

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 7/1/2020*. 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	
Allergy	ODACTRA (PA) ORALAIR (PA)
Asthma/COPD	ARMONAIR (QL) BEVESPI (QL) PULMICORT FLEXHALER (QL) TRELEGY ELLIPTA (QL, ST) YUPELRI (QL)
Behavioral Health	ARISTADA
Cardiovascular Disease	VASCEPA (QL, ST)
Dermatology	DRYSOL QBREXZA (PA)
Diabetes	FREESTYLE TEST STRIPS INVOKANA (QL, ST) INVOKAMET (QL, ST) INVOKAMET XR (QL, ST) ONE TOUCH TEST STRIPS PRECISION XTRA TEST STRIPS SEGLUROMET (QL, ST) STEGLATRO (QL, ST) TRESIBA (QL)
Electrolyte Regulation	LOKELMA
Endocrine	GONAL-F LEVOXYL ORILISSA (PA) OVIDREL
Gastrointestinal Disorders	PENTASA RELISTOR (PA) SYMPROIC (QL) TRULANCE (QL)

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	UCERIS FOAM ZENPEP
Hematological Disorders	ADVATE ADYNOVATE AFSTYLA DOPTELET (PA) ELOCTATE JIVI NIVESTYM (PA)
Hormonal Deficiency	LUPANETA (PA)
Infectious Disease	ARIKAYCE (PA) CIMDUO (QL)
Inflammatory Disease	ENTYVIO (PA) EUFLEXXA (PA) MONOVISC (PA) ORTHOVISC (PA) RUCONEST (PA)
Miscellaneous Agents	PROLASTIN C
Neoplastic Disease	CABOMETYX (PA) COMETRIQ (PA) ERLEADA (PA) KYPROLIS LORBRENA (PA) TALZENNA (PA) VIZIMPRO (PA) YONSA (PA)
Neurological Disease	AUSTEDO (PA) BETASERON (PA) COPAXONE (PA) MAYZENT (PA)
Ophthalmology	EYLEA RHOPRESSA (QL)
Other Drugs	NITYR (PA)
Other Respiratory Disorders	ESBRIET (PA)
Pain Management	AIMOVIG (PA) AJOVY (PA) BELBUCA EMGALITY (PA) FENOPROFEN CALCIUM TABLETS

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	SUBOXONE (QL)
Seizure Disorder	EPIDIOLEX (PA)
Urinary Tract	GELNIQUE PUMP
Remove Step Therapy	
Cardiovascular	COLESEVELAM TABLETS
Seizure Disorders	VIMPAT
Urinary Tract Disorders	MYRBETRIQ
Remove Quantity Limit	
Behavioral Health	DULOXETINE 20, 30, 60 MG
Remove Prior Authorization	
Cardiovascular Disease	ENTRESTO SIRTURO
Remove Exclusion	
Endocrine	MAKENA (PA)
Ophthalmology	CEQUA (PA)
Other Drugs	DYSPORT (PA)

Negative Changes	
Move to Non-Preferred Status	
Anti-Emetics	SANCUSO (ST)
Asthma / COPD	AEROSPAN (ST) ARCAPTA (ST)
Cardiovascular	BYVALSON FLOLAN ZONTIVITY
Diabetes	QTERN (ST)
Gastrointestinal Disorders	AMITIZA
Hematological Disorders	FULPHILA (PA)
Other Drugs	VPRIV
Pain Management	XTAMPZA ER (ST)

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Add Prior Authorization	
Dermatology	QBREXZA
Gastrointestinal Disorders	BUPHENYL
Neoplastic Disease	ERLEADA
Add Step Therapy	
Asthma and COPD	DUAKLIR TRELEGY ELLIPTA
Pain Management	XTAMPZA ER
Add Quantity Limit	
Dermatology	DICLOFENAC DROPS 1.5% DICLOFENAC GEL 1% OXICONAZOLE
Ophthalmology	PAZEO
Move to Excluded	
Asthma & COPD	ALBUTEROL HFA BY PAR PHARMA, TEVA, PRASCO LABS PROAIR HFA (ALBUTEROL HFA BY PERRIGO) PROAIR RESPICLICK (ALBUTEROL HFA BY PERRIGO) SPIRIVA (INCRUSE) STIOLTO (ANORO, BEVESPI) STRIVERDI RESPIMAT (SEREVENT) VENTOLIN (ALBUTEROL HFA BY PERRIGO)
Anti-Emetics	AKYNZEO CAPSULES (ONDANSETRON) EMEND POWDER PACKETS (APREPITANT)
Cardiovascular	COLESEVELAM POWDER PACKETS (GENERIC TABLETS) WELCHOL POWDER PACKETS (GENERIC TABLETS)
Dermatology	CLOCORTOLONE (BETAMETHASONE, TRIAMCINOLONE) ELIDEL (GENERIC EQUIVALENT) HALOG (CLOBETASOL) LULICONAZOLE (KETONCONAZOLE)
Diabetes	AGAMATRIX TEST STRIPS ALOGLIPTIN/PIOGLITAZONE NOVOLIN N FLEXPEN (HUMULIN N) ROCHE (ACCU-CHEK) TEST STRIPS VICTOZA (TRULICITY)
Electrolyte Regulation	VELTASSA (LOKELMA)
Endocrine	CHORIONIC GONADOTROPIN (NOVAREL, OVIDREL)

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	FOLLISTIM (GONAL-F) PREGNYL (NOVAREL, OVIDREL)
Gastrointestinal Disorders	KRISTALOSE (LACTULOSE) MESALAMINE AUTHORIZED GENERIC FOR APRISO (APRISO)
Hematological Disorders	GRANIX (NIVESTYM, ZARXIO) JADENU/JADENU SPRINKLE (GENERIC EQUIVALENT) MULPLETA (DOPTELET) NUWIQ (ADVATE) SIKLOS (HYDROXYCHLOROQUINE, DROXIA) XYNTHA (ADVATE)
Infectious Disease	COMPLERA (ODEFSEY) DELSTRIGO (BIKTARVY, GENVOYA, ODEFSEY, SYMFI) PIFELTRO (EFAVIRENZ, EDURANT) PREZCOBIX (ATAZANAVIR, RITONAVIR, KALETRA, PREZISTA) SITAVIG (ACYCLOVIR) STRIBILD (BIKTARVY, GENVOYA) SYM TUZA (BIKTARVY, GENVOYA, ODEFSEY, SYMFI)
Neoplastic Disease	XATMEP (METHOTREXATE TABS) XPOVIO (DARZALEX, KYPROLIS, NINLARO, REVLIMID) ZYTIGA (ABIRATERONE)
Neurological Disease	AMPYRA (DALFAMPRIDINE) EXTAVIA (BETASERON)
Other Drugs	EPINEPHRINE AUTO-INJECTOR BY IMPAX (EPINEPHRINE AUTO-INJECTOR BY MYLAN) ORFADIN (NITYR) ONPATTRO
Pain Management	EMBEDA (MORPHINE SULFATE ER, OXYCONTIN) ONZETRA XSAIL (SUMATRIPTAN) SUBSYS (FENTANYL)
Proton Pump Inhibitors	RABEPRAZOLE DR SPRINKLE CAPS (OMEPRAZOLE)
Seizure Disorder	LYRICA (PREGABALIN)
Non-Essential Drugs	ARTIFICIAL SALIVA CARBINOXAMINE 6 MG CELACYN CHLORZOAZONE 250 MG ENDOFORM EPISIL FENOPROFEN CAPSULES GELX HPR PLUS

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	KERAGEL KERAMATRIX MATRISTEM MICROCYN MISTASSIST MUGARD NAPROXEN CR NAPROXEN SUSPENSION NUTRASEB OASIS ULTRA ORAFATE PHLAG SPRAY PROTHELIAL PRUMYX PULMOSAL VASHE WOUND
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Please note: The bolded medications are brands with a generic available.

High Cost Generic Updates

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

Dermatology	ALA-SCALP AVITA 0.025% GEL HALCINONIDE
Skeletal Muscle Disorders	ORPHENGESIC FORTE

Deletions from High Cost Generics List

Dermatology	CLOCORTOLONE
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