

**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 7/1/2025\*. For all other medications not listed below, refer to the January 2025 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 July 2025. Please reference the applicable January 2025 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 50+ antibiotic, dermatology, and behavioral health medications at no copay\***

**Additions to the List**

DIABETIC SUPPLIES	FREESTYLE LIBRE 3 READER FREESTYLE LIBRE 3 SENSOR
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**Removals from the List**

DIABETIC SUPPLIES	FREESTYLE LIBRE 2 READER FREESTYLE LIBRE 2 SENSOR FREESTYLE LIBRE 14 READER FREESTYLE LIBRE 14 SENSOR
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**Positive Changes**
**Move to Preferred Status (Move to Tier 1 from Excluded)**

ANTICONVULSANT	OXCARBAZEPINE ER TABLET
OPIOID WITHDRAWAL AGONIST	LOFEXIDINE TABLET
THROMBIN INHIBITORS	DABIGATRAN CAPSULE

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

ALZHEIMER'S THERAPY	MEMANTINE-DONEPEZIL ER
ANTI-INFLAMMATORY	ADALIMUMAB-ADAZ INJECTION ADALIMUMAB-ADBM INJECTION
ANTIRETROVIRAL AGENT	EFAVIRANZ/EMTRICITABINE/TENOFOVIR TABLET

Wellfleet, Wellfleet Student, Wellfleet Special Risk and Wellfleet Workplace are marketing names used to refer to the insurance and administrative operations of Wellfleet Insurance Company, Wellfleet New York Insurance Company and Wellfleet Group, LLC (known in California only as Wellfleet Group, LLC dba Wellfleet Administrators, LLC). All insurance products are administered or managed by Wellfleet Group, LLC. Product availability is based upon business and/or regulatory approval and may differ among states.

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DIABETIC SUPPLIES	FREESTYLE LIBRE 3 READER (*Also added to Zero Cost Drugs List) FREESTYLE LIBRE 3 SENSOR (*Also added to Zero Cost Drugs List)
IMMUNOSUPPRESSANT	OMVOH PEN OMVOH VIAL

**Move to Non-Preferred Status (Move to Tier 3 from Excluded)**

ANTINEOPLASTIC	ITOVEBI TABLET SCEMBLIX TABLET
ANTIPSORIATIC	BIMZELX INJECTION

**Removal of Specialty Designation**

METALLIC POISONING AGENTS	CLOVIQUE CAPSULE
PARATHYROID CALCIUM ENHANCER	CINACALCET TABLET
SELECTIVE SEROTONIN REUPTAKE INHIBITOR	FLUVOXAMINE ER CAPSULE

**Removal of Quantity Limit**

ANTIPSYCHOTIC	ABILIFY MAINTENA INJECTION ABILIFY MYCITE INJECTION ARIPRAZOLE TABLET ARIPRAZOLE ODT TABLET ARISTADA INJECTION MOLINDONE TABLET OLANZAPINE TABLET QUETIAPINE TABLET RISPERIDONE TABLET
OPIOID WITHDRAWAL AGONIST	LOFEXIDINE TABLET

**Negative Changes**
**Add Quantity Limit**

ACNE AGENTS	ADAPALENE-BENZOYL PEROXIDE GEL PUMP (45 grams / month) EPIDUO GEL PUMP (45 grams / month)
ANTINEOPLASTIC	ITOVEBI TABLET (1 tablet / day) SCEMBLIX TABLET (4 tablets / day)
ANTIOBESITY	PHENTERMINE TABLET (1 tablet / day) QSYMIA CAPSULE (1 capsule / day)
ANTIPSORIATIC	CALCIPOTRIENE CREAM (120 grams / month) TAZAROTENE CREAM (60 grams / month) TAZORAC CREAM (60 grams / month)

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BPH AGENTS	AVODART SOFTGEL (1 capsule / day) DUTASTERIDE CAPSULE (1 capsule / day) FLOMAX CAPSULE (1 capsule / day) SILODOSIN CAPSULE (1 capsule / day) TAMSULOSIN CAPSULE (1 capsule / day)
CYSTIC FIBROSIS COMBINATION	ALYFTREK TABLET (2 tablets / day)
INHALED BETA-ADRENERGIC/ANTICHOLINERGIC	IPRATROPIUM/ALBUTEROL VIAL (6 vials / day)
INHALER	FLUTICASONE/SALMETEROL INHALER (1 inhaler / month)
LEUKOTRIENE RECEPTER ANTAGONIST	MONTELUKAST CHEW TABLET (1 tablet / day) ZAFIRLUKAST TABLET (2 tablets / day)
NSAID	NABUMETONE TABLET (4 tablets / day)
OVERACTIVE BLADDER AGENTS	MIRABEGRON ER TABLET (1 tablet / day)
PROTON PUMP INHIBITOR	LANSOPRAZOLE ODT TABLET (1 tablet / day) PANTOPRAZOLE TABLET (1 tablet / day)
ROSACEA AGENTS	AZELAIC ACID GEL (50 grams / month) IVERMECTIN CREAM (45 grams / month) METRONIDAZOLE CREAM (45 grams / month) ROSADAN CREAM (45 grams / month)
SKELETAL MUSCLE RELAXANT	BACLOFEN TABLET (3 tablets / day) CHLORZOXAZONE TABLET (4 tablets / day) CYCLOBENZAPRINE TABLET (3 tablets / day) DANTRIUM CAPSULE (3 capsules / day) DANTROLENE CAPSULE (3 capsules / day) FEXMID TABLET (3 tablets / day) LORZONE TABLET (4 tablets / day) METAXALONE TABLET (4 tablets / day) METHOCARBAMOL TABLET (8 tablets / day) ORPHENADRINE ER TABLET (2 tablets / day) TIZANIDINE CAPSULE (4 capsules / day)
TOPICAL VITAMIN D ANALOG/ANTI-INFLAMMATORY	CALCIPOTRIENE-BETAMETHAZONE OINTMENT (60 grams / month)
VITAMIN A DERIVATIVES	ADAPALENE CREAM (45 grams / month) DIFFERIN CREAM (45 grams / month)

**Add Prior Authorization**

ANTINEOPLASTIC	ITOVEBI TABLET
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**Addition of Specialty Designation**

ALS AGENT	RILUZOLE TABLET
ANTI-INFLAMMATORY	RENFLEXIS VIAL
ANTIHYPERGLYCEMIC-GLUCOCORTICOID RECEPTOR BLOCKER	MIFEPRISTONE TABLET ( <b>only</b> 300mg strength)
ANTIPSYCHOTIC	ABILIFY MYCITE
GLUCOCORTICOID	DEFLAZACORT TABLET

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METALLIC POISONING AGENTS	DEFEROXAMINE VIAL
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**Move to Non-Preferred (Move to Tier 2 from Tier 1)**

ACNE AGENT	CLINDAMYCIN-BENZOYL PEROXIDE PUMP
ANTI-INFLAMMATORY	ALCLOMETASOME OINTMENT
ANTIBIOTIC	VIBATIV VIAL
ANTIHISTAMINE	DESLORATADINE TABLET
ESTROGENIC AGENTS	ESTRADIOL GEL PUMP
PROTON PUMP INHIBITOR	PANTOPRAZOLE TABLET

**Move to Non-Preferred (Move to Tier 3 from Tier 2 or Tier 1)**

ANTIFUNGAL	ERAXIS VIAL
PULMONARY ANTI-HYPERTENSIVE	ALYQ TABLET

**Move to Excluded (Covered Preferred Alternative in Parentheses, same route of administration unless otherwise noted)**

ANGIOTENSIN RECEPTOR INHIBITOR	ENTRESTO TABLET (sacubitril-valsartan)
ANTI-ARTHRITIC	DEPEN TITRATAB (penicillamine)
ANTI-INFLAMMATORY	CYLTEZO INJECTION (adalimumab) HADLIMA INJECTION (adalimumab) HUMIRA INJECTION (adalimumab) DUREZOL EYE DROP (difluprednate)
ANTIARRHYTHMIC	PACERONE TABLET (amiodarone)
ANTICONVULSANT	OXTELLAR XR TABLET(oxcarbazepine)
ANTINEOPLASTIC	AZACITIDINE VIAL <sup>o</sup> BENDAMUSTINE VIAL <sup>o</sup> ELREXFIO VIAL <sup>o</sup> ERIBULIN VIAL <sup>o</sup> PACLITAXEL VIAL <sup>o</sup> SPRYCEL TABLET (dasatinib)
ANTIPSORIATIC	TAZORAC CREAM (tazarotene)
ANTIRETROVIRAL AGENT	ATRIPLA TABLET (efavirenz/emtricitabine/tenofovir)
CALCIUM CHANNEL BLOCKING AGENT	NYMALIZE SYRINGE (nimodipine)
DIABETIC SUPPLIES	FREESTYLE LIBRE 14 READER (freestyle libre 3) FREESTYLE LIBRE 14 SENSOR (freestyle libre 3)
DIAGNOSTIC AGENTS	CLARISCAN VIAL <sup>o</sup>

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EYE ANTI-INFLAMMATORY	ALREX EYE DROPS (loteprednol)
HEPATITIS B AGENT	EPIVIR SOLUTION (lamivudine)
NEUROMUSCULAR BLOCKING AGENT	DYSPORE VIAL <sup>†</sup>
OPIOID ANALGESIC	XTAMPZA ER TABLET (oxycodone)
OPIOID WITHDRAWAL AGENT	LUCEMYRA TABLET (lofexidine)
OVERACTIVE BLADDER AGENT	MYRBETRIQ (mirabegron)
TOPICAL HYPERTRICHOTIC AGENT	BIMATOPROST EYELASH SOLUTION <sup>†</sup>

\*Zero Cost Drugs program may vary by school or may not be available to certain schools. See applicable Student Formulary for more details. If there is not "Zero Cost Drugs" section included in the Student Formulary applicable to your plan, this program is unavailable.

<sup>°</sup>Medications that are generally used in outpatient clinics, infusion centers, or in office settings by a healthcare professional and often covered under the medical benefit. Coverage is subject to your benefit design.

<sup>†</sup>Cosmetic products are generally not included in the Wellfleet Rx Student Formulary

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