0.1% Cream (G) Cordran 0.05% Oint. (G) Elocon 0.1% Cream (G) Kenalog 0.147mg/G Aerosol Synalar 0.025% Oint. (G)	No Step Therapy	Must try/fail at least two of the following: mometasone fur 0.1% cream/solution, triamcinolone acet 0.1% cream/ointment, or Triderm 0.1% cream.

Drug name	Current status	Effective 10/01/2020
Derma-Smoothe-Fs 0.01% Oil Derma-Smoothe-Fs 0.01% Oil (Shower Cap) Desowen 0.05% Cream (G) Desowen 0.05% Lotion Synalar 0.01% Solution Tridesilon 0.05% Cream (G)	No Step Therapy	Must try/fail at least two of the following: betamethasone val 0.1% lotion, fluocinolone acet 0.01% oil, or triamcinolone acet 0.025% cream/lotion.
Desonide 0.05% Oint. (G) Fluocinolone Acetonide 0.025% Cream (G) Hydrocortisone Butyrate 0.1% Cream (G) Hydrocortisone Butyrate 0.1% Oint. (G) Hydrocortisone Valerate 0.2% Cream (G) Prednicarbate 0.1% Cream (G) Prednicarbate 0.1% Oint. (G)	No Step Therapy	Must try/fail at least two of the following: betamethasone diprop 0.05% lotion, betamethasone val 0.1% cream, fluticasone prop 0.05% cream, triamcinolone acet 0.1% lotion, or triamcinolone acet 0.025% ointment.
Hydrocortisone 1% Cream/Pe App Hydrocortisone 2.5% Cream/Pe App Procto-Med Hc 2.5% Cream/Pe App Procto-Pak 1% Cream/Pe App Proctosol-Hc 2.5% Cream/Pe App	No Step Therapy	Must try/fail at least two of the following: Ala-Cort 1% cream, hydrocortisone 1% cream, or hydrocortisone 2.5% cream/lotion/ointment.
Fluocinolone Acetonide 0.025% Oint. (G) Hydrocortisone Valerate 0.2% Oint. (G) Trianex 0.05% Oint. (G)	No Step Therapy	Must try/fail at least two of the following: mometasone fur 0.1% cream/solution, triamcinolone acet 0.1% cream/ointment, or Triderm 0.1% cream.
Luxiq 0.12% Foam Psorcon 0.05% Cream (G) Topicort 0.05% Cream (G) Topicort 0.05% Oint. (G)	No Step Therapy	Must try/fail at least two of the following: betamethasone diprop 0.05% cream, betamethasone val 0.1% ointment, fluticasone prop 0.05% ointment, mometasone fur 0.1% ointment, triamcinolone acet 0.5% cream/ointment, or Triderm 0.5% cream.
Topicort 0.05% Gel (Gram) Topicort 0.25% Cream (G) Topicort 0.25% Oint. (G) Topicort 0.25% Spray	No Step Therapy	Must try/fail at least two of the following: betamethasone diprop aug 0.05% cream, betamethasone diprop 0.05% ointment, desoximetasone 0.25% cream/ointment, or fluocinonide 0.05% cream/ointment/solution.

#### Moving to excluded

Drug Name	Strength	Dosage	Effective 10/01/2020
24 Hour Allergy	50 mcg	Spray Susp	Excluded
24 Hour Allergy Relief	50 mcg	Spray Susp	Excluded
24 Hour Nasal Allergy	55 mcg	Spray	Excluded
Acidophilus	175 mg	Capsule	Excluded
Aciphex Sprinkle	5 mg	Cap Dr Spr	Excluded
Aeroeclipse II		Each	Excluded
Ala-Quin	3 %-0.5 %	Cream (G)	Excluded
Alcortin A	2 %-1 %-1%	Gel Packet	Excluded
Aller-Flo	50 mcg	Spray Susp	Excluded
Allergy Relief	50 mcg	Spray Susp	Excluded
Analpram HC	1 %-1 %	Cream/Appl	Excluded
Analpram HC	2.5 %-1 %	Cream/Appl	Excluded
Analpram HC	2.5 %-1 %	Lotion	Excluded

Drug Name	Strength	Dosage	Effective 10/01/2020
Analpram HC	2.5-1%(4g)	Cream/Appl	Excluded
Aquoral		Spray/Pump	Excluded
Azelastine Hcl	0.05%	Drops	Excluded
Beconase AQ	42 mcg	Spray	Excluded
Beconase AQ	42 mcg	Spray	Excluded
Bepreve	1.50%	Drops	Excluded
Bionect	0.2%	Cream (G)	Excluded
Bionect	0.2%	Foam	Excluded
Bionect	0.2%	Gel (Gram)	Excluded
Budesonide	32mcg	Spray/Pump	Excluded
Caphosol		Solution	Excluded
Children 24 Hr Allergy Relief	50 mcg	Spray Susp	Excluded
Children's Flonase Allergy Rlf	50 mcg	Spray Susp	Excluded
Children's Flonase Sensimist	27.5 mcg	Spray Susp	Excluded
Children's Nasacort	55 mcg	Spray	Excluded
Clarispray	50 mcg	Spray Susp	Excluded
Debacterol	30%-50%	Med. Swab	Excluded
Debacterol	30%-50%	Solution	Excluded
Drysol	20%	Solution	Excluded
Dymista	137-50 mcg	Spray/Pump	Excluded
Elestat	0.05%	Drops	Excluded
Emadine	0.05%	Drops	Excluded
Epinastine Hcl	0.05%	Drops	Excluded
Estroven Nighttime	112 mg-2mg	Tablet	Excluded
Fem Ph	0.9-0.025%	Jelly/Appl	Excluded
Flonase Allergy Relief	50 mcg	Spray Susp	Excluded
Flonase Sensimist	27.5 mcg	Spray Susp	Excluded
Flunisolide	25 mcg	Spray	Excluded
Fluocinolone Acetonide	0.01%	Oil	Excluded
Fluocinolone Acetonide	0.01%	Oil	Excluded
Fluticasone Propionate	50 mcg	Spray Susp	Excluded
Gelclair		Gel Packet	Excluded
Hyaluronic Acid-Hydroquinone	6 %-1 %	Emulsn(G)	Excluded
Hydrocort-Hydroquinone-Tretin	4%-0.025%	Emulsn(G)	Excluded
Hydrocort-Hydroquinone-Tretin	6 %-0.025%	Emulsn(G)	Excluded
Hydrocort-Hydroquinone-Tretin	6-0.05-0.5	Emulsn(G)	Excluded
Hydrocort-Hydroquinone-Tretin	8 %-0.025%	Emulsn(G)	Excluded
Hydrocort-Hydroquinone-Tretin	8-0.05-0.5	Emulsn(G)	Excluded
Hydrocort-Hydroquinone-Tretin	8-0.05-1 %	Emulsn(G)	Excluded
Hydrocortisone Acetate	25 mg	Supp.Rect	Excluded
Hydrocortisone Acetate	30 mg	Supp.Rect	Excluded
Hydrocortisone-Hydroquinone	6 %-0.5 %	Emulsn(G)	Excluded
Hydrocortisone-Pramoxine	2.5 %-1 %	Cream (G)	Excluded
Hydroquinone	6%	Emulsn(G)	Excluded
Hydroquinone	8%	Emulsn(G)	Excluded

Drug Name	Strength	Dosage	Effective 10/01/2020
Hylanex	150 unit/1	Vial	Excluded
Hypnosom	2-1-200 mg	Tablet	Excluded
Iodoquinol-Hydrocortisone-Aloe	2 %-1 %-1%	Gel (Gram)	Excluded
Isopropyl Alcohol	70%	Gel (Ml)	Excluded
Isopropyl Alcohol	70%	Solution	Excluded
Isopropyl Alcohol	70%	Spray	Excluded
Isopropyl Alcohol	91%	Solution	Excluded
Isopropyl Alcohol	91%	Spray	Excluded
Isopropyl Alcohol	99%	Solution	Excluded
Kamdoy		Spray	Excluded
Lacrisert	5 mg	Insert	Excluded
Lactic Acid-Niacinamide	10 %-4 %	Cream (G)	Excluded
Lastacaft	0.25%	Drops	Excluded
Lidocaine Hcl	10 mg/ml	Ampul	Excluded
Lidocaine Hcl	10 mg/ml	Vial	Excluded
Lidocaine Hcl	10 mg/ml	Vial	Excluded
Lidocaine Hcl	20 mg/ml	Ampul	Excluded
Lidocaine Hcl	20 mg/ml	Vial	Excluded
Lidocaine Hcl	20 mg/ml	Vial	Excluded
Lidocaine Hcl	5 mg/ml	Vial	Excluded
Lidocaine Hcl	5 mg/ml	Vial	Excluded
Lidocaine Hcl-Epinephrine	0.5-1:200k	Vial	Excluded
Lidocaine Hcl-Epinephrine	1%-1:100k	Vial	Excluded
Lidocaine Hcl-Epinephrine	1.5-1:200k	Ampul	Excluded
Lidocaine Hcl-Epinephrine	1.5-1:200k	Vial	Excluded
Lidocaine Hcl-Epinephrine	2 %-1:100k	Vial	Excluded
Lidocaine Hcl-Epinephrine	2%-1:200k	Vial	Excluded
Lidocaine-Epinephrine	2 %-1:100k	Cartridge	Excluded
Lidocaine-Epinephrine	2%-1:50000	Cartridge	Excluded
Magnesium	500 mg	Capsule	Excluded
Magnesium Oxide	250 mg	Tablet	Excluded
Magnesium Oxide 400	240 mg	Powd Pack	Excluded
Magnesium Oxide	400 mg	Tablet	Excluded
Magnesium Oxide	420 mg	Tablet	Excluded
Magnesium Oxide	500 mg	Tablet	Excluded
Medi-Doze	6-30-50 mg	Tablet	Excluded
Melatonin + L-Theanine	3 mg	Capsule	Excluded
Melatonin	1 mg	Tab Subl	Excluded
Melatonin	1 mg	Tablet	Excluded
Melatonin	1 mg/4 ml	Drops	Excluded
Melatonin	10 mg	Capsule	Excluded
Melatonin	10 mg	Tab Mphase	Excluded
Melatonin	10 mg	Tab Rapdis	Excluded
Melatonin	10 mg	Tab Subl	Excluded
Melatonin	10 mg	Tablet	Excluded



Drug Name	Strength	Dosage	Effective 10/01/2020
Melatonin	10 mg	Tablet Er	Excluded
Melatonin	10 mg-10mg	Tab Mphase	Excluded
Melatonin	1mg-10mg	Tablet	Excluded
Melatonin	2.5-0.5 mg	Tab Subl	Excluded
Melatonin	2.5mg/10ml	Liquid	Excluded
Melatonin	3 mg	Tab Rapdis	Excluded
Melatonin	3 mg	Tablet	Excluded
Melatonin	3 mg	Tablet Er	Excluded
Melatonin	300 mcg	Tablet	Excluded
Melatonin	5 mg	Capsule	Excluded
Melatonin	5 mg	Tab Chew	Excluded
Melatonin	5 mg	Tab Ir Er	Excluded
Melatonin	5 mg	Tab Rapdis	Excluded
Melatonin	5 mg	Tab Subl	Excluded
Melatonin	5 mg	Tablet	Excluded
Melatonin	5 mg/15 ml	Liquid	Excluded
Melatonin	5 mg-1 mg	Tablet	Excluded
Melatonin	5 mg-10 mg	Tab Mphase	Excluded
Melatonin	5 mg-10 mg	Tablet	Excluded
Melatonin	5 mg-10 mg	Tablet Er	Excluded
Melatonin	500 mcg	Tab Rapdis	Excluded
Melatonin With Vitamin B-6	2.5 mg-338	Tab Subl	Excluded
Melatonin-Lemon Balm	10 mg-1 mg	Tablet	Excluded
Melatonin-Lemon Balm	3mg-500mcg	Tablet	Excluded
Melatonin-Lemon Balm	5mg-500mcg	Tablet	Excluded
Melatonin-Vitamin B6	3mg-1mg	Tablet	Excluded
Midnite	1.5 mg-22	Tb Chw Dsp	Excluded
Midnite Menopause	1.5-15-22	Tab Chew	Excluded
Midnite Pm	20-1.5-22	Tab Chew	Excluded
Mirvaso	0.33%	Gel (Gram)	Excluded
Mirvaso	0.33%	Gel W/Pump	Excluded
Mometasone Furoate	50 mcg	Spray/Pump	Excluded
Nasacort	55 mcg	Spray	Excluded
Nasal Allergy	55 mcg	Spray	Excluded
Nasonex	50 mcg	Spray/Pump	Excluded
Olopatadine Hcl	0.10%	Drops	Excluded
Olopatadine Hcl	0.20%	Drops	Excluded
Omnaaris	50 mcg	Spray/Pump	Excluded
Pandel	0.1%	Cream (G)	Excluded
Pataday	0.20%	Drops	Excluded
Patanol	0.10%	Drops	Excluded
Pazeo	0.70%	Drops	Excluded
Pramosone	1 %-1 %	Cream (G)	Excluded
Pramosone	1 %-1 %	Lotion	Excluded
Pramosone	1 %-1 %	Oint. (G)	Excluded

Drug Name	Strength	Dosage	Effective 10/01/2020
Pramosone	2.5 %-1 %	Lotion	Excluded
Pramosone	2.5 %-1 %	Oint. (G)	Excluded
Pramosone E	2.5 %-1 %	Cream (G)	Excluded
Protonix	20 mg	Tablet Dr	Excluded
Protonix	40 mg	Granpkt Dr	Excluded
Protonix	40 mg	Tablet Dr	Excluded
Qnasl	80 mcg	Hfa Aer Ad	Excluded
Qnasl	80 mcg	Hfa Aer Ad	Excluded
Qnasl Children	40 mcg	Hfa Aer Ad	Excluded
Qnasl Children	40 mcg	Hfa Aer Ad	Excluded
Rabeprazole Sodium	20 mg	Tablet Dr	Excluded
Recedo		Gel (Gram)	Excluded
Rhinocort Allergy	32mcg	Spray/Pump	Excluded
Rhinocort Aqua	32mcg	Spray/Pump	Excluded
Rhofade	1%	Cream (G)	Excluded
Sintralyne-Pm	5-20-460mg	Capsule	Excluded
Sinuva	1350 mcg	Implant	Excluded
Sleep	2.5-252.5	Capsule	Excluded
Sodium Phosphate-Potassium Pho	280-250mg	Powd Pack	Excluded
Somnicin	2-50-100mg	Capsule	Excluded
Ticalast	137-50-0.9	Kit Sprssp	Excluded
Ticanase	50mcg-0.9%	Kit Sprssp	Excluded
Ticaspray	50mcg-0.9%	Kit Sprssp	Excluded
Toprophan	1-500-25mg	Capsule	Excluded
Triamcinolone Acetonide	55 mcg	Spray	Excluded
Tri-Luma	0.01-.05-4	Cream (G)	Excluded
Trimo-San	0.025-0.01	Jelly/Appl	Excluded
Urelle	81-0.12mg	Tablet	Excluded
Uribel	118-10-36	Capsule	Excluded
Veramyst	27.5 mcg	Spray Susp	Excluded
Xhance	93 mcg	Aer Br.Act	Excluded
Xylocaine-Mpf	15 mg/ml	Ampul	Excluded
Xylocaine-Mpf With Epinephrine	1 %-1:200k	Ampul	Excluded
Xylocaine-Mpf With Epinephrine	1 %-1:200k	Vial	Excluded
Zetonna	37 mcg	Hfa Aer Ad	Excluded

# Nondiscrimination notice



**We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

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**If you need any of the above, call Customer Service at:**

1-888-361-1611 (TRS: 711)

**If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:**

Washington State Rx Services  
Attention: Appeal Unit  
PO Box 40168  
Portland, OR 97240-0168  
Fax: 1-866-923-0412

**If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health  
and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

**Dave Nesseler-Cass coordinates our nondiscrimination work:**

Dave Nesseler-Cass,  
Chief Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-888-361-1611 (TRS: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn.  
Gọi 1-888-361-1611 (TRS: 711)

注意：如果您說中文，可得到免費語言幫助服務。  
請致電 1-888-361-1611 (聾啞人專用 TRS: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-888-361-1611 (TRS: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-888-361-1611 (TRS: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي) 1-888-361-1611 (TRS: 711)

بولتے ہیں تو لانی (URDU) توجہ دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔  
1-888-361-1611 (TRS: 711) پر کال کریں

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-888-361-1611 (текстовый телефон TRS: 711).

ATTENTION: si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-888-361-1611 (TRS: 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با تماس بگیرید (TRS: 711) 1-888-361-1611

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-888-361-1611 पर कॉल करें (TRS: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-888-361-1611 (TRS: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。  
1-888-361-1611 (TRS: テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવેલ) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે.  
1-888-361-1611 (TRS: 711) પર કોલ કરો

ໂປດຊາຍ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ.  
ໂທ 1-888-361-1611 (TRS: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-888-361-1611 (TRS: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-888-361-1611 (TRS: 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-888-361-1611 (TRS: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-888-361-1611 (TRS: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-888-361-1611 (TRS: 711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสมารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-888-361-1611 (TRS: 711)

FA'UTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-888-361-1611 (TRS: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-888-361-1611 (TRS: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-888-361-1611 (obsługa TRS: 711)