



# Preferred Drug List Changes

Effective 10/31/2023



Below are list(s) of anticipated 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 every actual 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. This is not a complete list. There may be additional changes that may negatively impact members.

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).

**Tier changes** (Tier changes are not applicable to UMP CDHP (PEBB) and UMP High Deductible (SEBB) except for covered insulins.)

Drug name	Current status	Effective date	Less expensive alternative(s)*
Spiriva Handihaler 18 mcg cap	Non Covered	11/1/2023	Tiotropium Bromide 18mcg cap (generic Spiriva)
desmopressin acetate inj, DDAVP inj	Excluded	10/31/2023	N/A – provider administered drug
Somryst	Non Covered	10/31/2023	N/A – product is not commercially available

**\*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 prescribing provider for a complete list.