



# 2024

## UMWA Health & Retirement Funds Standard Formulary

### Preferred Product Program Drug List <sup>1, 2</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:

<b>DRUG CLASS</b>	<b>PREFERRED</b> (standard copay)	<b>NON-PREFERRED</b> (medical necessity prior authorization required)
<b>Antidiabetics, DPP-4 Inhibitors</b>	saxagliptin JANUVIA	NESINA ONGLYZA TRADJENTA
<b>Antidiabetics, DPP-4 Inhibitor Combinations</b>	saxagliptin/metformin ext-rel JANUMET JANUMET XR TRIJARDY XR	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSENI
<b>Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents)</b>	MOUNJARO OZEMPIC RYBELSUS TRULICITY VICTOZA	BYDUREON BCISE BYETTA
<b>Antidiabetics, SGLT-2 Inhibitors</b>	FARXIGA JARDIANCE	INVOKANA STEGLATRO
<b>Antidiabetics, SGLT-2 Inhibitor Combinations</b>	SYNJARDY SYNJARDY XR XIGDUO XR	INVOKAMET INVOKAMET XR SEGLUROMET
<b>Antidiabetics, SGLT-2 Inhibitor /DPP-4 Inhibitor Combinations</b>	GLYXAMBI QTERN	STEGLUJAN
<b>Dry Eye Disease</b>	cyclosporine RESTASIS XIIDRA	LACRISERT

<b>DRUG CLASS</b>	<b>PREFERRED</b> (standard copay)	<b>NON-PREFERRED</b> (medical necessity prior authorization required)
<b>Hypnotics (Sleep Aids)</b>	doxepin 3mg, 6mg eszopiclone ramelteon zaleplon zolpidem zolpidem ext-rel BELSOMRA DAYVIGO QUVIVIQ	EDLUAR
<b>Irritable Bowel Syndrome with Constipation</b>	lubiprostone LINZESS TRULANCE	MOTEGRITY
<b>Respiratory, Long-Acting Anticholinergic Inhalers <sup>2</sup></b>	INCRUSE ELLIPTA SPIRIVA HANDIHALER SPIRIVA RESPIMAT	TUDORZA PRESSAIR
<b>Urinary Antispasmodics (Overactive Bladder)</b>	darifenacin ext-rel fesoterodine ext-rel oxybutynin oxybutynin ext-rel solifenacin tolterodine tolterodine ext-rel trospium trospium ext-rel GEMTESA MYRBETRIQ	GELNIQUE OXYTROL

<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.

<sup>2</sup> Some products on this list may be covered under the Federal Black Lung Program. Products on the Black Lung List are not subject to the terms of the Funds Preferred Product Program. Please contact the Funds Call Center for more information if you have any questions about the Federal Black Lung Program Benefits.

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

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>