



# 2025

## UMWA Health & Retirement Funds Supplemental Formulary

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

for American Consolidated Natural Resources, Oak Grove and the UMWA International plans

The Funds Supplemental 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 beneficiary will be required to pay the standard copay plus an additional charge. 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 Funds Supplemental Formulary Preferred Product Program Drug List is as follows:

<b>DRUG CLASS</b>	<b>PREFERRED</b> (standard copay)	<b>NON-PREFERRED</b> (extra charge)
<b>Anticoagulants</b>	dabigatran ELIQUIS XARELTO	PRADAXA
<b>Antidiabetics, DPP-4 Inhibitors</b>	saxagliptin JANUVIA	ONGLYZA TRADJENTA
<b>Antidiabetics, DPP-4 Inhibitor Combinations</b>	saxagliptin/metformin ext-rel JANUMET JANUMET XR TRIJARDY XR	JENTADUETO JENTADUETO XR KOMBIGLYZE XR
<b>Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents)</b>	liraglutide MOUNJARO OZEMPIC RYBELSUS TRULICITY	ADLYXIN BYDUREON BCISE BYETTA VICTOZA
<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>DRUG CLASS</b>	<b>PREFERRED</b> (standard copay)	<b>NON-PREFERRED</b> (extra charge)
<b>Dry Eye Disease</b>	cyclosporine MIEBO RESTASIS XIIDRA	LACRISERT
<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>1</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> 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>

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