

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 1/1/2027*. For all other medications not listed below, refer to the July 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 your plan is renewed in or after January 2027. Please reference the applicable July 2026 Wellfleet Rx Student Formulary on <https://wellfleetrx.com/students/formularies/> for your current benefits.

Positive Changes	
Move to Preferred Status (Move to Tier 1 or Tier 2 from Tier 3 or Excluded)	
ANTIBIOTICS	CIPROFLOXACIN-HYDROCORTISONE DROPS TOBRAMYCIN-LOTEPREDNOL DROPS
ANTINEOPLASTICS	KISQALI TABLET KOSELUGO SPRINKLE VEPPANU TABLET
ANTIVIRALS	HEPCLUDEX VIAL JULUCA TABLET YEZTUGO INJECTION / TABLET
INSULINS	KIRSTY PEN / VIAL
PSYCHOTHERAPEUTIC DRUGS	JORNAY PM CAPSULE
UNCLASSIFIED DRUGS	BILPREVDA VIAL WYOST VIAL

Move to Non-Preferred Status (Move to Tier 3 from Excluded)	
ANTIVIRALS	XOCOVA TABLET

Remove Specialty Designation	
ANTIVIRALS	LEDIPASVIR-SOFOSBUVIR TABLET SOFOSBUVIR-VELPATASVIR TABLET
CNS DRUGS	DIMETHYL FUMARATE CAPSULE / PACKET GLATIRAMER SYRINGE

Remove Prior Authorization	
PSYCHOTHERAPEUTICS	AUVELITY ER TABLET
SKIN PREPS	QBREXZA CLOTH

Negative Changes
Add Quantity Limit (Quantity Limits in Parentheses)

ANTINEOPLASTICS	BRUKINSA (2 units / day) JAYPIRCA (2 tablets / day) VEPPANU (1 tablet / day)
ANTIVIRALS	HEPLCUDEx (30 vials / month) XOCOVA (7 tablets / fill)

Add Prior Authorization

ANTIVIRALS	HEPCLUDEx VIAL
CARDIOVASCULAR DRUGS	MACITENTAN TABLET
UNCLASSIFIED DRUGS	BILPREVDA VIAL WYOST VIAL

Add Step Therapy (Qualifying Step Drugs in Parentheses)

PSYCHOTHERAPEUTIC DRUGS	JORNAY PM CAPSULE (generic amphetamine salts, dexamethylphenidate, dextroamphetamine, methylphenidate, and lisdexamfetamine)
SKIN PREPS	QBREXZA CLOTH (Drysol and Drysol dab-o-matic)

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

ANTINEOPLASTICS	IBRANCE TABLET / CAPSULE
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Add Specialty Designation

UNCLASSIFIED DRUGS	AMONDYS-45 VIAL KYGEVVI PACKET
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Move to Excluded (Covered Preferred Alternative in Parentheses, same route of administration unless otherwise noted)

ANALGESICS	NUCYNTA TABLET (tapentadol) NUCYNTA ER TABLET (tapentadol ER)
ANTIARTHRITICS	XELJANZ TABLET / SOLUTION (tofacitinib) XELJANZ XR TABLET (tofacitinib ER)
ANTIBIOTICS	CIPRO HC DROPS (ciprofloxacin-hydrocortisone) TEFLARO VIAL (ceftaroline)
ANTICONVULSANTS	BRIVIACT TABLET / SOLUTION (brivaracetam)
ANTIHYPERGLYCEMIC	FARXIGA TABLET (dapagliflozin) JANUMET TABLET (sitagliptin-metformin) JANUMET XR TABLET (sitagliptin-metformin ER) JANUVIA TABLET (sitagliptin) OZEMPIC INJECTION (Mounjaro) RYBLESUS TABLET (Mounjaro) XIGDUO TABLET (dapagliflozin-metformin)

ANTINEOPLASTICS	BOSULIF TABLET / CAPSULE (bosutinib) POMALYST CAPSULE (pomalidomide)
ANTIVIRALS	EDURANT TABLET (rilpivirine)
ANTI-OBESITY*	SAXENDA INJECTION (Zepbound) WEGOVY INJECTION (Zepbound)
AUTONOMIC DRUGS	ADZENYS XR-ODT (amphetamine ER ODT)
CARDIOVASCULAR	EDARBI TABLET (azilsartan) OPSUMIT TABLET (macitentan)
EENT PREPS	LUMIGAN DROPS (bimatoprost)
GASTROINTESTINAL DRUGS	ZENPEP CAPSULE (Creon)
IMMUNOSUPPRESSANTS	ASTAGRAF XL CAPSULE (tacrolimus) OMVOH INJECTION (adalimumab, ustekinumab)
IRON REPLACEMENT	VENOFER VIAL (iron sucrose)
PSYCHOTHERAPEUTICS	ABILIFY MYCITE INJECTION (Abilify Maintena) TRINTELLIX TABLET (vortioxetine, sertraline)
UNCLASSIFIED DRUGS	MYRBETRIQ SUSPENSION (mirabegron) OFEV CAPSULE (nintedanib) SAVELLA TABLET (milnacipran) XGEVA VIAL (Bilprevda, Wyost)

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