

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 7/1/2024*. For all other medications not listed below, refer to the January 2024 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 you are a member of a plan in Colorado, Connecticut, Louisiana, New York, or Texas, this document will not be applicable to you until your plan renews in or after July 2024. Please reference the applicable January 2024 Wellfleet Rx Student Formulary on <https://wellfleetrx.com/students/formularies/> for your current benefits.

Positive Changes	
Move to Preferred Status (Move to Tier 1 from Excluded)	
Skin Preparations	Halobetasol Foam
Psychotherapeutic Drugs	Risperidone Vial
Move to Preferred Status (Move to Tier 2 from Tier 3)	
Antineoplastics	Rydapt Capsule Vanflyta Tablet Xospata Tablet
Amyloidosis Agents	Tegsedi Injection
Antivirals	Vemlidy Tablet
Move to Preferred Status (Move to Tier 2 from Excluded)	
Muscle Relaxants	Baclofen Solution
Removal of Quantity Limit	
Opioid Analgesics	Butrans Patch
Opioid Withdrawal Agents	Bunavail Film Buprenorphine Patch Buprenorphine Tablet Buprenorphine-Naloxone Film Buprenorphine-Naloxone Tablet Probuphine Implant Sublocade Syringe Suboxone Film Zubsolv Tablet

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Negative Changes	
Add Quantity Limit	
Antineoplastics	Rozlytrek Pellets (120 Pellets/month) Xalkori Pellets (60 Pellets/month)
Blood Products	Empaveli Vial (8 Vials/month) Enjaymo Vial (21 Vials/month)
Complement Inhibitors	Veopoz Vial (8 Vials/month)
Add Prior Authorization	
Blood Products	Empaveli Vial
Amyloidosis Agents	Onpattro Vial
Move to Excluded (Covered Preferred Alternative in Parentheses, same route of administration unless otherwise noted)	
Antiarthritics	Indocin Suppository (indomethacin) Mitigare Capsule (colchicine)
Anti-asthmatics	Spiriva Handihaler (tiotropium)
Antineoplastics	Votrient Tablet (pazopanib)
Autonomic Drugs	Mydayis Capsule (dextroamphetamine-amphetamine ER) Vyvanse Capsule (lisdexamfetamine) Vyvanse Chewable (lisdexamfetamine)
Bone Formation Stimulators	Forteo Injector (teriparatide)
EENT Preparations	Prolensa Eye Drop (bromfenac)
Psychotherapeutic Drugs	Risperdal Consta (risperidone)
Skin Preparations	Tretinoin Microsphere Gel Pump (tretinoin gel)

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