



# Preferred Drug List Changes

Effective 9/1/2024



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 Washington State Rx Services at 1-888-361-1611 (TRS: 711) or refer to the UMP PDL by visiting [hca.wa.gov/ump-pdl](https://hca.wa.gov/ump-pdl).

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

Drug name	Former status	New status
MESALAMINE ENEMA 4 GM	N/A	QL= 60 mL/day
MESALAMINE TAB DELAYED RELEASE 800 MG	N/A	QL= 9 tabs/day

**Adding step therapy:** When a drug requires step therapy, you must try certain prescription drugs (known as Step 1 drugs) before the plan will cover the prescribed Step 2 drug. Your pharmacist or prescribing provider may call WSRxS Customer Service to request an authorization for the Step 2 prescription as originally written without trying a Step 1 drug. Your provider will need to submit a prior authorization for review in order the Step 2 drug to be covered. You will pay the entire cost of the prescription drug if you have not tried the Step 1 drug and the plan has not authorized coverage for the Step 2 drug. If the plan adds a step therapy to a drug you are already taking, you will not be affected by this change.

Drug name	Former status	New status
MESALAMINE TAB DELAYED RELEASE 800 MG	N/A	ST requires trial of generic APRISO or generic LIALDA