

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 7/1/2026*. For all other medications not listed below, refer to the January 2026 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 the next plan year is in effect or after July 2026. Please reference the applicable January 2026 Wellfleet Rx Student Formulary on <https://wellfleetrx.com/students/formularies/> for your current benefits.

Positive Changes	
Move to Preferred Status (Move to Tier 2 from Tier 3 or Excluded)	
ANTIBIOTICS	BLUJEP A TABLET
ANTI-OBESITY DRUGS†	WEGO VY TABLET

Move to Non-Preferred Status (Move to Tier 3 from Excluded)	
ANTINEOPLASTICS	HYRNUO TABLET KOMZIFTI CAPSULE
HORMONES	GANIRELIX VIAL

Negative Changes	
Add Quantity Limit	
ANALGESICS	DICLOFENAC TABLET (200mg / day)
ANESTHETICS	LIDOCAINE PATCH (3 patches / day)
ANTINEOPLASTICS	HYRNUO TABLET (4 tablets / day) KOMZIFTI CAPSULE (3 capsules / day) REVUFORJ 25MG TABLET (4 tablets / day) REVUFORJ 110MG TABLET (2 tablets / day) REVUFORJ 160MG TABLET (1 tablet / day)
CARDIOVASCULAR DRUGS	CAMZYOS CAPSULE (1 capsule / day) CARDAMYST SPRAY (6 units / month) FILSPARI TABLET (1 tablet / day)
HORMONES	MEFANAMIC ACID CAPSULE (5 capsules / day)
GASTROINTESTINAL DRUGS	LIVMARLI TABLET (60 tablets / month)
MUSCLE RELAXANTS	BACLOFEN SOLUTION (80mg / day) CHLORZOXAZONE TABLET (4 tablets / day) TIZANIDINE CAPSULE & TABLET (4 units / day)

SEDATIVES	XYWAV SOLUTION (18 ml / day)
UNCLASSIFIED DRUGS	LYNKUET CAPSULE (2 capsules / day) VOYXACT SYRINGE (1 syringe / month)

Add Prior Authorization	
ANTINEOPLASTICS	REVUFORJ TABLET
GASTROINTESTINAL DRUGS	HYRNUO TABLET

Move to Non-Preferred (Move to Tier 2 from Tier 1)	
GASTROINTESTINAL DRUGS	RABEPRAZOLE TABLET
MUSCLE RELAXANTS	BACLOFEN SOLUTION

Move to Non-Preferred (Move to Tier 3 from Tier 2)	
UNCLASSIFIED DRUGS	OFEV CAPSULE

Add Specialty Designation	
ANTINEOPLASTICS	KOMZIFTI CAPSULE
BLOOD PRODUCTS	YARTEMLEA VIAL
CARDIOVASCULAR DRUGS	REDEMPLO SYRINGE
UNCLASSIFIED DRUGS	ITVISMA VIAL JASCAYD TABLET VOYXACT SYRINGE

Move to Excluded (Covered Preferred Alternative in Parentheses, same route of administration unless otherwise noted)	
ANALGESICS	CATAFLAM TABLET (diclofenac)
ANTIBIOTICS	DALVANCE VIAL (dalbavancin) DIFICID TABLET (fidaxomicin) ZYLET EYE DROPS (tobramycin)
ANTICOAGULANTS	XARELTO SUSPENSION (rivaroxaban)
ANTINEOPLASTICS	GLEOSTINE CAPSULE (lomustine) PACLITAXEL VIAL*
ANTIVIRALS	COMPLERA TABLET (emtricitabine/rilpivirine/tenofovir)
CARDIOVASCULAR DRUGS	TRACLEER TABLET (bosentan)
CNS DRUGS	AUBAGIO TABLET (teriflunomide) FYCOMPA SUSPENSION (perampanel) MAVENCLAD TABLET (cladribine)
FLOURIDE PREPARATIONS	PREVIDENT GEL / CREAM (sodium fluoride) PHOS-FLUR RINSE (sodium fluoride)
GASTROINTESTINAL DRUGS	GOLYTELY SOLUTION (peg-3350)

HORMONES	PREMARIN TABLET (conjugated estrogens)
MUSCLE RELAXANTS	TANLOR TABLET (methocarbamol)
UNCLASSIFIED DRUGS	ZOLGENSMA KIT*

†Subject to inclusion of weight loss medications in your benefit design.

* Medications that are generally used in outpatient clinics, infusion centers, to support surgical procedures, or in office settings by a healthcare professional and often covered under the medical benefit. Coverage is subject to your benefit design.