



2023

UMWA Health & Retirement Funds Standard Formulary

Preferred Product Program Drug List ¹

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)
Diabetes – DPP-4 Inhibitors/Combinations	Janumet (sitagliptin/metformin) Janumet XR (sitagliptin/metformin ext-rel) Januvia (sitagliptin) Jentadueto (linagliptin/metformin ext-rel) Jentadueto XR (linagliptin/metformin ext-rel) Tadjenta (linagliptin)	Kazano (alogliptin/metformin) Kombiglyze XR (saxagliptin/metformin ext-rel) Onglyza (saxagliptin) Oseni (alogliptin/pioglitazone) Nesina (alogliptin)
Diabetes – SGLT-2 Inhibitors/Combinations	Farxiga (dapagliflozin) Glyxambi (empagliflozin/linagliptin) Jardiance (empagliflozin) Qtern (dapagliflozin/saxagliptin) Synjardy (empagliflozin/metformin) Synjardy XR (empagliflozin/metformin ext-rel) Trijardy XR (empagliflozin/linagliptin/metformin ext-rel) Xigduo XR (dapagliflozin/metformin ext-rel)	Invokamet (canagliflozin/metformin) Invokamet XR (canagliflozin/metformin ext-rel) Invokana (canagliflozin) Segluromet (ertugliflozin/metformin) Steglatro (ertugliflozin) Steglujan (ertugliflozin/sitagliptin)
Diabetes – GLP-1 Receptor Agonists	Ozempic (semaglutide) Rybelsus (semaglutide) Trulicity (dulaglutide) Victoza (liraglutide)	Adlyxin (lixisenatide) Bydureon BCise (exenatide ext-rel) Byetta (exenatide)
Hypnotics (Sleep Aids)	generic doxepin 3 mg, 6 mg generic eszopiclone generic ramelteon generic zaleplon generic zolpidem, zolpidem ext-rel Belsomra (suvorexant) Dayvigo (lemborexant) Quviviq (daridorexant)	Edluar (zolpidem sublingual)
Irritable Bowel Syndrome with Constipation/ Chronic Idiopathic Constipation	generic lubiprostone Linzess (linaclotide) Trulance (plecanatide)	Motegrity (prucalopride)

**Urinary
Antispasmodics
(Overactive Bladder)**

generic darifenacin ext-rel
generic fesoterodine ext-rel
generic oxybutynin, oxybutynin ext-rel
generic solifenacin
generic tolterodine, tolterodine ext-rel
generic trospium, trospium ext-rel
Gemtesa (vibegron)
Myrbetriq (mirabegron ext-rel)

Gelnique (oxybutynin gel)
Oxytrol (oxybutynin transdermal)

**Respiratory –
Long-Acting
Anticholinergic
Inhalers**

Incruse Ellipta (umeclidinium)
Spiriva HandiHaler (tiotropium)
Spiriva Respimat (tiotropium)

Tudorza Pressair (aclidinium)

**Respiratory –
Steroid/Beta
Agonist
Combination
Inhalers**

generic budesonide/formoterol
generic fluticasone/salmeterol
generic fluticasone/vilanterol
Advair Diskus (fluticasone/salmeterol)
Advair HFA (fluticasone/salmeterol)
Breo Ellipta (fluticasone/vilanterol)
Symbicort (budesonide/formoterol)

AirDuo Digihaler (fluticasone/salmeterol)
AirDuo RespiClick (fluticasone/salmeterol)
Dulera (mometasone/formoterol)

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

¹ 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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