

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. They only contain changes **that may negatively impact members**, such as increasing a drug's cost or limiting the amount available per refill. Washington State Rx Services has made every effort to include every anticipated change that may negatively affect members in the list(s) below. However, events such as the release of new generic drugs could result in more changes to the UMP PDL. Visit www.hca.wa.gov/ump/find-drugs 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% 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 1/1/2019	Less expensive alternative(s)*
Absorica	Tier 2	Tier 3	<ul style="list-style-type: none"> • Amnesteem • Claravis • Myorisan • Isotretinoin
Bensal HP	Tier 3	Excluded	<ul style="list-style-type: none"> • Stri-dex, • Seasorb • Sal-plant • Keralyt • SalAc • DHS Sal • Betasal
Carisoprodol	Tier 1	Tier 2	<ul style="list-style-type: none"> • cyclobenzaprine 5mg and 10mg tablet • tizanidine • methocarbamol • orphenadrine citrate
Dantrolene	Tier 1	Tier 2	<ul style="list-style-type: none"> • cyclobenzaprine 5mg and 10mg tablet • tizanidine • methocarbamol • orphenadrine citrate
DermacinRx Lexitral		Excluded	<ul style="list-style-type: none"> • diclofenac 1% topical gel • diclofenac 1.5% topical solution
Dexcom	Tier 3	Excluded	Excluded under UMP's Rx benefit. Covered under UMP's medical benefit and requires preauthorization,
EpiPen (0.3mg/0.3)	Tier 2	Tier 3	epinephrine auto injector
Epipen 2-pak (0.3mg/0.3)	Tier 2	Tier 3	epinephrine auto injector

Fenoprofen Calcium	Tier 1	Tier 2	<ul style="list-style-type: none"> • ibuprofen (generic) • diclofenac (generic) • etodolac (generic)
Invokamet	Tier 2	Tier 3	<ul style="list-style-type: none"> • Farxiga • Synjardy • Jardance • Glyxambi • Qtern • metformin
Invokamet XR	Tier 2	Tier 3	<ul style="list-style-type: none"> • Farxiga • Synjardy • Jardance • Glyxambi • Qtern • metformin
Invokana	Tier 2	Tier 3	<ul style="list-style-type: none"> • Farxiga • Synjardy • Jardance • Glyxambi • Qtern • metformin

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

Drug name	Current status	Effective 1/1/2019
Ozempic	No QLL	QLL: 3mL/28 days
Segluromet	No QLL	QLL: 60/30
Steglatro	No QLL	QLL: <ul style="list-style-type: none"> • 60/30 (5mg) • 30/30 (15mg)
Steglujan	No QLL	QLL: <ul style="list-style-type: none"> • 60/30 (5/100mg) • 30/30 (15/100mg)

***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.