



UMP Preferred Drug List Changes

(applies to UMP Classic, UMP CDHP, and UMP Plus)

Below is a list of anticipated changes to medications on the UMP Preferred Drug List. The list below does not contain every anticipated change to the UMP Preferred Drug List and only contains changes which may adversely impact members. **This list does not contain any anticipated changes that may positively impact members.** We have made every effort to include every anticipated change that may adversely affect members in the list below, but changes including but not limited to the release of new generic drugs could result in additional tier level changes or other changes to the UMP Preferred Drug List.

The list of anticipated changes applies to members enrolled in UMP Classic, UMP CDHP, and UMP Plus. Tier change listings are not applicable to UMP CDHP because UMP CDHP members pay 15% 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 Customer Service at 1-888-361-1611 (TRS: 711).

Drug Name	Current Status	Effective – 1/1/2018
Tier changes		
Gocovri	Tier 3, Prior Authorization Required	Not Covered
Zodex	Tier 3, Prior Authorization Required	Not Covered
Actemra – IV vial	Specialty – Tier 3, Prior Authorization Required	Not Covered
Benlysta – IV vial	Specialty – Tier 3, Prior Authorization Required	Not Covered
Fabrazyme – IV vial	Specialty – Tier 3, Prior Authorization Required	Not Covered
Granisetron HCL – IV vial	Specialty – Tier 3, Prior Authorization Required	Not Covered
Ilaris – Subcutaneous vial	Specialty – Tier 3, Prior Authorization Required	Not Covered
Nplate – Subcutaneous vial	Specialty – Tier 3, Prior Authorization Required	Not Covered
Simulect – IV vial	Specialty – Tier 3, Prior Authorization Required	Not Covered
Somatuline Depot – Subcutaneous Syringe	Specialty – Tier 3, Prior Authorization Required	Not Covered
Zoladex – Subcutaneous implant	Specialty – Tier 3, Prior Authorization Required	Not Covered
Dysport – Intramuscular vial	Specialty – Tier 3, Prior Authorization Required	Not Covered
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.”		
Epiduo Forte	Step Therapy Not Required	Step therapy; requires trial and failure of tretinoin or adapalene

Tretin-X	Step Therapy Not Required	Step therapy; requires trial and failure of tretinoin or adapalene
Tretinoin Microspheres	Step Therapy Not Required	Step therapy; requires trial and failure of tretinoin or adapalene
Fluvastatin ER	Step Therapy Not Required	Step therapy; requires trial and failure of atorvastatin or lovastatin or pravastatin or rosuvastatin or simvastatin
Fluvastatin Sodium	Step Therapy Not Required	Step therapy; requires trial and failure of atorvastatin or lovastatin or pravastatin or rosuvastatin or simvastatin

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