



## 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 (PDL). The list below does not contain every anticipated change to the UMP PDL. It only contains changes **that may negatively impact members**, such as increasing a drug's cost or limiting the amount of medication available per refill. We have made every effort to include every anticipated change that may negatively affect members in the list 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](http://www.hca.wa.gov/ump/find-drugs) to find a link to the UMP PDL for the most up-to-date information.

The list of anticipated changes applies 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 Customer Service at 1-888-361-1611 (TRS:711).

Drug name	Current status	Effective 7/1/2018	Less expensive alternative(s)*
<b>Tier changes</b>			
Movantik	Tier 2	Tier 3	Amitiza – Tier 2
Urea cream, gel and lotions	Various tiering	Not Covered	N/A
Savella	Tier 3	Not Covered	N/A
Antitussives (cough medicines)	Various tiering	Not Covered for ages 17 and under	N/A
<b>Adding quantity level limits:</b> Some drugs have limits to how much you can get per prescription or refill.			
Methylphenidate ER 54mg and 72mg	No quantity limit	Quantity limit of 30 tablets per 30-day supply	N/A
Amitiza	No quantity limit	Quantity limit of 60 tablets per 30-day supply	N/A
Restasis Multidose Vial	No quantity limit	Quantity limit of 5.5mL per 30-day supply	N/A
<b>Adding step therapy:</b> 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.”			
Jublia	PA required, no step therapy	Step therapy; requires trial of oral intraconazole and oral terbinafine or topical ciclopirox 8%,	N/A
Kerydin	PA required, no step therapy	Step therapy; requires trial of oral intraconazole and oral terbinafine or topical ciclopirox 8%	N/A
Doxepin	No step therapy	Step therapy; requires trial of topical corticosteroids or topical tacrolimus	N/A
Xiidra	PA required, no step therapy	Step therapy; requires trial of Restasis	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.