Effective 10/01/2026

2026

UMWA Health & Retirement Funds Standard Formulary Preferred Product Program Drug List [1, 2]

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)
Anticoagulants	dabigatran ELIQUIS XARELTO	PRADAXA SAVAYSA
Antidiabetics, DPP-4 Inhibitors	alogliptin saxagliptin sitagliptin JANUVIA	BRYNOVIN NESINA ONGLYZA TRADJENTA ZITUVIO
Antidiabetics, DPP-4 Inhibitor Combinations	alogliptin/metformin alogliptin/pioglitazone saxagliptin/metformin ext-rel sitagliptin/metformin sitagliptin/metformin ext-rel JANUMET JANUMET XR TRIJARDY XR	JENTADUETO JENTADUETO XR KAZANO KOMBIGLYZE XR OSENI ZITUVIMET ZITUVIMET XR
Antidiabetics, GLP-1 Receptor Agonists (Incretin Mimetic Agents)	liraglutide MOUNJARO OZEMPIC RYBELSUS TRULICITY	ADLYXIN BYDUREON BCISE BYETTA VICTOZA
Antidiabetics, SGLT-2 Inhibitors	dapagliflozin JARDIANCE	INVOKANA STEGLATRO
Antidiabetics, SGLT-2 Inhibitor Combinations	dapagliflozin-metformin ext-rel SYNJARDY SYNJARDY XR	INVOKAMET INVOKAMET XR SEGLUROMET

DRUG CLASS	PREFERRED (standard copay)	NON-PREFERRED (medical necessity prior authorization required)
Antidiabetics, SGLT-2 Inhibitor /DPP-4 Inhibitor Combinations	GLYXAMBI	STEGLUJAN
Dry Eye Disease	cyclosporine MIEBO RESTASIS XIIDRA	LACRISERT
Hypnotics (Sleep Aids)	doxepin 3mg, 6mg eszopiclone ramelteon zaleplon zolpidem zolpidem ext-rel BELSOMRA DAYVIGO QUVIVIQ	EDLUAR
Irritable Bowel Syndrome with Constipation	lubiprostone prucalopride LINZESS TRULANCE	MOTEGRITY
Respiratory, Long-Acting Anticholinergic Inhalers [2]	INCRUSE ELLIPTA SPIRIVA HANDIHALER SPIRIVA RESPIMAT	TUDORZA PRESSAIR
Respiratory, Long-Acting Anticholinergic/Beta Agonist Combination Inhalers [2]	ANORO ELLIPTA STIOLTO RESPIMAT	BEVESPI AEROSPHERE
Urinary Antispasmodics (Overactive Bladder)	darifenacin ext-rel fesoterodine ext-rel oxybutynin oxybutynin ext-rel solifenacin tolterodine tolterodine ext-rel trospium trospium ext-rel GEMTESA MYRBETRIQ	GELNIQUE OXYTROL

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

[2] 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***