

Source Rx Formulary Updates

July 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
ADTHYZA (thyroid tab 15 mg (1/4 grain))	Brand	1/7/24	Addition to Tier 4
ADTHYZA (thyroid tab 30 mg (1/2 grain))	Brand	1/7/24	Addition to Tier 4
ADTHYZA (thyroid tab 60 mg (1 grain))	Brand	1/7/24	Addition to Tier 4
ADTHYZA (thyroid tab 90 mg (1 1/2 grain))	Brand	1/7/24	Addition to Tier 4
ADTHYZA (thyroid tab 120 mg (2 grain))	Brand	1/7/24	Addition to Tier 4
AEROCHAMBER HOLDING CHAMBER (*spacer/aerosol-holding chambers - device***)	Brand	11/19/23	Addition to Tier 3
AEROCHAMBER PLUS FLOW VU MOUTHPIECE (*spacer/aerosol-holding chambers - device***)	Brand	11/12/23	Addition to Tier 3
AEROCHAMBER PLUS FLOW-VU/ INTERMEDIATE MASK (*spacer/aerosol-holding chambers - device***)	Brand	11/19/23	Addition to Tier 3
AEROCHAMBER PLUS FLOW-VU/ LARGE MASK (*spacer/aerosol-holding chambers - device***)	Brand	11/12/23	Addition to Tier 3
AEROCHAMBER PLUS FLOW-VU/ MEDIUM MASK (*spacer/aerosol-holding chambers - device***)	Brand	11/12/23	Addition to Tier 3
AEROCHAMBER PLUS FLOW-VU/ SMALL MASK (*spacer/aerosol-holding chambers - device***)	Brand	11/12/23	Addition to Tier 3
AKEEGA (niraparib tosylate-abiraterone acetate tab 50-500 mg)	Brand	5/1/24	Addition to Tier 4
AKEEGA (niraparib tosylate-abiraterone acetate tab 100-500 mg)	Brand	5/1/24	Addition to Tier 4
albuterol sulfate soln nebu 0.5% (5 mg/ml)	Generic	2/11/24	Move from Tier 4 to Tier 2
ampicillin cap 500 mg	Generic	11/19/23	Move from Tier 4 to Tier 2
ANALPRAM-HC (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Brand	1/21/24	Move from non-covered to Tier 4
AUGTYRO (repotrectinib cap 40 mg)	Brand	7/1/24	Addition to Tier 4
cephalexin cap 750 mg	Generic	12/24/23	Move from Tier 4 to Tier 2
COMIRNATY 2023-24 (covid-19 mrna vac tris-pfizer im susp pref syr 30 mcg/0.3ml)	Brand	11/12/23	Addition to Tier 3
dabigatran etexilate mesylate cap 110 mg (etexilate base eq)	Generic	2/11/24	Addition to Tier 2, generic for PRADAXA
ENTYVIO (vedolizumab soln pen-injector 108 mg/0.68ml)	Brand	7/1/24	Addition to Tier 4
FRUZAQLA (fruquintinib cap 1 mg)	Brand	7/1/24	Addition to Tier 4
FRUZAQLA (fruquintinib cap 5 mg)	Brand	7/1/24	Addition to Tier 4
HEMLIBRA (emicizumab-kxwh subcutaneous soln 300 mg/2ml (150 mg/ml))	Brand	1/14/24	Addition to Tier 3
INSULIN GLARGINE-YFGN (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Brand	11/26/23	Addition to Tier 3
JYNNEOS (smallpox & monkeypox vac, live, non-replicating inj 0.5 ml)	Brand	2/1/24	Move from non-covered to Tier 3
loteprednol etabonate ophth susp 0.2%	Generic	2/11/24	Addition to Tier 2, generic for ALREX
mifepristone tab 300 mg	Generic	1/28/24	Addition to Tier 2, generic for KORLYM

continued

TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
OGSIVEO (nirogacestat hydrobromide tab 50 mg)	Brand	7/1/24	Addition to Tier 4
OJJAARA (momelotinib dihydrochloride tab 100 mg)	Brand	5/1/24	Addition to Tier 4
OJJAARA (momelotinib dihydrochloride tab 150 mg)	Brand	5/1/24	Addition to Tier 4
OJJAARA (momelotinib dihydrochloride tab 200 mg)	Brand	5/1/24	Addition to Tier 4
OMNIPOD 5 G6 INTRO KIT (G EN 5) (*insulin infusion disposable pump kit***)	Brand	7/1/24	Move from Tier 4 to Tier 3
OMNIPOD 5 G6 PODS (GEN 5) (*insulin infusion disposable pump supplies***)	Brand	7/1/24	Move from Tier 4 to Tier 3
OMNIPOD 5 G7 INTRO KIT (G EN 5) (*insulin infusion disposable pump kit***)	Brand	2/4/24	Addition to Tier 4
OMNIPOD 5 G7 INTRO KIT (G EN 5) (*insulin infusion disposable pump kit***)	Brand	7/1/24	Move from Tier 4 to Tier 3
OMNIPOD 5 G7 PODS (GEN 5) (*insulin infusion disposable pump reservoir***)	Brand	2/4/24	Addition to Tier 4
OMNIPOD 5 G7 PODS (GEN 5) (*insulin infusion disposable pump reservoir***)	Brand	7/1/24	Move from Tier 4 to Tier 3
OMNIPOD DASH INTRO KIT (G EN 4) (*insulin infusion disposable pump kit***)	Brand	7/1/24	Move from Tier 4 to Tier 3
OMNIPOD DASH PODS (GEN 4) (*insulin infusion disposable pump supplies***)	Brand	7/1/24	Move from Tier 4 to Tier 3
OPFOLDA (miglustat (gaa deficiency) cap 65 mg)	Brand	6/1/24	Addition to Tier 4
PENBRAYA (meningococcal acyw (tet conj)-mening b (rcmb) vacc for inj)	Brand	12/29/23	Addition to Tier 3
PROCHAMBER VALVED HOLDING CHAMBER (*spacer/aerosol-holding chambers - device***)	Brand	11/18/23	Addition to Tier 3
quinapril-hydrochlorothiazide tab 20-12.5 mg	Generic	12/24/23	Move from Tier 4 to Tier 2
quinapril-hydrochlorothiazide tab 20-25 mg	Generic	12/24/23	Move from Tier 4 to Tier 2
ROZLYTREK (entrectinib pellet pack 50 mg)	Brand	7/1/24	Addition to Tier 3
SEMGLEE (insulin glargine-yfgn soln pen-injector 100 unit/ml)	Brand	11/26/23	Addition to Tier 3
SOTYKTU (deucravacitinib tab 6 mg)	Brand	7/1/24	Move from non-covered to Tier 4
teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml	Generic	1/7/24	Addition to Tier 2, generic for FORTEO
TRUQAP (capivasertib tab 160 mg)	Brand	7/1/24	Addition to Tier 4
TRUQAP (capivasertib tab 200 mg)	Brand	7/1/24	Addition to Tier 4
XALKORI (crizotinib cap sprinkle 20 mg)	Brand	7/1/24	Addition to Tier 3
XALKORI (crizotinib cap sprinkle 50 mg)	Brand	7/1/24	Addition to Tier 3
XALKORI (crizotinib cap sprinkle 150 mg)	Brand	7/1/24	Addition to Tier 3
ZENPEP (pancrelipase (lip-prot-amyl) dr cap 60000-189600-252600 unit)	Brand	12/31/23	Addition to Tier 3
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 2.5 mg/0.5ml)	Brand	4/1/24	Addition to Tier 4 of <i>optional Weight Management</i> component
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 5 mg/0.5ml)	Brand	4/1/24	Addition to Tier 4 of <i>optional Weight Management</i> component
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 7.5 mg/0.5ml)	Brand	4/1/24	Addition to Tier 4 of <i>optional Weight Management</i> component
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 10 mg/0.5ml)	Brand	4/1/24	Addition to Tier 4 of <i>optional Weight Management</i> component
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 12.5 mg/0.5ml)	Brand	4/1/24	Addition to Tier 4 of <i>optional Weight Management</i> component
ZEPBOUND (tirzepatide (weight mngmt) soln auto-injector 15 mg/0.5ml)	Brand	4/1/24	Addition to Tier 4 of <i>optional Weight Management</i> component
ZURZUVAE (zuranolone cap 20 mg)	Brand	7/1/24	Addition to Tier 3
ZURZUVAE (zuranolone cap 25 mg)	Brand	7/1/24	Addition to Tier 3
ZURZUVAE (zuranolone cap 30 mg)	Brand	7/1/24	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
ALREX (loteprednol etabonate ophth susp 0.2%)	Brand	7/1/24	Removal from Tier 4, no longer covered
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.8ml)	Brand	7/1/24	Removal from Tier 3, no longer covered
AMJEVITA (adalimumab-atto soln prefilled syringe 10 mg/0.2ml)	Brand	7/1/24	Removal from Tier 3, no longer covered
AMJEVITA (adalimumab-atto soln prefilled syringe 20 mg/0.4ml)	Brand	7/1/24	Removal from Tier 3, no longer covered
AMJEVITA (adalimumab-atto soln prefilled syringe 40 mg/0.8ml)	Brand	7/1/24	Removal from Tier 3, no longer covered
EXKIVITY (mobocertinib succinate cap 40 mg)	Brand	7/1/24	Removal from Tier 4, no longer covered
FLUOCINOLONE ACETONIDE (fluocinolone acetonide cream 0.01%)	Brand	7/1/24	Move from Tier 2 to Tier 4
FORTEO (teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml)	Brand	7/1/24	Removal from Tier 3, no longer covered
GLUCAGON EMERGENCY KIT FO R LOW BLOOD SUGAR (glucagon (rdna) for inj kit 1 mg)	Brand	7/1/24	Move from Tier 2 to Tier 4
GLYBURIDE MICRONIZED (glyburide micronized tab 1.5 mg)	Brand	7/1/24	Move from Tier 1 to Tier 4
GLYBURIDE MICRONIZED (glyburide micronized tab 3 mg)	Brand	7/1/24	Move from Tier 1 to Tier 4
GLYBURIDE MICRONIZED (glyburide micronized tab 6 mg)	Brand	7/1/24	Move from Tier 1 to Tier 4
HYDROCORTISONE ACETATE/PR AMOXINE (hydrocortisone acetate w/ pramoxine perianal cream 1-1%)	Brand	7/1/24	Move from Tier 2 to Tier 4
KORLYM (mifepristone tab 300 mg)	Brand	7/1/24	Removal from Tier 4, no longer covered
MORPHINE SULFATE (morphine sulfate oral soln 10 mg/5ml)	Brand	7/1/24	Move from Tier 1 to Tier 4
PERINDOPRIL ERBUMINE (perindopril erbumine tab 2 mg)	Brand	7/1/24	Move from Tier 2 to Tier 4
PRADAXA (dabigatran etexilate mesylate cap 110 mg (etexilate base eq))	Brand	7/1/24	Removal from Tier 4, no longer covered

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
ABRAVO (*wound dressings - emulsion***)	Brand	1/28/24	Non-covered
ADALIMUMAB-AACF (2 PEN) (adalimumab-aacf auto-injector kit 40 mg/0.8ml)	Brand	7/1/24	Non-covered
ADVIN COVID-19 ANTIGEN HO ME TEST (covid-19 at home antigen test kit)	Brand	2/4/24	Non-covered
ADZYNMA (adamts13 recombinant-krhn for inj kit 500 unit)	Brand	12/3/23	Non-covered
ADZYNMA (adamts13 recombinant-krhn for inj kit 1500 unit)	Brand	12/3/23	Non-covered
AEROBIKA OPEP/MANOMETER (*respiratory therapy supplies - kit**)	Brand	12/24/23	Non-covered
AEROECLIPSE EZ TWIST TUBI NG (*respiratory therapy supplies - misc**)	Brand	11/26/23	Non-covered
AEROECLIPSE II/ELBOW ADAP TER (*nebulizers***)	Brand	12/24/23	Non-covered
AEROECLIPSE II/UNIVERSAL TUBING (*nebulizers***)	Brand	12/3/23	Non-covered
AEROECLIPSE XL/AEROCONTRO L (*nebulizers***)	Brand	12/3/23	Non-covered
AMJEVITA (adalimumab-atto soln auto-injector 40 mg/0.4ml)	Brand	7/1/24	Non-covered
AMJEVITA (adalimumab-atto soln auto-injector 80 mg/0.8ml)	Brand	7/1/24	Non-covered
AMJEVITA (adalimumab-atto soln prefilled syringe 20 mg/0.2ml)	Brand	7/1/24	Non-covered
AMJEVITA (adalimumab-atto soln prefilled syringe 40 mg/0.4ml)	Brand	7/1/24	Non-covered
BACLOFEN (baclofen oral soln 10 mg/5ml)	Brand	7/1/24	Non-covered
BEXAGLIFLOZIN (bexagliflozin tab 20 mg)	Brand	4/1/24	Non-covered
BIJUVA (estradiol-progesterone cap 0.5-100 mg)	Brand	12/10/23	Non-covered
BIMZELX (bimekizumab-bkzx subcutaneous soln auto-injector 160 mg/ml)	Brand	7/1/24	Non-covered
BIMZELX (bimekizumab-bkzx subcutaneous soln prefilled syr 160 mg/ml)	Brand	7/1/24	Non-covered
BIOTEL CARE BLOOD GLUCOSE TEST STRIPS (glucose blood test strip)	Brand	11/18/23	Non-covered
bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg	Generic	12/24/23	Non-covered, generic for PYLERA
bromfenac sodium ophth soln 0.07% (base equivalent)	Generic	1/7/24	Non-covered, generic for PROLENSA
bromfenac sodium ophth soln 0.075% (base equivalent)	Generic	2/11/24	Non-covered, generic for BROMSITE
BUPROPION HYDROCHLORIDE E R (XL) (bupropion hcl tab er 24hr 450 mg)	Brand	1/21/24	Non-covered
CABTREO (adapalene-benzoyl peroxide-clindamycin gel 0.15-3.1-1.2%)	Brand	7/1/24	Non-covered
CARDIOGEN-82 (*rubidium rb 82 chloride for iv soln***)	Brand	2/4/24	Non-covered
CASGEVY (exagamglogene autotemcel iv susp)	Brand	12/17/23	Non-covered
CEFAZOLIN (cefazolin sodium for inj 3 gm)	Brand	2/4/24	Non-covered
cetorelix acetate for inj kit 0.25 mg	Generic	12/17/23	Non-covered, generic for CETROTIDE
CLONIDINE HYDROCHLORIDE E R (clonidine hcl tab er 24hr 0.17 mg (base equivalent))	Brand	1/14/24	Non-covered
COCAINE HYDROCHLORIDE (cocaine hcl nasal soln 40 mg/ml (4%))	Brand	2/4/24	Non-covered
COMBOGESIC (ibuprofen-acetaminophen iv soln 300-1000 mg/100ml)	Brand	1/28/24	Non-covered
COXANTO (oxaprozin cap 300 mg)	Brand	7/1/24	Non-covered
cyanocobalamin nasal spray 500 mcg/0.1ml	Generic	12/17/23	Non-covered, generic for NASCOBAL
DAPAGLIFLOZIN PROPANEDIOL (dapagliflozin propanediol tab 5 mg (base equivalent))	Brand	7/1/24	Non-covered
DAPAGLIFLOZIN PROPANEDIOL (dapagliflozin propanediol tab 10 mg (base equivalent))	Brand	7/1/24	Non-covered
DAPAGLIFLOZIN PROPANEDIOL /METFORMIN HYDROCHLORIDE (dapagliflozin prop-metformin hcl tab er 24hr 5-1000 mg)	Brand	7/1/24	Non-covered
DAPAGLIFLOZIN PROPANEDIOL /METFORMIN HYDROCHLORIDE (dapagliflozin prop-metformin hcl tab er 24hr 10-1000 mg)	Brand	7/1/24	Non-covered
DAPTOMYCIN (daptomycin for iv soln 350 mg)	Brand	12/3/23	Non-covered
DAPTOMYCIN (daptomycin for iv soln 500 mg)	Brand	12/3/23	Non-covered
deflazacort tab 6 mg	Generic	2/11/24	Non-covered, generic for EMFLAZA
deflazacort tab 18 mg	Generic	2/11/24	Non-covered, generic for EMFLAZA
deflazacort tab 30 mg	Generic	2/11/24	Non-covered, generic for EMFLAZA
deflazacort tab 36 mg	Generic	2/11/24	Non-covered, generic for EMFLAZA
dextroamphetamine sulfate tab 2.5 mg	Generic	12/24/23	Non-covered, generic for ZENZEDI
dextroamphetamine sulfate tab 7.5 mg	Generic	12/24/23	Non-covered, generic for ZENZEDI
FABHALTA (iptacopan hcl cap 200 mg)	Brand	7/1/24	Non-covered

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TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
FENTANYL CITRATE (fentanyl citrate pf soln prefilled syringe 25 mcg/0.5ml)	Brand	2/4/24	Non-covered
FLOXURIDINE (floxuridine for inj 0.5 gm)	Brand	12/3/23	Non-covered
FLUTICASONE PROPIONATE DI SKUS (fluticasone propionate aer pow ba 50 mcg/act)	Brand	7/1/24	Non-covered
FLUTICASONE PROPIONATE DI SKUS (fluticasone propionate aer pow ba 100 mcg/act)	Brand	7/1/24	Non-covered
FLUTICASONE PROPIONATE DI SKUS (fluticasone propionate aer pow ba 250 mcg/act)	Brand	7/1/24	Non-covered
FREESTYLE LIBRE 3/READER/ GLUCOSE MONITORING SYSTEM (*continuous blood glucose system receiver***)	Brand	11/12/23	Non-covered
gabapentin (once-daily) tab 300 mg	Generic	1/28/24	Non-covered, generic for GRALISE
gabapentin (once-daily) tab 600 mg	Generic	1/28/24	Non-covered, generic for GRALISE
GLOPERBA (colchicine oral soln 0.6 mg/5ml)	Brand	1/22/24	Non-covered
HYDROMORPHONE HYDROCHLORI DE (hydromorphone hcl inj 0.5 mg/ml)	Brand	2/4/24	Non-covered
HYRIMOZ (adalimumab-adaz soln prefilled syringe 20 mg/0.2ml)	Brand	4/1/24	Non-covered
HYRIMOZ PLAQUE PSORIASIS STARTER PACK (adalimumab-adaz soln auto-injector 80 mg/0.8ml & 40 mg/0.4ml)	Brand	4/1/24	Non-covered
HYRIMOZ SENSOREADY PENS (adalimumab-adaz soln auto-injector 80 mg/0.8ml)	Brand	4/1/24	Non-covered
IDOSE TR (travoprost intracameral implant 75 mcg)	Brand	7/1/24	Non-covered
IMMPHENTIV (phenylephrine hcl iv soln 0.5 mg/5ml (100 mcg/ml))	Brand	11/19/23	Non-covered
IMMPHENTIV (phenylephrine hcl iv soln 1 mg/10ml (100 mcg/ml))	Brand	11/19/23	Non-covered
indomethacin susp 25 mg/5ml	Generic	1/21/24	Non-covered, generic for INDOCIN
INPEFA (sotagliflozin tab 400 mg)	Brand	1/1/24	Non-covered
JESDUVROQ (daprodustat tab 1 mg)	Brand	7/1/24	Non-covered
JESDUVROQ (daprodustat tab 2 mg)	Brand	7/1/24	Non-covered
JESDUVROQ (daprodustat tab 4 mg)	Brand	7/1/24	Non-covered
JESDUVROQ (daprodustat tab 6 mg)	Brand	7/1/24	Non-covered
JESDUVROQ (daprodustat tab 8 mg)	Brand	7/1/24	Non-covered
JYLAMVO (methotrexate oral soln 2 mg/ml)	Brand	7/1/24	Non-covered
LIKMEZ (metronidazole susp 500 mg/5ml)	Brand	7/1/24	Non-covered
LOQTORZI (toripalimab-tpzi iv soln 240 mg/6ml (40 mg/ml))	Brand	12/3/23	Non-covered
LYFGENIA (lovotibeglogene autotemcel iv susp)	Brand	12/17/23	Non-covered
MC 300/MOUTHPIECE (*nebulizers***)	Brand	12/24/23	Non-covered
MC 300/UNIVERSAL TUBING (*nebulizers***)	Brand	12/3/23	Non-covered
MEROPENEM (meropenem iv for soln 2 gm)	Brand	11/19/23	Non-covered
METFORMIN HYDROCHLORIDE (metformin hcl tab 625 mg)	Brand	11/19/23	Non-covered
methylene blue iv soln 50 mg/10ml (5 mg/ml)	Generic	12/10/23	Non-covered, generic for PROVAYBLUE
MM BLULINK GLUCOSE TEST S TRIPS (glucose blood test strip)	Brand	2/11/24	Non-covered
MORPHINE SULFATE (morphine sulfate inj 50 mg/ml)	Brand	11/26/23	Non-covered
MOTPOLY XR (lacosamide cap er 24hr 100 mg)	Brand	7/1/24	Non-covered
MOTPOLY XR (lacosamide cap er 24hr 150 mg)	Brand	7/1/24	Non-covered
MOTPOLY XR (lacosamide cap er 24hr 200 mg)	Brand	7/1/24	Non-covered
NALMEFENE HYDROCHLORIDE (nalmefene hcl inj 1 mg/ml (base equiv))	Brand	11/18/23	Non-covered
NOREPINEPHRINE BITARTRATE /DEXTROSE (norepinephrine-dextrose iv solution 16 mg/250ml-5%)	Brand	1/14/24	Non-covered
OMBRA COMPRESSOR KIT/DME/ ADULT (*respiratory therapy supplies - kit**)	Brand	11/19/23	Non-covered
OMBRA COMPRESSOR KIT/DME/ CHILD (*respiratory therapy supplies - kit**)	Brand	11/19/23	Non-covered
OMVOH (mirikizumab-mrkz subcutaneous soln auto-injector 100 mg/ml)	Brand	7/1/24	Non-covered
OXAPROZIN (oxaprozin cap 300 mg)	Brand	7/1/24	Non-covered
OZOBAX DS (baclofen oral soln 10 mg/5ml)	Brand	7/1/24	Non-covered
podofilox gel 0.5%	Generic	12/17/23	Non-covered, generic for CONDYLOX
REALSIL-8 (*occlusive silicone sheets***)	Brand	11/12/23	Non-covered

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TRADE NAME (generic name) or generic name	Brand/Generic Product	Effective Date	Description of Change
RELEXXII (methylphenidate hcl tab er osmotic release (osm) 18 mg)	Brand	11/12/23	Non-covered
RELEXXII (methylphenidate hcl tab er osmotic release (osm) 27 mg)	Brand	11/12/23	Non-covered
RELEXXII (methylphenidate hcl tab er osmotic release (osm) 36 mg)	Brand	11/12/23	Non-covered
RELEXXII (methylphenidate hcl tab er osmotic release (osm) 54 mg)	Brand	11/12/23	Non-covered
REUSABLE COMFORTSEAL MASK /LARGE/AEROECLIPSE (*respiratory therapy supplies - misc**)	Brand	12/17/23	Non-covered
REUSABLE COMFORTSEAL MASK /MEDIUM/AEROECLIPSE (*respiratory therapy supplies - misc**)	Brand	12/17/23	Non-covered
REUSABLE COMFORTSEAL MASK /SMALL/AEROECLIPSE (*respiratory therapy supplies - misc**)	Brand	12/17/23	Non-covered
REZIPRES (ephedrine hcl iv soln 47 mg/10ml (4.7 mg/ml))	Brand	12/17/23	Non-covered
risperidone microspheres for im extended rel susp 12.5 mg	Generic	12/17/23	Non-covered, generic for RISPERDAL CONSTA
risperidone microspheres for im extended rel susp 25 mg	Generic	12/17/23	Non-covered, generic for RISPERDAL CONSTA
risperidone microspheres for im extended rel susp 37.5 mg	Generic	12/17/23	Non-covered, generic for RISPERDAL CONSTA
risperidone microspheres for im extended rel susp 50 mg	Generic	12/17/23	Non-covered, generic for RISPERDAL CONSTA
STERILE DILUENT FOR REMOD ULIN (glycine diluent for injection)	Brand	11/12/23	Non-covered
STRIVE DUAL ZONE PEAK FLOW METER (peak flow meter)	Brand	11/19/23	Non-covered
T:SLIM X2 CONTROL-IQ 7.7 (*insulin infusion pump - device***)	Brand	12/10/23	Non-covered
T:SLIM X2 CONTROL-IQ 7.8 (*insulin infusion pump - device***)	Brand	12/17/23	Non-covered
TETRACYCLINE HYDROCHLORIDE (tetracycline hcl tab 250 mg)	Brand	1/28/24	Non-covered
TETRACYCLINE HYDROCHLORIDE (tetracycline hcl tab 500 mg)	Brand	1/28/24	Non-covered
TRAMADOL HYDROCHLORIDE (tramadol hcl tab 25 mg)	Brand	1/7/24	Non-covered
VELSIPITY (etrasimod arginine tab 2 mg)	Brand	7/1/24	Non-covered
VERSAPAP (*respiratory therapy supplies - devices**)	Brand	12/3/23	Non-covered
VERSAPAP/UNIVERSAL TUBING (*respiratory therapy supplies - devices**)	Brand	12/3/23	Non-covered
VEVYE (cyclosporine (ophth) soln 0.1%)	Brand	7/1/24	Non-covered
VOQUEZNA (vonoprazan fumarate tab 10 mg (base equiv))	Brand	7/1/24	Non-covered
VOQUEZNA (vonoprazan fumarate tab 20 mg (base equiv))	Brand	7/1/24	Non-covered
XPHOZAH (tenapanor hcl tab 20 mg)	Brand	7/1/24	Non-covered
XPHOZAH (tenapanor hcl tab 30 mg)	Brand	7/1/24	Non-covered
YUFLYMA (adalimumab-aaty auto-injector kit 80 mg/0.8ml)	Brand	1/1/24	Non-covered
YUFLYMA CD/UC/HS STARTER (adalimumab-aaty auto-injector kit 80 mg/0.8ml)	Brand	1/1/24	Non-covered
ZEMAIRA (alpha1-proteinase inhibitor (human) for iv soln 4000 mg)	Brand	12/3/23	Non-covered
ZEMAIRA (alpha1-proteinase inhibitor (human) for iv soln 5000 mg)	Brand	12/3/23	Non-covered