SourceRx Formulary Updates

PRIME THERAPEUTICS®

October 2024

This list is based on the full NetResults formulary with a 4-tier design. If your benefits administrator chose a non-standard formulary design, your coverage may be different than what is listed below. Please visit myprime.com for the most current and complete list.

Tier 1 = preferred generic
Tier 2 = non-preferred generic
Tier 3 = preferred brand
Tier 4 = non-preferred brand

Positive Changes
This list includes any additions or positive changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
AEROCHAMBER PLUS FLOW-VU/ INTERMEDIATE MASK (*spacer/aerosol-holding chambers - device***)	Brand	5/5/24	Addition to Tier 3
alosetron hcl tab 0.5 mg (base equiv)	Generic	10/1/24	Move from non-covered to Tier 2
alosetron hcl tab 1 mg (base equiv)	Generic	10/1/24	Move from non-covered to Tier 2
BOSULIF (bosutinib cap 50 mg)	Brand	9/1/24	Addition to Tier 3
BOSULIF (bosutinib cap 100 mg)	Brand	9/1/24	Addition to Tier 3
ENTYVIO (vedolizumab soln pen-injector 108 mg/0.68ml)	Brand	7/1/24	Move from non-covered to Tier 4
estradiol gel 0.06% (0.75 mg/1.25 gm metered-dose pump)	Generic	5/5/24	Addition to Tier 2, generic for ESTROGEL
FILSUVEZ (birch triterpenes gel 10%)	Brand	10/1/24	Addition to Tier 4
fluorouracil soln 5%	Generic	3/10/24	Addition to Tier 2
fluorouracil soln 5%	Generic	3/10/24	Move from Tier 4 to Tier 2
HEMLIBRA (emicizumab-kxwh subcutaneous soln 12 mg/0.4ml (30 mg/ml))	Brand	3/3/24	Addition to Tier 3
HUMALOG (insulin lispro (human) soln cartridge 100 unit/ml)	Brand	10/1/24	Move from non-covered to Tier 3
HUMALOG (insulin lispro inj soln 100 unit/ml)	Brand	10/1/24	Move from non-covered to Tier 3
HUMALOG JUNIOR KWIKPEN (insulin lispro soln pen-injector 100 unit/ml (0.5 unit dial))	Brand	10/1/24	Move from non-covered to Tier 3
HUMALOG KWIKPEN (insulin lispro (human) soln pen-injector 200 unit/ml)	Brand	10/1/24	Move from non-covered to Tier 3
HUMALOG KWIKPEN (insulin lispro soln pen-injector 100 unit/ml (1 unit dial))	Brand	10/1/24	Move from non-covered to Tier 3
HUMALOG MIX 50/50 (insulin lispro prot & lispro (human) inj 100 unit/ml (50-50))	Brand	10/1/24	Move from non-covered to Tier 3
HUMALOG MIX 50/50 KWIKPEN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (50-50))	Brand	10/1/24	Move from non-covered to Tier 3
HUMALOG MIX 75/25 (insulin lispro prot & lispro (human) inj 100 unit/ml (75-25))	Brand	10/1/24	Move from non-covered to Tier 3
HUMALOG MIX 75/25 KWIKPEN (insulin lispro prot & lispro sus pen-inj 100 unit/ml (75-25))	Brand	10/1/24	Move from non-covered to Tier 3
HUMALOG TEMPO PEN (insulin lispro soln pen-inj w/transmitter port 100 unit/ml)	Brand	10/1/24	Move from non-covered to Tier 3
HUMULIN 70/30 (insulin nph isophane & regular human inj 100 unit/ml (70-30))	Brand	10/1/24	Move from non-covered to Tier 3
HUMULIN 70/30 KWIKPEN (insulin nph & regular susp pen-inj 100 unit/ml (70-30))	Brand	10/1/24	Move from non-covered to Tier 3
HUMULIN N (insulin nph (human) (isophane) inj 100 unit/ml)	Brand	10/1/24	Move from non-covered to Tier 3
HUMULIN N KWIKPEN (insulin nph (human) (isophane) susp pen-injector 100 unit/ml)	Brand	10/1/24	Move from non-covered to Tier 3
HUMULIN R (insulin regular (human) inj 100 unit/ml)	Brand	10/1/24	Move from non-covered to Tier 3

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
hydrocortisone perianal cream 1%	Generic	3/31/24	Move from non-covered to Tier 2
hydrocortisone w/ acetic acid otic soln 1-2%	Generic	2/18/24	Move from Tier 4 to Tier 2
INGREZZA (valbenazine tosylate capsule sprinkle 40 mg (base equiv))	Brand	5/5/24	Addition to Tier 4
INGREZZA (valbenazine tosylate capsule sprinkle 60 mg (base equiv))	Brand	5/5/24	Addition to Tier 4
INGREZZA (valbenazine tosylate capsule sprinkle 80 mg (base equiv))	Brand	5/5/24	Addition to Tier 4
IWILFIN (eflornithine hcl tab 192 mg)	Brand	8/1/24	Addition to Tier 4
levofloxacin oral soln 25 mg/ml	Generic	3/24/24	Move from Tier 4 to Tier 2
lithium oral solution 8 meq/5ml	Generic	3/24/24	Addition to Tier 2
lithium oral solution 8 meq/5ml	Generic	3/24/24	Move from Tier 3 to Tier 2
loteprednol etabonate ophth gel 0.5%	Generic	3/31/24	Move from Tier 4 to Tier 2, generic for LOTEMAX gel
LYUMJEV (insulin lispro-aabc inj 100 unit/ml)	Brand	10/1/24	Move from non-covered to Tier 3
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-inj 100 unit/ml (1 unit dial))	Brand	10/1/24	Move from non-covered to Tier 3
LYUMJEV KWIKPEN (insulin lispro-aabc soln pen-injector 200 unit/ml)	Brand	10/1/24	Move from non-covered to Tier 3
LYUMJEV TEMPO PEN (insulin lispro-aabc soln pen-inj w/transmit port 100 unit/ml)	Brand	10/1/24	Move from non-covered to Tier 3
nitroglycerin oint 0.4%	Generic	2/25/24	Addition to Tier 2, generic for RECTIV
OGSIVEO (nirogacestat hydrobromide tab 100 mg)	Brand	7/1/24	Addition to Tier 4
OGSIVEO (nirogacestat hydrobromide tab 150 mg)	Brand	7/1/24	Addition to Tier 4
silodosin cap 4 mg	Generic	10/1/24	Move from non-covered to Tier 2
silodosin cap 8 mg	Generic	10/1/24	Move from non-covered to Tier 2
SIMLANDI 1-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)	Brand	10/1/24	Addition to Tier 3
SIMLANDI 2-PEN KIT (adalimumab-ryvk auto-injector kit 40 mg/0.4ml)	Brand	10/1/24	Addition to Tier 3
tiopronin tab delayed release 100 mg	Generic	3/3/24	Addition to Tier 2, generic for THIOLA EC
tiopronin tab delayed release 300 mg	Generic	3/3/24	Addition to Tier 2, generic for THIOLA EC
WAINUA (eplontersen sodium subcutaneous soln auto-inj 45 mg/0.8ml)	Brand	10/1/24	Addition to Tier 4
XCOPRI (cenobamate tab 25 mg)	Brand	4/28/24	Addition to Tier 4
XOLAIR (omalizumab subcutaneous soln auto-injector 75 mg/0.5ml)	Brand	2/18/24	Addition to Tier 3
XOLAIR (omalizumab subcutaneous soln auto-injector 150 mg/ml)	Brand	2/18/24	Addition to Tier 3
XOLAIR (omalizumab subcutaneous soln auto-injector 300 mg/2ml)	Brand	2/18/24	Addition to Tier 3
XOLAIR (omalizumab subcutaneous soln prefilled syringe 300 mg/2ml)	Brand	2/18/24	Addition to Tier 3

continued

Negative Changes
This list includes any removals or negative changes to the formulary.

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
ACETAMINOPHEN/CODEINE (acetaminophen w/ codeine soln 120-12 mg/5ml)	Brand	10/1/24	Move from Tier 1 to Tier 4
cephalexin for susp 125 mg/5ml	Generic	1/1/25	Move from Tier 1 to Tier 2
cyclopentolate hcl ophth soln 0.5%	Generic	1/1/25	Move from Tier 1 to Tier 2
DIPHTHERIA/TETANUS TOXOID S ADSORBED PEDIATRIC (diphtheria-tetanus tox adsorbed (dt) im inj 25-5 unit/0.5ml)	Brand	1/31/25	Removal from Tier 3, no longer covered
DISULFIRAM (disulfiram tab 500 mg)	Brand	10/1/24	Move from Tier 2 to Tier 4
flurbiprofen tab 100 mg	Generic	1/1/25	Move from Tier 1 to Tier 2
hydrocortisone lotion 2.5%	Generic	1/1/25	Move from Tier 1 to Tier 2
isosorbide mononitrate tab 10 mg	Generic	1/1/25	Move from Tier 1 to Tier 2
MENACTRA (meningococcal (a, c, y, and w-135) diphth conjugate vaccine)	Brand	1/31/25	Removal from Tier 3, no longer covered
methadone hcl tab 10 mg	Generic	1/1/25	Move from Tier 1 to Tier 2
METHYLPHENIDATE HYDROCHLORIDE ER (methylphenidate hcl tab er 24hr 27 mg)	Brand	10/1/24	Move from Tier 2 to Tier 4 of Prime Standard Drug Shortage component
METHYLPHENIDATE HYDROCHLORIDE ER (methylphenidate hcl tab er 24hr 36 mg)	Brand	10/1/24	Move from Tier 2 to Tier 4 of Prime Standard Drug Shortage component
METHYLPHENIDATE HYDROCHLORIDE ER (methylphenidate hcl tab er 24hr 54 mg)	Brand	10/1/24	Move from Tier 2 to Tier 4 of Prime Standard Drug Shortage component
olanzapine tab 20 mg	Generic	1/1/25	Move from Tier 1 to Tier 2
PAXLOVID (nirmatrelvir tab 10 x 150 mg & ritonavir tab 10 x 100 mg pak)	Brand	3/9/24	Removal from Tier 4, no longer covered
PAXLOVID (nirmatrelvir tab 20 x 150 mg & ritonavir tab 10 x 100 mg pak)	Brand	3/9/24	Removal from Tier 4, no longer covered
potassium phosphate monobasic tab 500 mg	Generic	1/1/25	Move from Tier 1 to Tier 2
PREVNAR 13 (pneumococcal 13-valent conjugate vaccine inj)	Brand	1/31/25	Removal from Tier 3, no longer covered
testosterone cypionate im inj in oil 100 mg/ml	Generic	1/1/25	Move from Tier 1 to Tier 2
trimethoprim tab 100 mg	Generic	1/1/25	Move from Tier 1 to Tier 2

continued

New-to-Market Drugs that are Non-Covered

These new-to-market drugs have been evaluated and are non-covered on the NetResults formulary

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
AGAMREE (vamorolone oral susp 40 mg/ml)	Brand	10/1/24	Non-covered
AIRSUPRA (albuterol-budesonide inhalation aerosol 90-80 mcg/act)	Brand	4/14/24	Non-covered
ALCAINE (proparacaine hcl ophth soln 0.5%)	Brand	3/21/24	Non-covered
ALVAIZ (eltrombopag choline tab 9 mg (base equiv))	Brand	10/1/24	Non-covered
ALVAIZ (eltrombopag choline tab 18 mg (base equiv))	Brand	10/1/24	Non-covered
ALVAIZ (eltrombopag choline tab 36 mg (base equiv))	Brand	10/1/24	Non-covered
ALVAIZ (eltrombopag choline tab 54 mg (base equiv))	Brand	10/1/24	Non-covered
ALYGLO (immune globulin (human)-stwk iv soln 5 gm/50ml)	Brand	3/24/24	Non-covered
ALYGLO (immune globulin (human)-stwk iv soln 10 gm/100ml)	Brand	3/24/24	Non-covered
ALYGLO (immune globulin (human)-stwk iv soln 20 gm/200ml)	Brand	3/24/24	Non-covered
AMOXICILLIN (amoxicillin (trihydrate) for susp 400 mg/5ml)	Brand	4/14/24	Non-covered
AMTAGVI (lifileucel iv susp 72,000,000,000 cells)	Brand	2/25/24	Non-covered
ANAPROX DS (naproxen sodium tab 550 mg)	Brand	3/21/24	Non-covered
AUTOSOFT XC INFUSION SET/ 5"/6MM (*insulin infusion pump supplies - infusion set***)	Brand	4/14/24	Non-covered
BACLOFEN (baclofen tab 15 mg)	Brand	4/7/24	Non-covered
BEQVEZ (fidanacogene elaparvovec-dzkt iv susp 4 x 1 ml pack)	Brand	5/12/24	Non-covered
BEQVEZ (fidanacogene elaparvovec-dzkt iv susp 5 x 1 ml pack)	Brand	5/12/24	Non-covered
BEQVEZ (fidanacogene elaparvovec-dzkt iv susp 6 x 1 ml pack)	Brand	5/12/24	Non-covered
BEQVEZ (fidanacogene elaparvovec-dzkt iv susp 7 x 1 ml pack)	Brand	5/12/24	Non-covered
CANDIDA ALBICANS ALLERGEN IC EXTRACT (candida albicans extract inj 1:1000)	Brand	5/12/24	Non-covered
CARBINOXAMINE MALEATE (carbinoxamine maleate tab 6 mg)	Brand	4/21/24	Non-covered
CARDIZEM CD (diltiazem hcl coated beads cap er 24hr 300 mg)	Brand	3/21/24	Non-covered
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 500 mg/5ml (100 mg/ml))	Brand	4/21/24	Non-covered
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 1000 mg/10ml (100 mg/ml))	Brand	4/21/24	Non-covered
CYCLOPHOSPHAMIDE (cyclophosphamide iv soln 2000 mg/20ml (100 mg/ml))	Brand	4/21/24	Non-covered
CYGNUS DUAL (*amniotic membrane allograft (human) sheet 2 cm x 3 cm***)	Brand	4/21/24	Non-covered
CYGNUS DUAL (*amniotic membrane allograft (human) sheet 4 cm x 4 cm***)	Brand	4/21/24	Non-covered
CYGNUS DUAL (*amniotic membrane allograft (human) sheet 4 cm x 6 cm***)	Brand	4/21/24	Non-covered
DEFENCATH (heparin-taurolidine lock flush soln 1000 unit/ml-13.5 mg/ml)	Brand	10/1/24	Non-covered
DENTA 5000 PLUS SENSITIVE (sodium fluoride-potassium nitrate paste 1.1-5%)	Brand	3/31/24	Non-covered
DOCIVYX (docetaxel soln for iv infusion 20 mg/2ml)	Brand	4/28/24	Non-covered
DOCIVYX (docetaxel soln for iv infusion 80 mg/8ml)	Brand	4/28/24	Non-covered
DOCIVYX (docetaxel soln for iv infusion 160 mg/16ml)	Brand	4/28/24	Non-covered
doxycycline (rosacea) cap delayed release 40 mg	Generic	4/14/24	Non-covered, generic for ORACEA
DYCLOPRO (dyclonine hcl soln 0.5%)	Brand	4/21/24	Non-covered
EOHILIA (budesonide oral suspension 2 mg/10ml)	Brand	10/1/24	Non-covered
eribulin mesylate inj 1 mg/2ml (0.5 mg/ml)	Generic	5/5/24	Non-covered, generic for HALAVEN
FLUDEOXYGLUCOSE F 18 (fludeoxyglucose f 18 iv inj 20-200 mci/ml)	Brand	3/24/24	Non-covered
FRAICHE 5000 PREVI (sodium fluoride-tribasic calcium phosphate gel 1.1-3%)	Brand	4/7/24	Non-covered
FRAICHE 5000 SENSITIVE (sodium fluoride-potassium nitrate gel 1.1-4.5%)	Brand	4/7/24	Non-covered
GANCICLOVIR (ganciclovir iv soln 500 mg/250ml)	Brand	4/18/24	Non-covered
HUMIRA (adalimumab prefilled syringe kit 10 mg/0.1ml)	Brand	10/1/24	Non-covered
HUMIRA (adalimumab prefilled syringe kit 20 mg/0.2ml)	Brand	10/1/24	Non-covered
HUMIRA (adalimumab prefilled syringe kit 40 mg/0.4ml)	Brand	10/1/24	Non-covered
HUMIRA PEN (adalimumab pen-injector kit 40 mg/0.4ml)	Brand	10/1/24	Non-covered
HUMIRA PEN (adalimumab pen-injector kit 80 mg/0.8ml)	Brand	10/1/24	Non-covered
HYDROCORTISONE/ACETIC ACI D (hydrocortisone w/ acetic acid otic soln 1-2%)	Brand	2/18/24	Non-covered
HYRIMOZ (adalimumab-adaz soln auto-injector 40 mg/0.4ml)	Brand	3/24/24	Non-covered
INSULIN GLARGINE MAX SOLO STAR (insulin glargine soln pen-injector 300 unit/ml (2 unit dial))	Brand	10/1/24	Non-covered

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
INSULIN GLARGINE SOLOSTAR (insulin glargine soln pen-injector 300 unit/ml (1 unit dial))	Brand	10/1/24	Non-covered
IXCHIQ (chikungunya virus vaccine live for im solution)	Brand	4/1/24	Non-covered
KIPROFEN (ketoprofen cap 25 mg)	Brand	3/10/24	Non-covered
LENMELDY (atidarsagene autotemcel iv susp)	Brand	3/24/24	Non-covered
METADATE CD (methylphenidate hcl cap er 10 mg (cd))	Brand	2/25/24	Non-covered
METADATE CD (methylphenidate hcl cap er 20 mg (cd))	Brand	2/25/24	Non-covered
METADATE CD (methylphenidate hcl cap er 30 mg (cd))	Brand	2/25/24	Non-covered
METADATE CD (methylphenidate hcl cap er 40 mg (cd))	Brand	2/25/24	Non-covered
METADATE CD (methylphenidate hcl cap er 50 mg (cd))	Brand	2/25/24	Non-covered
METADATE CD (methylphenidate hcl cap er 60 mg (cd))	Brand	2/25/24	Non-covered
MICAFUNGIN/SODIUM CHLORID E (micafungin in sodium chloride 0.9% iv solution 50 mg/50ml)	Brand	5/5/24	Non-covered
MICAFUNGIN/SODIUM CHLORID E (micafungin in sodium chloride 0.9% iv solution 100 mg/100ml)	Brand	5/5/24	Non-covered
NAPROSYN (naproxen tab 500 mg)	Brand	3/21/24	Non-covered
nitroprusside sodium in nacl 0.9% iv soln 20 mg/100ml	Generic	3/10/24	Non-covered, generic for NIPRIDE RTU
nitroprusside sodium in nacl 0.9% iv soln 50 mg/100ml	Generic	3/10/24	Non-covered, generic for NIPRIDE RTU
NOREPINEPHRINE/SODIUM CHL ORIDE (norepinephrine-nacl iv solution 16 mg/250ml-0.9%)	Brand	5/12/24	Non-covered
NYSTATIN (nystatin susp 100000 unit/ml)	Brand	5/5/24	Non-covered
OHC COVID-19 ANTIGEN SELF TEST (covid-19 at home antigen test kit)	Brand	5/5/24	Non-covered, *Covid-19 At Home Test Kits component*
ONCOZENE 40UM (*embolization microspheres prefilled syringe***)	Brand	4/7/24	Non-covered
ONCOZENE 75UM (*embolization microspheres prefilled syringe***)	Brand	4/7/24	Non-covered
ONCOZENE 100UM (*embolization microspheres prefilled syringe***)	Brand	4/7/24	Non-covered
OPSYNVI (macitentan-tadalafil tab 10-20 mg)	Brand	4/7/24	Non-covered
OPSYNVI (macitentan-tadalafil tab 10-40 mg)	Brand	4/7/24	Non-covered
PEMRYDI RTU (pemetrexed disodium iv soln 100 mg/10ml (base equiv))	Brand	3/10/24	Non-covered
PEMRYDI RTU (pemetrexed disodium iv soln 500 mg/50ml (base equiv))	Brand	3/10/24	Non-covered
PNV PRENATAL PLUS MULTIVI TAMIN + DHA (*prenat w/ fe fum-fa tab 27-1 mg & omega 3 cap 312 mg pak*)	Brand	3/21/24	Non-covered
POWDER INSUFFLATOR/#4 CAP SULES (*misc. devices**)	Brand	3/10/24	Non-covered
PREVDUO (neostigmine met-glycopyrrolate iv soln pref syr 3-0.6 mg/3ml)	Brand	4/18/24	Non-covered
PREVIDENT 5000 KIDS (sodium fluoride paste 1.1%)	Brand	4/21/24	Non-covered
RIVFLOZA (nedosiran sodium subcutaneous soln 80 mg/0.5ml)	Brand	10/1/24	Non-covered
RIVFLOZA (nedosiran sodium subcutaneous soln pref syr 128 mg/0.8ml)	Brand	10/1/24	Non-covered
RIVFLOZA (nedosiran sodium subcutaneous soln pref syr 160 mg/ml)	Brand	10/1/24	Non-covered
S.T. GENESIS PERCUTANEOUS NERVE FIELD STIMULATOR (*nerve stimulator devices***)	Brand	3/17/24	Non-covered
SITAGLIPTIN (sitagliptin tab 25 mg)	Brand	10/1/24	Non-covered
SITAGLIPTIN (sitagliptin tab 50 mg)	Brand	10/1/24	Non-covered
SITAGLIPTIN (sitagliptin tab 100 mg)	Brand	10/1/24	Non-covered
SLYND (drospirenone tab 4 mg)	Brand	2/25/24	Non-covered
SODIUM FLUORIDE F 18 (sodium fluoride f 18 iv soln 10-200 mci/ml)	Brand	3/24/24	Non-covered
SOVUNA (hydroxychloroquine sulfate tab 200 mg)	Brand	10/1/24	Non-covered
SOVUNA (hydroxychloroquine sulfate tab 300 mg)	Brand	10/1/24	Non-covered
TANDEM MOBI CARTRIDGE 2ML (*insulin infusion pump supplies***)	Brand	4/21/24	Non-covered
TANDEM MOBI SYSTEM PHARMA CY KIT STARTER PACK (*insulin infusion pump - kit***)	Brand	4/14/24	Non-covered
TOFIDENCE (tocilizumab-bavi iv inj 80 mg/4ml)	Brand	5/5/24	Non-covered
TOFIDENCE (tocilizumab-bavi iv inj 200 mg/10ml)	Brand	5/5/24	Non-covered
TOFIDENCE (tocilizumab-bavi iv inj 400 mg/20ml)	Brand	5/5/24	Non-covered

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TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
TOLECTIN 600 (tolmetin sodium tab 600 mg)	Brand	5/5/24	Non-covered
TYENNE (tocilizumab-aazg iv inj 80 mg/4ml)	Brand	4/21/24	Non-covered
TYENNE (tocilizumab-aazg iv inj 200 mg/10ml)	Brand	4/21/24	Non-covered
TYENNE (tocilizumab-aazg iv inj 400 mg/20ml)	Brand	4/21/24	Non-covered
TYVASO DPI INSTITUTIONAL KIT (treprostinil inh powder 16 mcg/cartridge)	Brand	4/7/24	Non-covered
TYVASO DPI INSTITUTIONAL KIT (treprostinil inh powder 32 mcg/cartridge)	Brand	4/7/24	Non-covered
TYVASO DPI INSTITUTIONAL KIT (treprostinil inh powder 48 mcg/cartridge)	Brand	4/7/24	Non-covered
TYVASO DPI INSTITUTIONAL KIT (treprostinil inh powder 64 mcg/cartridge)	Brand	4/7/24	Non-covered
UDENYCA ONBODY (pegfilgrastim-cbqv soln prefill syr/infusion dev 6 mg/0.6ml)	Brand	10/1/24	Non-covered
VANCOMYCIN HYDROCHLORIDE/ DEXTROSE (vancomycin hcl-dextrose iv soln 1.25 gm/250ml-5%)	Brand	3/17/24	Non-covered
VANCOMYCIN HYDROCHLORIDE/ DEXTROSE (vancomycin hcl-dextrose iv soln 1.5 gm/300ml-5%)	Brand	3/17/24	Non-covered
VASOPRESSIN/SODIUM CHLORI DE (vasopressin-sodium chloride iv soln 20 unit/100ml-0.9%)	Brand	3/10/24	Non-covered
VASOPRESSIN/SODIUM CHLORI DE (vasopressin-sodium chloride iv soln 40 unit/100ml-0.9%)	Brand	3/10/24	Non-covered
YUFLYMA 2-SYRINGE KIT (adalimumab-aaty prefilled syringe kit 20 mg/0.2ml)	Brand	3/10/24	Non-covered
ZILBRYSQ (zilucoplan sodium subcutaneous soln pref syr 16.6 mg/0.416ml)	Brand	10/1/24	Non-covered
ZILBRYSQ (zilucoplan sodium subcutaneous soln pref syr 23 mg/0.574ml)	Brand	10/1/24	Non-covered
ZILBRYSQ (zilucoplan sodium subcutaneous soln pref syr 32.4 mg/0.81ml)	Brand	10/1/24	Non-covered
ZITUVIO (sitagliptin tab 25 mg)	Brand	10/1/24	Non-covered
ZITUVIO (sitagliptin tab 50 mg)	Brand	10/1/24	Non-covered
ZITUVIO (sitagliptin tab 100 mg)	Brand	10/1/24	Non-covered
ZORYVE (roflumilast foam 0.3%)	Brand	10/1/24	Non-covered
ZYMFENTRA 1-PEN (infliximab-dyyb soln auto-injector kit 120 mg/ml)	Brand	10/1/24	Non-covered
ZYMFENTRA 2-PEN (infliximab-dyyb soln auto-injector kit 120 mg/ml)	Brand	10/1/24	Non-covered
ZYMFENTRA 2-SYRINGE (infliximab-dyyb soln prefilled syringe kit 120 mg/ml)	Brand	10/1/24	Non-covered