

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 1/1/2025*. For all other medications not listed below, refer to the July 2024 Student Formulary for information on formulary status. Information within this document does not reflect coverage under specific plans and may list medications that are excluded from certain plans. Refer to the plan documents for exclusions under the prescription drug benefit.

* 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 is renewed in or after January 2025. Please reference the applicable July 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 Tier 2 OR Tier 3)	
ANTIFUNGALS	ECONAZOLE NITRATE CREAM VORICONAZOLE TABLET
BLOOD PRODUCTS	SURGIFOAM SPONGE
Move to Preferred Status (Move to Tier 1 from Excluded)	
ANTIHYPERTENSIVES	INSULIN LISPRO VIAL & PEN LYUMJEV VIAL & PEN
CNS DRUGS	FINGOLIMOD CAPSULE
EENT PREPARATIONS	FLOURESCHEIN-BENOXINATE EYE DROPS
HORMONES	DEFLAZACORT SUSPENSION & TABLET
Move to Preferred Status (Move to Tier 2 from Tier 3)	
ANTIOBESITY	QSYMIA CAPSULE SAXENDA PEN
BLOOD PRODUCTS	ALTUVIIIIO VIAL ULTOMIRIS VIAL
CNS DRUGS	KESIMPTA PEN
MUSCLE RELAXANTS	ORPHENGESIC FORTE TABLET
Move to Preferred Status (Move to Tier 2 from Excluded)	
ANTIINFLAMMATORY	ADALIMUMAB (QUALLANT MANUFACTURER)
ANTIOBESITY	WEGOVIY PEN ZEPBOUND PEN

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BLOOD PRODUCTS	LENMELDY BAG XYNTHA KIT
HEMATOPOIETIC GROWTH FACTOR	VAFSEO TABLET
HORMONES	FOLLISTIM CARTRIDGE OMNITROPE CARTRIDGE & VIAL
PSYCHOTHERAPEUTIC DRUGS	ABILIFY MYCITE KIT REXULTI TABLET
Move to Non-Preferred Status (Move to Tier 3 from Excluded)	
ANTIASTHMATICS	AIRSUPRA INHALER
ANTINEOPLASTICS	MEKINIST SOLUTION TAFINLAR SOLUTION
ANTIVIRALS	ATRIPLA TABLET COMPLERA TABLET DESTRIGO TABLET STRIBILD TABLET
GASTROINTESTINAL	SUTAB TABLET
PSYCHOTHERAPEUTIC DRUGS	AUVELITY TABLET
SKIN PREPARATIONS	ALTABAX OINTMENT ZORYVE CREAM & FOAM
Removal of Specialty Designation	
ANTIBIOTICS	TOBRAMYCIN PAK
ANTINEOPLASTICS	PACLITAXEL VIAL
Removal of Step Therapy	
SMOKING DETERRENDS	NICOTINE PATCH, LOZENGE, & GUM

Negative Changes	
Add Quantity Limit	
ANTIINFECTIVES	ALBENDAZOLE (4 tablets per day)
ANTINEOPLASTICS	TAFINLAR SUSPENSION (30 ml per day)
ANTIVIRALS	ATRIPLA TABLET (1 tablet per day) DELSTRIGO TABLET (1 tablet per day)
BLOOD PRODUCTS	LENMELDY BAG (1 infusion per lifetime)
BONE RESORPTION INHIBITOR	FOSAMAX PLUS D (4 tablets per month)
CARDIOVASCULAR	WINREVAIR (1 kit per 3 weeks)
COMPLEMENT INHIBITORS	BARINERT KIT (10,000 units per month) HAEGARDA VIAL (48,000 units per month)
EENT PREPARATIONS	XIIDRA DROPS (2 drops per day)

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GASTROINTESTINAL	LINZESS (1 capsule per day)
HEMATOPOIETIC GROWTH FACTOR	VAFSEO TABLET (1 tablet per day)
PSYCHOTHERAPEUTIC DRUGS	ABILIFY MYCITE KIT (30 units per month) AUVELITY TABLET (2 tablets per day)
SKIN PREPARATIONS	YCANTH SOLUTION (12 units per month)
UNCLASSIFIED AGENTS	DUVYZAT SUSPENSION (12 ml per day) VYJUVEK GEL (2 packages per month)
Add Prior Authorization	
ANTIOBESITY	QSYMIA CAPSULE
ANTIVIRALS	ATRIPLA TABLET COMPLERA TABLET DELSTRIGO TABLET STRIBILD TABLET
BLOOD PRODUCTS	AFSTYLA VIAL ADYNOVATE VIAL ELOCTATE VIAL ESPEROCT VIAL JIVI VIAL KOGENATE VIAL KOVALRTY KIT & VIAL LENMELDY BAG NOVOEIGHT VIAL XYNTHA KIT
HORMONES	DEFLAZACORT SUSPENSION & TABLET FOLLISTIM CARTRIDGE OMNITROPE CARTRIDGE & VIAL
PSYCHOTHERAPEUTIC DRUGS	ABILIFY MYCITE KIT AUVELITY TABLET REXULTI TABLET
SKIN PREPARATIONS	ZORYVE CREAM & FOAM
Move to Non-Preferred (Move to Tier 2 from Tier 1)	
ANTIARTHRITICS	IBUPROFEN-FAMOTIDINE TABLET
ANTIASTHMATICS	FLUTICASONE-SALMETEROL INHALER FLUTICASONE HFA FLUTICASONE DISKUS
ANTIVIRALS	LEDIPASVIR-SOFOSBUVIR TABLET SOFOSBUVIR-VELPATASVIR TABLET
SKIN PREPARATIONS	ADAPALENE LOTION & GEL PUMP ADAPALENE-BENZOYL PEROXIDE BRIMONIDINE GEL PUMP CLINDAMYCIN-BENZOYL PEROXIDE PUMP DICLOFENAC PATCH TRETINOIN GEL MICRO PUMP

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Move to Non-Preferred (Move to Tier 3 from Tier 2)	
ANTINEOPLASTICS	MEKINIST TABLET TAFINLAR CAPSULE
COLONY STIMULATING FACTORS	PROCRIT VIAL RETACRIT VIAL
Move to Excluded (Covered Preferred Alternative in Parentheses, same route of administration unless otherwise noted)	
ANALGESICS	HYCODAN SOLUTION (hydrocodone-homatropine) MITIGO VIAL (morphine)
ANESTHETICS	XYLOCAINE-MPF VIAL (lidocaine)
ANTIARTHRITICS	DISALCID TABLET (salsalate)
ANTIASTHMATICS	ACCOLATE TABLET (zafirlukast)
ANTIBIOTICS	AVELOX VIAL (moxifloxacin) MAXITROL OINTMENT (neo-poly-dex) VANCOCIN CAPSULE (vancomycin)
ANTIFUNGALS	MYCAMINE VIAL (micafungin) VFEND TABLET & SUSPENSION (voriconazole)
ANTIHYPERGLYCEMICS	APIDRA VIAL (insulin lispro) DAPAGLIFLOZIN TABLET (Farxiga) DAPAGLIFLOZIN-METFORMIN TABLET (Xigduo) HUMALOG VIAL (insulin lispro) STEGLATRO TABLET (Farxiga) SEGLUROMET TABLET (Xigduo) VICTOZA PEN (Ozempic, Trulicity)
ANTIINFECTIVES	PENTAM VIAL (pentamide) NEBUPENT POWDER (pentamide)
ANTIVIRALS	FOSCAVIR BOTTLE & BAG (foscarnet)
AUTONOMIC DRUGS	QUELICIN VIAL (succinylcholine)
BLOOD PRODUCTS	ALBUKED VIAL (Albuminex)
CARDIOVASCULAR	CORLANOR TABLET (ivabradine) NITROLINGUAL SPRAY (nitroglycerin) NITROMIST SPRAY (nitroglycerin) QUESTRAN LIGHT POWDER (cholestyramine light) VAZCULEP VIAL (phenylephrine)
CNS DRUGS	RILUTEK TABLET (riluzole)
CONTRACEPTIVES	BALCOLTRA TABLET (levonorgestrel/ethinyl estradiol/iron) DEPO-PROVERA VIAL & SYRINGE (medroxyprogesterone) TAYULLA CAPSULE (norethindrone/ethinyl estradiol/iron)
COUGH/COLD PREPARATIONS	BROMFED DM SYRINGE (brompheniramine/pseudoephedrine)

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EENT PREPARATIONS	ACULAR EYE DROPS (ketorolac) ALREX EYE DROPS (loteprednol) BROMSITE EYE DROPS (bromfenac) COSOPT PF EYE DROPS (dorzolamide-timolol)
HORMONES	AYGESTIN TABLET (norethindrone) NORDITROPEN FLEXPRO (Omnitrope) PROMETRIUM CAPSULE (progesterone) PROVERA TABLET (medroxyprogesterone)
GASTROINTESTINAL	CANASA SUPPOSITORY (mesalamine) CYTOTEC TABLET (misoprostol) DELZICOL DR CAPSULE (mesalamine) MOTEGRITY TABLET (lubirpsotone) OSMOPREP TABLET (Sutab)
MUSCLE RELAXANTS	NORGESIC FORTE (orphenadrine)
SKIN PREPARATIONS	TAZORAC GEL (tazarotene)
UNCLASSIFIED AGENTS	CARNITOR SOLUTION (levocarnitine) KUVAN TABLET & POWDER (sapropterin) SENSIPAR TABLET (cinacalcet) ZAVESCA CAPSULE (miglustat)

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