

# Blue Cross and Blue Shield of New Mexico

## Medical Drug Benefit List

### Summary of Formulary Benefits Drugs Covered under Medical Benefit (Medical Drug Benefits)

The information in this document is designed to help you understand the Medical Drug Benefits offered under this plan and compare these benefits to those offered by other plans. Information contained in this summary is designed to help you compare, both the value and scope of formulary benefits.

### How to Find Information on the Cost of Prescription Drugs

Your Summary of Benefits and Coverage (SBC) document lists information about your plan, including medical deductibles and out-of-pocket maximums. This formulary document lists drugs covered under the medical benefit of this plan and any special requirements for each drug.

Medical drug pricing, which applies to drug claims paid under your medical benefit, noted in this document is based on the median allowable cost from 2023 medical claims (professional and facility claims) for each of the drugs listed below. If a medication had no previous claims history, pricing was based on the professional NDC fee schedule with average units expected.

**Site of Care Medications** are a list of select infused medications which members may experience a lower cost for using a professional setting (doctor's office, infusion suite or home infusion).

#### Legend:

\$ = under \$100

\$\$ = \$100-\$250

\$\$\$ = \$251-\$500

\$\$\$\$ = \$501-\$1,000

\$\$\$\$\$ = over \$1,000

A = drug not subject to medical deductible or member cost share

\* = drug may require prior authorization in order to be covered

SoC = Site of Care

This formulary document includes a link on the bottom of each page to the Find a Medicine web-based tool on myPrime.com, which you may use to search for drugs that may be covered on the prescription benefit if not found on this list to get estimate prices. The Health Insurance Exchange Drug List is regularly updated on myPrime.com.

**Drug List by Health Benefit Plan:** Most 2025 Individual Plans use the 2025 Health Insurance Exchange 6 Tier Drug List. Some Individual Plans use the 2025 Health Insurance Exchange 5 Tier Drug List. These are the Clear Cost plans.

Blue Cross and Blue Shield of New Mexico employer-offered small group plans use the 2025 Health Insurance Exchange 6 Tier Drug List. These plans are offered on or off the New Mexico Health Insurance Exchange.

### How Prescription Drugs are Covered Under the Plan

**Cost-Sharing:** Your deductible (if part of your plan) is listed on your Summary of Benefits and Coverage document. A deductible is the amount of money that you and anyone covered by your plan must pay out-of-pocket each plan year for covered services before your plan starts to pay. A certain set

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of drugs may be covered without cost-sharing, even before meeting the deductible. These are often used for preventive services. Cost share details are listed on your Summary of Benefits and Coverage. Your cost share may be a copayment (an amount you pay out-of-pocket for your prescription medicines after you've met any deductible) or coinsurance (a percentage of the total cost that you pay for your medicines, after you've met any deductible).

**Medical Management Requirements:** Medical or utilization management is a process that is part of your health plan. Utilization management helps to make sure that you are getting the right drugs -- all while helping to make medicine more affordable. Health plans call for utilization management on some medicines to keep you safe, by helping to make sure the medicines you take are prescribed by your doctor and used correctly. Health plan companies, hospitals, doctors and pharmacists share information — working together to help improve medicine for members. These programs help to catch mistakes, reduce waste, improve safety and keep medicine affordable by lowering costs. Medical or utilization management is made up of programs that include:

**Prior Authorization or Pre-Determination:** Prior authorization or pre-determination (sometimes called pre-approval) means that your medicine needs to be approved by your health plan before it will be covered.

**Right to Appeal:** If your request for coverage is denied, but your doctor has determined that the drug is medically necessary, you have the right to appeal and request coverage.

**Continuation of Coverage:** You have the right to continued coverage for a prescription drug at the benefit coverage level at which the drug was covered at the beginning of the plan year, until your plan renewal date, provided that the drug continues to be medically necessary and safe.

**Off-Label Drug Use:** Off-label use of FDA approved drugs occurs when a drug is prescribed for a reason that has not been approved by the FDA. Off-label use may be covered when all of the following apply:

- The medicine has been approved by the FDA for at least one use
- The medicine is prescribed by a doctor
- The medicine is intended to treat chronic, disabling, or life-threatening illnesses
- Sufficient clinical evidence is provided by your doctor for the off-label use requested, and
- The services and medicine are medically necessary

Off-Label use of FDA approved drugs is not covered when these conditions are not met or when the FDA has determined its use to be contraindicated for treatment of the condition for which coverage is requested.

### Limitations and Exclusions

Medical Drug Benefits are not available for:

- Drugs required by law to be labeled: “**Caution - Limited by Federal Law to Investigational Use,**” or
- **Experimental** drugs, even though a charge is made for the drugs, or
- **Legend** Drugs which are not approved by the FDA for a particular use or purpose or when used for a purpose other than the purpose for which the FDA approval is given, except as required by law or regulation.

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**Experimental/Investigational** means the use of any treatment, procedure, facility, equipment, drug, device or supply not accepted as Standard Medical Treatment of the condition being treated or any of such items requiring federal or other governmental agency approval not granted at the time services were provided. "Approval" by a federal agency means that the treatment, procedure, facility, equipment, drug, device or supply has been approved for the condition being treated and, in the case of a drug, in the dosage used on the patient. Medical treatment includes medical, surgical or dental treatment. "Standard Medical Treatment" means the services or supplies that are in general use in the medical community in the United States, and:

- have been demonstrated in peer-reviewed literature to have scientifically established medical value for curing or alleviating the condition being treated;
- are appropriate for the Hospital or Participating Provider; and
- the Health Care Professional has had the appropriate training and experience to provide the treatment or procedure.

Drug Name	Member Cost Share Estimate
ABECMA *	\$\$\$\$
ABELCET	\$
ABILIFY	\$\$\$\$
ABLYSINOL	\$\$\$\$
ABRAXANE	\$\$\$\$
ABRYSVO	A
ACETAMINOPHEN	\$
ACETAZOLAMID	\$
ACTEMRA * SoC	\$\$\$\$
ACTHAR	\$
ACTHIB	A
ACTIMMUNE	\$\$\$\$
ACYCLOVIR	\$
ADACEL	A
ADAKVEO * SoC	\$\$\$\$
ADCETRIS	\$\$\$\$
ADMELOG	\$
ADRENALIN	\$
ADRIAMYCIN	\$
ADSTILADRIN *	\$\$\$\$
ADUHELM	\$\$\$
ADVAIR HFA	\$
ADZYNMA	\$

Drug Name	Member Cost Share Estimate
AFLURIA	A
AGGRASTAT	\$
AIMOVIG	\$\$\$
AJOVY	\$\$\$\$
ALBUKED	\$
ALBUMIN	\$\$\$
ALBUMINEX	\$\$\$
ALBURX	\$\$\$\$
ALBUTEIN	\$
ALBUTEROL SULFATE	\$
ALDURAZYME * SoC	\$\$\$\$
ALFENTANIL	\$
ALFERON	\$
ALIMTA	\$\$\$\$
ALIQOPA	\$\$\$\$
ALKERAN	\$\$\$\$
ALLOPURINOL	\$
ALOPRIM	\$\$\$\$
ALYGLO	\$
ALYMSYS	\$
AMBISOME	\$\$\$\$
AMELUZ	\$\$\$
AMIKACIN	\$

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Drug Name	Member Cost Share Estimate
AMINOCAPR	\$
AMINOPHYLLIN	\$
AMLODIPINE BESYLATE	\$
AMOXICILLIN/CLAVULANATE POTASSIUM	\$
AMPHADASE	\$
AMPHOTERICIN	\$
AMPICILLIN	\$
AMP-SULBACTA	\$
AMTAGVI	\$\$\$\$\$
AMVUTTRA *	\$\$\$\$\$
AMYTAL	\$\$\$\$\$
AMYVID	\$\$\$\$\$
ANJESO	\$
ANUCORT-HC	\$
ANUSOL-HC	\$
APHEXDA	\$
APIDRA	\$\$\$
APOKYN	\$\$
APOMORPHINE	\$
APONVIE	\$
APRETUDE	\$
AQUASTAT	\$
ARALAST NP	\$\$\$\$\$
ARANESP *	\$\$\$\$\$
ARCALYST	\$\$\$\$\$
AREXVY	A
ARFORMOTEROL TARTRATE	\$\$\$
ARGATRB/NACL	\$\$\$\$\$
ARGATROBAN	\$\$\$\$\$
ARISTADA	\$\$\$\$\$
ARRANON	\$\$\$\$\$
ARSENIC	\$\$\$\$\$
ARTESUNATE	\$\$\$\$\$
ARTZ FX	\$\$
ARZERRA	\$\$\$\$\$
ASCENIV * SoC	\$\$\$\$\$
ASCLERA	\$

Drug Name	Member Cost Share Estimate
ASPARLAS	\$\$\$\$\$
ASPIRIN	A
ATGAM	\$\$\$\$\$
ATIVAN	\$
ATROPEN	\$\$\$\$\$
ATROPINE	\$
AVASTIN	\$\$\$\$\$
AVEED *	\$\$\$\$\$
AVSOLA * SoC	\$\$\$\$\$
AVYCAZ	\$\$\$\$\$
AZACITIDINE	\$\$\$\$\$
AZACTAM	\$
AZATHIOPRINE	\$\$\$
AZITHROMYCIN	\$
AZTREONAM	\$\$
BABYBIG/BOTULISM IMMUNE GLOBULIN	\$\$\$\$\$
BACITRACIN	\$
BACLOFEN	\$\$\$\$\$
BARHEMSYS	\$\$
BAVENCIO	\$\$\$\$\$
BAXDELA	\$
BCG	\$
B-COMPLEX	\$
BD POSIFLUSH	\$
BELEODAQ	\$\$\$\$\$
BELRAPZO	\$\$\$\$\$
BENDAMUSTINE	\$
BENDEKA	\$\$\$\$\$
BENLYSTA * SoC	\$\$\$\$\$
BENTYL	\$\$
BENZTROPINE	\$
BEOVU *	\$\$\$
BERINERT	\$\$\$\$\$
BESPONSA	\$\$\$\$\$
BESREMI	\$\$\$\$\$
BETAMETHASONE VALERATE	\$
BETA-PHOS/AC	\$

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Drug Name	Member Cost Share Estimate
BEXSERO	A
BEYFORTUS	\$\$\$\$
BICILLIN	\$\$
BIOTHRAX	\$
BIVIGAM * SoC	\$\$\$\$\$
BLEOMYCIN	\$
BLINCYTO	\$\$\$\$\$
BLOXIVERZ	\$
BOOSTRIX	A
BORTEZOMIB	\$\$\$\$\$
BOTOX *	\$\$\$\$\$
BREYANZI *	\$
BRILINTA	\$\$
BRINEURA	\$\$\$\$\$
BRIUMVI *	\$
BRIVIACT	\$
BUMETANIDE	\$
BUPIVACAINE	\$
BUPIVACAINE HYDROCHLORIDE	\$
BUPIVACAINE/ EPINEPHRINE	\$
BUPRENEX	\$
BUPRENORPHIN	\$
BUPRENORPHINE HYDROCHLORIDE/NALOXONE HYDROCHLORIDE	\$
BUPROPION HYDROCHLORIDE ER	\$
BUSULFAN	\$\$\$\$\$
BUSULFEX	\$\$\$\$\$
BUTORPHANOL	\$
BYFAVO	\$
BYOOVIZ *	\$\$
CABENUVA *	\$\$\$\$\$
CABLIVI	\$\$\$
CAFFEINE	\$
CAFFEINE/SOD	\$
CAL GLU/NACL	\$
CALCITRIOL	\$

Drug Name	Member Cost Share Estimate
CALDOLOR	\$
CAMCEVI	\$\$\$\$\$
CAMPTOSAR	\$\$
CANCIDAS	\$\$\$
CARBOPLATIN	\$
CARBOPRO	\$
CARDENE IV	\$
CARMUSTINE	\$\$\$\$\$
CARNITOR	\$\$
CARTICEL	\$\$\$\$\$
CARVEDILOL	\$
CARVYKTI *	\$\$\$\$\$
CASGEVY	\$\$\$\$\$
CASPOFUNGIN	\$\$\$
CAVERJECT	\$
CEFAZOL IN DEXTROSE	\$
CEFAZOLIN	\$
CEFEPIME	\$\$
CEFEPIME IN DEXTROSE	\$\$
CEFOTAXIME	\$\$
CEFOTETAN	\$\$\$\$\$
CEFOXITIN	\$
CEFTAZIDIME	\$
CEFTAZIDIME IN DEXTROSE	\$
CEFTRIAx IN DEXTROSE	\$
CEFTRIAxONE	\$
CEFTRIAxONE IN DEXTROSE	\$
CEFUROXIME	\$
CEFUROXIME AXETIL	\$
CELESTONE	\$
CELLCEPT	\$
CEPHALEXIN	\$
CEREBYX	\$\$\$\$\$
CEREZYME * SoC	\$\$\$\$\$
CETIRIZINE HYDROCHLORIDE	\$
CHLORAMPHEN	\$\$
CHLORDIAZEPOXIDE HYDROCHLORIDE	\$

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Drug Name	Member Cost Share Estimate
CHLORHEXIDINE GLUCONATE	\$
CHLOROTHIAZ	\$
CHLORPROMAZ	\$
CHLORPROMAZINE HYDROCHLORIDE	\$\$
CIDOFOVIR	\$\$\$\$
CIMERLI *	\$\$\$
CINQAIR * SoC	\$\$\$\$\$
CINRYZE * SoC	\$\$\$\$\$
CINVANTI	\$\$\$\$\$
CIPROFLOXACIN HYDROCHLORIDE	\$
CIPROFLOXACN	\$
CISATRACURIUM BESYLATE	\$
CISPLATIN	\$\$
CLADRIBINE	\$\$\$\$
CLEOCIN	\$
CLINDAMYCIN	\$
CLINDAMYCIN IN DEXTROSE	\$
CLINDMYC/NAC	\$
CLOBETAVIX	\$\$\$\$\$
CLOFARABINE	\$
COLAR	\$\$\$\$\$
CLONIDINE	\$
CLORAZEPATE DIPOTASSIUM	\$\$\$
COCAINE HCL	\$\$\$
COLISTIMETH	\$\$
COLUMVI	\$\$\$\$\$
COLY-MYCIN	\$\$
COMBOGESIC	\$
COMIRNATY	A
COMPRO	\$\$
COPAXONE	\$
CORLANOR	\$\$\$
CORTEF	\$\$
CORTROPHIN	\$\$\$\$\$
COSELA	\$\$\$\$\$
COSMEGEN	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
CRESEMBA	\$
CROMOLYN SODIUM	\$\$
CRYSVITA * SoC	\$\$\$\$\$
CUBICIN	\$\$\$
CUTAQUIG * SoC	\$\$\$\$\$
CUVITRU	\$\$\$\$\$
CYANOCOBALAM	\$
CYCLOPHOSPHAMIDE MONOHYDRATE	\$\$\$\$
CYCLOPHOSPHOSPHAMIDE	\$\$\$\$
CYCLOSPORINE	\$\$
CYCLOSPORINE MODIFIED	\$\$
CYKLOKAPRON	\$
CYRAMZA	\$\$\$\$\$
CYTARABINE	\$
CYTOGAM	\$\$\$\$\$
D.H.E.	\$\$\$
DACARBAZINE	\$
DACOGEN	\$
DACTINOMYCIN	\$\$\$\$\$
DALVANCE	\$\$\$\$\$
DANYELZA	\$\$\$\$\$
DAPTACEL	A
DAPTOMYCIN	\$\$\$
DARZALEX	\$\$\$\$\$
DAUNORUBICIN	\$\$\$
DDAVP	\$\$\$
DECITABINE	\$\$\$\$\$
DEFITELIO	\$
DELESTROGEN	\$
DEMEROL	\$
DENGVAIXIA	\$
DEPO-ESTRADI	\$
DEPO-MEDROL	\$
DEPO-PROVERA	A
DEPO-TESTOST	\$
DESMOPRESSIN	\$\$\$
DEXAMETH	\$

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Drug Name	Member Cost Share Estimate
DEXAMETHASONE	\$
DEXMED/D	\$
DEXMEDE/NACL	\$
DEXMEDETOMID	\$
DEXPANTHENOL	\$
DEXRAZOXANE	\$\$\$\$\$
DEXTROSE	\$
DIASTAT ACDL	\$\$\$
DIAZEPAM	\$\$
DICLOFENAC	\$
DICLOVIX	\$\$\$\$
DICYCLOMINE	\$
DIGIFAB	\$\$\$\$\$
DIGOXIN	\$
DIHYDROERGOT	\$\$
DILAUDID	\$
DIMENHYDRIN	\$
DIP/TET	A
DIPHENHYDRAM	\$
DIPHENHYDRAMINE HCL	\$
DOBUTAMINE	\$
DOCETAXEL	\$\$\$
DOCUSATE CALCIUM	\$
DODEX	\$
DOPAMINE	\$
DOPRAM	\$
DOXAZOSIN MESYLATE	\$
DOXERCALCIF	\$
DOXIL	\$\$\$\$\$
DOXORUBICIN	\$\$
DOXY	\$
DOXYCYCL HYCLATE	\$
DROPERIDOL	\$
DUOBRII LOT	\$
DUOPA *	\$\$
DURACLON	\$
DURAMORPH	\$\$\$

Drug Name	Member Cost Share Estimate
DUROLANE	\$\$\$\$\$
DURYSTA	\$\$\$\$\$
DYSPORT *	\$\$\$\$\$
ECTAFER	\$\$\$\$\$
EDEX	\$
ELAHERE	\$
ELAPRASE * SoC	\$\$\$\$\$
ELELYSO * SoC	\$\$\$\$\$
ELFABRIO *	\$\$
ELIGARD	\$\$\$\$\$
ELITEK	\$\$\$\$\$
ELLEENCE	\$\$
ELREXFIO	\$\$
ELZONRIS	\$\$\$\$\$
EMEND	\$
EMGALITY	\$\$\$
EMPAVELI	\$\$\$\$\$
EMPLICITI	\$\$\$\$\$
ENALAPRILAT	\$
ENBREL	\$\$\$\$\$
ENBREL MINI	\$\$\$\$\$
ENBREL SRCLK	\$\$\$\$\$
ENGERIX-B	A
ENHERTU	\$\$\$\$\$
ENJAYMO	\$\$\$\$\$
ENOXAPARIN SODIUM	\$
ENSPRYNG	\$\$\$\$\$
ENTRESTO	\$\$\$
ENTYVIO * SoC	\$\$\$\$\$
EPINEPHRINE	\$
EPKINLY	\$
EPOGEN	\$\$\$\$
EPOPROSTENOL *	\$\$
EPTIFIBATIDE	\$\$\$\$
ERAXIS	\$\$\$
ERBITUX	\$\$\$\$\$
ERTAPENEM	\$\$\$

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Drug Name	Member Cost Share Estimate
ERYTHROCIN	\$\$
ERYTHROMYCIN	\$\$\$
ESOMEPRAZOLE	\$
ESTRAD	\$
ETHAMOLIN	\$\$\$\$\$
ETHYOL	\$\$\$\$\$
ETOMIDATE	\$
ETOPOPHOS	\$\$\$\$
ETOPOSIDE	\$\$
EUFLEXXA	\$\$\$
EVENITY * SoC	\$\$\$\$\$
EVEROLIMUS	\$
EVKEEZA * SoC	\$\$\$\$\$
EVOMELA	\$\$\$\$\$
EVUSHELD	\$
EXPAREL	\$\$\$
EYLEA *	\$\$\$\$
FABRAZYME * SoC	\$\$\$\$\$
FAMOTIDINE	\$
FASENRA * SoC	\$
FASLODEX	\$\$\$\$\$
FENOFIBRATE	\$
FENSOLVI *	\$\$\$\$\$
FENTANYL	\$
FERAHEME	\$\$\$\$\$
FERRIC	\$
FERRIC SUBSULFATE	\$
FERRLECIT	\$
FERUMOXYTOL	\$\$\$\$\$
FETROJA	\$\$\$\$\$
FIASP	\$\$\$\$
FIRAZYR	\$\$\$\$\$
FIRMAGON	\$\$\$\$
FLEBOGAMMA * SoC	\$\$\$\$\$
FLEXBUMIN	\$\$\$
FOLAN *	\$\$
FLOXURIDINE	\$\$\$\$

Drug Name	Member Cost Share Estimate
FLUAD	A
FLUARIX	A
FLUBLOK	A
FLUCLVX	A
FLUCONAZOLE	\$
FLUDARABINE	\$\$
FLULAVAL	A
FLUMIST	A
FLUOROURACIL	\$
FLUPHENAZ	\$
FLUPHENAZINE	\$
FLUSH	\$
FLUZONE	A
FOLIC ACID	\$
FOLOTYN	\$\$\$\$\$
FOMEPIZOLE	\$
FOSAPREPITAN	\$\$
FOSCARNET	\$\$\$\$
FOSCAVIR	\$\$\$\$\$
FOSPHENYTOIN	\$
FULPHILA	\$\$\$\$\$
FULVESTRANT	\$\$\$\$\$
FUZEON	\$
FYARRO	\$\$\$\$\$
FYLNETRA	\$\$
GABAPENTIN	\$
GABLOFEN	\$\$\$\$\$
GAMASTAN	\$
GAMIFANT	\$\$\$\$\$
GAMMAGARD * SoC	\$\$\$\$\$
GAMMAKED	\$\$\$\$\$
GAMMAPLEX * SoC	\$\$\$\$\$
GAMUNEX-C	\$\$\$\$\$
GANCICLOVIR	\$\$
GARDASIL	A
GAZYVA	\$\$\$\$\$
GEL-ONE	\$\$\$\$\$

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Drug Name	Member Cost Share Estimate
GELSYN	\$\$\$
GEMCITABINE	\$
GENOTROPIN	\$\$\$\$
GENTAM/NACL	\$
GENTAMICIN	\$
GENVISC	\$\$\$
GEODON	\$
GIMOTI	\$\$\$\$
GIVLAARI * SoC	\$\$\$\$
GLASSIA	\$\$\$\$
GLATIRAMER	\$
GLATOPA	\$\$\$\$
GLUCAGON EMR	\$\$\$\$
GLYCOPYRROL	\$
GLYRX-PF	\$
GOPRELTO	\$\$
GRANISETRON	\$
GRANIX	\$\$\$\$
GVOKE	\$\$\$
HAEGARDA	\$\$\$\$
HALAVEN	\$\$\$\$
HALDOL	\$
HALOPER	\$
HALOPERIDOL	\$
HAVRIX	A
HEALON GV PRO	\$\$
HECTOROL	\$
HEMABATE	\$\$
HEMGENIX *	\$\$\$\$
HEMMOREX-HC	\$
HEPAGAM	\$\$
HEPARIN	\$
HEPARIN SOD(PORCINE) IN DEXTROSE	\$
HEPARIN SOD(PORCINE) IN SODIUM CHLORIDE	\$
HEPARIN/NACL	\$
HEPLISAV-B	A

Drug Name	Member Cost Share Estimate
HERCEP HYLEC	\$\$\$\$
HERCEPTIN	\$\$\$\$
HERZUMA	\$\$\$\$
HEXATRIONE	\$
HIBERIX	A
HIBICLENS	\$
HIZENTRA * SoC	\$\$\$\$
HUMATROPE	\$\$\$\$
HYALGAN	\$
HYCANTIN	\$\$\$\$
HYDROC/PRAM	\$
HYDROCORT	\$\$\$\$
HYDROCORTISONE	\$
HYDROMORPHON	\$
HYDROXOCOBAL	\$
HYDROXYPROGESTERONE	\$
HYDROXYPROGESTERONE CAPROATE	\$
HYDROXYUREA	\$
HYDROXYZ	\$
HYLENEX	\$\$\$
HYMOVIS	\$\$\$\$
HYOSCYAMINE	\$
HYPERHEP	\$
HYPERRAB	\$\$\$\$
HYPERRHO	\$\$\$\$
HYPERTET	\$
HYQVIA	\$\$\$\$
IBANDRONATE	\$
IBUPROFEN	\$
IBUPROFEN LYSINE	\$
ICATIBANT	\$\$\$\$
IDAMYCIN	\$\$
IDARUBICIN	\$\$
IFEX	\$\$
IFOSFAMIDE	\$
IGALMI	\$
ILARIS * SoC	\$\$\$\$

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Drug Name	Member Cost Share Estimate
IMCIVREE	\$
IMFINZI	\$\$\$\$\$
IMIPENEM/CILASTATIN	\$\$\$
IMJUDO	\$\$
IMLYGIC	\$
IMOGAM	\$\$\$\$\$
IMOVAX	\$\$
INCRELEX	\$\$\$
INDOMETHACIN	\$\$
INFANRIX	A
INFED	\$\$
INFLECTRA * SoC	\$\$\$\$\$
INFLIXIMAB * SoC	\$\$\$\$\$
INFUGEM	\$\$\$\$\$
INFUMORPH	\$
INSULIN ASPART	\$\$\$
INTRON	\$\$\$\$\$
INVANZ	\$\$
INVEGA	\$
IPOL	A
IPRATROPIUM BROMIDE	\$
IRINOTECAN	\$
ISONIAZID	\$
ISOPROTEREN	\$\$\$\$\$
ISOSORBIDE MONONITRATE ER	\$
ISTODAX	\$\$\$\$\$
IXCHIQ	\$\$
IXEMPRA	\$\$\$\$\$
IXIARO	\$\$\$
IZERVAY	\$\$
JANTOVEN	\$\$\$
JELMYTO	\$\$\$\$\$
JEMPERLI	\$
JEVTANA	\$\$\$\$\$
JYNNEOS	\$\$\$
KADCYLA	\$\$\$\$\$
KALBITOR * SoC	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
KANJINTI	\$\$\$\$\$
KANUMA * SoC	\$\$\$\$\$
KEDBUMIN	\$\$
KEDRAB	\$\$\$\$\$
KENALOG	\$
KENGREAL	\$\$\$\$\$
KEPIVANCE	\$\$\$\$\$
KEPPRA	\$\$\$
KETAMINE HYDROCHLORIDE/SODIUM CHLORIDE	\$
KETOROLAC	\$
KEYTRUDA	\$\$\$\$\$
KHAPZORY	\$\$\$\$\$
KIMMTRAK	\$\$\$\$\$
KIMYRSA	\$\$\$\$\$
KINRIX	A
KORSUVA	\$
KOVALTRY	\$
KRYSTEXXA * SoC	\$\$\$\$\$
KYLEENA	\$\$\$
KYMRIAH *	\$\$\$\$\$
KYPROLIS	\$\$\$\$\$
LABETALOL	\$
LACOSAMIDE	\$
LACTATED	\$
LAMZEDE	\$\$\$
LANOXIN	\$\$\$\$\$
LANREOTIDE * SoC	\$\$\$\$\$
LANTIDRA	\$\$\$\$\$
LATANOPROST	\$
LEMTRADA *	\$\$\$\$\$
LEQEMBI *	\$
LEQVIO * SoC	\$\$\$\$\$
LEUCOVOR	\$
LEUCOVORIN	\$
LEUKINE	\$\$\$\$\$
LEUPROLIDE *	\$\$

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Drug Name	Member Cost Share Estimate
LEVALBUTEROL HYDROCHLORIDE	\$
LEVETIR/NACL	\$
LEVETIRACETA	\$
LEVETIRACETM	\$\$
LEVETRA/NACL	\$\$
LEVOCARNITIN	\$
LEVOFLOXACIN	\$
LEVOFLOXACIN IN DEXTROSE	\$
LEVOLEUCOVOR	\$\$\$\$\$
LEVOTHYROXIN	\$
LEVOTHYROXINE SODIUM	\$
LEVSIN	\$
LEVULAN	\$\$\$\$
LIBTAYO	\$\$\$\$\$
LICART	\$\$\$\$
LIDO/EPINEPHRINE	\$
LIDOCAINE	\$
LIDOCAINE HCL VISCOUS	\$
LILETTA	\$\$\$\$
LINCOCIN	\$
LINCOMYCIN	\$
LINEZOLID	\$\$\$
LIORESAL	\$\$\$\$
LIOTHYRONINE	\$
LIPITOR	A
LOCAMETZ	\$\$\$\$
LOKELMA	\$\$\$\$\$
LOQTORZI	\$\$\$\$\$
LORAZEPAM	\$
LUCENTIS *	\$\$\$\$\$
LUGOLS	\$
LUMIZYME * SoC	\$\$\$\$\$
LUMOXITI	\$\$\$\$\$
LUNSUMIO	\$\$\$\$
LUPRON DEPOT	\$\$\$\$\$
LUPRON DEPOT-PED	\$\$\$\$\$
LUXTURN A *	\$

Drug Name	Member Cost Share Estimate
LYFGENIA	\$\$\$\$\$
LYUMJEV	\$\$\$\$
MACI	\$\$\$\$\$
MAGNESIUM-OXIDE	\$
MAKENA	\$\$\$\$
MANNITOL	\$
MARCAINE	\$
MARCAINE/EPINEPHRINE	\$
MARGENZA	\$
MECLIZINE HYDROCHLORIDE	\$
MEDROXYPR	A
MELOXICAM	\$
MELPHALAN	\$\$\$\$\$
MENQUADFI	A
MENVEO	A
MEPERIDINE	\$
MEPSEVII * SoC	\$\$\$\$\$
MEROPENEM	\$\$\$
MEROPENEM/NACL	\$
MESALAMINE	\$\$
MESNA	\$\$
MESNEX	\$\$
METHADONE	\$
METHOCARBAM	\$\$
METHOTREXATE	\$
METHYLERGON	\$
METHYLPR	\$
METOCLOPRAM	\$
METOPROLOL SUCCINATE ER	\$
METRONIDAZOL	\$
MICAFUNGIN	\$\$\$\$
MICRHOGAM	\$
MIDAZOLAM	\$
MIFEPRISTONE	\$
MILRINONE	\$\$
MINOCIN	\$\$\$\$\$
MIRCERA *	\$\$\$\$

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Drug Name	Member Cost Share Estimate
MIRENA	\$\$\$\$
MISOPROSTOL	\$
MITIGO	\$\$
MITOMYCIN	\$\$\$\$
MITOXANTRON	\$\$
M-M-R	A
MODAFINIL	\$
MODERNA	A
MONJUVI	\$\$\$\$\$
MONOFERRIC	\$\$\$\$\$
MONOVISC	\$\$\$\$
MORPHINE	\$
MORPHINE SULFATE ER	\$
MOUNJARO	\$\$\$\$
MOXIFLOXACIN	\$
MOZOBIL	\$\$\$\$\$
MUCUS RELIEF	\$\$\$
MUTAMYCIN	\$\$
MVASI	\$\$\$\$\$
MYCAMINE	\$\$
MYCOPHENOLAT	\$
MYLOTARG	\$\$\$\$\$
MYOBLOC *	\$\$\$\$
MYXREDLIN	\$\$
NABI-HB	\$\$\$\$
NAFCILLIN	\$\$\$
NAGLAZYME * SoC	\$\$\$\$\$
NALBUPHINE	\$
NALOXONE	\$
NAPROXEN	\$
NAROPIN	\$
NAYZILAM	\$\$\$
NELARABINE	\$\$\$\$\$
NEOMYCIN/POLYMYXIN/HYDR OCORTISONE	\$
NEOPROFEN	\$
NEOSTIG METHYLSULFATE	\$
NEOSTIGMINE	\$

Drug Name	Member Cost Share Estimate
NEULASTA	\$\$\$\$\$
NEUPOGEN	\$\$\$\$\$
NEXAVIR	\$
NEXIUM	\$
NEXPLANON	\$\$\$\$
NEXVIAZYME * SoC	\$\$\$\$\$
NGENLA	\$\$\$\$\$
NICARDIPINE HYDROCHLORIDE	\$
NIMBEX	\$
NIPENT	\$\$\$\$\$
NITROFURANTOIN MACROCRYSTALS	\$
NITROGLYCERIN TRANSDERMAL	\$
NIVESTYM	\$\$\$
NORDITROPIN	\$\$\$\$\$
NOREPINEPHRINE BITARTRATE	\$
NORML SALINE	\$
NORTRIPTYLINE HYDROCHLORIDE	\$
NOVAVAX	\$
NOXAFIL	\$\$\$\$\$
NPLATE * SoC	\$\$\$\$\$
NUCALA * SoC	\$\$\$\$\$
NUDERMRXPAK PAK	\$\$\$
NULIBRY	\$\$\$\$
NULOJIX * SoC	\$\$\$\$\$
NUTROPIN	\$\$\$\$
NUZYRA	\$\$\$
NYSTATIN	\$
NYVEPRIA	\$\$\$\$\$
OCREVUS * SoC	\$\$\$\$\$
OCTAGAM	\$\$\$\$\$
OCTREOTIDE * SoC	\$
OGIVRI	\$\$\$\$\$
OLANZAPINE	\$
OLINVYK	\$\$\$
OLOPATADINE HYDROCHLORIDE	\$\$\$

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Drug Name	Member Cost Share Estimate
OMISIRGE	\$\$\$\$\$
OMNITROPE	\$\$\$
OMVOH	\$
ONCASPARG	\$\$\$\$\$
ONDANSETRON	\$
ONDANSETRON HYDROCHLORIDE	\$
ONIVYDE	\$\$\$\$\$
ONPATTRO * SoC	\$\$\$\$\$
ONTRUZANT	\$\$\$\$\$
OPDIVO	\$\$\$\$\$
OPDUALAG	\$\$\$\$\$
ORBACTIV	\$\$\$\$\$
ORENCIA * SoC	\$\$\$\$\$
ORPHENADRINE	\$
ORTHOVISC	\$\$\$
OSELTAMIVIR PHOSPHATE	\$
OSMITROL	\$
OXACILLIN	\$\$\$
OXALIPLATIN	\$\$\$\$
OXLUMO * SoC	\$
OXYTOCIN	\$
PACLITAXEL	\$\$\$\$
PADCEV	\$\$\$\$\$
PALONOSETRON	\$\$
PALYNZIQ	\$\$\$\$\$
PAMIDRONATE	\$
PANTOPRAZOLE	\$
PANZYGA *	\$\$\$\$\$
PAPAVERINE	\$
PARAGARD	\$\$\$\$
PARAPLATIN	\$\$\$\$\$
PARICALCITOL	\$
PARSABIV	\$\$
PEDIARIX	A
PEDMARK	\$
PEDVAX	A
PEMETREXED	\$

Drug Name	Member Cost Share Estimate
PEMFEXY	\$\$\$\$\$
PEMRYDI	\$
PENBRAYA	\$\$
PENICILLIN G POTASSIUM IN DEXTROSE	\$\$
PENICILLIN G PROCAINE	\$
PENICILLIN G SODIUM	\$
PENICILLIN GK	\$\$\$
PENNSAID	\$\$\$\$\$
PENTACEL	A
PENTAM	\$\$\$\$
PENTAMIDINE	\$\$\$\$
PENTOBARB	\$\$
PERJETA	\$\$\$\$\$
PERSERIS	\$\$\$\$\$
PFIZER	A
PFIZERPEN	\$
PHENERGAN	\$
PHENOBARB	\$\$\$
PHENOL	\$
PHENTOLAMINE	\$
PHENYTOIN	\$
PHESGO	\$\$\$\$\$
PHOTOFRIN *	\$\$\$\$\$
PIOGLITAZONE HYDROCHLORIDE	\$
PIPERACILLIN/TAZOBACTAM	\$
PITOCIN	\$
PLASBUMIN	\$\$
PLASMANATE	\$
PLERIXAFOR	\$
PNEUMOVAX	A
POLIVY	\$\$\$\$\$
POLOCAINE	\$
POLYMYXIN	\$
POMBILITI	\$
PORTRAZZA	\$\$\$\$\$
POSACONAZOLE	\$

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Drug Name	Member Cost Share Estimate
POSIMIR	\$\$
POTASSIUM CHLORIDE	\$
POTELIGEO	\$\$\$\$\$
PRALATREXATE	\$\$\$
PRECEDEX	\$
PREDNISOLONE SODIUM PHOSPHATE	\$
PREDNISONE	\$
PREGABALIN	\$
PREHEVBRIO	\$
PRELIN LA	\$\$\$\$\$
PREMARIN	\$\$\$\$\$
PREVNAR	A
PREVYMIS	\$\$
PRIALT *	\$\$\$\$\$
PRIMAXIN	\$
PRIORIX	A
PRIVIGEN * SoC	\$\$\$\$\$
PROCARDIA XL	\$\$\$
PROCHLORPER	\$
PROCRIT	\$\$\$\$\$
PROGESTERONE	\$
PROGRAF	\$\$
PROLASTIN-C	\$\$\$\$\$
PROLEUKIN	\$\$\$\$\$
PROLIA	\$\$\$\$\$
PROMETHAZINE	\$
PROMETHEGAN	\$
PROPRANOLOL HYDROCHLORIDE	\$
PROQUAD	A
PROSTIN	\$
PROTONIX	\$
PROVAYBLUE	\$
PROVENGE	\$\$\$\$\$
QALSODY *	\$\$
QUADRACEL	A
QUZYTIR	\$\$\$\$\$

Drug Name	Member Cost Share Estimate
RABAVERT	\$\$\$\$\$
RADICAVA * SoC	\$\$\$\$\$
RAMIPRIL	\$
RAPIVAB	\$\$\$
REBLOZYL	\$\$\$\$\$
RECARBRIO	\$\$\$\$\$
RECLAST	\$
RECOMBIVA HB	A
REGONOL	\$
RELEUKO	\$\$
REMICADE * SoC	\$\$\$\$\$
REMIFENTANIL	\$\$\$\$\$
REMODULIN *	\$\$\$\$\$
RENFLEXIS * SoC	\$\$\$\$\$
RETACRIT * SoC	\$\$\$
RETHYMIC	\$\$\$\$\$
RETROVIR	\$\$
REVATIO	\$
REVCovi	\$\$\$\$\$
REZZAYO	\$
RHOGAM	\$\$
RHOPHYLAC	\$\$
RIABNI	\$\$\$\$\$
RIFADIN	\$
RIFAMPIN	\$\$
RINGERS	\$
RISPERDAL	\$\$\$\$\$
RISPERIDONE	\$
RITUXAN	\$\$\$\$\$
ROBAXIN	\$
ROCTAVIAN *	\$\$\$\$\$
ROCURONIUM BROMIDE	\$
ROLVEDON	\$
ROMIDEPSIN	\$\$\$\$\$
ROPIVACAINE	\$
ROTARIX	A
ROTATEQ	A

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Drug Name	Member Cost Share Estimate
RUCONEST	\$\$\$\$\$
RUXIENCE	\$\$\$\$\$
RYBREVANT	\$
RYKINDO	\$
RYLAZE	\$\$\$\$\$
RYPLAZIM	\$\$\$\$\$
RYSTIGGO *	\$
SAIZEN	\$\$\$\$\$
SAJAZIR	\$\$\$\$\$
SANDIMMUNE	\$
SANDOSTATIN * SoC	\$\$\$\$\$
SAPHNELO * SoC	\$\$\$\$\$
SARCLISA	\$\$\$\$\$
SCARZEN	\$
SCENESSE	\$
SENSORCAINE	\$
SENSORCAINE/EPINEPHRINE	\$
SEROSTIM	\$\$\$
SEZABY	\$
SFROWASA	\$\$\$
SHINGRIX	A
SIGNIFOR *	\$\$\$\$\$
SILDENAFIL	\$\$\$\$\$
SIMPONI * SoC	\$\$\$\$\$
SIMULECT	\$\$\$\$\$
SIROLIMUS	\$
SIVEXTRO	\$\$
SKYLA	\$\$\$
SKYRIZI *	\$\$\$\$\$
SKYSONA	\$\$\$\$\$
SKYTROFA	\$\$\$\$\$
SM ANTIBIOTIC	\$\$\$
SM MOTION SICKNESS	\$\$\$
SMZ-TMP	\$\$
SODIUM BICARBONATE	\$
SODIUM CHLORIDE	\$
SODIUM CHLORIDE BACTERIOSTATIC	\$

Drug Name	Member Cost Share Estimate
SODIUM DIURIL	\$
SODIUM PHOSPHATE	\$
SODIUM TETRADEC	\$\$
SOGROYA	\$\$\$\$\$
SOLIRIS * SoC	\$\$\$\$\$
SOMATULINE * SoC	\$\$\$\$\$
SOTRADECOL	\$\$
SPIKEVAX	A
SPINRAZA	\$\$\$\$\$
SPRAVATO *	\$\$\$\$\$
SPRYCEL	\$\$\$\$\$
STAMARIL	\$\$
STELARA * SoC	\$\$\$\$\$
STERIL	\$
STERILE WATER FOR INJECTION	\$
STIMUFEND	\$\$\$
STREPTOMYCIN	\$
SUFENTANIL	\$
SUNLENCA	\$
SUPPRELIN	\$\$\$\$\$
SUSTOL	\$\$\$\$\$
SUSVIMO *	\$\$\$\$\$
SUSVIMO *	\$\$\$\$\$
SYFOVRE	\$\$
SYLVANT	\$\$\$\$\$
SYNAGIS *	\$\$\$\$\$
SYNOJOYNT	\$
SYNVISC	\$\$\$
TACROLIMUS	\$
TAKHZYRO	\$\$\$\$\$
TALVEY	\$
TAZICEF	\$
TDVAX	A
TECARTUS *	\$
TECENTRIQ	\$\$\$\$\$
TECVAYLI	\$
TEFLARO	\$\$\$\$\$

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Drug Name	Member Cost Share Estimate
TEGSEDI	\$\$\$\$\$
TEMODAR	\$\$\$\$\$
TEMSIROLIMUS	\$\$\$\$\$
TENIVAC	A
TEPADINA	\$\$\$\$\$
TEPEZZA * SoC	\$\$\$\$\$
TERBUTALINE	\$
TESTOPEL	\$\$\$\$\$
TESTOST CYPIONATE	\$
TESTOST ENAN *	\$
TEZSPIRE * SoC	\$\$\$\$\$
THIOTEPA	\$\$\$\$\$
THROMBAT	\$\$\$\$\$
THYMOGLOBULN	\$\$\$\$\$
TICE	\$\$
TICOVAC	\$\$
TIGAN	\$
TIGECYCLINE	\$\$\$
TIROFIBAN	\$
TISSEEL	\$\$
TIS-U-SOL	\$
TIVDAK	\$\$\$\$\$
TOBRAMYCIN	\$
TOLTERODINE TARTRATE ER	\$\$
TOPOTECAN	\$
TORISEL	\$\$\$\$\$
TRANEX	\$
TRAZIMERA	\$\$\$\$\$
TREANDA	\$\$\$\$\$
TRELSTAR	\$\$\$\$\$
TREPROSTINIL *	\$\$\$\$\$
TRIAMCIN	\$
TRIAMCINOLONE ACETONIDE	\$
TRILURON	\$\$\$\$\$
TRIPTODUR *	\$
TRISENOX	\$\$\$\$\$
TRIVISC	\$\$\$

Drug Name	Member Cost Share Estimate
TRODELVY	\$\$\$\$\$
TROGARZO * SoC	\$\$\$\$\$
TRUMENBA	A
TRUXIMA	\$\$\$\$\$
TWINRIX	A
TYGACIL	\$\$\$\$\$
TYLENOL	\$
TYPHIM	\$
TYRVAYA	\$\$\$\$\$
TYSABRI	\$\$\$\$\$
TYVASO STARTER	\$\$\$\$\$
TZIELD *	\$
U-CORTEF	\$
UDENYCA	\$\$\$\$\$
ULTIVA	\$\$
ULTOMIRIS * SoC	\$\$\$\$\$
ULTRAVIST	\$
U-MEDROL	\$
UNASYN	\$
UNITUXIN	\$
UPLIZNA * SoC	\$\$\$\$\$
UPTRAVI	\$\$
UZEDY	\$
VABOMERE	\$\$\$\$\$
VABYSMO	\$\$\$\$\$
VALPROATE	\$
VALRUBICIN	\$\$\$\$\$
VALSARTAN	\$
VALSTAR	\$\$\$\$\$
VALTOCO	\$\$\$\$\$
VANCOMYCIN	\$
VANCOMYCIN HCL IN DEXTROSE	\$
VANCOMYCIN HYDROCHLORIDE	\$
VAQTA	A
VARITHENA	\$\$
VARIVAX	A
VARIZIG	\$\$\$\$\$

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Drug Name	Member Cost Share Estimate
VASOPRESSIN	\$\$\$
VASOSTRICT	\$\$
VAXELIS	A
VAXNEUVANCE	A
VECTIBIX	\$\$\$\$\$
VECURONIUM BROMIDE	\$
VEGZELMA	\$
VEKLURY	\$\$\$\$\$
VELCADE	\$\$\$\$\$
VELETRI *	\$
VENOFER	\$\$
VEOPOZ	\$
VERAPAMIL HYDROCHLORIDE	\$
VFEND	\$\$\$
VIBATIV	\$\$\$\$\$
VIDAZA	\$\$\$\$\$
VIMIZIM * SoC	\$\$\$\$\$
VIMPAT	\$\$\$
VINBLASTINE	\$
VINCRISTINE	\$
VINORELBINE	\$\$
VISCO	\$
VISUDYNE *	\$\$\$\$\$
VITAMIN	\$
VITAMIN B-12	\$
VIVIMUSTA	\$
VIVITROL	\$\$\$\$\$
VORAXAZE	\$\$\$
VORICONAZOLE	\$\$\$\$\$
VOXZOGO	\$\$\$
VPRIV * SoC	\$\$\$\$\$
VYEPTI * SoC	\$\$\$\$\$
VYLEESI	\$\$
VYVGART * SoC	\$\$\$\$\$
VYXEOS	\$\$\$\$\$
WAINUA	\$\$\$\$\$
WARFARIN SODIUM	\$

Drug Name	Member Cost Share Estimate
WINRHO	\$\$\$
WIXELA INHUB	\$\$
XACDURO	\$\$
XARACOLL	\$\$\$\$\$
XEMBIFY * SoC	\$\$\$\$\$
XENPOZYME *	\$\$\$
XEOMIN *	\$\$\$\$\$
XERAVA	\$\$
XGEVA	\$\$\$\$\$
XIAFLEX *	\$\$\$\$\$
XOLAIR * SoC	\$\$\$\$\$
XYLOCAINE MPF	\$
XYLOCAINE/EPINEPHRINE	\$
XYLOCAINE-MPF/EPINEPHRINE	\$
XYOSTED	\$\$\$
YCANTH	\$\$\$
YERVOY	\$\$\$\$\$
YESCARTA *	\$\$\$\$\$
YF-VAX	\$\$
YONDELIS	\$\$\$\$\$
ZALTRAP	\$\$\$\$\$
ZANOSAR	\$\$\$\$\$
ZARXIO	\$\$\$\$\$
ZAVZPRET	\$\$\$\$\$
ZEGALOGUE	\$
ZEMAIRA	\$\$\$\$\$
ZEMDRI	\$\$\$\$\$
ZEMPLAR	\$
ZEPBOUND	\$\$\$
ZEPZELCA	\$\$\$\$\$
ZERBAXA	\$\$\$\$\$
ZIEXTENZO	\$\$\$\$\$
ZILBRYSQ	\$\$\$\$\$
ZILRETTA	\$\$\$\$\$
ZIMHI	\$
ZINC SULFATE	\$
ZINPLAVA *	\$\$\$\$\$

This list is subject to change without notification. Legend: \$ = under \$100, \$\$ = \$100-\$250, \$\$\$ = \$251-\$500, \$\$\$\$ = \$501-\$1,000, \$\$\$\$\$ = over \$1,000, A = drug not subject to medical deductible or member cost share, \* = drug may require prior authorization for coverage, SoC = Site of Care.

Drugs not found on this list that may be covered under your prescription drug benefit. Please log in to your plan to find current drug pricing at <https://www.myprime.com/en/medicines.html#find-medicine>

## Blue Cross and Blue Shield of New Mexico Medical Drug Benefit List

Drug Name	Member Cost Share Estimate
<b>ZIPRASIDONE</b>	\$
<b>ZIRABEV</b>	\$\$\$\$\$
<b>ZITHROMAX</b>	\$
<b>ZOLADEX</b>	\$\$\$\$\$
<b>ZOLEDRONIC</b>	\$
<b>ZOLGENSMA *</b>	\$\$\$\$\$
<b>ZOMACTON</b>	\$
<b>ZORTRESS</b>	\$
<b>ZOSYN</b>	\$

Drug Name	Member Cost Share Estimate
<b>ZULRESSO *</b>	\$\$\$\$\$
<b>ZYMFENTRA</b>	\$\$\$\$\$
<b>ZYNLONTA</b>	\$
<b>ZYNRELEF</b>	\$\$\$\$\$
<b>ZYNTEGLO</b>	\$\$\$\$\$
<b>ZYNYZ</b>	\$
<b>ZYPREXA</b>	\$\$\$\$\$
<b>ZYVOX</b>	\$\$\$\$\$

This list is subject to change without notification. This list may not be inclusive of all drugs covered under your medical benefit. Third-party brand names are the property of their respective owners. The listing of any particular drug is not a guarantee of benefits. Services represented are subject to provisions of the health plan including but not limited to provider contract terms and conditions. Member responsibility can vary depending on benefits, provider setting, and network. Benefit tiers based on brand versus generic status do not apply on the drugs covered under the medical benefit. Out-of-pocket costs may be higher when going to a non-participating network provider. Provider Directories list primary care and referral physicians who participate in our network programs. You may not have coverage for services provided by certain provider types. Members should refer to their certificate of coverage for more details, including benefits, limitations, and exclusions. Before these drugs can be considered for benefit coverage, prior authorization or predetermination approval may be required. Benefits may be confirmed by calling the number on the member's ID card.

Regardless of benefits, the final decision about any medication is between the member and their health care provider. Physicians and other health care providers are instructed to use their own best medical judgment based upon all available information and the condition of the patient in determining the best course of treatment. The majority of medical drugs listed are for injectable formulations or those typically covered when administered by a health care professional in a hospital, doctor's office, or other medical setting.

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