

**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.

**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**

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

<b>ACNE AGENTS</b>	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)**

<b>ANTIARRHYTHMICS</b>	ADENOSINE VIAL
<b>ANTICONVULSANTS</b>	FELBAMATE SOLUTION
<b>ANTIPRURITICS, TOPICAL</b>	DOXEPIN CREAM
<b>AUTONOMIC DRUGS</b>	AMPHETAMINE ER SUSPENSION

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

<b>ERECTILE DYSFUNCTION</b>	CAVERJECT IMPULSE KIT
<b>THYROID PREPARATIONS</b>	SYNTHROID TABLETS
<b>PSYCHOTHERAPEUTIC DRUGS</b>	TRINTELLIX TABLETS

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

<b>ACNE AGENTS, TOPICAL</b>	CLINDAMYCIN/NIACINAMIDE TOPICAL
<b>ANTIASTHMATICS</b>	BUDESONIDE/FORMOTEROL INHALATION

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

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<b>PSYCHOTHERAPEUTICS</b>	DESVENLAFAXINE TABLET FORFIVO TABLET PEDEVATABLET SPRAVATO NASAL SPRAY TRINTELLIX TABLET VIIBRYD TABLET
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### Negative Changes

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

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Move to Non-Preferred Status (Move to Tier 3 from Tier 2)	
<b>ANTIBIOTICS</b>	SIRTURO TABLETS
<b>CARDIOVASCULAR DRUGS</b>	OPSUMIT TABLET
<b>COMPLEMENT INHIBITORS</b>	SOLIRIS INJECTION
<b>HORMONES</b>	MAKENA AUTO-INJECTION
Move to Excluded (Covered Preferred Alternative in Parentheses, same route of administration unless otherwise noted)	
<b>GASTROINTESTINAL DRUGS</b>	AMITIZA CAPSULES (lubiprostone) ENTEREG CAPSULES (alvimopan) PLENVU KIT (Gavilyte) SUPREP KIT (Gavilyte)
<b>ANTIASTHMATICS</b>	FLOVENT INHALER (Arnuity) PULMICORT INHALER (Asmanex) QVAR INHALER (Asmanex) SYMBICORT INHALATION (budesonide/formoterol)
<b>ANTIBIOTICS</b>	FIRVANQ SOLUTION (vancomycin) KITABIS INHALATION (tobramycin)
<b>ANTICONVULSANTS</b>	DIASTAT PEDIATRIC (diazepam)
<b>ANTIFUNGALS</b>	NOXAFIL SUSPENSION (posaconazole)
<b>ANTIHISTAMINES</b>	LASTACFT EYE DROPS (azelastine) OLOPATADINE EYE DROPS (azelastine)
<b>ANTIHYPERGLYCEMICS</b>	INVOKANA TABLETS (Farxiga)
<b>ANTIINCONTINENCE DRUGS</b>	TOVIAZ ER TABLETS (fesoterodine)
<b>ANTIINFLAMMATORY</b>	AMJEVITA INJECTION (Humira, Cyltezo)
<b>ANTIINFLAMMATORY, TOPICAL</b>	FLECTOR PATCH (diclofenac) LICART PATCH (diclofenac)
<b>ANTINEOPLASTICS</b>	IRESSA TABLETS (gefitinib) FULVESTRANT INJECTION (consult with MD)
<b>ANTIPSORIATIC AGENTS, TOPICAL</b>	SORILUX FOAM (calcipotriene)
<b>ANTIVIRALS</b>	PREZISTA TABLETS (darunavir) SUSTIVA TABLETS (efavirenz) SYMFI TABLETS (efavirenz/lamivudine/tenofovir)

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

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