



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.

This list of anticipated changes applies to members enrolled in any UMP plan: UMP Classic, UMP CDHP, and UMP Plus. Tier change listings are not applicable to UMP CDHP cost-shares.

For questions, please contact Washington State Rx Customer Service at 1-888-361-1611.

| Drug Name | Current Status | Effective 7/1/2017 | Less expensive alternative(s)* |
|--|----------------|--------------------|--|
| Tier changes | | | |
| Cyclobenzaprine 7.5mg | Tier 1 | Tier 2 | Cyclobenzaprine 5mg or 10mg (Tier 1) |
| Qutenza | Tier 2 | Not Covered | |
| Androgel (2.5g-1.62%), 1.25g-1.62, 20.25/1.25 gel packet, pump) | Tier 2 | Tier 3 | Testosterone cypionate, testosterone enanthate, testosterone 1% transdermal gel packet, testosterone 1% transdermal gel pump, testosterone 2% transdermal gel pump |
| Axiron | Tier 2 | Tier 3 | Testosterone cypionate, testosterone enanthate, testosterone 1% transdermal gel packet, testosterone 1% transdermal gel pump, testosterone 2% transdermal gel pump |
| Androderm | Tier 2 | Tier 3 | Testosterone cypionate, testosterone enanthate, testosterone 1% transdermal gel packet, testosterone 1% transdermal gel pump, testosterone 2% transdermal gel pump |
| Vogelxo gel, gel packet | Tier 2 | Tier 3 | Testosterone cypionate, testosterone enanthate, testosterone 1% transdermal gel packet, testosterone 1% transdermal gel pump, testosterone 2% transdermal gel pump |
| Cholestyramine Resin | Tier 2 | Not Covered | |
| Dymista | Tier 3 | Not Covered | |
| Anucort NDC: 00713-0503-06 | Tier 2 | Not Covered | |

***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.