

How to Use This Document

This document is intended to summarize changes to the Wellfleet Rx Student Formulary that will go into effect as of 1/1/2020*. For all other medications not listed below, refer to the January 2020 Student Formulary for information on formulary status.

**For Texas and Louisiana plans: State laws in Texas and Louisiana require your plan to cover your medications at your current benefit level until your plan renews. This means that if your medication is taken off the drug list, is moved to a higher cost-share tier or needs approval, these changes will not go into effect until your renewal date.*

Positive Changes	
Move to Preferred Status	
Asthma/COPD	FASENRA (PA) NUCALA (PA)
Endocrine	FORTEO (PA)
Growth Hormone	NORDITROPIN FLEXPRO (PA)
Hematological Disorders	RETACRIT (PA)
Inflammatory Disease	ACTEMRA SC (PA FOR RA) XELJANZ/XR (PA FOR RA, PSA & UC) SKYRIZI (PA FOR PSORIASIS) STELARA SC (PA FOR CD) TREMIFYA (PA FOR PSORIASIS)
Infectious Disease	MONUROL (QL) SYMFI (QL) SYMFI LO (QL)
Miscellaneous Agents	ASTHMA CHAMBERS TO TIER 1 (QL) AUVI-Q 0.1 MG (AGE EDIT < 2) PEAK FLOW METERS TO TIER 1 (QL)
Neoplastic Disease	VERZENIO (PA)
Ophthalmology	INVELTYS (ST)
Remove Step Therapy	
Gastrointestinal Disorders	ESOMEPRAZOLE
Remove Prior Authorization	
Cardiovascular Disease	CORLANOR TEKTURN TEKTURN HCT
Remove Exclusion	
Inflammatory Disease	CIMZIA (PA) KINERET (PA)

	ORENCIA (PA) SILIQ (PA) SIMPONI 100MG (PA) TALTZ (PA)
Negative Changes	
Add Prior Authorization	
Diabetes	GLP1 AGONIST/DPP4 INHIBITOR CONCURRENT USE
Oncology	IMATINIB VENCLEXTA
Add Step Therapy	
Anti-convulsant	SABRIL VIGABATRIN
Behavioral Health	QUAZEPAM
Cardiovascular Disease	BEVYXXA CORLANOR TEKTRUNA TEKTRUNA HCT
Dermatology	AMCINONIDE 0.10% CREAM, OINTMENT DUOBRII LOTION
Diabetes	JANUVIA JANUMET JENTADUETO TRADJENTA
Endocrine	CAVERJECT
Add Quantity Limit	
Behavioral Health	ZOLPIDEM SUBLINGUAL
Cardiovascular Disease	CORLANOR
Cough and Cold	HYDROCODONE/CPM/PSEUDOEPHED SOLUTION HYDROCODONE/CHLORPHED P-STIREX SUSPENSION HYDROCODONE BIT/HOMATROP ME-BR TABLET/SYRUP PROMETHAZINE/PHENYLEPH/CODEINE SYRUP PROMETHAZINE HCL/CODEINE SYRUP
Dermatology	CICLOPIROX 0.77% TOPICAL SUSPENSION CICLOPIROX 0.77% CREAM CICLOPIROX 8% TOPICAL SOLUTION

	CLINDAMYCIN PHOSPHATE 1% SOLUTION ECONAZOLE NITRATE 1% CREAM ERYTHROMYCIN 2% SOLUTION/ETHANOL GENTAMICIN 0.1% CREAM KETOCONAZOLE 2% CREAM MUPIROCIN 2% CREAM NAFTIFINE 2% CREAM SODIUM SULFACETAMIDE-SULFUR 10-5% CLEANSER
Eye – Glaucoma	VYZULTA
Infectious Disease	SYMFI LO
Pain Management – Analgesics	ACETAMINOPHEN/CODEINE TABS AND SOLUTION BUTALBITAL/ACETAMINOPHEN/CAFF/CODEINE CAPSULE CODEINE/BUTALBITAL/ASA/CAFFEINE CAPSULE CODEINE SULFATE TABLET HYDROCODONE/ACETAMINOPHEN SOLUTION TRAMADOL/TRAMADOL ER TABLET TRAMADOL/ACETAMINOPHEN TABLET
Move to Non-Preferred	
Infectious Disease	SIMPONI ARIA
Move to Excluded	
Allergy	OMNARIS
Asthma & COPD	ADVAIR DISKUS CINQAIR
Autonomic Nervous System Disorders	NAMZARIC
Behavioral Health	ABILIFY MYCITE SPRAVATO
Cardiovascular	REPATHA (NDCs starting with 55513) PRALUENT (NDCs starting with 00024) WELCHOL
Dermatology	ACYCLOVIR 5% CREAM APEXICON E 0.05% CREAM CICLOPIROX/UREA/CAMP/PH/MEN/EUC KIT DESOXIMETASONE 0.25% SPRAY DIFLORASONE DIACETATE 0.05% OINTMENT/CREAM FINACEA GEL & FOAM

	IMPOYZ 0.025% CREAM LIDOCAINE-TETRACAINE MINOCYCLINE ER TABS SOLODYN
Endocrine	ATELVIA PROLIA
Gastrointestinal Disorders	DONNATAL
Hematological Disorders	EPOGEN MIRCERA XYNTHA
Infectious Disease	EPCLUSA HARVONI SOVALDI
Miscellaneous	GEL-MATRIX PAD DRESS, SILICONE ONE TOUCH CONTROL SOLUTION
Neoplastic Disease	KISQALI KISQALI FEMARA CO-PACK
Neurological Disease	INGREZZA
Pain Management - Analgesics	SUBOXONE TRAMADOL ER CAPS

Please note: The bolded medications are brands with a generic available.

High Cost Generic Updates

Move to Preferred Status

To help students and their providers make informed decisions and drive them towards the lowest cost preferred generic option, some high cost generics are placed in a higher formulary tier and be associated with higher copays. Each high cost generic and the corresponding lower cost generic alternative is reviewed for clinical comparativeness to ensure similar efficacy, clinical indication, and side effect profiles. Listed below are updates to the High Cost Generic Formulary Changes.

Additions to High Cost Generics List

Behavioral Health	PAROXETINE ER QUAZEPAM TEMAZEPAM 7.5 MG, 22.5 MG CAPSULE
Pain Management	BUTALBITAL/APAP/CAFFEINE 50/300/40 MG



Deletions from High Cost Generics List

Dermatology	MINOCYCLINE ER (moving to excluded)
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