



# Preferred Drug List Changes

Effective 10/01/2024



Below are list(s) of changes to how prescription drugs may be covered on the Uniform Medical Plan (UMP) Preferred Drug List (PDL). The PDL applies to all UMP Plans that the Public Employees Benefits Board (PEBB) and the School Employees Benefits Board (SEBB) offer.

The list(s) below do not contain all changes to the UMP PDL. There may be additional changes in the future. These lists 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. For questions, please contact Washington State Rx Services at 1-888-361-1611 (TRS: 711) or refer to the UMP PDL by visiting [hca.wa.gov/ump-pdl](https://hca.wa.gov/ump-pdl).

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

Drug name	Former status	New status
VALTOCO NASAL SPRAY	N/A	4 doses/fill, 5 fills/month