

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 11/01/2020	Less expensive alternative(s)*
Nalocet 2.5-300 mg Tablet	Tier 1	Tier 3	oxycodone/apap ###/325mg formulations or other opiates
Oxycodone-Acetaminophen 2.5-300mg, 5 mg-300mg, 7.5-300mg and 10mg-300mg Tablet	Tier 2	Tier 3	oxycodone/apap ###/325mg formulations or other opiates
Primlev 10mg-300mg Tablet	Tier 2	Tier 3	oxycodone/apap ###/325mg formulations or other opiates
Prolate 5 mg-300mg, 7.5-300mg and 10mg-300mg Tablet	Tier 2	Tier 3	oxycodone/apap ###/325mg formulations or other opiates

***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 11/01/2020
Forteo 20mcg/dose Pen Injctr	No quantity limit	Limited to 1 syringe per 28 days

Drug name	Current status	Effective 11/01/2020
Humulin N Kwikpen 100/ml (3) Insuln Pen	No quantity limit	Limited to 60ml per 30 days
Moviprep Powder Pack	No quantity limit	Limited to 1 pack per 1 days
Nilutamide 150mg Tablet	No quantity limit	Limited to 60 tabs per 30 days
Novolin N Flexpen 100/ml (3) Insuln Pen	No quantity limit	Limited to 60ml per 30 days
Omnipod Cartridge	No quantity limit	Limited to 15ml per 30 days
Omnipod Dash 5 Pack Pod Cartridge	No quantity limit	Limited to 15ml per 30 days
Trelegy Ellipta 100-62.5 Blst W/Dev	No quantity limit	Limited to 60ml per 30 days

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.

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, 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.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
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 مجاناً. 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 بگیرد. (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 (બાબાં તર કરેલ બાબાં અહીં દર્શાવેલ) બોલો છો તો તે બાબાંમાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-888-361-1611 (TRS: 711) પર કોલ કરો

ໄປດຊາຍ: 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 คุณจะสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี 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 togotia. 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)