

### 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 1/1/2026\*. For all other medications not listed below, refer to the July 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 the next plan year is in effect or after January 2026. Please reference the applicable July 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\*\***

#### Removals from the List

DIABETIC SUPPLIES	FREESTYLE LIBRE 3 READER FREESTYLE LIBRE 3 SENSOR
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### Positive Changes

#### Move to Preferred Status (Move to Tier 1 from Tier 2 or Excluded)

ANTIVIRALS	EFAVIRANZ – EMTRICITABINE – TENOFOVIR TABLET
GASTROINTESTINAL	DOXYLAMINE – PYRIDOXINE TABLET

#### Move to Preferred Status (Move to Tier 2 from Tier 3 or Excluded)

ANTI-ASTHMATICS	AIRSUPRA INHALER
ANTI-NEOPLASTICS	MEKTOVI TABLET
BIOLOGICALS	TAKHZYRO VIAL TAKHZYRO SYRINGE
CNS DRUGS	GABAPENTIN ER TABLET VELSIPITY TABLET
DIABETIC SUPPLIES	CONTOUR TEST STRIP CONTOUR NEXT TEST STRIP CONTOUR PLUS TEST STRIP CONTOUR METER CONTOUR NEXT METER CONTOUR NEXT EZ METER MICROLET LANCETS
HORMONES	NORDITROPIN FLEXPEN
IMMUNOSUPPRESSANTS	TYENNE AUTOINJECTOR

	TYENNE SYRINGE TYENNE VIAL
MEDICAL SUPPLIES	BD NEEDLES, 26-30G
OPIOID WITHDRAWAL THERAPY	BRIXADI WEEKLY SYRINGE BRIXADI MONTHLY SYRINGE
SEDATIVE/HYPNOTICS	XYREM SOLUTION XYWAV SOLUTION
SKIN PREPARATIONS	CIBINQO TABLET SOTYKTU TABLET

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

ARTIFICIAL TEARS	MIEBO EYE DROP
CNS DRUGS	MAVENCLAD TABLET PACK MAYZENT TABLET PONVORY TABLET

**Update of Quantity Limit**

GASTROINTESTINAL	OMEPRAZOLE 20 MG CAPSULE (UPDATE TO 2 CAP / DAY)
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**Removal of Prior Authorization**

DIABETIC SUPPLIES	CONTOUR TEST STRIP
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**Negative Changes**
**Add Quantity Limit**

ANTIARTHRITICS	DICLOFENAC – MISOPROSTOL TABLET (4 TAB / DAY)
ANTIASTHMATICS	TUDORZA PRESSAIR INHALER (1 INHALER / MONTH)
AUTONOMIC DRUGS	DYANAVAL XR TABLET (1 TAB / DAY)
CNS DRUGS	GABAPENTIN ER TABLET (1 TAB / DAY)
GASTROINTESTINAL	ALOSETRON TABLET (2 TAB / DAY)
SKIN PREPARATIONS	CIBINQO TABLET (1 TAB / DAY)

**Add Prior Authorization**

SKIN PREPARATIONS	CIBINQO TABLET
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**Move to Non-Preferred (Move to Tier 2 from Tier 1)**

CARDIOVASCULAR	AMLODIPINE – OLMESARTAN TABLET AMLODIPINE – VALSARTAN – HYDROCHLOROTHIAZIDE TABLET TELMISARTAN – AMLODIPINE TABLET
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**Move to Excluded (Covered Preferred Alternative in Parentheses, same route of administration unless otherwise noted)**

ANTICOAGULANTS	XARELTO 2.5 MG TABLET (RIVAROXABAN)
ANTINEOPLASTICS	MESNEX TABLET (MESNA) PURIXAN SUSPENSION (MERCAPTOPYRINE) TASIGNA CAPSULE (NLOTINIB)
ANTIOBESITY DRUGS	QSYMIA CAPSULE (PHENTERMINE – TOPIRAMATE CAPSULE)
ANTIPLATELET DRUGS	BRILINTA TABLET (TICAGRELOR)
CARDIAC DRUGS	CARDENE-NACL SOLUTION (NICARDIPINE-NACL) PRESTALIA TABLET (LISINOPRIL)
CNS DRUGS	FYCOMPA TABLET (ERAMPANEL)
COLONY STIMULATING FACTORS	PROMACTA TABLET (ELTROMBOPAG) PROMACTA SOLUTION (ELTROMBOPAG)
DIABETIC SUPPLIES	FREESTYLE LIBRE 2 PLUS SENSOR (DEXCOM G7) FREESTYLE LIBRE 2 READER (DEXCOM G7) FREESTYLE LIBRE 3 SENSOR (DEXCOM G7) FREESTYLE LIBRE 3 PLUS SENSOR (DEXCOM G7) FREESTYLE LIBRE 3 READER (DEXCOM G7) ONETOUCH ULTRA TEST STRIP (CONTOUR) ONETOUCH VERIO TEST STRIP (CONTOUR) ONETOUCH ULTRA CONTROL SOLUTION (CONTOUR) ONETOUCH VERIO CONTROL SOLUTION (CONTOUR) ONETOUCH ULTRA METER (CONTOUR) ONETOUCH VERIO METER (CONTOUR) ONETOUCH LANCETS (MICROLET)
DIURETICS	JYNARQUE TABLET (TOLVAPTAN)
HORMONES	FOLLISTIM AQ CARTRIDGE (GONAL-F)
IMMUNOSUPPRESSANTS	ACTEMRA VIAL (TYENNE) ACTEMRA SYRINGE (TYENNE) STELARA SYRINGE (SELARSDI, YESINTEK, IMULDOSA, USTEKINUMAB-TTWE) STELARA VIAL (SELARSDI, YESINTEK, IMULDOSA, USTEKINUMAB-TTWE)
INTRAOCULAR PRESSURE REDUCERS	BETIMOL EYE DROPS (TIMOLOL)

**\*\*Zero Cost Drugs** may vary by school or may not be available to certain schools. See applicable Student Formulary for more details. If there is no "Zero Cost Drugs" section included in the Student Formulary applicable to your plan, this program is unavailable.