

Preferred Drug List Changes (applies to UMP Classic, UMP CDHP, and UMP Plus)

Below are list(s) of anticipated changes to prescription drugs on the UMP Preferred Drug List (PDL). The list(s) below do not contain every anticipated change to the UMP PDL. Events such as the release of new generic drugs could result in more changes to the UMP PDL. Visit ump.regence.com/pebb/benefits/prescription to find a link to the UMP PDL for the most up-to-date information.

The list(s) of anticipated changes apply to members enrolled in UMP Classic, UMP CDHP, and UMP Plus. Tier changes are not applicable to UMP CDHP. UMP CDHP members pay 15 percent 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 Services at 1-888-361-1611 (TRS:711).

Tier changes

| Drug name | Current status | Effective 1/1/2020 | Less expensive alternative(s)* |
|----------------------------|----------------------------|----------------------------|---|
| ADAPALENE BENOYL PEROXIDE | Tier 2 (High Cost Generic) | Tier 1 | n/a |
| COSENTYX | Specialty – Tier 3 | Specialty – Tier 2 | n/a |
| DULOXETINE 40MG CAPSULE | Tier 1 | Tier 2 (High Cost Generic) | <ul style="list-style-type: none"> • Duloxetine 20mg Capsule • Duloxetine 30mg Capsule • Duloxetine 60mg Capsule |
| EMGALITY | Specialty – Tier 3 | Specialty – Tier 2 | n/a |
| OTEZLA | Specialty – Tier 3 | Specialty – Tier 2 | n/a |
| PRAMIPEXOLE ER 24HR TABLET | Tier 1 | Tier 2 (High Cost Generic) | <ul style="list-style-type: none"> • Pramipexole IR Tablets |
| PROAIR RESPICLICK | Tier 2 | Tier 3 | <ul style="list-style-type: none"> • Albuterol Sulfate • Albuterol Sulfate HFA |
| STELARA | Specialty – Tier 3 | Specialty – Tier 2 | n/a |
| VIBRAMYCIN | Tier 3 | Tier 2 | n/a |

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

| Drug name | Current status | Effective 1/1/2020 | Less expensive alternative(s)* |
|-----------------------------|----------------|---------------------------------|--------------------------------|
| BROVANA | No QLL | QLL – 120mL every 30 days | n/a |
| FIRVANQ | No QLL | QLL – 140mL every 14 days | n/a |
| TESTIM | No QLL | QLL – 300g every 30 days | n/a |
| TRANEXAMIC ACID ORAL TABLET | No QLL | QLL – 180 tablets every 30 days | n/a |

| | | | |
|---------|--------|--------------------------------|-----|
| ULORIC | No QLL | QLL – 30 tablets every 30 days | n/a |
| VOGELXO | No QLL | QLL – 300g every 30 days | n/a |

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.”

| Drug name | Current status | Effective 1/1/2020 | Less expensive alternative(s)* |
|-----------|-----------------------|--|--------------------------------|
| EVEKEO | No Step | Step Therapy (Dextroamphetamine IR and Amphetamine/dextroamphetamine IR) | n/a |
| REXULTI | Step Therapy Required | No Step Therapy Required | n/a |
| ZOHYDRO | No Step | Step Therapy (Morphine Sulfate ER Tablets and Fentanyl Transdermal Patches) | n/a |

***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 prescriber for a complete list.