

**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 1/1/2023\*\*. For all other medications not listed below, refer to the July 2022 Student Formulary for information on formulary status.

\*\* State laws in Connecticut, Louisiana, and Texas require your plan to cover medications at the same benefit level until your plan year ends. This means that if a medication covered under your formulary at the start of your plan year is taken off the formulary, is changed to a different cost-share tier, or has new utilization management requirements, these changes will not go into effect until the next plan year. If the new plan year takes effect after 1/1/2023, this document will not accurately reflect your current coverage. Please reference the applicable January 2023 Wellfleet Rx Student Formulary on <https://wellfleetrx.com/students/formularies/> for your current benefits.

**Positive Changes**
**Move to Preferred Status (Move to Tier 1 or 2 from a higher Tier or Excluded)**

ANTIHYPERGLYCEMICS	VICTOZA PEN MOUNJARO PEN
ANTINEOPLASTICS	CYCLPHOSPHAMIDE CAPSULE
GASTROINTESTINAL AGENTS	LUBIPROSTONE CAPSULES AMITIZA CAPSULES
OPIOID ANTAGONISITS	NALMEFENE VIAL
<b>Move to Non-Preferred Status (Move to Tier 3 from Excluded)</b>	
CONTRACEPTIVES	NEXTSTELLIS TABLET
GASTROINTESTINAL AGENTS	VOQUEZNA DUAL PAK VOQUEZNA TRIPLE PAK PANCREAZE CAPSULE PERTZYE CAPSULE
HORMONES	JATENZO CAPSULE TLANDO CAPSULE

**Negative Changes**
**Add Quantity Limit**

ANALGESICS	BUTALBITAL-ACETAMINOPHEN-CAFFEINE (180 units per month) BUTALBITAL-ACETAMINOPHEN (180 units per month) BUTALBITAL-ASPIRIN-CAFFEINE (180 units per month)
ANTIARTHRITICS	CELECOXIB (2 units per day)
ANTICONVULSANTS	GABAPENTIN (max 3600mg per day)
ANTIFUNGALS	CICLOPIROX GEL (180 units per month)
ANTIHYPERGLYCEMIC	OZEMPIC 4MG/3ML (1 unit per month) TRULICITY (4 units per month) VICTOZA (3 units per month)

	MOUNJARO (4 units per month)
ANTIHYPERTENSIVES	CLONIDINE PATCH (8 units per month)
ANTINEOPLASTICS	XTANDI 40MG TABLET (4 units per day) XTANDI 80MG TABLET (2 units per day)
AUTONOMIC DRUGS	EVEKEO ODT (90 units per month)
BONE RESORPTION INHIBITORS	BONIVA (1 unit per month) IBANDRONATE (1 unit per month) FOSAMAX (4 units per month) ALENDRONATE SODIUM (4 units per month)
CYSTIC FIBROSIS DRUGS	SYMDEKO (60 units per month) TRIKAFTA (84 units per month)
DENTAL PREPS	CHLORHEXIDINE RINSE (473 units per 14 days)
MISCELLANEOUS MEDICAL SUPPLIES	SPACER CHAMBERS FOR INHALERS (1 unit per year)
PSYCHOTHERAPEUTIC DRUGS	ZTALMY (1080 units per day) BUPROPION SR (60 units per month) BUPROPION XL 150 (60 units per month) WELLBUTRIN XL 150 (60 units per month) BUPROPION XL 300 (30 units per month) WELLBUTRIN XL 300 (30 units per month) METHYLPHENIDATE LIQUID (1800 units per month)
SKIN PREPS	TRETINOIN GEL MICROSPHERE (90 units per month)
<b>Add PA Criteria</b>	
GASTROINTESTINAL AGENTS	VOQUEZNA DUAL PAK VOQUEZNA TRIPLE PAK
PSYCHOTHERAPEUTIC DRUGS	SPRAVATO
<b>Add Step Therapy</b>	
ANTIHYPERTENSIVES	VICTOZA PEN (Trial of 1 of the following: metformin, sulfonylurea, or pioglitazone)  MOUNJARO PEN (Trial of 1 of the following: metformin, sulfonylurea, or pioglitazone)
GASTROINTESTINAL AGENTS	PANCREAZE CAPSULE (Trial of both of the following: Creon and Zenpep)  PERTZYE CAPSULE (Trial of both of the following: Creon and Zenpep)
SKIN PREPS	TRETINOIN GEL MICROSPHERE (Trial of 2 of the following: Tretinoin gel, Tretinoin cream, clindamycin/benzoyl peroxide topical)
<b>Move to Non-Preferred Status (Moved to Tier 2 from Tier 1)</b>	
IV PREPARATIONS (ALSO COVERED UNDER MEDICAL BENEFIT WHEN MEDICALLY NECESSARY)	HYDROMORPHONE MORPHINE LIDOCAINE XYLOCAINE EPINEPHRINE

	NOREPINEPHRINE PHENYLEPHRINE FUROSEMIDE POTASSIUM CHLORIDE VASOPRESSIN
<b>Move to Specialty Tier</b>	
ANTINEOPLASTICS	XTANDI ALKERAN
IMMUNOSUPPRESSANTS	GAMIFANT
<b>Move to Excluded (Covered Preferred Alternative in Parentheses)</b>	
ANTICONSULSANTS	VIMPAT TABLETS (GENERIC – LACOSAMIDE TABLETS)
ANTIHYPERGLYCEMICS	INVOKANA TABLET (FARXIGA, JARDIANCE, STEGLATRO TABLETS) INVOKAMET TABLET (XIGDUO, SYNJARDY, SEGLUROMET TABLETS)
ANTINEOPLASTICS	REVLIMID CAPSULE (GENERIC – LENALIDOMIDE CAPSULE) TARGRETIN GEL (GENERIC – BEXAROTENE GEL)
ANTIVIRALS	SELZENTRY TABLET (GENERIC – MARAVIROC TABLET)
BPH AGENTS	FLOMAX CAPSULE (GENERIC – TAMSULOSIN CAPSULE)
CARDIAC DRUGS	LANOXIN TABLETS (GENERIC – DIGOXIN TABLETS)
GASTROINTESTINAL AGENTS	RANITIDINE CONTAINING PRODUCTS (FAMOTIDINE) CUVPOSA (GENERIC – GLYCOPYRROLATE) PENTASA 500MG (GENERIC – MESALAMINE)
HORMONES	CLIMARA PATCH (GENERIC – ESTRADIOL PATCH) VASOSTRICT VIAL (GENERIC – VASOPRESSIN VIAL)
IMMUNOSUPPRESSANTS	ZORTRESS TABLET (GENERIC – EVEROLIMUS TABLET)
MULTIPLE SCLEROSIS DRUGS	BEFIERTAM CAPSULE (AUBAGIO TABLET, ZEPOSIA CAPSULE) GILENYA CAPSULE (AUBAGIO TABLET, ZEPOSIA CAPSULE) MAVENCLAD TABLET (AUBAGIO TABLET, ZEPOSIA CAPSULE) MAYZENT TABLET (AUBAGIO TABLET, ZEPOSIA CAPSULE) VUMERITY CAPSULE (AUBAGIO TABLET, ZEPOSIA CAPSULE)
OPIOID ANALGESIC	HYDROCODONE-ACETAMINOPHEN 5-300MG (HYDROCODONE-ACETAMINOPHEN 5-325MG)  HYDROCODONE-ACETAMINOPHEN 7.5-300MG (HYDROCODONE-ACETAMINOPHEN 7.5-325MG)  HYDROCODONE-ACETAMINOPHEN 10-300MG (HYDROCODONE-ACETAMINOPHEN 10-325MG)
OPHTHALMIC PREPERATIONS	COMBIGAN DROPS (GENERIC – BRIMONIDINE/TIMOLOL DROPS)
SKIN PREPS	TRETINOIN GEL MICROSPHERE PUMP (TRETINOIN GEL)

TOPICAL ANTIBIOTICS	MUPIROCIN CREAM (MUPIROCIN OINTMENT)
UNCLASSIFIED DRUG PRODUCTS	AMVUTTRA SYRINGE (TEGSEDI SYRINGE)

### 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, lower-cost alternatives in parenthesis)

ANALGESICS	BUTALBITAL-ACETAMINPHEN-CAFFEINE-CODEINE 50-300-30MG (BUTALBITAL-ACETAMINPHEN-CAFFEINE-CODEINE 50-325-30MG)
	BUTALBITAL-ACETAMINOPHEN 50-300MG (BUTALBITAL-ACETAMINOPHEN 50-325MG)
	DIHYDROERGOTAMINE (SUMATRIPTAN TABLET)
	ZOLMITRIPTAN NASAL SPRAY (ZOLMITRIPTAN TABLET)
BENZODIAZEPINES	CLONAZEPAM ODT (CLONAZEPAM)
GASTROINTESTINAL AGENTS	MESALAMINE RECTAL KIT (MESALAMINE ENEMA)
PSYCHOTHERAPEUTIC DRUGS	METHYLPHENIDATE CHEWABLE (METHYLPHENIDATE TABLET)

\*\*\*Zero Cost Drug List program may vary by school or may not be available to certain schools. [Please reference the applicable Wellfleet Rx Student Formulary on https://wellfleetrx.com/students/formularies/ for more details.](https://wellfleetrx.com/students/formularies/) ~~See applicable Student Formulary for more details.~~ If there is no "Zero Cost Drug List" section included in the [Wellfleet Rx](#) Student Formulary applicable to your plan, this program is unavailable.