



# 2022

## UMWA Health & Retirement Funds Standard Formulary

### Preferred Product Program Drug List <sup>1</sup>

The Funds Standard Formulary Preferred Product Program has preferred drugs that are available to the beneficiary at the standard copay. If a non-preferred drug within these classes is selected, the prescriber will be asked to consider a preferred drug to be used before the non-preferred drug will be covered. Medical necessity prior authorization is available. Additional classes may be added in the future. If you have questions, please call CVS Caremark® Customer Care at 1-800-294-4741. The current Standard Formulary Preferred Product Program Drug List is as follows:

Drug Class	Preferred (standard copay)	Non-Preferred (medical necessity prior authorization required)
<b>ARB/ARB Combinations</b> (Blood Pressure Drugs)	generic candesartan, candesartan/HCTZ generic irbesartan, irbesartan/HCTZ generic losartan, losartan/HCTZ generic olmesartan, olmesartan/HCTZ generic telmisartan, telmisartan/HCTZ generic valsartan, valsartan/HCTZ	Edarbi Edarbyclor
<b>Hypnotics</b> (Sleep Aids)	generic doxepin 3 mg, 6 mg generic eszopiclone generic ramelteon generic zaleplon generic zolpidem, zolpidem extended-release Belsomra Dayvigo	Edluar Intermezzo Rozerem Silenor
<b>DPP-4 Inhibitors/ Combinations</b> (Diabetes Drugs)	Janumet, Janumet XR Januvia Kombiglyze XR Onglyza	Jentaduetto, Jentaduetto XR Kazano Nesina Oseni Tadjenta
<b>Urinary Antispasmodics</b> (Overactive Bladder)	generic darifenacin extended-release generic oxybutynin, oxybutynin extended-release generic solifenacin generic tolterodine, tolterodine extended-release generic trospium, trospium extended-release Myrbetriq Toviaz	Gelnique Gemtesa Oxytrol
<b>Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation</b>	generic lubiprostone Linzess Trulance	Motegrity

Note: Brand names listed on the preferred column are subject to a change of status when a generic or OTC version becomes available.

<sup>1</sup> Beneficiaries covered under the American Consolidated Natural Resources, Crimson Oak Grove Resources and the UMWA International plans should refer to the Funds' Supplemental Formulary Preferred Product Program List.

All medications contained in this list are subject to coverage based on FDA-approved maximum dosage(s).

For more information about The Funds' Drug Benefit, go to <https://www.umwafunds.org>

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