



# 2025

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

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

<sup>1</sup> 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.

<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>