



2024

UMWA Health & Retirement Funds Supplemental Formulary

Preferred Product Program Drug List ¹

for American Consolidated Natural Resources, Crimson Oak Grove Resources 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:

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

Drug Class	Preferred (standard copay)	Non-Preferred (extra charge)
Hypnotics (Sleep Aids)	doxepin 3mg, 6mg eszopiclone ramelteon zaleplon zolpidem zolpidem ext-rel BELSOMRA DAYVIGO QUVIVIQ	EDLUAR
Irritable Bowel Syndrome with Constipation	lubiprostone LINZESS TRULANCE	MOTEGRITY
Respiratory, Long-Acting Anticholinergic Inhalers¹	INCRUSE ELLIPTA SPIRIVA HANDIHALER SPIRIVA RESPIMAT	TUDORZA PRESSAIR
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 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>

070124

©2024 All rights reserved.