

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 ArrayRx at 1-888-361-1611 (TRS: 711) or refer to the UMP PDL by visiting 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)*
TEXACORT SOLN	Non-Covered	4/1/2025	fluocinolone acetonide soln 0.01%, fluocinonide soln 0.05%, hydrocortisone butyrate soln 0.1% soln, betamethasone valerate 0.1% lotion; triamcinolone acetonide 0.025% cream or lotion
tolterodine SR cap	Tier 2	4/1/2025	Oxybutynin IR OR Oxybutynin ER, Solifenacin

***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.

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

Drug name	Former status	New status
AUVI-Q INJ	No QL	QL= 2 inj/fill