

**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 7/1/2022*. For all other medications not listed below, refer to the July 2022 Student Formulary for information on formulary status.

**For Texas plans: State laws in Texas 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 (Move to Tier 1 or 2 from excluded)

GASTROINTESTINAL AGENTS	MESALAMINE ER 0.375 GRAM CAPSULE
KERATOLYTICS	BENZOYL PEROXIDE 9.8% FOAM
TOPICAL ANTIFUNGALS	SULCONAZOLE NITRATE 1% CREAM

Move to Non-Preferred Status (Move to Tier 3 from Excluded)

PROTON-PUMP INHIBITORS	DEXLANSOPRAZOLE DR
------------------------	--------------------

Remove PA Criteria

ANTINEOPLASTIC	CAPECITABINE IMATINIB
GASTRIC ENZYMES	SUCRAID
URINARY TRACT ANALGESIC AGENTS	ELMIRON

Negative Changes	
Add Quantity Limit	
PSYCHOTHERAPEUTIC DRUGS/ANTIPSYCHOTICS	ABILIFY MAINTENA (1 unit per month)
ACNE AGENTS	ACCUTANE (60 units per month) AMNESTEEM (60 units per month) CLARAVIS (60 units per month) ISOTRETINOIN (60 units per month) MYORISAN (60 units per month) ZENATANE (60 units per month)
Add PA Criteria	
ANTIBIOTICS	SIRTURO
ANTIINFECTIVES	IMPAVIDO
ANTINEOPLASTICS	ONUREG GLEOSTINE ZEPZELCA
BIOLOGICALS	CUVITRU GAMASTAN GAMUNEX-C
POLYCYSTIC KIDNEY DISEASE AGENT	JYNARQUE
HORMONES/SOMATOSTATIC AGENTS	BYNFEZIA
IMMUNOSUPPRESSANTS	UPLIZNA
DIABETIC SUPPLIES	MINIMED PUMP AND ACCESSORY PRODUCTS T:FLEX CARTRIDGE T:SLIM PUMP AND CARTRIDGE V-GO
PSYCHOTHERAPEUTIC DRUGS	LYBALVI
ANTI-NARCOLEPSY	XYWAV
Move to Non-Preferred Status (Preferred Alternative in Parentheses)	
ANTICONVULSANTS	VIMPAT (LACOSAMIDE)
Move to Specialty Tier	
ANTIINFECTIVES	IMPAVIDO
Move to Excluded (Covered Preferred Alternative in Parentheses)	
OPIOID ANALGESIC	OXYCODONE-ACETAMINOPHEN 10-300MG TABLET (OXYCODONE-ACETAMINOPHEN 10-325MG TABLET) OXYCODONE-ACETAMINOPHEN 7.5-300MG TABLET (OXYCODONE-ACETAMINOPHEN 7.5-325MG TABLET)

	OXYCODONE-ACETAMINOPHN 2.5-300MG TABLET (OXYCODONE-ACETAMINOPHEN 2.5-325MG TABLET)
ANTIMIGRAINE PREPARATIONS	ZOMIG NASAL SPRAY (ZOLMITRIPTAN NASAL SPRAY)
OTIC PREPARATIONS	CIPRODEX OTIC SUSPENSION (CIPROFLOX-DEXAMETH OTIC SUSPENSION)
TETRACYCLINE ANTIBIOTICS	DOXYCYCLINE 50 MG TABLET (DOXYCYCLINE HYCLATE 50 MG CAPSULE) DOXYCYCLINE HYC DR 100 MG TABLET (DOXYCYCLINE HYCLATE 100 MG CAPSULE) DOXYCYCLINE HYC DR 150 MG TABLET (DOXYCYCLINE HYCLATE 100 MG CAPSULE) DOXYCYCLINE HYC DR 200 MG TABLET (DOXYCYCLINE HYCLATE 100 MG CAPSULE) DOXYCYCLINE HYC DR 50 MG TABLET (DOXYCYCLINE HYCLATE 50 MG CAPSULE) DOXYCYCLINE HYC DR 75 MG TABLET (DOXYCYCLINE HYCLATE 100 MG CAPSULE) DOXYCYCLINE HYCLATE 150 MG TABLET (DOXYCYCLINE HYCLATE 100 MG CAPSULE) DOXYCYCLINE HYCLATE 75 MG TABLET (DOXYCYCLINE HYCLATE 100 MG CAPSULE) DOXYCYCLINE IR-DR 40 MG CAPSULE (DOXYCYCLINE MONO 50 MG CAPSULE) DOXYCYCLINE MONO 150 MG CAPSULE (DOXYCYCLINE MONO 100 MG CAPSULE) DOXYCYCLINE MONO 150 MG TABLET (DOXYCYCLINE MONO 100 MG TABLET) DOXYCYCLINE MONO 75 MG CAPSULE (DOXYCYCLINE MONO 100 MG CAPSULE) DOXYCYCLINE MONO 75 MG TABLET (DOXYCYCLINE MONO 100 MG TABLET) VIBRAMYCIN 25 MG/5ML SUSPENSION (DOXYCYCLINE MONO 100 MG TABLET)

OPIOID ANTAGONISTS	NARCAN NASAL SPRAY (NALOXONE NASAL SPRAY)
TOPICAL ANTIFUNGALS	JUBLIA 10% TOPICAL SOLUTION (CICLOPIROX EXTERNAL SOLUTION 8 %) DERMACINRX THERAZOLE PAK (CLOTRIMAZOLE-BETAMETHASONE EXTERNAL CREAM)
ANTINEOPLASTICS	ARRANON (NELARABINE) SUTENT (SUNITINIB)
CARDIOVASCULAR	BYSTOLIC (NEBIVOLOL)
ANTICONVULSANTS	KEPPRA (LEVETIRACETAM) KEPPRA XR (LEVETIRACETAM ER) TROKENDI XR (TOPIRAMATE ER)
ORAL CONTRACEPTIVES	BALCOLTRA TABLET (LEVONOR-ETH ESTRAD 0.1-0.02 MG) BEYAZ 28 TABLET (DROSP-EE-LEVOMEF 3-0.02-0.451 MG) YAZ 28 TABLET (DROSPIRENONE-EE 3-0.02 MG)
EYE ANTI-INFLAMMATORY AGENTS	DUREZOL 0.05% EYE DROPS (DIFLUPREDNATE 0.05% EYE DROPS)
GASTROINTESTINAL	APRISO ER (MESALAMINE ER)
PROTON-PUMP INHIBITORS	DEXILANT DR(DEXLANSOPRAZOLE DR)
IMMUNOSUPPRESSANTS	PROGRAF (TACROLIMUS)
SELECTIVE SEROTONIN REUPTAKE INHIBITOR (SSRIS)	FLUVOXAMINE ER (FLUVOXAMINE)
SKIN PREPS	BENZOYL PEROXIDE 5.3% FOAM (BENZOYL PEROXIDE 5% GEL)
SMOKING DETERRENTS	CHANTIX (VARENICLINE)
UNCLASSIFIED DRUG PRODUCTS	CARBAGLU (CARGLUMIC ACID)
INJECTABLE/INFUSABLE ONCOLOGY MEDICATIONS**	ABECMA, ABRAXANE, ADCETRIS, ADRIAMYCIN, ADRUCIL, ALFERON, ALIMTA, ALIQOPA, ALKERAN, ARRANON, ARSENIC, ARZERRA, ASPARLAS, AZACITIDINE, AZEDRA, BAVENCIO, BELEODAQ, BELRAPZO, BENDAMUSTINE, BENDEKA, BESPONSA, BICNU, BLENREP, BLEO, BLEOMYCIN, BLINCYTO, BORTEZOMIB, BREYANZI, BUSULFAN, BUSULFEX, CAMPTOSAR, CARBOPLATIN, CARMUSTINE, CISPLATIN, CLADRIBINE, CLOFARABINE, CLOLAR, COSMEGEN, CYCLOPHOSPHAMIDE, CYRAMZA, CYTARABINE, DACARBAZINE, DACTINOMYCIN, DANYELZA, DARZALEX, DAUNORUBICIN, DECITABINE, DOCEFREZ, DOCETAXEL, DOXORUBICIN, ELLENCE, EMLICITI, ENHERTU, EPIRUBICIN, ERBITUX, ERWINASE, ERWINAZE, ETOPOPHOS, ETOPOSIDE, FASLODEX, FIRMAGON, FLOXURIDINE, FLUDARABINE, FLUOROURACIL, FOLOTYN, FULVESTRANT, GAZYVA, GEMCITABINE, GEMZAR, GLIADEL,

	<p>HALAVEN, HERCEPTIN, HERZUMA, IDARUBICIN, IFOSFAMIDE, IFOSFAMIDE-MESNA, IMFINZI, IMLYGIC, INFUGEM, INTRON, IRINOTECAN, ISTODAX, IXEMPRA, JELMYTO, JEVTANA, KADCYLA, KANJINTI, KEYTRUDA, KYMRIA, KYPROLIS, LARTRUVO, LIPODOX, LUMOXITI, LUPRON, MARGENZA, MARQIBO, MELPHALAN, MITOMYCIN, MITOXANTRONE, MONJUVI, MUSTARGEN, MUTAMYCIN, MVASI, MYLOTARG, NELARABINE, NIPENT, ONCASPAR, ONIVYDE, ONTRUZANT, OPDIVO, OXALIPLATIN, PACLITAXEL, PADCEV, PARAPLATIN, PEPAXTO, PERJETA, PHESGO, PHOTOFRIN, POLIVY, PORTRAZZA, POTELIGEO, PROLEUKIN, PROVENGE, ROMIDEPSIN, RUXIENGE, RYBREVANT, RYLAZE, SARCLISA, SYLVANT, TECARTUS, TECENTRIQ, TEMODAR, TEMSIROLIMUS, TENIPOSIDE, TEPADINA, THIOTEPA, TIVDAK, TOPOSAR, TOPOTECAN, TORISEL, TRAZIMERA, TREANDA, TRISENOX, TRODELVY, UNITUXIN, UVADEX, VANTAS, VECTIBIX, VELCADE, VINBLASTINE, VINCASAR, VINCRISTINE, VINOURELBINE, VYXEOS, YERVOY, YESCARTA, YONDELIS, ZALTRAP, ZANOSAR, ZEPZELCA, ZEVALIN, ZIRABEV, ZOLADEX</p>
--	--

**Oncology medications that are injected or infused in outpatient clinics, infusion centers, or in office settings by a healthcare professional will no longer appear on the Wellfleet Rx Student Formulary but may be available for coverage under your medical benefit. Coverage is subject to your benefit design.

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 (Move to Tier 2)

ANALGESICS/OPIOID ANALGESICS	MEPERIDINE MORPHINE SULFATE ER 40 MG CAPSULE
ANALGESICS	MEFENAMIC ACID
TOPICAL ANTIBIOTICS	MUPIROCIIN 2% CREAM
BENZODIAZEPINES	ALPRAZOLAM ODT
ACNE AGENTS	AMNESTEEM MYORISAN ZENATANE
TOPICAL ANTI-INFLAMMATORY	AMCINONIDE 0.1% LOTION

Zero Cost Drug List Updates

In addition to the \$0 medications available under ACA preventive requirements, the Wellfleet Rx Student Formulary offers 40+ antibiotic, dermatology, behavioral health, opioid antagonist, and diabetic products at no copay.***

Additions to List

ACNE AGENTS	CLINDAMYCIN - BENZOYL PEROXIDE 1.2-5%
OPIOID ANTAGONISTS	NALOXONE HCL NASAL SPRAY

Removals from List (Preferred Alternative in Parentheses)

OPIOID ANTAGONISTS	NARCAN NASAL SPRAY (NALOXONE HCL NASAL SPRAY)
ACNE AGENTS	BENZOYL PEROXIDE GEL (CLINDAMYCIN – BENZOYL PEROXIDE 1.2-5% GEL)

***Zero Cost Drug List program may vary by school or may not be available to certain schools. See applicable Student Formulary for more details. If there is no “Zero Cost Drug List” section included in the Student Formulary applicable to your plan, this program is unavailable.