



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 1/1/2024*. For all other medications not listed below, refer to the July 2023 Student Formulary for information on formulary status.

* State laws in Colorado, Connecticut, Louisiana, New York, 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 your current plan year has an effective date between 7/1/2023 - 12/31/2023, this document will not accurately reflect your current coverage. Please reference the applicable July 2023 Wellfleet Rx Student Formulary on <https://wellfleetrx.com/students/formularies/> for your current benefits.

Commented [JS1]: Should this be 12/31/23?

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.**

Inclusion on Zero Cost Drug List

ACNE AGENTS	CLINDAMYCIN/BENZOYL PEROXIDE 1-5% GEL
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Exclusion from Zero Cost Drug List

ACNE AGENTS	CLINDAMYCIN/BENZOYL PEROXIDE 1.2-5% GEL
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**Zero Cost Drug List program may vary by school or may not be available to certain schools. See applicable Student Formulary on <https://wellfleetrx.com/students/formularies/> 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.

Positive Changes

Move to Preferred Status (Move to Tier 1 from Excluded)

ANTIARRHYTHMICS	ADENOSINE VIAL
ANTICONSULSANTS	FELBAMATE SOLUTION
ANTIPRURITICS, TOPICAL	DOXEPIN CREAM
AUTONOMIC DRUGS	AMPHETAMINE ER SUSPENSION

Move to Preferred Status (Move to Tier 2 from Tier 3)

ERECTILE DYSFUNCTION	CAVERJECT IMPULSE KIT
THYROID PREPARATIONS	SYNTHROID TABLETS
PSYCHOTHERAPEUTIC DRUGS	TRINTELLIX TABLETS

Move to Preferred Status (Move to Tier 2 from Excluded)

ACNE AGENTS, TOPICAL	CLINDAMYCIN/NIACINAMIDE TOPICAL
ANTIASTHMATICS	BUDESONIDE/FORMOTEROL INHALATION

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January 2024
Student Formulary Changes

ANTIINFLAMMATORY	CYLTEZO INJECTION HADLIMA INJECTION
ANTIMIGRAINE PREPARATIONS	QULIPTA TABLET
ANTINEOPLASTICS	ERLEADA TABLET
ANTIPSORIATICS, TOPICAL	CALCIPOTRIENE FOAM
GASTROINTESTINAL DRUGS	BISMUTH/METRONIDAZOLE/TETRACYCLINE CAPSULES
RECURRENT C. DIFICILE PREVENTION	VOWST CAPSULES
ROSACEA AGENTS, TOPICAL	IVERMECTIN CREAM
UNCLASSIFIED DRUGS	VYVGART HYTRULO INJECTION
Move to Non-Preferred Status (Move to Tier 3 from Excluded)	
ANTINEOPLASTICS	EPKINLY VIAL
BLOOD AGENTS	OMISIRGE INFUSION KIT
DIABETIC SUPPLIES	FREESTYLE CONTROL SOLUTION
GENE THERAPY AGENTS	VYJUVEK GEL
MENOPAUSAL SYMPTOM SUPPRESSANT	VEOZAH TABLET
Removal of Specialty Designation	
ANTIBIOTICS	ARIKAYCE VIAL
ANTIPROTOZOAL	IMPAVIDO CAPSULE
Removal of Prior Authorization Requirement	
SEDATIVE/HYPNOTIC	HETLIOZ CAPSULE
Removal of Step Therapy Requirement	
ANTIASTHMATICS	FLUTICASONE/SALMETEROL INHALATION
ANTIPSYCHOTICS	CAPLYTA CAPSULE INVEGA ER TABLET LATUDATABLET REXULTI TABLET SAPHRIS SUBLINGUAL TABLET
GLP-1 AGONIST	BYDUREON INJECTION BYDUREON BCISE INJECTION BYETTA INJECTION OZEMPIC INJECTION RYBELSUS TABLET TRULICITY INJECTION VICTOZA INJECTION

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PSYCHOTHERAPEUTICS	DESVENLAFAXINE TABLET FORFIVO TABLET PEXEVATABLET SPRAVATO NASAL SPRAY TRINTELLIX TABLET VIIBRYD TABLET
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Negative Changes

Add Quantity Limit		UNCLASSIFIED DRUGS	VYVGART HYTRULO INJECTION (1/month)
ANTIARTHRITICS	MELOXICAM TABLETS (15mg/day) XELJANZ SOLUTION (20mL/day)	Add Prior Authorization	
ANTIFIBRINOLYTICS	TRANEXAMIC ACID TABLETS (6/day)	ANTINEOPLASTICS	EPKINLY INJECTION
ANTIHISTAMINES	CARBINOXAMINE LIQUID (32mL/day)	DIABETIC SUPPLIES	EVERSENSE SMART TRANSMITTER EVERSENSE SENSOR GUARDIAN LINK 3 TRANSMITTER GUARDIAN SENSOR
ANTIHYPERGLYCEMICS	INPEFA TABLETS (2/day)	GASTROINTESTINAL DRUGS	VOWST CAPSULES
ANTIHYPERLIPIDEMICS	NEXLETOL TABLETS (1/day)	GENE THERAPIES	OMISIRGE INJECTION VYJUVEK GEL
ANTIINFECTIVES	ALBENDAZOLE TABLETS (4/day)	GLP-1 AGONIST	BYDUREON INJECTION BYDUREON BCISE INJECTION BYETTA INJECTION OZEMPIC INJECTION RYBELSUS TABLET TRULICITY INJECTION VICTOZA INJECTION
ANTIMIGRAINES	QULIPTA TABLETS (1/day)	PSYCHOTHERAPEUTICS	TRINTELLIX TABLETS
ANTIPLATELETS	ASIPRIN-DIPYRIDAMOLE CAPSULES (2/day)	UNCLASSIFIED DRUGS	ELFABRIO INJECTION FABRAZYME INJECTION VYVGART HYTRULO PACK
ANTIVIRALS	COMPLERA TABLETS (1/day) EFAVIRENZ TABLETS (1/day) PIFELTRO TABLETS (1/day) STRIBILD TABLETS (1/day) SUSTIVA TABLETS (1/day) TRIUMEQ PD TABLETS (180/month) VIRACEPT TABLETS (2500mg/day)	Add Step Therapy	
ARTIFICIAL TEARS	MIEBO PACKS (1/month)	ACNE AGENTS, TOPICAL	CLINDAMYCIN-NIACINAMIDE TOPICAL (Step through generic clindamycin)
AUTONOMIC DRUGS	ADZENYS XR-ODT TABLET(1/day)	Move to Non-Preferred Status (Move to Tier 2 from Tier 1)	
BONE RESORPTION INHIBITORS	ALENDRONATE TABLETS (1/day)	HYPOGLYCEMIA AGENTS	GLUCAGON EMERGENCY KIT
COLONY STIMULATING FACTORS	RETACRIT LIQUID (12mL/month)	MUSCLE RELAXANTS	BACLOFEN SUSPENSION
CNS DRUGS	AUSTEDO XR TABLETS (1/day)	SKIN PREPARATIONS	ADAPALENE GEL PUMP DESOXIMETASONE OINTMENT
ENZYME INHIBITORS	JOENJA TABLETS (2/day)		
GASTROINTESTINAL DRUGS	ALVIMOPAN CAPSULES (15/month) DIPHENOXYLATE/ATROPINE TABLETS (8/day) ENTEREG CAPSULES (15/month) PYLERA CAPSULES (120/month)		
PSYCHOTHERAPEUTIC DRUGS	ARISTADA ER INJECTION (1/month)		
ROSACEA AGENTS, TOPICAL	BRIMONIDINE GEL PUMP (1/month)		

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Move to Non-Preferred Status (Move to Tier 3 from Tier 2)

ANTIBIOTICS	SIRTURO TABLETS
CARDIOVASCULAR DRUGS	OPSUMIT TABLET
COMPLEMENT INHIBITORS	SOLIRIS INJECTION
HORMONES	MAKENA AUTO-INJECTION

Move to Excluded (Covered Preferred Alternative in Parentheses, same route of administration unless otherwise noted)

GASTROINTESTINAL DRUGS	AMITIZA CAPSULES (lubiprostone) ENTEREG CAPSULES (alvimopan) PLENVU KIT (Gavilyte) SUPREP KIT (Gavilyte)
ANTIASTHMATICS	FLOVENT INHALER (Arnuity) PULMICORT INHALER (Asmanex) QVAR INHALER (Asmanex) SYMBICORT INHALATION (budesonide/formoterol)
ANTIBIOTICS	FIRVANQ SOLUTION (vancomycin) KITABIS INHALATION (tobramycin)
ANTICONVULSANTS	DIASTAT PEDIATRIC (diazepam)
ANTIFUNGALS	NOXAFIL SUSPENSION (posaconazole)
ANTI HISTAMINES	LASTACAFI EYE DROPS (azelastine) OLOPATADINE EYE DROPS (azelastine)
ANTIHYPERGLYCEMICS	INVOKANA TABLETS (Farxiga)
ANTIINCONTINENCE DRUGS	TOVIAZ ER TABLETS (fesoterodine)
ANTIINFLAMMATORY	AMJEVITA INJECTION (Humira, Cyltezo)
ANTIINFLAMMATORY, TOPICAL	FLECTOR PATCH (diclofenac) LICART PATCH (diclofenac)
ANTINEOPLASTICS	IRESSA TABLETS (gefitinib) FULVESTRANT INJECTION (consult with MD)
ANTIPSORIATIC AGENTS, TOPICAL	SORILUX FOAM (calcipotriene)
ANTIVIRALS	PREZISTA TABLETS (darunavir) SUSTIVA TABLETS (efavirenz) SYMFI TABLETS (efavirenz/lamivudine/tenofovir)

AUTONOMIC DRUGS	ZENZEDI (dextroamphetamine)
BONE RESORPTION INHIBITORS	FOSAMAX PLUS D TABLETS (alendronate)
CARDIOVASCULAR DRUGS	NEXTERONE INJECTION (amiodarone) PACERONE INJECTION (amiodarone)
DENTAL AIDS	PERIOGARD RINSE (chlorhexidine)
DIABETIC SUPPLIES	BLOOD GLUCOSE SYSTEMS (OneTouch)
HORMONES	CETROTIDE INJECTION (cetorelix) MAKENA INFUSION (hydroxyprogesterone) UCERIS FOAM (budesonide)
PSYCHOTHERAPEUTICS	LATUDA TABLETS (lurasidone) PEXEVA TABLETS (Trintellix) SAPHRIS TABLETS (asenapine) VIIBRYD TABLETS (vilazodone)
ROSACEA AGENTS, TOPICAL	MIRVASO GEL (brimonidine)
SEDATIVE/HYPNOTIC	HETLIOZ CAPSULES (tasimelteon) XYREM SOLUTION (sodium oxybate)
UNCLASSIFIED DRUGS	ORFADIN CAPSULES (nitisinone) THIOLA EC TABLETS (tiopronin)

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