BLUESIMPLICITY℠ RX FORMULARY

HOW TO READ THE FORMULARY

All drugs are listed by their generic names and/or most common proprietary (brand) name. Specific drug listings may be accessed either by generic (in lowercase) or brand name (in UPPERCASE) and by therapeutic drug tier. Any drug not found in this formulary listing, or any formulary updates published by Wellmark, shall be considered excluded from your benefit.

Once the product is located, the following items can be viewed:

Drug Level: Drugs are categorized within levels on the formulary. Each level is assigned a cost, which is determined by the member's pharmacy benefit plan. You may refer to the formulary as a guide to select the most appropriate drugs and associated cost share.

Pharmacy Durable Medical Equipment (RxDME): Devices available on this level include select durable medical equipment (DME) that are used in conjunction with a drug and may be obtained from a pharmacy.

Specialty Drugs: Specialty drugs are high-cost injectable, infused, oral or inhaled drugs for the ongoing treatment of a chronic condition. These drugs generally require close supervision and monitoring of the patient's drug therapy. Specialty drugs may be categorized within levels on the formulary or as drugs covered under your medical benefit.

Specialty Medical (SP-M): Drugs in this category will be covered under your medical benefit.

Awaiting P&T Review (P&T): FDA-approved drugs are not a covered benefit until they have been evaluated and approved by Wellmark's Pharmacy & Therapeutics (P&T) Committee and subsequently added to the Wellmark Drug List.

Drug Name: This lists the generic name for the product (lowercase) OR the brand name or common reference name for the product (UPPERCASE).

Requirements/Limits: This lists Wellmark Pharmacy programs that may impact a particular drug or class of drugs and are described in the legend below.

HEALTH CARE REFORM PREVENTIVE DRUGS

Preventive drugs with an "A" or "B" rating in the current recommendations of the United States Preventive Services Task Force and immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention are not associated with any cost share for members on plans with this benefit.

A complete list of recommendations and guidelines related to preventive services can be found at Healthcare.gov. Recommended preventive items and services are subject to change and are subject to medical management.

BENEFIT COVERAGE AND LIMITATIONS

This printed formulary does not define benefit coverage and limitations. Many members have specific benefit inclusions, exclusions, copayments or a lack of coverage, which are not reflected in the BlueSimplicity Rx formulary. Members should contact their plan sponsor or Wellmark Customer Service at the number on the back of their ID card if they have questions regarding their coverage. Please note that the formulary process is evolutionary and changes can occur throughout the year. The following topics may or may not be applicable depending on the parameters of your specific benefits.

FORMULARY EXCEPTION PROCESS

Drugs not included in this list shall be considered non-formulary and are **NOT COVERED**. In some instances, Wellmark will consider coverage exceptions. Coverage of non-formulary drugs may be requested by the health professional through an exception request for a non-formulary prescription drug (outlined below). Generally, one of the following guidelines must be documented in order for an exception to be granted:

- All covered formulary drugs on any tier will be ineffective; OR
- All covered formulary drugs on any tier have been ineffective; OR
- All covered formulary drugs on any tier would not be as effective as the non-formulary drug; OR
- All covered formulary drugs would have adverse effects.

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COMMON DRUG EXCLUSIONS

Due to benefit design parameters, some plan sponsors may choose to exclude certain drug classes. Prior authorization is generally not available for drugs that are specifically excluded by benefit design. Common excluded drugs may include, but are not limited to:

- Over-the-counter (OTC) drugs or their equivalents unless otherwise specified in the formulary listing.
- Drug products used for cosmetic purposes.
- Experimental drug products, or any drug product used in an experimental manner.
- Replacement of a lost or stolen drug.
- Foreign drugs or drugs not approved by the United States Food & Drug Administration (FDA).

CONTACT INFORMATION

The BlueSimplicity Rx formulary is designed to assist physicians, members and other health care professionals in the selection of cost-effective treatments. Wellmark encourages your input and feedback on how we can assist in improving this document and the formulary management process.

Please direct your communications to:

Wellmark Blue Cross and Blue Shield
1331 Grand Avenue
P.O. Box 9232
Des Moines, IA 50306

In addition to the BlueSimplicity Rx formulary, other quick reference guides are available at Wellmark.com.

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LEGEND		
TIER		DESCRIPTION
1	L1	
2	L2	
3	L3	
4	L4	
5	L5	
TYPE		DESCRIPTION
QL	Quantity Limit	There is a limit on the amount of this drug that is covered per prescription, or within a specific time frame. Amounts over the specified quantity limits are not a covered benefit unless Post-Quantity Limit Prior Authorization is available.
PA	Prior Authorization	This indicates a drug requires prior authorization before it is covered under your benefit. Your health care provider will need to contact our Pharmacy program at 800-600-8065. Hours of operation are Monday- Friday: 8 a.m. to 6 p.m. CST.
AL	Age Limit	This prescription drug may only be covered if you meet the minimum or maximum age limit.
S	Specialty Drug	Specialty drugs are high-cost drugs for the ongoing treatment of a complex or rare condition. These drugs generally require close supervision and monitoring of the patient's drug therapy.
MN-PA	Medical Necessity Prior Authorization	This indicates a drug requires prior authorization before it is covered under your benefit. Your health care provider will need to contact our Pharmacy program at 800-600- 8065. Hours of operation are Monday - Friday: 8 a.m. to 6 p.m. CST. The intent of formulary medical necessity prior authorization is to confirm the appropriate coverage of the target drugs when evidence is provided documenting a trial and failure of the preferred formulary alternatives.
QLV	Quantity Limit (Varies)	A quantity limit on this drug limits the amount covered per prescription, or time period, and may vary based on the diagnosis. Amounts over the quantity limit are not a covered benefit unless Post Quantity Limit Prior Authorization is available.
PA-QL	Post-Quantity Limit Prior Authorization	This indicates a greater quantity may be covered under your benefit if Post-Quantity Limit Prior Authorization is obtained. Your health care provider will need to contact our Pharmacy program at 800-600-8065. Hours of operation are Monday-Friday: 8 a.m. to 6 p.m. CST

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GA	Generic Available	Indicates a generic equivalent is available for a brand name drug. In most cases, when you purchase a brand name drug that has an FDA-approved A-rated generic equivalent, Wellmark will pay only what it would have paid for the equivalent generic drug. You will be responsible for your payment obligation for the equivalent generic drug and any remaining cost difference up to the maximum allowed fee for the brand name drug.

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10/2026

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PENICILLINS NATURAL PENICILLINS			
BICILLIN L-A	BICILLIN L-A (600000 UNIT/ML SUSP PRSYR, 1200000 UNIT/2ML SUSP PRSYR, 2400000 UNIT/4ML SUSP PRSYR) *penicillin g benzathine*	L2	
penicillin v potassium	*penicillin v potassium (125 mg/5ml recon soln, 250 mg tab, 250 mg/5ml recon soln, 500 mg tab)*	L2	
AMINOPENICILLINS			
amoxicillin	*amoxicillin (125 mg chew tab, 125 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg cap, 250 mg chew tab, 250 mg/5ml recon susp, 400 mg/5ml recon susp, 500 mg cap, 500 mg tab, 875 mg tab)*	L2	
amoxicillin	*amoxicillin 400 mg/5ml recon susp*	L1	
amoxicillin trihydrate	*amoxicillin trihydrate 250 mg/5ml recon susp*	L2	
ampicillin	*ampicillin 500 mg cap*	L2	
PENICILLINASE-RESISTANT PENICILLINS			
dicloxacillin sodium	*dicloxacillin sodium (250 mg cap, 500 mg cap)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PENICILLIN COMBINATIONS			
amoxicillin-pot clavulanate	*amoxicillin-pot clavulanate (200-28.5 mg chew tab, 200-28.5 mg/5ml recon susp, 250-125 mg tab, 250-62.5 mg/5ml recon susp, 400-57 mg chew tab, 400-57 mg/5ml recon susp, 500-125 mg tab, 600-42.9 mg/5ml recon susp, 875-125 mg tab)*	L2	
amoxicillin-pot clavulanate er	*amoxicillin-pot clavulanate er 1000-62.5 mg tab er 12h*	L2	
AUGMENTIN	AUGMENTIN 125-31.25 MG/5ML RECON SUSP *amoxicillin & pot clavulanate*	L4	
AUGMENTIN	AUGMENTIN 500-125 MG TAB *amoxicillin & pot clavulanate*	L2	GA
AUGMENTIN ES-600	AUGMENTIN ES-600 600-42.9 MG/5ML RECON SUSP *amoxicillin & pot clavulanate*	L2	GA
CEPHALOSPORINS CEPHALOSPORINS - 1ST GENERATION			
cefadroxil	*cefadroxil (1 gm tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg/5ml recon susp)*	L2	
cephalexin	*cephalexin (125 mg/5ml recon susp, 250 mg cap, 250 mg tab, 250 mg/5ml recon susp, 500 mg cap, 500 mg tab, 750 mg cap)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CEPHALOSPORINS - 2ND GENERATION			
CEFACLOR	CEFACLOR (125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP) *cefaclor*	L2	
CEFACLOR ER	CEFACLOR ER 500 MG TAB ER 12H *cefaclor monohydrate*	L4	
cefprozil	*cefprozil (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)*	L2	
cefuroxime axetil	*cefuroxime axetil (250 mg tab, 500 mg tab)*	L2	
CEPHALOSPORINS - 3RD GENERATION			
cefdinir	*cefdinir (125 mg/5ml recon susp, 250 mg/5ml recon susp, 300 mg cap)*	L2	
cefixime	*cefixime (100 mg/5ml recon susp, 200 mg/5ml recon susp, 400 mg cap)*	L2	
CEFPODOXIME PROXETIL	CEFPODOXIME PROXETIL (50 MG/5ML RECON SUSP, 100 MG TAB, 100 MG/5ML RECON SUSP, 200 MG TAB) *cefpodoxime proxetil*	L2	
ceftriaxone sodium	*ceftriaxone sodium (1 gm recon soln, 250 mg recon soln, 500 mg recon soln)*	L2	
SUPRAX	SUPRAX (100 MG/5ML RECON SUSP, 400 MG CAP) *cefixime*	L2	GA
CEPHALOSPORINS - 4TH GENERATION			
cefepime hcl	*cefepime hcl 1 gm recon soln*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CEFEPIME-DEXTROSE	CEFEPIME-DEXTROSE 1-5 GM-%(50ML) RECON SOLN *cefepime hcl-dextrose*	L3	
MACROLIDES ERYTHROMYCINS			
e.e.s. 400	e.e.s. 400 400 mg tab	L4	
ery-tab	*ery-tab (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)*	L2	
ERYPED 400	ERYPED 400 400 MG/5ML RECON SUSP *erythromycin ethylsuccinate*	L3	GA
ERYTHROCIN STEARATE	ERYTHROCIN STEARATE 250 MG TAB *erythromycin stearate*	L2	
erythromycin	*erythromycin (250 mg tab dr, 333 mg tab dr, 500 mg tab dr)*	L2	
erythromycin base	*erythromycin base (250 mg cp dr part, 250 mg tab, 250 mg tab dr, 333 mg tab dr, 500 mg tab, 500 mg tab dr)*	L2	
erythromycin ethylsuccinate	*erythromycin ethylsuccinate 400 mg tab*	L4	
erythromycin ethylsuccinate	*erythromycin ethylsuccinate 400 mg/5ml recon susp*	L3	
AZITHROMYCIN			
azithromycin	*azithromycin (1 gm packet, 100 mg/5ml recon susp, 200 mg/5ml recon susp, 250 mg tab, 500 mg tab, 600 mg tab)*	L2	
ZITHROMAX	ZITHROMAX (1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 250 MG TAB, 500 MG TAB) *azithromycin*	L2	GA
ZITHROMAX TRI-PAK	ZITHROMAX TRI-PAK 500 MG TAB *azithromycin*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZITHROMAX Z-PAK	ZITHROMAX Z-PAK 250 MG TAB *azithromycin*	L2	GA
CLARITHROMYCIN			
clarithromycin	*clarithromycin (125 mg/5ml recon susp, 250 mg tab, 250 mg/5ml recon susp, 500 mg tab)*	L2	
clarithromycin er	*clarithromycin er 500 mg tab er 24h*	L2	
FIDAXOMICIN			
DIFICID	DIFICID 200 MG TAB *fidaxomicin*	L4	
DIFICID	DIFICID 40 MG/ML RECON SUSP *fidaxomicin*	L4	PA, QL (300 PER 30 DAY(S))
TETRACYCLINES			
avidoxy	*avidoxy 100 mg tab*	L2	
coremino	*coremino (90 mg tab er 24h, 135 mg tab er 24h)*	L3	PA
coremino	*coremino 45 mg tab er 24h*	L2	PA
demeclocycline hcl	*demeclocycline hcl (150 mg tab, 300 mg tab)*	L2	
DORYX	DORYX 50 MG TAB DR *doxycycline hyclate*	L4	PA, GA
DORYX MPC	DORYX MPC 120 MG TAB DR *doxycycline hyclate*	L5	PA
doxycycline hyclate	*doxycycline hyclate (20 mg tab, 50 mg cap, 100 mg cap, 100 mg tab)*	L2	
doxycycline hyclate	*doxycycline hyclate (75 mg tab dr, 100 mg tab dr, 150 mg tab dr)*	L3	PA
doxycycline hyclate	*doxycycline hyclate 50 mg tab dr*	L4	PA
doxycycline monohydrate	*doxycycline monohydrate (25 mg/5ml recon susp, 50 mg cap, 50 mg tab, 75 mg tab, 100 mg cap, 100 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lymepak	*lymepak 100 mg tab*	L2	
minocycline hcl	*minocycline hcl (50 mg cap, 50 mg tab, 75 mg cap, 100 mg cap, 100 mg tab)*	L2	
minocycline hcl	*minocycline hcl 75 mg tab*	L3	
MINOCYCLINE HCL ER	MINOCYCLINE HCL ER (ER 45 MG CAP ER 24H, ER 90 MG CAP ER 24H, ER 135 MG CAP ER 24H) *minocycline hcl*	L5	PA
minocycline hcl er	*minocycline hcl er (er 90 mg tab er 24h, er 135 mg tab er 24h)*	L3	PA
minocycline hcl er	*minocycline hcl er 45 mg tab er 24h*	L2	PA
mondoxyne nl	*mondoxyne nl 100 mg cap*	L2	
SEYSARA	SEYSARA (60 MG TAB, 100 MG TAB, 150 MG TAB) *sarecycline hcl*	L5	PA, QL (1 PER 1 DAY(S))
SOLODYN	SOLODYN (55 MG TAB ER 24H, 65 MG TAB ER 24H, 115 MG TAB ER 24H) *minocycline hcl*	L5	PA, GA
SOLODYN	SOLODYN (80 MG TAB ER 24H, 105 MG TAB ER 24H) *minocycline hcl*	L4	PA, GA
tetracycline hcl	*tetracycline hcl (250 mg cap, 500 mg cap)*	L2	
VIBRAMYCIN	VIBRAMYCIN (25 MG/5ML RECON SUSP, 100 MG CAP) *doxycycline (monohydrate)*	L2	GA
XIMINO	XIMINO (45 MG CAP ER 24H, 90 MG CAP ER 24H, 135 MG CAP ER 24H) *minocycline hcl*	L5	PA
AMINOMETHYLCYCLINES			
NUZYRA	NUZYRA 150 MG TAB *omadacycline tosylate*	L5	QL (30 TABS PER 14 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUOROQUINOLONES			
BAXDELA	BAXDELA 450 MG TAB *delafloxacin meglumine*	L4	
CIPRO	CIPRO (250 MG TAB, 250 MG/5ML (5%) RECON SUSP, 500 MG TAB, 500 MG/5ML (10%) RECON SUSP) *ciprofloxacin hcl*	L2	GA
ciprofloxacin	*ciprofloxacin (250 (5%) recon susp, 500 (10%) recon susp)*	L2	
ciprofloxacin hcl	*ciprofloxacin hcl (100 mg tab, 250 mg tab, 500 mg tab, 750 mg tab)*	L2	
levofloxacin	*levofloxacin (25 mg/ml solution, 250 mg tab, 500 mg tab, 750 mg tab)*	L2	
moxifloxacin hcl	*moxifloxacin hcl 400 mg tab*	L2	
ofloxacin	*ofloxacin (300 mg tab, 400 mg tab)*	L2	
AMINOGLYCOSIDES			
ARIKAYCE	ARIKAYCE 590 MG/8.4ML SUSPENSION *amikacin sulfate liposome*	L5	QL (236 PER 28 DAY(S)), S
BETHKIS	BETHKIS 300 MG/4ML NEBU SOLN *tobramycin*	L4	QL (2 PER 1 DAY(S)), S, GA
HUMATIN	HUMATIN 250 MG CAP *paromomycin sulfate*	L3	
KITABIS PAK	KITABIS PAK 300 MG/5ML NEBU SOLN *tobramycin*	L5	QL (10 UNIT PER DAY(S)), S, GA
neomycin sulfate	*neomycin sulfate 500 mg tab*	L2	
TOBI	TOBI 300 MG/5ML NEBU SOLN *tobramycin*	L2	QL (10 UNIT PER DAY(S)), S, GA
TOBI PODHALER	TOBI PODHALER 28 MG CAP *tobramycin*	L5	QL (8 PER 1 DAY), S
tobramycin	*tobramycin 300 mg/4ml nebu soln*	L4	QL (2 PER 1 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tobramycin	*tobramycin 300 mg/5ml nebu soln*	L2	QL (10 UNIT PER DAY(S)), S
tobramycin sulfate	*tobramycin sulfate (1.2 gm recon soln, 1.2 gm/30ml solution, 2 gm/50ml solution, 10 mg/ml solution, 80 mg/2ml solution)*	L2	
SULFONAMIDES			
sulfadiazine	*sulfadiazine 500 mg tab*	L2	
ANTIMYCOBACTERIAL AGENTS			
CYCLOSERINE	CYCLOSERINE 250 MG CAP *cycloserine*	L2	
ethambutol hcl	*ethambutol hcl (100 mg tab, 400 mg tab)*	L2	
isoniazid	*isoniazid (50 mg/5ml syrup, 100 mg tab, 300 mg tab)*	L2	
MYAMBUTOL	MYAMBUTOL 400 MG TAB *ethambutol hcl*	L2	GA
MYCOBUTIN	MYCOBUTIN 150 MG CAP *rifabutin*	L2	GA
PASER	PASER 4 GM PACKET *aminosalicylic acid*	L2	
PRETOMANID	PRETOMANID 200 MG TAB *pretomanid*	L5	QL (30 PER 30 DAY(S))
PRIFTIN	PRIFTIN 150 MG TAB *rifapentine*	L4	
pyrazinamide	*pyrazinamide 500 mg tab*	L2	
rifabutin	*rifabutin 150 mg cap*	L2	
rifampin	*rifampin (150 mg cap, 300 mg cap)*	L2	
TRECATOR	TRECATOR 250 MG TAB *ethionamide*	L4	
ANTIFUNGALS			
ANCOBON	ANCOBON (250 MG CAP, 500 MG CAP) *flucytosine*	L2	GA
flucytosine	*flucytosine (250 mg cap, 500 mg cap)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
griseofulvin microsize	*griseofulvin microsize (125 mg/5ml suspension, 500 mg tab)*	L2	
griseofulvin ultramicrosize	*griseofulvin ultramicrosize (125 mg tab, 250 mg tab)*	L2	
nystatin	*nystatin 500000 unit tab*	L2	
terbinafine hcl	*terbinafine hcl 250 mg tab*	L2	
IMIDAZOLES			
ketoconazole	*ketoconazole 200 mg tab*	L2	
TRIAZOLES			
CRESEMBA	CRESEMBA (74.5 MG CAP, 186 MG CAP) *isavuconazonium sulfate*	L5	
DIFLUCAN	DIFLUCAN (10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 100 MG TAB, 150 MG TAB, 200 MG TAB) *fluconazole*	L2	GA
fluconazole	*fluconazole (10 mg/ml recon susp, 40 mg/ml recon susp, 50 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)*	L2	
itraconazole	*itraconazole 10 mg/ml solution*	L4	PA
itraconazole	*itraconazole 100 mg cap*	L2	PA
NOXAFIL	NOXAFIL (40 MG/ML SUSPENSION, 100 MG TAB DR) *posaconazole*	L5	GA
posaconazole	*posaconazole (40 mg/ml suspension, 100 mg tab dr)*	L5	
SPORANOX	SPORANOX 10 MG/ML SOLUTION *itraconazole*	L4	PA, GA
SPORANOX	SPORANOX 100 MG CAP *itraconazole*	L2	PA, GA
VFEND	VFEND (40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB) *voriconazole*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VFEND IV	VFEND IV 200 MG RECON SOLN *voriconazole*	L3	GA
voriconazole	*voriconazole (40 mg/ml recon susp, 50 mg tab, 200 mg tab)*	L2	
voriconazole	*voriconazole 200 mg recon soln*	L3	
ANTIVIRALS ANTIRETROVIRALS - CAPSID INHIBITORS			
SUNLENCA	SUNLENCA (4 300 MG TAB THPK, 5 300 MG TAB THPK) *lenacapavir sodium*	L4	S
ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)			
maraviroc	*maraviroc (150 mg tab, 300 mg tab)*	L4	
SELZENTRY	SELZENTRY (20 MG/ML SOLUTION, 25 MG TAB, 75 MG TAB, 150 MG TAB, 300 MG TAB) *maraviroc*	L4	
ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR			
RUKOBIA	RUKOBIA 600 MG TAB ER 12H *fostemsavir tromethamine*	L3	S
ANTIRETROVIRALS - FUSION INHIBITORS			
FUZEON	FUZEON 90 MG RECON SOLN *enfuvirtide*	L4	S
ANTIRETROVIRALS - INTEGRASE INHIBITORS			
ISENTRESS	ISENTRESS (25 MG CHEW TAB, 100 MG CHEW TAB, 100 MG PACKET, 400 MG TAB) *raltegravir potassium*	L3	
ISENTRESS HD	ISENTRESS HD 600 MG TAB *raltegravir potassium*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TIVICAY	TIVICAY (10 MG TAB, 25 MG TAB, 50 MG TAB) *dolutegravir sodium*	L3	
TIVICAY PD	TIVICAY PD 5 MG TAB SOL *dolutegravir sodium*	L3	
ANTIRETROVIRALS - PROTEASE INHIBITORS			
APTIVUS	APTIVUS 250 MG CAP *tipranavir*	L3	
atazanavir sulfate	*atazanavir sulfate (150 mg cap, 200 mg cap, 300 mg cap)*	L3	
darunavir	*darunavir (600 mg tab, 800 mg tab)*	L3	
fosamprenavir calcium	*fosamprenavir calcium 700 mg tab*	L3	
LEXIVA	LEXIVA (50 MG/ML SUSPENSION, 700 MG TAB) *fosamprenavir calcium*	L3	GA
NORVIR	NORVIR (80 MG/ML SOLUTION, 100 MG CAP, 100 MG PACKET, 100 MG TAB) *ritonavir*	L3	
PREZISTA	PREZISTA (75 MG TAB, 100 MG/ML SUSPENSION, 150 MG TAB, 600 MG TAB, 800 MG TAB) *darunavir*	L3	GA
REYATAZ	REYATAZ (50 MG PACKET, 200 MG CAP, 300 MG CAP) *atazanavir sulfate*	L3	
ritonavir	*ritonavir 100 mg tab*	L3	
VIRACEPT	VIRACEPT (250 MG TAB, 625 MG TAB) *nelfinavir mesylate*	L3	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES			
abacavir sulfate	*abacavir sulfate 20 mg/ml solution*	L3	
abacavir sulfate	*abacavir sulfate 300 mg tab*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZIAGEN	ZIAGEN 20 MG/ML SOLUTION *abacavir sulfate*	L3	GA
ZIAGEN	ZIAGEN 300 MG TAB *abacavir sulfate*	L2	GA
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES			
emtricitabine	*emtricitabine 200 mg cap*	L3	
EMTRIVA	EMTRIVA (10 MG/ML SOLUTION, 200 MG CAP) *emtricitabine*	L3	GA
EPIVIR	EPIVIR (10 MG/ML SOLUTION, 150 MG TAB, 300 MG TAB) *lamivudine*	L2	GA
lamivudine	*lamivudine (10 mg/ml solution, 150 mg tab, 300 mg tab, 300 mg/30ml solution)*	L2	
ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES			
RETROVIR	RETROVIR (50 MG/5ML SYRUP, 100 MG CAP) *zidovudine*	L2	GA
STAVUDINE	STAVUDINE (15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP) *stavudine*	L2	
zidovudine	*zidovudine (50 mg/5ml syrup, 100 mg cap, 300 mg tab)*	L2	
ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES			
tenofovir disoproxil fumarate	*tenofovir disoproxil fumarate 300 mg tab*	L3	
VIREAD	VIREAD (40 MG/GM POWDER, 150 MG TAB, 200 MG TAB, 250 MG TAB, 300 MG TAB) *tenofovir disoproxil fumarate*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES			
EDURANT	EDURANT 25 MG TAB *rilpivirine hcl*	L3	
efavirenz	*efavirenz (50 mg cap, 200 mg cap, 600 mg tab)*	L3	
etravirine	*etravirine (100 mg tab, 200 mg tab)*	L3	
INTELENCE	INTELENCE (25 MG TAB, 100 MG TAB, 200 MG TAB) *etravirine*	L3	
nevirapine	*nevirapine 200 mg tab*	L2	
NEVIRAPINE	NEVIRAPINE 50 MG/5ML SUSPENSION *nevirapine*	L3	
nevirapine er	*nevirapine er (er 100 mg tab er 24h, er 400 mg tab er 24h)*	L2	
PIFELTRO	PIFELTRO 100 MG TAB *doravirine*	L3	
SUSTIVA	SUSTIVA (50 MG CAP, 200 MG CAP) *efavirenz*	L3	
ANTIRETROVIRALS ADJUVANTS			
TYBOST	TYBOST 150 MG TAB *cobicistat*	L3	
ANTIRETROVIRAL COMBINATIONS			
abacavir sulfate-lamivudine	*abacavir sulfate-lamivudine 600-300 mg tab*	L2	
BIKTARVY	BIKTARVY (30-120-15 MG TAB, 50-200-25 MG TAB) *bictegravir-emtricitabine-tenofovir alafenamide fumarate*	L3	
CIMDUO	CIMDUO 300-300 MG TAB *lamivudine-tenofovir disoproxil fumarate*	L3	
COMBIVIR	COMBIVIR 150-300 MG TAB *lamivudine-zidovudine*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMPLERA	COMPLERA 200-25-300 MG TAB *emtricitabine-rilpivirine-tenofovir disoproxil fumarate*	L3	
DELSTRIGO	DELSTRIGO 100-300-300 MG TAB *doravirine-lamivudine-tenofovir disoproxil fumarate*	L3	
DESCOVY	DESCOVY (120-15 MG TAB, 200-25 MG TAB) *emtricitabine-tenofovir alafenamide fumarate*	L3	
DOVATO	DOVATO 50-300 MG TAB *dolutegravir sodium-lamivudine*	L3	
efavirenz-emtricitab-tenofo df	*efavirenz-emtricitab-tenofo df 600-200-300 mg tab*	L3	
efavirenz-lamivudine-tenofovir	*efavirenz-lamivudine-tenofovir (400-300-300 mg tab, 600-300-300 mg tab)*	L3	
emtricitabine-tenofovir df	*emtricitabine-tenofovir df (100-150 mg tab, 133-200 mg tab, 167-250 mg tab, 200-300 mg tab)*	L3	
EPZICOM	EPZICOM 600-300 MG TAB *abacavir sulfate-lamivudine*	L2	GA
EVOTAZ	EVOTAZ 300-150 MG TAB *atazanavir sulfate-cobicistat*	L3	
GENVOYA	GENVOYA 150-150-200-10 MG TAB *elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*	L3	
JULUCA	JULUCA 50-25 MG TAB *dolutegravir sodium-rilpivirine hcl*	L3	
KALETRA	KALETRA (100-25 MG TAB, 200-50 MG TAB, 400-100 MG/5ML SOLUTION) *lopinavir-ritonavir*	L3	GA
lamivudine-zidovudine	*lamivudine-zidovudine 150-300 mg tab*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lopinavir-ritonavir	*lopinavir-ritonavir (100-25 mg tab, 200-50 mg tab, 400-100 mg/5ml solution)*	L3	
ODEFSEY	ODEFSEY 200-25-25 MG TAB *emtricitabine-rilpivirine-tenofovir alafenamide fumarate*	L3	
PREZCOBIX	PREZCOBIX 800-150 MG TAB *darunavir-cobicistat*	L3	
STRIBILD	STRIBILD 150-150-200-300 MG TAB *elvitegravir-cobicistat-emtricitabine-tenofovir df*	L3	
SYMFI	SYMFI 600-300-300 MG TAB *efavirenz-lamivudine-tenofovir disoproxil fumarate*	L3	GA
SYMFI LO	SYMFI LO 400-300-300 MG TAB *efavirenz-lamivudine-tenofovir disoproxil fumarate*	L3	
SYMTUZA	SYMTUZA 800-150-200-10 MG TAB *darunavir-cobicistat-emtricitabine-tenofovir alafenamide*	L3	
TRIUMEQ	TRIUMEQ 600-50-300 MG TAB *abacavir-dolutegravir-lamivudine*	L3	
TRIUMEQ PD	TRIUMEQ PD 60-5-30 MG TAB SOL *abacavir-dolutegravir-lamivudine*	L3	
TRIZIVIR	TRIZIVIR 300-150-300 MG TAB *abacavir sulfate-lamivudine-zidovudine*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRUVADA	TRUVADA (100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB, 200-300 MG TAB) *emtricitabine-tenofovir disoproxil fumarate*	L3	GA
CMV AGENTS			
LIVTENCITY	LIVTENCITY 200 MG TAB *maribavir*	L4	QL (4 PER DAY(S)), S
PREVYMIS	PREVYMIS (240 MG TAB, 480 MG TAB) *letermovir*	L4	
VALCYTE	VALCYTE 450 MG TAB *valganciclovir hcl*	L2	QL (4 PER 1 DAY(S)), GA
VALCYTE	VALCYTE 50 MG/ML RECON SOLN *valganciclovir hcl*	L4	QL (1000 PER 30 DAY(S)), GA
valganciclovir hcl	*valganciclovir hcl 450 mg tab*	L2	QL (4 PER 1 DAY(S))
valganciclovir hcl	*valganciclovir hcl 50 mg/ml recon soln*	L4	QL (1000 PER 30 DAY(S))
HEPATITIS B AGENTS			
adefovir dipivoxil	*adefovir dipivoxil 10 mg tab*	L2	
BARACLUDE	BARACLUDE (0.5 MG TAB, 1 MG TAB) *entecavir*	L2	QL (1 TAB PER DAY(S)), GA
BARACLUDE	BARACLUDE 0.05 MG/ML SOLUTION *entecavir*	L4	PA, QL (630 PER 30 DAY(S))
entecavir	*entecavir (0.5 mg tab, 1 mg tab)*	L2	QL (1 TAB PER DAY(S))
EPIVIR HBV	EPIVIR HBV 100 MG TAB *lamivudine (hbv)*	L2	GA
EPIVIR HBV	EPIVIR HBV 5 MG/ML SOLUTION *lamivudine (hbv)*	L4	
HEPSERA	HEPSERA 10 MG TAB *adefovir dipivoxil*	L2	GA
lamivudine	*lamivudine 100 mg tab*	L2	
VEMLIDY	VEMLIDY 25 MG TAB *tenofovir alafenamide fumarate*	L4	QL (1 PER 1 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEPATITIS C AGENTS			
PEGASYS	PEGASYS 180 MCG/0.5ML SOLN PRSYR *peginterferon alfa-2a*	L3	PA, QL (4 SYRINGES PER 28 DAY(S)), S
PEGASYS	PEGASYS 180 MCG/ML SOLUTION *peginterferon alfa-2a*	L3	PA, QL (4 PER 28 DAYS), S
RIBAVIRIN	RIBAVIRIN (200 MG CAP, 200 MG TAB) *ribavirin (hepatitis c)*	L2	S
HEPATITIS C AGENT - COMBINATIONS			
EPCLUSA	EPCLUSA (150-37.5 MG PACKET, 200-50 MG PACKET) *sofosbuvir-velpatasvir*	L2	PA, QL (1 PER 1 DAY(S)), S
EPCLUSA	EPCLUSA 200-50 MG TAB *sofosbuvir-velpatasvir*	L2	PA, QL (28 PER 28 DAY(S)), S
EPCLUSA	EPCLUSA 400-100 MG TAB *sofosbuvir-velpatasvir*	L2	PA, QL (28 PER 28 DAYS), S
HARVONI	HARVONI (33.75-150 MG PACKET, 45-200 MG PACKET, 45-200 MG TAB) *ledipasvir-sofosbuvir*	L2	PA, QL (28 PER 28 DAY(S)), S
HARVONI	HARVONI 90-400 MG TAB *ledipasvir-sofosbuvir*	L2	PA, QL (28 PER 28 DAYS), S
LEDIPASVIR-SOFOSBUVIR	LEDIPASVIR-SOFOSBUVIR 90-400 MG TAB *ledipasvir-sofosbuvir*	L2	PA, QL (28 PER 28 DAYS), S
MAVYRET	MAVYRET 100-40 MG TAB *glecaprevir-pibrentasvir*	L2	PA, QL (84 PER 28 DAY(S)), S
MAVYRET	MAVYRET 50-20 MG PACKET *glecaprevir-pibrentasvir*	L2	PA, QL (5 PER 1 DAY(S)), S
SOFOSBUVIR-VELPATASVIR	SOFOSBUVIR-VELPATASVIR 400-100 MG TAB *sofosbuvir-velpatasvir*	L2	PA, QL (28 PER 28 DAYS), S
VOSEVI	VOSEVI 400-100-100 MG TAB *sofosbuvir-velpatasvir-voxilaprevir*	L2	PA, QL (28 PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HERPES AGENTS - PURINE ANALOGUES			
acyclovir	*acyclovir (200 mg cap, 200 mg/5ml suspension, 400 mg tab, 800 mg tab, 800 mg/20ml suspension)*	L2	
SITAVIG	SITAVIG 50 MG TAB *acyclovir*	L5	
valacyclovir hcl	*valacyclovir hcl (1 gm tab, 500 mg tab)*	L2	
VALTREX	VALTREX (1 GM TAB, 500 MG TAB) *valacyclovir hcl*	L2	GA
ZOVIRAX	ZOVIRAX 200 MG/5ML SUSPENSION *acyclovir*	L2	GA
HERPES AGENTS - THYMIDINE ANALOGUES			
famciclovir	*famciclovir (125 mg tab, 250 mg tab, 500 mg tab)*	L2	
INFLUENZA AGENTS			
RIMANTADINE HCL	RIMANTADINE HCL 100 MG TAB *rimantadine hydrochloride*	L2	
PA ENDONUCLEASE INHIBITORS			
XOFLUZA (40 MG DOSE)	XOFLUZA (40 MG DOSE) (OFLUZA MG 1 40 MG TAB THPK, OFLUZA MG 2 20 MG TAB THPK) *baloxavir marboxil*	L3	
XOFLUZA (80 MG DOSE)	XOFLUZA (80 MG DOSE) (OFLUZA MG 1 80 MG TAB THPK, OFLUZA MG 2 40 MG TAB THPK) *baloxavir marboxil*	L3	
NEURAMINIDASE INHIBITORS			
oseltamivir phosphate	*oseltamivir phosphate (6 mg/ml recon susp, 30 mg cap, 45 mg cap, 75 mg cap)*	L3	
RELENZA DISKHALER	RELENZA DISKHALER 5 MG/ACT AER POW BA *zanamivir*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TAMIFLU	TAMIFLU (6 MG/ML RECON SUSP, 30 MG CAP, 45 MG CAP, 75 MG CAP) *oseltamivir phosphate*	L3	GA
ANTIMALARIALS			
ARAKODA	ARAKODA 100 MG TAB *tafenoquine succinate*	L5	
chloroquine phosphate	*chloroquine phosphate (250 mg tab, 500 mg tab)*	L2	
DARAPRIM	DARAPRIM 25 MG TAB *pyrimethamine*	L3	GA
hydroxychloroquine sulfate	*hydroxychloroquine sulfate 200 mg tab*	L2	
KRINTAFEL	KRINTAFEL 150 MG TAB *tafenoquine succinate*	L5	
mefloquine hcl	*mefloquine hcl 250 mg tab*	L2	
PLAQUENIL	PLAQUENIL 200 MG TAB *hydroxychloroquine sulfate*	L2	GA
primaquine phosphate	*primaquine phosphate 26.3 (15 base) mg tab*	L2	
pyrimethamine	*pyrimethamine 25 mg tab*	L3	
QUALAQUIN	QUALAQUIN 324 MG CAP *quinine sulfate*	L2	GA
quinine sulfate	*quinine sulfate 324 mg cap*	L2	
ANTIMALARIAL COMBINATIONS			
atovaquone-proguanil hcl	*atovaquone-proguanil hcl (62.5-25 mg tab, 250-100 mg tab)*	L2	
COARTEM	COARTEM 20-120 MG TAB *artemether-lumefantrine*	L4	
MALARONE	MALARONE (62.5-25 MG TAB, 250-100 MG TAB) *atovaquone-proguanil hcl*	L2	GA
AMEBICIDES			
SOLOSEC	SOLOSEC 2 GM PACKET *secnidazole*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTHELMINTICS			
albendazole	*albendazole 200 mg tab*	L3	
BENZNIDAZOLE	BENZNIDAZOLE (12.5 MG TAB, 100 MG TAB) *benznidazole*	L5	
BILTRICIDE	BILTRICIDE 600 MG TAB *praziquantel*	L3	GA
EMVERM	EMVERM 100 MG CHEW TAB *mebendazole*	L5	
ivermectin	*ivermectin 3 mg tab*	L2	
praziquantel	*praziquantel 600 mg tab*	L3	
STROMECTOL	STROMECTOL 3 MG TAB *ivermectin*	L2	GA
ANTI-INFECTIVE AGENTS - MISC.			
AEMCOLO	AEMCOLO 194 MG TAB DR *rifamycin sodium*	L4	QL (6 PER 3 DAY(S))
FLAGYL	FLAGYL 375 MG CAP *metronidazole*	L2	GA
IMPAVIDO	IMPAVIDO 50 MG CAP *miltefosine*	L4	
LIKMEZ	LIKMEZ 500 MG/5ML SUSPENSION *metronidazole*	L4	PA, QL (200 PER FILL(S))
metronidazole	*metronidazole (250 mg tab, 375 mg cap, 500 mg tab)*	L2	
NEBUPENT	NEBUPENT 300 MG RECON SOLN *pentamidine isethionate*	L3	GA
pentamidine isethionate	*pentamidine isethionate 300 mg recon soln*	L3	
tinidazole	*tinidazole (250 mg tab, 500 mg tab)*	L2	
trimethoprim	*trimethoprim 100 mg tab*	L2	
XIFAXAN	XIFAXAN (200 MG TAB, 550 MG TAB) *rifaximin*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MONOBACTAMS			
CAYSTON	CAYSTON 75 MG RECON SOLN *aztreonam lysine*	L3	QL (3 PER 1 DAY), S
LINCOSAMIDES			
CLEOCIN	CLEOCIN (75 MG CAP, 75 MG/5ML RECON SOLN, 150 MG CAP, 300 MG CAP) *clindamycin hcl*	L2	GA
CLEOCIN PHOSPHATE	CLEOCIN PHOSPHATE (300 MG/2ML SOLUTION, 600 MG/4ML SOLUTION, 900 MG/6ML SOLUTION) *clindamycin phosphate*	L2	GA
clindamycin hcl	*clindamycin hcl (75 mg cap, 150 mg cap, 300 mg cap)*	L2	
clindamycin palmitate hcl	*clindamycin palmitate hcl 75 mg/5ml recon soln*	L2	
clindamycin phosphate	*clindamycin phosphate (300 mg/2ml solution, 600 mg/4ml solution, 900 mg/6ml solution)*	L2	
OXAZOLIDINONES			
linezolid	*linezolid (100 mg/5ml recon susp, 600 mg tab)*	L2	
SIVEXTRO	SIVEXTRO 200 MG TAB *tedizolid phosphate*	L5	
ZYVOX	ZYVOX (100 MG/5ML RECON SUSP, 600 MG TAB) *linezolid*	L2	GA
PLEUROMUTILINS			
XENLETA	XENLETA 600 MG TAB *lefamulin acetate*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLYCOPEPTIDES			
FIRVANQ	FIRVANQ (25 MG/ML RECON SOLN, 50 MG/ML RECON SOLN) *vancomycin hcl*	L2	PA, QL (450 ML PER 10 DAY(S)), GA
VANCOCIN	VANCOCIN (125 MG CAP, 250 MG CAP) *vancomycin hcl*	L5	PA, QL (80 CAP PER 10 DAY(S)), GA
vancomycin hcl	*vancomycin hcl (125 mg cap, 250 mg cap)*	L5	PA, QL (80 CAP PER 10 DAY(S))
vancomycin hcl	*vancomycin hcl (25 mg/ml recon soln, 50 mg/ml recon soln)*	L2	PA, QL (450 ML PER 10 DAY(S))
vancomycin hcl	*vancomycin hcl (5 gm recon soln, 750 mg recon soln)*	L2	
LEPROSTATICS			
dapsone	*dapsone (25 mg tab, 100 mg tab)*	L2	
ANTIPROTOZOAL AGENTS			
ALINIA	ALINIA 100 MG/5ML RECON SUSP *nitazoxanide*	L4	PA, QL (540 PER 10 DAY(S)), PA-QL (QL varies)
ALINIA	ALINIA 500 MG TAB *nitazoxanide*	L4	QL (20 TAB PER 10 DAY(S)), PA-QL (QL Varies), GA
atovaquone	*atovaquone 750 mg/5ml suspension*	L2	
MEPRON	MEPRON 750 MG/5ML SUSPENSION *atovaquone*	L2	GA
nitazoxanide	*nitazoxanide 500 mg tab*	L4	QL (20 TAB PER 10 DAY(S)), PA-QL (QL Varies)
URINARY ANTI-INFECTIVES			
fosfomycin tromethamine	*fosfomycin tromethamine 3 gm packet*	L4	
HIPREX	HIPREX 1 GM TAB *methenamine hippurate*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MACROBID	MACROBID 100 MG CAP *nitrofurantoin monohyd macro*	L2	GA
MACRODANTIN	MACRODANTIN (25 MG CAP, 50 MG CAP, 100 MG CAP) *nitrofurantoin macrocrystal*	L2	GA
methenamine hippurate	*methenamine hippurate 1 gm tab*	L2	
methenamine mandelate	*methenamine mandelate 1 gm tab*	L2	
MONUROL	MONUROL 3 GM PACKET *fosfomycin tromethamine*	L4	GA
nitrofurantoin	*nitrofurantoin (25 mg/5ml suspension, 50 mg/10ml suspension)*	L2	
nitrofurantoin macrocrystal	*nitrofurantoin macrocrystal (25 mg cap, 50 mg cap, 100 mg cap)*	L2	
nitrofurantoin monohyd macro	*nitrofurantoin monohyd macro 100 mg cap*	L2	
ANTI-INFECTIVE MISC. - COMBINATIONS			
BACTRIM	BACTRIM 400-80 MG TAB *sulfamethoxazole-trimethoprim*	L2	GA
BACTRIM DS	BACTRIM DS 800-160 MG TAB *sulfamethoxazole-trimethoprim*	L2	GA
sulfamethoxazole-trimethoprim	*sulfamethoxazole-trimethoprim (200-40 mg/5ml suspension, 400-80 mg tab, 800-160 mg tab, 800-160 mg/20ml suspension)*	L2	
sulfatrim pediatric	*sulfatrim pediatric 200-40 mg/5ml suspension*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VACCINES VIRAL VACCINES			
ABRYSVO	ABRYSVO 120 MCG/0.5ML RECON SOLN *rsv pre-fusion f a&b protein vaccine recombinant*	L3	QL (1 PER LIFETIME)
AFLURIA	AFLURIA SUSPENSION *influenza virus vaccine split*	L1	
AFLURIA PRESERVATIVE FREE	AFLURIA PRESERVATIVE FREE 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	L1	
AFLURIA QUADRIVALENT	AFLURIA QUADRIVALENT (0.5MLSUSPPRSYR, SUSPENSION) *influenza virus vaccine split quadrivalent*	L1	
AREXVY	AREXVY 120 MCG/0.5ML RECON SUSP *rsv pre-fusion f3 protein (rsvpref3) vac recomb adjuvanted*	L3	QL (1 PER LIFETIME), AL (At least 60 yrs old)
AUDENZ	AUDENZ (0.5MLPRSYR, EMULSION) *influenza a (h5n1) tissue-cultured subunit adjuvant vaccine*	L1	
COMIRNATY	COMIRNATY 30 MCG/0.3ML SUSP PRSYR *covid-19 (sars-cov-2) mrna virus vaccine*	L1	
COMIRNATY	COMIRNATY 30 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	L3	
COMIRNATY 5-11 YEARS	COMIRNATY 5-11 YEARS 10 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ENGERIX-B	ENGERIX-B (10 MCG/0.5ML SUSP PRSYR, 20 MCG/ML SUSP PRSYR, 20 MCG/ML SUSPENSION) *hepatitis b vaccine (recomb)*	L1	
FLUAD	FLUAD 0.5 ML SUSP PRSYR *influenza virus vaccine types a & b surface antigen adjuvant*	L1	
FLUAD QUADRIVALENT	FLUAD QUADRIVALENT 0.5 ML PRSYR *influenza virus vacc types a & b surf antigen adjuvant quad*	L1	
FLUARIX	FLUARIX 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	L1	
FLUARIX QUADRIVALENT	FLUARIX QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	L1	
FLUBLOK	FLUBLOK 0.5 ML SOLN PRSYR *influenza virus vaccine recombinant hemagglutinin (ha)*	L1	
FLUBLOK QUADRIVALENT	FLUBLOK QUADRIVALENT 0.5 ML SOLN PRSYR *influenza virus vac recomb hemagglutinin (ha) quadrivalent*	L1	
FLUCELVAX	FLUCELVAX (0.5MLSUSPPRSYR, SUSPENSION) *influenza virus vaccine tissue-cultured subunit*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLUCELVAX QUADRIVALENT	FLUCELVAX QUADRIVALENT (0.5MLSUSPPRSYR, SUSPENSION) *influenza virus vaccine tissue-cultured subunit quadrivalent*	L1	
FLULAVAL	FLULAVAL 0.5 ML SUSP PRSYR *influenza virus vaccine split preservative free*	L1	
FLULAVAL QUADRIVALENT	FLULAVAL QUADRIVALENT 0.5 ML SUSP PRSYR *influenza virus vaccine split quadrivalent*	L1	
FLUMIST	FLUMIST LIQUID *influenza virus vaccine live*	L1	
FLUMIST QUADRIVALENT	FLUMIST QUADRIVALENT SUSPENSION *influenza virus vaccine live quadrivalent*	L1	
FLUZONE	FLUZONE (0.5MLSUSPPRSYR, SUSPENSION) *influenza virus vaccine split*	L1	
FLUZONE HIGH-DOSE	FLUZONE HIGH-DOSE 0.5 ML SUSP PRSYR *influenza virus vaccine split high-dose preservative free*	L1	
FLUZONE HIGH-DOSE QUADRIVALENT	FLUZONE HIGH-DOSE QUADRIVALENT 0.7 ML SUSP PRSYR *influenza virus vac split high-dose quad preservative free*	L1	
FLUZONE QUADRIVALENT	FLUZONE QUADRIVALENT (0.5 ML SUSP PRSYR, 0.5 ML SUSPENSION, SUSPENSION) *influenza virus vaccine split quadrivalent*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GARDASIL 9	GARDASIL 9 (9SUSPENSION, 90.5MLSUSPPRSYR) *human papillomavirus (hpv) 9-valent recombinant vaccine*	L3	AL (9 to 45 yrs old)
HAVRIX	HAVRIX (720 U/0.5ML SUSP PRSYR, 720 U/0.5ML SUSPENSION, 1440 U/ML SUSP PRSYR) *hepatitis a vaccine*	L1	
HEPLISAV-B	HEPLISAV-B 20 MCG/0.5ML SOLN PRSYR *hepatitis b vaccine recombinant adjuvanted*	L1	
IPOL	IPOL SUSPENSION *poliovirus vaccine, ipv*	L1	
JANSSEN COVID-19 VACCINE	JANSSEN COVID-19 VACCINE 0.5 ML SUSPENSION *covid-19 (sars-cov-2) adenovirus vaccine*	L1	
MODERNA COVID-19 BIVAL 6M-5Y	MODERNA COVID-19 BIVAL 6M-5Y 10 MCG/0.2ML SUSPENSION *covid-19 mrna bivalent virus vaccine (moderna)*	L1	
MODERNA COVID-19 BIVALENT	MODERNA COVID-19 BIVALENT 50 MCG/0.5ML SUSPENSION *covid-19 mrna bivalent virus vaccine (moderna)*	L1	
MODERNA COVID-19 VAC (BOOSTER)	MODERNA COVID-19 VAC (BOOSTER) 50 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	L1	
MODERNA COVID-19 VAC 6M-11Y	MODERNA COVID-19 VAC 6M-11Y (25 SUSP PRSYR, 25 SUSPENSION) *covid-19 (sars-cov-2) mrna virus vaccine*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MODERNA COVID-19 VACC 6M-5Y	MODERNA COVID-19 VACC 6M-5Y 25 MCG/0.25ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	L1	
MODERNA COVID-19 VACCINE	MODERNA COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	L1	
MRESVIA	MRESVIA 50 MCG/0.5ML SUSP PRSYR *rsv mrna pre-fusion virus vaccine*	L3	
NOVAVAX COVID-19 VACCINE	NOVAVAX COVID-19 VACCINE (5 SUSP PRSYR, 5 SUSPENSION) *covid-19 (sars-cov-2) subunit (spike) protein virus vaccine*	L1	
NUVAXOVID COVID-19 VACCINE	NUVAXOVID COVID-19 VACCINE 5 MCG/0.5ML SUSP PRSYR *covid-19 (sars-cov-2) subunit (spike) protein virus vaccine*	L1	
PFIZER COVID-19 BIVAL 6MO-4YR	PFIZER COVID-19 BIVAL 6MO-4YR 3 MCG/0.2ML SUSPENSION *covid-19 mrna bivalent virus vaccine (pfizer)*	L1	
PFIZER COVID-19 VAC BIVAL 5-11	PFIZER COVID-19 VAC BIVAL 5-11 10 MCG/0.2ML SUSPENSION *covid-19 mrna bivalent virus vaccine (pfizer)*	L1	
PFIZER COVID-19 VAC BIVALENT	PFIZER COVID-19 VAC BIVALENT 30 MCG/0.3ML SUSPENSION *covid-19 mrna bivalent virus vaccine (pfizer)*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PFIZER COVID-19 VAC-TRIS 5-11Y	PFIZER COVID-19 VAC-TRIS 5-11Y (10 MCG/0.2ML SUSPENSION, 10 MCG/0.3ML SUSPENSION) *covid-19 (sars-cov-2) mrna virus vaccine*	L1	
PFIZER COVID-19 VAC-TRIS 6M-4Y	PFIZER COVID-19 VAC-TRIS 6M-4Y (3 MCG/0.2ML SUSPENSION, 3 MCG/0.3ML SUSPENSION) *covid-19 (sars-cov-2) mrna virus vaccine*	L1	
PFIZER-BIONT COVID-19 VAC-TRIS	PFIZER-BIONT COVID-19 VAC-TRIS 30 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	L3	
PFIZER-BIONTECH COVID-19 VACC	PFIZER-BIONTECH COVID-19 VACC 30 MCG/0.3ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	L1	
PREHEVBRIO	PREHEVBRIO 10 MCG/ML SUSPENSION *hepatitis b vaccine 3-antigen recombinant*	L1	
RECOMBIVAX HB	RECOMBIVAX HB (5 MCG/0.5ML SUSP PRSYR, 5 MCG/0.5ML SUSPENSION, 10 MCG/ML SUSP PRSYR, 10 MCG/ML SUSPENSION, 40 MCG/ML SUSPENSION) *hepatitis b vaccine (recomb)*	L1	
ROTARIX	ROTARIX (RECONSUSP, SUSPENSION) *rotavirus vaccine, live oral*	L1	
ROTATEQ	ROTATEQ SOLUTION *rotavirus vaccine, live oral pentavalent*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SHINGRIX	SHINGRIX 50 MCG/0.5ML RECON SUSP *zoster vaccine recombinant adjuvanted*	L3	QL (2 PER LIFETIME), AL (At least 19 yrs old)
SPIKEVAX	SPIKEVAX (50 SUSP PRSYR, 50 SUSPENSION) *covid-19 (sars-cov-2) mrna virus vaccine*	L1	
SPIKEVAX 6M-11Y	SPIKEVAX 6M-11Y 25 MCG/0.25ML SUSP PRSYR *covid-19 (sars-cov-2) mrna virus vaccine*	L1	
SPIKEVAX COVID-19 VACCINE	SPIKEVAX COVID-19 VACCINE 100 MCG/0.5ML SUSPENSION *covid-19 (sars-cov-2) mrna virus vaccine*	L1	
VAQTA	VAQTA (25 UNIT/0.5ML SUSP PRSYR, 25 UNIT/0.5ML SUSPENSION, 50 UNIT/ML SUSP PRSYR, 50 UNIT/ML SUSPENSION) *hepatitis a vaccine*	L1	
VARIVAX	VARIVAX 1350 PFU/0.5ML RECON SUSP *varicella virus vaccine live*	L1	
VIRAL VACCINE COMBINATIONS			
M-M-R II	M-M-R II RECON SOLN *measles, mumps & rubella virus vaccines*	L1	
PRIORIX	PRIORIX RECON SUSP *measles, mumps & rubella virus vaccines*	L1	
PROQUAD	PROQUAD RECON SUSP *measles-mumps-rubella-varicella virus vaccines*	L1	
TWINRIX	TWINRIX 720-20 ELU-MCG/ML SUSP PRSYR *hepatitis a (inactivated)-hepatitis b (recombinant) vaccines*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BACTERIAL VACCINES			
ACTHIB	ACTHIB RECON SOLN *haemophilus b polysac conj vac*	L1	
BEXSERO	BEXSERO SUSP PRSYR *meningococcal vac group b (recombant omv adjuvanted)*	L1	
CAPVAXIVE	CAPVAXIVE 0.5 ML SOLN PRSYR *pneumococcal 21-valent conjugate vaccine*	L1	
HIBERIX	HIBERIX 10 MCG RECON SOLN *haemophilus b polysac conj vac*	L1	
MENACTRA	MENACTRA SOLUTION *meningococcal (a,c,y&w-135) polysacch diphth conj vaccine*	L1	
MENQUADFI	MENQUADFI (0.5MLSOLUTION, SOLUTION) *meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine*	L1	
MENVEO	MENVEO (RECONSOLN, SOLUTION) *meningococcal (a,c,y&w-135) oligosaccharide conjugate vac*	L1	
PEDVAXHIB	PEDVAXHIB 7.5 MCG/0.5ML SUSPENSION *haemophilus b polysac conj vac*	L1	
PENBRAYA	PENBRAYA RECON SUSP *mening (a,c,y&w) polysacch tetanus conj-mening b (rcmb) vacc*	L3	
PNEUMOVAX 23	PNEUMOVAX 23 (23 25 SOLN PRSYR, 23 25 SOLUTION) *pneumococcal vac polyvalent*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREVNAR 13	PREVNAR 13 SUSPENSION *pneumococcal 13-valent conjugate vaccine*	L1	
PREVNAR 20	PREVNAR 20 0.5 ML SUSP PRSYR *pneumococcal 20-valent conjugate vaccine*	L1	
TRUMENBA	TRUMENBA SUSP PRSYR *meningococcal group b vaccine (recombinant)*	L1	
VAXNEUVANCE	VAXNEUVANCE 0.5 ML SUSP PRSYR *pneumococcal 15-valent conjugate vaccine*	L1	
TOXOIDS TOXOID COMBINATIONS			
ADACEL	ADACEL (SUSP PRSYR, SUSPENSION) *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	L1	
BOOSTRIX	BOOSTRIX (SUSP PRSYR, SUSPENSION) *tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)*	L1	
DAPTACEL	DAPTACEL 23-15-5 SUSPENSION *diphtheria, acellular pertussis & tetanus toxoids*	L1	
DIPHTHERIA-TETANUS TOXOIDS DT	DIPHTHERIA-TETANUS TOXOIDS DT 25-5 LFU/0.5ML SUSPENSION *diphtheria-tetanus toxoids (dt)*	L1	
INFANRIX	INFANRIX 25-58-10 SUSPENSION *diphtheria, acellular pertussis & tetanus toxoids*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KINRIX	KINRIX 0.5 ML SUSP PRSYR *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac*	L1	
PEDIARIX	PEDIARIX SUSP PRSYR *diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac*	L1	
PENTACEL	PENTACEL RECON SUSP *diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac*	L1	
QUADRACEL	QUADRACEL (0.5MLSUSPPRSYR, SUSPENSION) *diph-tetanus tox ad-acell pertussis & polio virus, ipv vac*	L1	
TDVAX	TDVAX 2-2 LF/0.5ML SUSPENSION *tetanus-diphtheria toxoids (td)*	L1	
TENIVAC	TENIVAC 5-2 LF/0.5ML SUSPENSION *tetanus-diphtheria toxoids (td)*	L1	
TETANUS-DIPHTHERIA TOXOIDS TD	TETANUS-DIPHTHERIA TOXOIDS TD 2-2 LF/0.5ML SUSPENSION *tetanus-diphtheria toxoids (td)*	L1	
VAXELIS	VAXELIS (SUSPENSION, SUSPPRSYR) *diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb*	L1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS ANTIVIRAL MONOCLONAL ANTIBODIES			
BEYFORTUS	BEYFORTUS (50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN PRSYR) *nirsevimab-alip*	L1	AL (Up to 2 yrs old)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALLERGENIC EXTRACTS/BIOLOGICALS MISC ALLERGENIC EXTRACTS			
GRASTEK	GRASTEK 2800 BAU SL TAB *timothy grass pollen allergen extract*	L5	QL (30 PER 30 DAYS)
PALFORZIA (12 MG DAILY DOSE)	PALFORZIA (12 MG DAILY DOSE) 2 X 1 MG & 10 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
PALFORZIA (120 MG DAILY DOSE)	PALFORZIA (120 MG DAILY DOSE) 20 MG & 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
PALFORZIA (160 MG DAILY DOSE)	PALFORZIA (160 MG DAILY DOSE) 3 X 20 MG & 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
PALFORZIA (20 MG DAILY DOSE)	PALFORZIA (20 MG DAILY DOSE) 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
PALFORZIA (200 MG DAILY DOSE)	PALFORZIA (200 MG DAILY DOSE) 2 X 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
PALFORZIA (240 MG DAILY DOSE)	PALFORZIA (240 MG DAILY DOSE) 2 X 20 MG & 2 X 100 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
PALFORZIA (3 MG DAILY DOSE)	PALFORZIA (3 MG DAILY DOSE) 3 X 1 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PALFORZIA (300 MG MAINTENANCE)	PALFORZIA (300 MG MAINTENANCE) 300 MG PACKET *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (30 PER 30 DAY(S)), S
PALFORZIA (300 MG TITRATION)	PALFORZIA (300 MG TITRATION) 300 MG PACKET *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (30 PER 30 DAY(S)), S
PALFORZIA (40 MG DAILY DOSE)	PALFORZIA (40 MG DAILY DOSE) 2 X 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
PALFORZIA (6 MG DAILY DOSE)	PALFORZIA (6 MG DAILY DOSE) 6 X 1 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
PALFORZIA (80 MG DAILY DOSE)	PALFORZIA (80 MG DAILY DOSE) 4 X 20 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
PALFORZIA INITIAL DOSE 4-17YRS	PALFORZIA INITIAL DOSE 4-17YRS 0.5 & 1 & 1.5 & 3 & 6 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
PALFORZIA INITIAL ESCALATION	PALFORZIA INITIAL ESCALATION 0.5 & 1 & 1.5 & 3 & 6 MG CSPK *peanut (arachis hypogaea) allergen powder-dnfp*	L5	QL (1 PER FILL(S)), S
RAGWITEK	RAGWITEK 12 AMB A 1-U SL TAB *short ragweed pollen allergen extract*	L5	QL (30 PER 30 DAYS)
MIXED ALLERGENIC EXTRACTS			
ODACTRA	ODACTRA 12 SQ-HDM SL TAB *dust mite mixed allergen extract*	L5	
ORALAIR	ORALAIR 300 IR SL TAB *grass mixed pollens allergen extract*	L5	QL (30 PER 30 DAYS)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORALAIR ADULT STARTER PACK	ORALAIR ADULT STARTER PACK 300 IR SL TAB *grass mixed pollens allergen extract*	L5	QL (30 PER 30 DAYS)
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES ALKYLATING AGENTS			
MYLERAN	MYLERAN 2 MG TAB *busulfan*	L3	
NITROGEN MUSTARDS AND RELATED ANALOGUES			
ALKERAN	ALKERAN 2 MG TAB *melphalan*	L3	
CYCLOPHOSPHAMIDE	CYCLOPHOSPHAMIDE (25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB) *cyclophosphamide*	L2	
LEUKERAN	LEUKERAN 2 MG TAB *chlorambucil*	L3	
MELPHALAN	MELPHALAN 2 MG TAB *melphalan*	L3	
NITROSOUREAS			
GLEOSTINE	GLEOSTINE (10 MG CAP, 40 MG CAP, 100 MG CAP) *lomustine*	L3	S, GA
lomustine	*lomustine (10 mg cap, 40 mg cap, 100 mg cap)*	L2	S
IMIDAZOTETRAZINES			
TEMODAR	TEMODAR 250 MG CAP *temozolomide*	L3	S, GA
temozolomide	*temozolomide (5 mg cap, 20 mg cap, 100 mg cap, 140 mg cap, 180 mg cap, 250 mg cap)*	L3	S
ANTINEOPLASTIC - ANTI-HER2 AGENTS			
TUKYSA	TUKYSA (50 MG TAB, 150 MG TAB) *tucatinib*	L3	QL (4 PER 1 DAY), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIMETABOLITES			
capecitabine	*capecitabine 150 mg tab*	L3	QL (4 PER 1 DAY(S)), S
capecitabine	*capecitabine 500 mg tab*	L3	QL (10 PER 1 DAY(S)), S
mercaptopurine	*mercaptopurine 50 mg tab*	L2	
methotrexate sodium	*methotrexate sodium (2.5 mg tab, 250 mg/10ml solution)*	L2	
methotrexate sodium (pf)	*methotrexate sodium (pf) (1 gm/40ml solution, 50 mg/2ml solution, 250 mg/10ml solution, 1000 mg/40ml solution)*	L2	
ONUREG	ONUREG (200 MG TAB, 300 MG TAB) *azacitidine*	L3	QL (14 PER 28 DAY(S)), S
PURIXAN	PURIXAN 2000 MG/100ML SUSPENSION *mercaptopurine*	L4	PA, S
TABLOID	TABLOID 40 MG TAB *thioguanine*	L3	
TREXALL	TREXALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB) *methotrexate sodium*	L5	
XATMEP	XATMEP 2.5 MG/ML SOLUTION *methotrexate*	L4	PA
XELODA	XELODA 150 MG TAB *capecitabine*	L3	QL (4 PER 1 DAY(S)), S, GA
XELODA	XELODA 500 MG TAB *capecitabine*	L3	QL (10 PER 1 DAY(S)), S, GA
VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS			
FRUZAQLA	FRUZAQLA 1 MG CAP *fruquintinib*	L3	QL (84 CAP PER 28 DAY(S)), S
FRUZAQLA	FRUZAQLA 5 MG CAP *fruquintinib*	L3	QL (21 CAP PER 28 DAY(S)), S
INLYTA	INLYTA 1 MG TAB *axitinib*	L3	QL (8 PER 1 DAY), S
INLYTA	INLYTA 5 MG TAB *axitinib*	L3	QL (4 PER 1 DAY), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LENVIMA (10 MG DAILY DOSE)	LENVIMA (10 MG DAILY DOSE) 10 MG CAP THPK *lenvatinib mesylate*	L3	QL (1 PER 1 DAY), S
LENVIMA (12 MG DAILY DOSE)	LENVIMA (12 MG DAILY DOSE) 3 X 4 MG CAP THPK *lenvatinib mesylate*	L3	QL (3 PER 1 DAY), S
LENVIMA (14 MG DAILY DOSE)	LENVIMA (14 MG DAILY DOSE) 10 & 4 MG CAP THPK *lenvatinib mesylate*	L3	QL (2 PER 1 DAY), S
LENVIMA (18 MG DAILY DOSE)	LENVIMA (18 MG DAILY DOSE) 10 MG & 2 X 4 MG CAP THPK *lenvatinib mesylate*	L3	QL (3 PER 1 DAY), S
LENVIMA (20 MG DAILY DOSE)	LENVIMA (20 MG DAILY DOSE) 2 X 10 MG CAP THPK *lenvatinib mesylate*	L3	QL (2 PER 1 DAY), S
LENVIMA (24 MG DAILY DOSE)	LENVIMA (24 MG DAILY DOSE) 2 X 10 MG & 4 MG CAP THPK *lenvatinib mesylate*	L3	QL (3 PER 1 DAY), S
LENVIMA (4 MG DAILY DOSE)	LENVIMA (4 MG DAILY DOSE) 4 MG CAP THPK *lenvatinib mesylate*	L3	QL (1 PER 1 DAY), S
LENVIMA (8 MG DAILY DOSE)	LENVIMA (8 MG DAILY DOSE) 2 X 4 MG CAP THPK *lenvatinib mesylate*	L3	QL (2 PER 1 DAY), S
ANTINEOPLASTIC - EGFR INHIBITORS			
erlotinib hcl	*erlotinib hcl (100 mg tab, 150 mg tab)*	L3	QL (1 PER 1 DAY), S
erlotinib hcl	*erlotinib hcl 25 mg tab*	L3	QL (2 PER 1 DAY), S
EXKIVITY	EXKIVITY 40 MG CAP *mobocertinib succinate*	L3	QL (4 PER 1 DAY(S)), S
gefitinib	*gefitinib 250 mg tab*	L3	QL (1 PER 1 DAY), S
GILOTRIF	GILOTRIF (20 MG TAB, 30 MG TAB, 40 MG TAB) *afatinib dimaleate*	L3	QL (1 PER 1 DAY), S
IRESSA	IRESSA 250 MG TAB *gefitinib*	L3	QL (1 PER 1 DAY), S, GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LAZCLUZE	LAZCLUZE 240 MG TAB *lazertinib mesylate*	L5	PA, QL (30 TABLETS PER 30 DAY(S)), S
LAZCLUZE	LAZCLUZE 80 MG TAB *lazertinib mesylate*	L5	PA, QL (60 TABLETS PER 30 DAY(S)), S
TAGRISSO	TAGRISSO (40 MG TAB, 80 MG TAB) *osimertinib mesylate*	L3	QL (30 TABS PER 30 DAY(S)), S
TARCEVA	TARCEVA (100 MG TAB, 150 MG TAB) *erlotinib hcl*	L3	QL (1 PER 1 DAY), S, GA
TARCEVA	TARCEVA 25 MG TAB *erlotinib hcl*	L3	QL (2 PER 1 DAY), S, GA
VIZIMPRO	VIZIMPRO (15 MG TAB, 30 MG TAB, 45 MG TAB) *dacomitinib*	L3	QL (1 PER 1 DAY(S)), S
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS			
DAURISMO	DAURISMO 100 MG TAB *glasdegib maleate*	L3	QL (1 PER 1 DAY), S
DAURISMO	DAURISMO 25 MG TAB *glasdegib maleate*	L3	QL (2 PER 1 DAY), S
ERIVEDGE	ERIVEDGE 150 MG CAP *vismodegib*	L3	QL (1 PER 1 DAY), S
ODOMZO	ODOMZO 200 MG CAP *sonidegib phosphate*	L3	QL (1 PER 1 DAY), S
ANTIADRENALS			
LYSODREN	LYSODREN 500 MG TAB *mitotane*	L3	S
ANTIANDROGENS			
bicalutamide	*bicalutamide 50 mg tab*	L2	
CASODEX	CASODEX 50 MG TAB *bicalutamide*	L2	GA
ERLEADA	ERLEADA 240 MG TAB *apalutamide*	L3	QL (1 PER 1 DAY(S)), S
ERLEADA	ERLEADA 60 MG TAB *apalutamide*	L3	QL (4 PER 1 DAY), S
flutamide	*flutamide 125 mg cap*	L2	
NILANDRON	NILANDRON 150 MG TAB *nilutamide*	L3	GA
nilutamide	*nilutamide 150 mg tab*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NUBEQA	NUBEQA 300 MG TAB *darolutamide*	L3	QL (4 PER 1 DAY), S
XTANDI	XTANDI (40 MG CAP, 40 MG TAB) *enzalutamide*	L3	QL (4 PER 1 DAY(S)), S
XTANDI	XTANDI 80 MG TAB *enzalutamide*	L3	QL (2 PER 1 DAY(S)), S
ANTIESTROGENS			
FARESTON	FARESTON 60 MG TAB *toremifene citrate*	L3	GA
SOLTAMOX	SOLTAMOX 10 MG/5ML SOLUTION *tamoxifen citrate*	L4	PA
tamoxifen citrate	*tamoxifen citrate (10 mg tab, 20 mg tab)*	L2	PA
toremifene citrate	*toremifene citrate 60 mg tab*	L3	
AROMATASE INHIBITORS			
anastrozole	*anastrozole 1 mg tab*	L2	PA
ARIMIDEX	ARIMIDEX 1 MG TAB *anastrozole*	L2	PA, GA
AROMASIN	AROMASIN 25 MG TAB *exemestane*	L2	PA, GA
exemestane	*exemestane 25 mg tab*	L2	PA
FEMARA	FEMARA 2.5 MG TAB *letrozole*	L2	GA
letrozole	*letrozole 2.5 mg tab*	L2	
ESTROGENS-ANTINEOPLASTIC			
EMCYT	EMCYT 140 MG CAP *estramustine phosphate sodium*	L3	S
SELECTIVE ESTROGEN RECEPTOR DEGRADERS			
ORSERDU	ORSERDU 345 MG TAB *elacestrant hydrochloride*	L3	QL (1 PER DAY(S)), S
ORSERDU	ORSERDU 86 MG TAB *elacestrant hydrochloride*	L3	QL (3 PER DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROGESTINS-ANTINEOPLASTIC			
megestrol acetate	*megestrol acetate (20 mg tab, 40 mg tab, 40 mg/ml suspension, 400 mg/10ml suspension, 800 mg/20ml suspension)*	L2	
GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS			
ORGOVYX	ORGOVYX 120 MG TAB *relugolix*	L3	QL (1 PER 1 DAY), S
ANDROGEN BIOSYNTHESIS INHIBITORS			
abiraterone acetate	*abiraterone acetate 250 mg tab*	L3	QL (4 PER 1 DAY(S)), S
abiraterone acetate	*abiraterone acetate 500 mg tab*	L3	QL (2 PER 1 DAY(S)), S
abirtega	*abirtega 250 mg tab*	L3	QL (4 PER 1 DAY(S)), S
YONSA	YONSA 125 MG TAB *abiraterone acetate*	L3	QL (4 PER 1 DAY(S)), S
ZYTIGA	ZYTIGA 250 MG TAB *abiraterone acetate*	L3	QL (4 PER 1 DAY(S)), S, GA
ZYTIGA	ZYTIGA 500 MG TAB *abiraterone acetate*	L3	QL (2 PER 1 DAY(S)), S, GA
ANTINEOPLASTIC - HORMONAL AND RELATED AGENT COMBINATIONS			
AKEEGA	AKEEGA (50-500 MG TAB, 100-500 MG TAB) *niraparib tosylate-abiraterone acetate*	L4	QL (2 PER 1 DAY(S)), S
ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS			
WELIREG	WELIREG 40 MG TAB *belzutifan*	L3	QL (3 PER DAY(S)), S
ANTINEOPLASTIC - IMMUNOMODULATORS			
POMALYST	POMALYST (1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP) *pomalidomide*	L3	QL (21 CAP PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - BCL-2 INHIBITORS			
VENCLEXTA	VENCLEXTA (10 MG TAB, 50 MG TAB) *venetoclax*	L3	QL (4 PER 1 DAY(S)), S
VENCLEXTA	VENCLEXTA 100 MG TAB *venetoclax*	L3	QL (6 PER 1 DAY(S)), S
VENCLEXTA STARTING PACK	VENCLEXTA STARTING PACK 10 & 50 & 100 MG TAB THPK *venetoclax*	L3	QL (1 PER 28 DAY(S)), S
ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS			
AYVAKIT	AYVAKIT (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB) *avapritinib*	L3	QL (1 PER 1 DAY(S)), S
MITOTIC INHIBITORS			
etoposide	*etoposide 50 mg cap*	L2	S
ANTINEOPLASTIC - AKT INHIBITORS			
TRUQAP	TRUQAP (160 MG TAB, 200 MG TAB) *capivasertib*	L3	PA, QL (4 PER 1 DAY(S)), S
TRUQAP	TRUQAP 160 MG TAB THPK *capivasertib*	L3	PA, QL (1 PACK PER 28 DAY(S)), S
TRUQAP	TRUQAP 200 MG TAB THPK *capivasertib*	L3	PA, QL (1 PACK PER 28 DAY(S)), S
ANTINEOPLASTIC - ALK INHIBITORS			
ALECENSA	ALECENSA 150 MG CAP *alectinib hcl*	L3	QL (8 PER 1 DAY(S)), S
ALUNBRIG	ALUNBRIG (90 MG TAB, 180 MG TAB) *brigatinib*	L3	QL (1 PER 1 DAY(S)), S
ALUNBRIG	ALUNBRIG 30 MG TAB *brigatinib*	L3	QL (4 PER 1 DAY(S)), S
ALUNBRIG	ALUNBRIG 90 & 180 MG TAB THPK *brigatinib*	L3	QL (1 PER 30 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LORBRENA	LORBRENA 100 MG TAB *lorlatinib*	L3	QL (1 PER 1 DAY), S
LORBRENA	LORBRENA 25 MG TAB *lorlatinib*	L3	QL (3 TABLETS PER 1 DAY(S)), S
XALKORI	XALKORI (20 MG CAP SPRINK, 50 MG CAP SPRINK, 200 MG CAP, 250 MG CAP) *crizotinib*	L3	QL (4 PER 1 DAY(S)), S
XALKORI	XALKORI 150 MG CAP SPRINK *crizotinib*	L3	QL (6 PER 1 DAY(S)), S
ZYKADIA	ZYKADIA 150 MG TAB *ceritinib*	L3	QL (3 PER 1 DAY(S)), S
CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS			
IBRANCE	IBRANCE (75 MG CAP, 75 MG TAB, 100 MG CAP, 100 MG TAB, 125 MG CAP, 125 MG TAB) *palbociclib*	L3	QL (21 PER 28 DAY(S)), S
KISQALI (200 MG DOSE)	KISQALI (200 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	L3	QL (21 PER 28 DAY(S)), S
KISQALI (400 MG DOSE)	KISQALI (400 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	L3	QL (1.5 PER 1 DAY), S
KISQALI (600 MG DOSE)	KISQALI (600 MG DOSE) 200 MG TAB THPK *ribociclib succinate*	L3	QL (63 PER 28 DAY(S)), S
VERZENIO	VERZENIO (50 MG TAB, 100 MG TAB, 150 MG TAB) *abemaciclib*	L4	QL (2 TAB PER DAY(S)), S
VERZENIO	VERZENIO 200 MG TAB *abemaciclib*	L4	QL (2 PER 1 DAY(S)), S
ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS			
FARYDAK	FARYDAK (10 MG CAP, 15 MG CAP, 20 MG CAP) *panobinostat lactate*	L3	QL (6 PER 21 DAY(S)), S
ZOLINZA	ZOLINZA 100 MG CAP *vorinostat*	L3	QL (4 PER 1 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS			
BOSULIF	BOSULIF (400 MG TAB, 500 MG TAB) *bosutinib*	L3	QL (1 TAB PER DAY(S)), S
BOSULIF	BOSULIF 100 MG CAP *bosutinib*	L3	QL (3 PER 1 DAY(S)), S
BOSULIF	BOSULIF 100 MG TAB *bosutinib*	L3	QL (3 TAB PER DAY(S)), S
BOSULIF	BOSULIF 50 MG CAP *bosutinib*	L3	QL (1 PER DAY(S)), S
dasatinib	*dasatinib (50 mg tab, 70 mg tab, 80 mg tab, 100 mg tab, 140 mg tab)*	L3	QL (1 TAB PER DAY(S)), S
dasatinib	*dasatinib 20 mg tab*	L3	QL (3 TAB PER DAY(S)), S
ICLUSIG	ICLUSIG (10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB) *ponatinib hcl*	L3	QL (1 PER 1 DAY), S
imatinib mesylate	*imatinib mesylate 100 mg tab*	L3	QL (4 TAB PER DAY(S)), S
imatinib mesylate	*imatinib mesylate 400 mg tab*	L3	QL (2 TAB PER DAY(S)), S
IMKELDI	IMKELDI 80 MG/ML SOLUTION *imatinib mesylate*	L3	QL (10 MLS PER 1 DAY(S)), S
SCEMBLIX	SCEMBLIX (20 MG TAB, 40 MG TAB) *asciminib hcl*	L3	QL (2 PER DAY(S)), S
SCEMBLIX	SCEMBLIX 100 MG TAB *asciminib hcl*	L3	QL (4 TABS PER DAY(S)), S
SPRYCEL	SPRYCEL (50 MG TAB, 70 MG TAB, 80 MG TAB, 100 MG TAB, 140 MG TAB) *dasatinib*	L3	QL (1 TAB PER DAY(S)), S, GA
SPRYCEL	SPRYCEL 20 MG TAB *dasatinib*	L3	QL (3 TAB PER DAY(S)), S, GA
TASIGNA	TASIGNA (50 MG CAP, 150 MG CAP, 200 MG CAP) *nilotinib hcl*	L3	QL (4 CAPS PER 1 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - BRAF KINASE INHIBITORS			
BRAFTOVI	BRAFTOVI 75 MG CAP *encorafenib*	L3	QL (6 PER 1 DAY(S)), S
OJEMDA	OJEMDA 100 MG TAB *tovorafenib*	L3	QL (24 TABS PER 28 DAY(S)), S
OJEMDA	OJEMDA 25 MG/ML RECON SUSP *tovorafenib*	L3	QL (96 ML PER 28 DAY(S)), S
TAFINLAR	TAFINLAR (50 MG CAP, 75 MG CAP) *dabrafenib mesylate*	L3	QL (4 PER 1 DAY), S
TAFINLAR	TAFINLAR 10 MG TAB SOL *dabrafenib mesylate*	L3	QL (30 PER 1 DAY(S)), S
ZELBORAF	ZELBORAF 240 MG TAB *vemurafenib*	L3	QL (8 PER 1 DAY(S)), S
ANTINEOPLASTIC - BTK INHIBITORS			
BRUKINSA	BRUKINSA 80 MG CAP *zanubrutinib*	L3	QL (4 PER 1 DAY(S)), S
CALQUENCE	CALQUENCE (100 MG CAP, 100 MG TAB) *acalabrutinib maleate*	L3	QL (2 PER 1 DAY(S)), S
IMBRUVICA	IMBRUVICA (70 MG CAP, 420 MG TAB) *ibrutinib*	L3	QL (1 PER 1 DAY), S
IMBRUVICA	IMBRUVICA 140 MG CAP *ibrutinib*	L3	QL (3 PER DAY(S)), S
IMBRUVICA	IMBRUVICA 140 MG TAB *ibrutinib*	L3	QL (1 PER DAY(S)), S
IMBRUVICA	IMBRUVICA 280 MG TAB *ibrutinib*	L3	QL (1 PER 1 DAY(S)), S
IMBRUVICA	IMBRUVICA 70 MG/ML SUSPENSION *ibrutinib*	L3	QL (180 MLS PER 30 DAY(S)), S
JAYPIRCA	JAYPIRCA 100 MG TAB *pirtobrutinib*	L3	QL (3 TAB PER DAY(S)), S
JAYPIRCA	JAYPIRCA 50 MG TAB *pirtobrutinib*	L3	QL (1 PER DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - FGFR KINASE INHIBITORS			
BALVERSA	BALVERSA 3 MG TAB *erdafitinib*	L3	QL (3 PER 1 DAY(S)), S
BALVERSA	BALVERSA 4 MG TAB *erdafitinib*	L3	QL (2 PER 1 DAY(S)), S
BALVERSA	BALVERSA 5 MG TAB *erdafitinib*	L3	QL (1 PER 1 DAY(S)), S
PEMAZYRE	PEMAZYRE (4.5 MG TAB, 9 MG TAB, 13.5 MG TAB) *pemigatinib*	L3	QL (1 PER 1 DAY), S
TRUSELTIQ (100MG DAILY DOSE)	TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK *infigratinib phosphate*	L3	QL (21 PER 28 DAY(S)), S
TRUSELTIQ (125MG DAILY DOSE)	TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK *infigratinib phosphate*	L3	QL (42 PER 28 DAY(S)), S
TRUSELTIQ (50MG DAILY DOSE)	TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK *infigratinib phosphate*	L3	QL (42 PER 28 DAY(S)), S
TRUSELTIQ (75MG DAILY DOSE)	TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK *infigratinib phosphate*	L3	QL (63 PER 28 DAY(S)), S
ANTINEOPLASTIC - GAMMA SECRETASE INHIBITORS			
OGSIVEO	OGSIVEO 100 MG TAB *nirogacestat hydrobromide*	L3	PA, QL (60 TAB PER 30 DAY(S)), S
OGSIVEO	OGSIVEO 150 MG TAB *nirogacestat hydrobromide*	L3	PA, QL (60 TABLETS PER 30 DAY(S)), S
OGSIVEO	OGSIVEO 50 MG TAB *nirogacestat hydrobromide*	L3	PA, QL (180 TABLETS PER 30 DAY(S)), S
ANTINEOPLASTIC - KRAS INHIBITORS			
KRAZATI	KRAZATI 200 MG TAB *adagrasib*	L3	QL (6 PER 1 DAY), S
LUMAKRAS	LUMAKRAS 120 MG TAB *sotorasib*	L3	QL (8 PER DAY(S)), S
LUMAKRAS	LUMAKRAS 240 MG TAB *sotorasib*	L3	QL (120 TABS PER 30 DAY(S)), S
LUMAKRAS	LUMAKRAS 320 MG TAB *sotorasib*	L3	QL (3 PER DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC - MTOR KINASE INHIBITORS			
AFINITOR	AFINITOR (5 MG TAB, 7.5 MG TAB) *everolimus*	L3	QL (30 TABLETS PER 30 DAY(S)), S, GA
AFINITOR	AFINITOR 10 MG TAB *everolimus*	L3	QL (30 TAB PER 30 DAY(S)), S, GA
AFINITOR	AFINITOR 2.5 MG TAB *everolimus*	L3	QL (60 PER 30 DAYS), S, GA
AFINITOR DISPERZ	AFINITOR DISPERZ (2 MG TAB SOL, 5 MG TAB SOL) *everolimus*	L3	QL (2 PER 1 DAY(S)), S, GA
AFINITOR DISPERZ	AFINITOR DISPERZ 3 MG TAB SOL *everolimus*	L3	QL (3 PER 1 DAY(S)), S, GA
everolimus	*everolimus (2 mg tab sol, 5 mg tab sol)*	L3	QL (2 PER 1 DAY(S)), S
everolimus	*everolimus (5 mg tab, 7.5 mg tab)*	L3	QL (30 TABLETS PER 30 DAY(S)), S
everolimus	*everolimus 10 mg tab*	L3	QL (30 TAB PER 30 DAY(S)), S
everolimus	*everolimus 2.5 mg tab*	L3	QL (60 PER 30 DAYS), S
everolimus	*everolimus 3 mg tab sol*	L3	QL (3 PER 1 DAY(S)), S
torpenz	*torpenz (5 mg tab, 7.5 mg tab)*	L3	QL (30 TABLETS PER 30 DAY(S)), S
torpenz	*torpenz 10 mg tab*	L3	QL (30 TAB PER 30 DAY(S)), S
torpenz	*torpenz 2.5 mg tab*	L3	QL (60 PER 30 DAYS), S
yulithira	*yulithira (2.5 mg tab, 5 mg tab, 7.5 mg tab, 10 mg tab)*	L3	QL (30 TAB PER 30 DAY(S)), S
ANTINEOPLASTIC - MULTIKINASE INHIBITORS			
CABOMETYX	CABOMETYX 20 MG TAB *cabozantinib s-malate*	L3	QL (30 TABLETS PER 30 DAY(S)), S
CABOMETYX	CABOMETYX 40 MG TAB *cabozantinib s-malate*	L3	QL (30 TABLETS PER 30 DAY(S)), S
CABOMETYX	CABOMETYX 60 MG TAB *cabozantinib s-malate*	L3	QL (1 PER 1 DAY(S)), S
CAPRELSA	CAPRELSA 100 MG TAB *vandetanib*	L3	QL (2 PER 1 DAY), S
CAPRELSA	CAPRELSA 300 MG TAB *vandetanib*	L3	QL (1 PER 1 DAY), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COMETRIQ (100 MG DAILY DOSE)	COMETRIQ (100 MG DAILY DOSE) 80 & 20 MG KIT *cabozantinib s-malate*	L3	QL (2 PER 1 DAY), S
COMETRIQ (140 MG DAILY DOSE)	COMETRIQ (140 MG DAILY DOSE) 3 X 20 MG & 80 MG KIT *cabozantinib s-malate*	L3	QL (4 PER 1 DAY), S
COMETRIQ (60 MG DAILY DOSE)	COMETRIQ (60 MG DAILY DOSE) 20 MG KIT *cabozantinib s-malate*	L3	QL (3 PER 1 DAY), S
FOTIVDA	FOTIVDA (0.89 MG CAP, 1.34 MG CAP) *tivozanib hcl*	L3	QL (21 PER 28 DAY(S)), S
lapatinib ditosylate	*lapatinib ditosylate 250 mg tab*	L3	QL (180 PER 30 DAYS), S
NERLYNX	NERLYNX 40 MG TAB *neratinib maleate*	L3	QL (6 PER 1 DAY), S
NEXAVAR	NEXAVAR 200 MG TAB *sorafenib tosylate*	L3	QL (4 PER 1 DAY), S, GA
pazopanib hcl	*pazopanib hcl 200 mg tab*	L3	QL (4 PER 1 DAY(S)), S
QINLOCK	QINLOCK 50 MG TAB *ripretinib*	L3	QL (3 PER 1 DAY), S
RYDAPT	RYDAPT 25 MG CAP *midostaurin*	L3	QL (8 PER 1 DAY), S
sorafenib tosylate	*sorafenib tosylate 200 mg tab*	L3	QL (4 PER 1 DAY), S
STIVARGA	STIVARGA 40 MG TAB *regorafenib*	L3	QL (3 PER 1 DAY), S
sunitinib malate	*sunitinib malate (12.5 mg cap, 25 mg cap, 37.5 mg cap, 50 mg cap)*	L3	QL (1 PER 1 DAY), S
SUTENT	SUTENT (12.5 MG CAP, 25 MG CAP, 37.5 MG CAP, 50 MG CAP) *sunitinib malate*	L3	QL (1 PER 1 DAY), S, GA
TURALIO	TURALIO 125 MG CAP *pexidartinib hcl*	L5	PA, QL (4 PER 1 DAY(S)), S
TURALIO	TURALIO 200 MG CAP *pexidartinib hcl*	L5	PA, QL (120 PER 30 DAY(S)), S
VANFLYTA	VANFLYTA (17.7 MG TAB, 26.5 MG TAB) *quizartinib dihydrochloride*	L3	QL (2 PER DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XOSPATA	XOSPATA 40 MG TAB *gilteritinib fumarate*	L3	QL (3 PER 1 DAY(S)), S
ANTINEOPLASTIC - MEK INHIBITORS			
COTELLIC	COTELLIC 20 MG TAB *cobimetinib fumarate*	L3	QL (63 PER 28 DAY(S)), S
KOSELUGO	KOSELUGO 10 MG CAP *selumetinib sulfate*	L4	PA, QL (8 PER DAY(S)), S
KOSELUGO	KOSELUGO 25 MG CAP *selumetinib sulfate*	L4	PA, QL (4 PER DAY(S)), S
MEKINIST	MEKINIST 0.05 MG/ML RECON SOLN *trametinib dimethyl sulfoxide*	L3	QL (40 ML PER DAY(S)), S
MEKINIST	MEKINIST 0.5 MG TAB *trametinib dimethyl sulfoxide*	L3	QL (3 TAB PER DAY(S)), S
MEKINIST	MEKINIST 2 MG TAB *trametinib dimethyl sulfoxide*	L3	QL (1 TAB PER DAY(S)), S
MEKTOVI	MEKTOVI 15 MG TAB *binimetinib*	L3	QL (6 PER 1 DAY), S
ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS			
TAZVERIK	TAZVERIK 200 MG TAB *tazemetostat hbr*	L3	QL (8 PER 1 DAY), S
ANTINEOPLASTIC - MET INHIBITORS			
TABRECTA	TABRECTA (150 MG TAB, 200 MG TAB) *capmatinib hcl*	L3	QL (4 PER 1 DAY), S
TEPMETKO	TEPMETKO 225 MG TAB *tepotinib hcl*	L3	QL (2 PER 1 DAY), S
ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS			
AUGTYRO	AUGTYRO 160 MG CAP *repotrectinib*	L3	PA, QL (2 CAP PER DAY(S)), S
AUGTYRO	AUGTYRO 40 MG CAP *repotrectinib*	L3	PA, QL (8 TAB PER DAY(S)), S
ROZLYTREK	ROZLYTREK 100 MG CAP *entrectinib*	L3	QL (30 PER 30 DAY(S)), S
ROZLYTREK	ROZLYTREK 200 MG CAP *entrectinib*	L3	QL (90 PER 30 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ROZLYTREK	ROZLYTREK 50 MG PACKET *entrectinib*	L3	QL (2 PER DAY(S)), S
VITRAKVI	VITRAKVI 100 MG CAP *larotrectinib sulfate*	L3	QL (2 PER 1 DAY(S)), S
VITRAKVI	VITRAKVI 20 MG/ML SOLUTION *larotrectinib sulfate*	L3	QL (300 PER 30 DAY(S)), S
VITRAKVI	VITRAKVI 25 MG CAP *larotrectinib sulfate*	L3	QL (6 PER 1 DAY(S)), S
ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS			
REZLIDHIA	REZLIDHIA 150 MG CAP *olutasidenib*	L5	QL (2 PER 1 DAY(S)), S
TIBSOVO	TIBSOVO 250 MG TAB *ivosidenib*	L3	QL (2 PER 1 DAY), S
ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS			
IDHIFA	IDHIFA (50 MG TAB, 100 MG TAB) *enasidenib mesylate*	L3	QL (1 PER 1 DAY), S
POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS			
LYNPARZA	LYNPARZA (100 MG TAB, 150 MG TAB) *olaparib*	L3	QL (4 PER 1 DAY), S
RUBRACA	RUBRACA (200 MG TAB, 250 MG TAB, 300 MG TAB) *rucaparib camsylate*	L3	QL (4 PER 1 DAY), S
TALZENNA	TALZENNA (0.1 MG CAP, 0.35 MG CAP) *talazoparib tosylate*	L3	QL (1 PER 1 DAY(S)), S
TALZENNA	TALZENNA (0.5 MG CAP, 0.75 MG CAP, 1 MG CAP) *talazoparib tosylate*	L3	QL (1 PER 1 DAY), S
TALZENNA	TALZENNA 0.25 MG CAP *talazoparib tosylate*	L3	QL (3 PER 1 DAY), S
ZEJULA	ZEJULA (200 MG TAB, 300 MG TAB) *niraparib tosylate*	L3	QL (1 PER 1 DAY(S)), S
ZEJULA	ZEJULA 100 MG CAP *niraparib tosylate*	L3	QL (3 PER 1 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZEJULA	ZEJULA 100 MG TAB *niraparib tosylate*	L3	QL (1 PER DAY(S)), S
ANTINEOPLASTIC - RET INHIBITORS			
GAVRETO	GAVRETO 100 MG CAP *pralsetinib*	L3	S
GAVRETO	GAVRETO 100 MG CAP *pralsetinib*	L3	QL (4 PER 1 DAY), S
RETEVMO	RETEVMO (80 MG TAB, 120 MG TAB, 160 MG TAB) *selpercatinib*	L3	QL (60 TABLETS PER 30 DAY(S)), S
RETEVMO	RETEVMO 40 MG CAP *selpercatinib*	L3	QL (90 CAPSULES PER 30 DAY(S)), S
RETEVMO	RETEVMO 40 MG TAB *selpercatinib*	L3	QL (90 TABLETS PER 30 DAY(S)), S
RETEVMO	RETEVMO 80 MG CAP *selpercatinib*	L3	QL (60 CAPSULES PER 30 DAY(S)), S
ANTINEOPLASTIC - PROTEASOME INHIBITORS			
NINLARO	NINLARO (2.3 MG CAP, 3 MG CAP, 4 MG CAP) *ixazomib citrate*	L3	QL (3 PER 28 DAY(S)), S
JANUS ASSOCIATED KINASE (JAK) INHIBITORS			
INREBIC	INREBIC 100 MG CAP *fedratinib hcl*	L3	PA, QL (120 PER 30 DAY(S)), S
JAKAFI	JAKAFI (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB) *ruxolitinib phosphate*	L3	QL (2 PER 1 DAY), S
OJJAARA	OJJAARA (100 MG TAB, 150 MG TAB, 200 MG TAB) *momelotinib dihydrochloride*	L3	PA, QL (30 TABLETS PER 30 DAY(S)), S
VONJO	VONJO 100 MG CAP *pacritinib citrate*	L3	PA, QL (4 PER 1 DAY(S)), S
PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS			
COPIKTRA	COPIKTRA 15 MG CAP *duvelisib*	L3	QL (2 CAP PER DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COPIKTRA	COPIKTRA 25 MG CAP *duvelisib*	L3	QL (392 CAP PER 63 DAY(S)), S
PIQRAY (200 MG DAILY DOSE)	PIQRAY (200 MG DAILY DOSE) 200 MG TAB THPK *alpelisib*	L3	QL (1 PER 1 DAY), S
PIQRAY (250 MG DAILY DOSE)	PIQRAY (250 MG DAILY DOSE) 200 & 50 MG TAB THPK *alpelisib*	L3	QL (2 PER 1 DAY), S
PIQRAY (300 MG DAILY DOSE)	PIQRAY (300 MG DAILY DOSE) 2 X 150 MG TAB THPK *alpelisib*	L3	QL (2 PER 1 DAY), S
ZYDELIG	ZYDELIG (100 MG TAB, 150 MG TAB) *idelalisib*	L3	QL (2 PER 1 DAY(S)), S
TOPOISOMERASE I INHIBITORS			
HYCAMTIN	HYCAMTIN (0.25 MG CAP, 1 MG CAP) *topotecan hcl*	L3	S
ANTINEOPLASTIC - XPO1 INHIBITORS			
XPOVIO (100 MG ONCE WEEKLY)	XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK *selinexor*	L3	QL (8 PER 28 DAY(S)), S
XPOVIO (40 MG ONCE WEEKLY)	XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK *selinexor*	L3	QL (4 PER 28 DAY(S)), S
XPOVIO (40 MG TWICE WEEKLY)	XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK *selinexor*	L3	QL (8 PER 28 DAY(S)), S
XPOVIO (60 MG ONCE WEEKLY)	XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK *selinexor*	L3	QL (4 PER 28 DAY(S)), S
XPOVIO (60 MG TWICE WEEKLY)	XPOVIO (60 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	L3	QL (24 PER 30 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XPOVIO (80 MG ONCE WEEKLY)	XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK *selinexor*	L3	QL (8 PER 28 DAY(S)), S
XPOVIO (80 MG TWICE WEEKLY)	XPOVIO (80 MG TWICE WEEKLY) 20 MG TAB THPK *selinexor*	L3	QL (32 PER 30 DAY(S)), S
ANTINEOPLASTICS MISC.			
ACTIMMUNE	ACTIMMUNE 100 MCG/0.5ML SOLUTION *interferon gamma-1b*	L3	S
BESREMI	BESREMI 500 MCG/ML SOLN PRSYR *ropeginterferon alfa-2b-njft*	L5	PA, QL (2 PER 28 DAY(S)), S
HYDREA	HYDREA 500 MG CAP *hydroxyurea*	L2	GA
hydroxyurea	*hydroxyurea 500 mg cap*	L2	
MATULANE	MATULANE 50 MG CAP *procarbazine hcl*	L3	S
RETINOIDS			
tretinoin	*tretinoin 10 mg cap*	L2	
SELECTIVE RETINOID X RECEPTOR AGONISTS			
bexarotene	*bexarotene 75 mg cap*	L3	S
TARGRETIN	TARGRETIN 75 MG CAP *bexarotene*	L3	S, GA
FOLIC ACID ANTAGONISTS RESCUE AGENTS			
leucovorin calcium	*leucovorin calcium (5 mg tab, 10 mg tab, 15 mg tab, 25 mg tab, 50 mg recon soln)*	L2	
ORNITHINE DECARBOXYLASE (ODC) INHIBITORS			
IWILFIN	IWILFIN 192 MG TAB *eflornithine hydrochloride*	L3	QL (8 PER DAY(S)), S
URINARY TRACT PROTECTIVE AGENTS			
MESNEX	MESNEX 400 MG TAB *mesna*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTINEOPLASTIC COMBINATIONS			
INQOVI	INQOVI 35-100 MG TAB *decitabine-cedazuridine*	L4	QL (5 PER 28 DAY(S)), S
KISQALI FEMARA (200 MG DOSE)	KISQALI FEMARA (200 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	L3	QL (49 PER 28 DAY(S)), S
KISQALI FEMARA (400 MG DOSE)	KISQALI FEMARA (400 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	L3	QL (70 PER 28 DAY(S)), S
KISQALI FEMARA (600 MG DOSE)	KISQALI FEMARA (600 MG DOSE) 200 & 2.5 MG TAB THPK *ribociclib succinate-letrozole*	L3	QL (91 PER 28 DAY(S)), S
LONSURF	LONSURF 15-6.14 MG TAB *trifluridine-tipiracil*	L3	QL (100 PER 28 DAY(S)), S
LONSURF	LONSURF 20-8.19 MG TAB *trifluridine-tipiracil*	L3	QL (80 PER 28 DAY(S)), S
CORTICOSTEROIDS GLUCOCORTICOSTEROIDS			
budesonide	*budesonide 3 mg cp dr part*	L2	
budesonide er	*budesonide er 9 mg tab er 24h*	L5	
CORTEF	CORTEF (5 MG TAB, 10 MG TAB, 20 MG TAB) *hydrocortisone*	L2	GA
deflazacort	*deflazacort (18 mg tab, 30 mg tab, 36 mg tab)*	L5	PA, QL (1 TAB PER DAY(S)), S
deflazacort	*deflazacort 22.75 mg/ml suspension*	L5	PA, QL (54 ML PER 30 DAY(S)), S
deflazacort	*deflazacort 6 mg tab*	L5	PA, QL (2 TAB PER DAY(S)), S
DEPO-MEDROL	DEPO-MEDROL 20 MG/ML SUSPENSION *methylprednisolone acetate*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DEXABLISS	DEXABLISS 1.5 MG (39) TAB THPK *dexamethasone*	L5	
dexamethasone	*dexamethasone (0.5 mg tab, 0.5 mg/5ml elixir, 0.5 mg/5ml solution, 0.75 mg tab, 1 mg tab, 1.5 mg tab, 2 mg tab, 4 mg tab, 6 mg tab)*	L2	
DEXAMETHASONE	DEXAMETHASONE (1.5 MG (21) TAB THPK, 1.5 MG (35) TAB THPK, 1.5 MG (51) TAB THPK) *dexamethasone*	L5	
DEXAMETHASONE INTENSOL	DEXAMETHASONE INTENSOL 1 MG/ML CONC *dexamethasone*	L2	
dexamethasone sod phosphate pf	*dexamethasone sod phosphate pf 10 mg/ml solution*	L2	
dexamethasone sodium phosphate	*dexamethasone sodium phosphate 20 mg/5ml solution*	L2	
DXEVO 11-DAY	DXEVO 11-DAY 1.5 MG TAB THPK *dexamethasone*	L5	
EMFLAZA	EMFLAZA (18 MG TAB, 30 MG TAB, 36 MG TAB) *deflazacort*	L5	PA, QL (1 TAB PER DAY(S)), S, GA
EMFLAZA	EMFLAZA 22.75 MG/ML SUSPENSION *deflazacort*	L5	PA, QL (54 ML PER 30 DAY(S)), S, GA
EMFLAZA	EMFLAZA 6 MG TAB *deflazacort*	L5	PA, QL (2 TAB PER DAY(S)), S, GA
EOHILIA	EOHILIA 2 MG/10ML SUSPENSION *budesonide*	L5	QL (20 ML PER 1 DAY(S))
hidex 6-day	*hidex 6-day 1.5 mg (21) tab thpk*	L5	
hydrocortisone	*hydrocortisone (5 mg tab, 10 mg tab, 20 mg tab)*	L2	
hydrocortisone sod suc (pf)	*hydrocortisone sod suc (pf) 100 mg recon soln*	L2	
jaythari	*jaythari (18 mg tab, 30 mg tab, 36 mg tab)*	L5	PA, QL (1 TAB PER DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
jaythari	*jaythari 22.75 mg/ml suspension*	L5	PA, QL (54 ML PER 30 DAY(S)), S
jaythari	*jaythari 6 mg tab*	L5	PA, QL (2 TAB PER DAY(S)), S
KENALOG-10	KENALOG-10 10 MG/ML SUSPENSION *triamcinolone acetonide*	L4	
KENALOG-40	KENALOG-40 40 MG/ML SUSPENSION *triamcinolone acetonide*	L4	GA
kymbee	*kymbee (18 mg tab, 30 mg tab, 36 mg tab)*	L5	PA, QL (1 TAB PER DAY(S)), S
kymbee	*kymbee 22.75 mg/ml suspension*	L5	PA, QL (54 ML PER 30 DAY(S)), S
kymbee	*kymbee 6 mg tab*	L5	PA, QL (2 TAB PER DAY(S)), S
MEDROL	MEDROL (4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB) *methylprednisolone*	L2	GA
MEDROL	MEDROL 2 MG TAB *methylprednisolone*	L5	
methylprednisolone	*methylprednisolone (4 mg tab, 4 mg tab thpk, 8 mg tab, 16 mg tab, 32 mg tab)*	L2	
methylprednisolone sodium succ	*methylprednisolone sodium succ 500 mg recon soln*	L2	
ORAPRED ODT	ORAPRED ODT (ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 30 MG TAB DISP) *prednisolone sodium phosphate*	L2	
PEDIAPRED	PEDIAPRED 5 MG/5ML SOLUTION *prednisolone sodium phosphate*	L2	GA
prednisolone	*prednisolone 15 mg/5ml solution*	L2	
prednisolone sodium phosphate	*prednisolone sodium phosphate (10 solution, 20 solution)*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prednisolone sodium phosphate	*prednisolone sodium phosphate (5 mg/5ml solution, 6.7 (5 base) mg/5ml solution, 10 mg tab disp, 15 mg tab disp, 15 mg/5ml solution, 25 mg/5ml solution, 30 mg tab disp)*	L2	
prednisone	*prednisone (1 mg tab, 2.5 mg tab, 5 mg (21) tab thpk, 5 mg (48) tab thpk, 5 mg tab, 5 mg/5ml solution, 10 mg (21) tab thpk, 10 mg (48) tab thpk, 10 mg tab, 20 mg tab, 50 mg tab)*	L2	
PREDNISONE INTENSOL	PREDNISONE INTENSOL 5 MG/ML CONC *prednisone*	L2	
pyquvi	*pyquvi 22.75 mg/ml suspension*	L5	PA, QL (54 ML PER 30 DAY(S)), S
SOLU-CORTEF	SOLU-CORTEF (100 MG RECON SOLN, 250 MG RECON SOLN, 500 MG RECON SOLN) *hydrocortisone sod succinate*	L2	
SOLU-MEDROL (PF)	SOLU-MEDROL (PF) 500 MG RECON SOLN *methylprednisolone sod succ*	L2	
SOLU-MEDROL	SOLU-MEDROL 500 MG RECON SOLN *methylprednisolone sod succ*	L2	GA
TAPERDEX 12-DAY	TAPERDEX 12-DAY 1.5 MG (49) TAB THPK *dexamethasone*	L5	
taperdex 6-day	*taperdex 6-day (1.5 mg (21) tab thpk, 1.5 mg tab thpk)*	L5	
TAPERDEX 7-DAY	TAPERDEX 7-DAY 1.5 MG (27) TAB THPK *dexamethasone*	L5	
triamcinolone acetonide	*triamcinolone acetonide 40 mg/ml suspension*	L4	
UCERIS	UCERIS 9 MG TAB ER 24H *budesonide*	L5	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MINERALOCORTICOIDS			
fludrocortisone acetate	*fludrocortisone acetate 0.1 mg tab*	L2	
ANDROGENS-ANABOLIC ANDROGENS			
ANDRODERM	ANDRODERM (2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR) *testosterone*	L4	PA, QL (1 PER 1 DAY(S))
ANDROGEL	ANDROGEL 25 MG/2.5GM (1%) GEL *testosterone*	L4	PA, QL (2 PER 1 DAY(S)), GA
ANDROGEL PUMP	ANDROGEL PUMP 20.25 MG/ACT (1.62%) GEL *testosterone*	L4	PA, QL (2 PER 30 DAY(S)), GA
danazol	*danazol (50 mg cap, 100 mg cap, 200 mg cap)*	L2	
DEPO-TESTOSTERONE	DEPO-TESTOSTERONE (100 MG/ML SOLUTION, 200 MG/ML SOLUTION) *testosterone cypionate*	L2	GA
FORTESTA	FORTESTA 10 MG/ACT (2%) GEL *testosterone*	L4	PA, QL (2 PER 30 DAY(S)), GA
JATENZO	JATENZO (158 MG CAP, 198 MG CAP) *testosterone undecanoate*	L5	PA, QL (4 CAP PER DAY(S))
JATENZO	JATENZO 237 MG CAP *testosterone undecanoate*	L5	PA, QL (2 CAP PER DAY(S))
METHITEST	METHITEST 10 MG TAB *methyltestosterone*	L5	PA
methyltestosterone	*methyltestosterone 10 mg cap*	L5	PA
NATESTO	NATESTO 5.5 MG/ACT GEL *testosterone*	L5	PA, QL (3 PER 30 DAY(S))
TESTIM	TESTIM 50 MG/5GM (1%) GEL *testosterone*	L4	PA, QL (2 PER 1 DAY(S)), GA
testosterone	*testosterone (10 (2%) gel, 20.25 (1.62%) gel)*	L4	PA, QL (2 PER 30 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
testosterone	*testosterone (25 mg/2.5gm (1%) gel, 40.5 mg/2.5gm (1.62%) gel, 50 mg/5gm (1%) gel)*	L4	PA, QL (2 PER 1 DAY(S))
testosterone	*testosterone 12.5 mg/act (1%) gel*	L4	PA, QL (4 PER 30 DAY(S))
testosterone	*testosterone 20.25 mg/1.25gm (1.62%) gel*	L4	PA, QL (1 PER 1 DAY(S))
testosterone	*testosterone 30 mg/act solution*	L4	PA, QL (2 UNIT PER 30 DAY(S))
testosterone cypionate	*testosterone cypionate (100 mg/ml solution, 200 mg/ml solution)*	L2	
TESTOSTERONE ENANTHATE	TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION *testosterone enanthate*	L2	
VOGELXO	VOGELXO 50 MG/5GM (1%) GEL *testosterone*	L4	PA, QL (2 PER 1 DAY(S)), GA
VOGELXO PUMP	VOGELXO PUMP 12.5 MG/ACT (1%) GEL *testosterone*	L4	PA, QL (4 PER 30 DAY(S)), GA
XYOSTED	XYOSTED (50 SOLN A-INJ, 75 SOLN A-INJ, 100 SOLN A-INJ) *testosterone enanthate*	L5	PA, QL (4 PER 28 DAY(S))
ANABOLIC STEROIDS			
oxandrolone	*oxandrolone (2.5 mg tab, 10 mg tab)*	L2	
ESTROGENS			
ALORA	ALORA (0.025 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW) *estradiol*	L5	QL (8 PER 28 DAYS), GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLIMARA	CLIMARA (0.025 MG/24HR PATCH WK, 0.0375 MG/24HR PATCH WK, 0.05 MG/24HR PATCH WK, 0.06 MG/24HR PATCH WK, 0.075 MG/24HR PATCH WK, 0.1 MG/24HR PATCH WK) *estradiol*	L2	GA
DELESTROGEN	DELESTROGEN (10 MG/ML OIL, 20 MG/ML OIL, 40 MG/ML OIL) *estradiol valerate*	L2	GA
DEPO-ESTRADIOL	DEPO-ESTRADIOL 5 MG/ML OIL *estradiol cypionate*	L2	
DIVIGEL	DIVIGEL (0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 0.75 MG/0.75GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL) *estradiol*	L4	GA
dotti	*dotti (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)*	L2	QL (8 PER 28 DAYS)
ELESTRIN	ELESTRIN 0.52 MG/0.87 GM (0.06%) GEL *estradiol*	L4	
ESTRACE	ESTRACE (0.5 MG TAB, 1 MG TAB, 2 MG TAB) *estradiol*	L2	GA
estradiol	*estradiol (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)*	L2	QL (8 PER 28 DAYS)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
estradiol	*estradiol (0.025 mg/24hr patch wk, 0.0375 mg/24hr patch wk, 0.05 mg/24hr patch wk, 0.06 mg/24hr patch wk, 0.075 mg/24hr patch wk, 0.1 mg/24hr patch wk, 0.5 mg tab, 1 mg tab, 2 mg tab)*	L2	
estradiol	*estradiol (0.25 mg/0.25gm gel, 0.5 mg/0.5gm gel, 0.75 mg/0.75gm gel, 0.75 mg/1.25 gm (0.06%) gel, 1 mg/gm gel, 1.25 mg/1.25gm gel)*	L4	
estradiol valerate	*estradiol valerate (10 mg/ml oil, 20 mg/ml oil, 40 mg/ml oil)*	L2	
ESTROGEL	ESTROGEL 0.75 MG/1.25 GM (0.06%) GEL *estradiol*	L4	GA
EVAMIST	EVAMIST 1.53 MG/SPRAY SOLUTION *estradiol*	L4	
lyllana	*lyllana (0.025 mg/24hr patch tw, 0.0375 mg/24hr patch tw, 0.05 mg/24hr patch tw, 0.075 mg/24hr patch tw, 0.1 mg/24hr patch tw)*	L2	QL (8 PER 28 DAYS)
MENEST	MENEST (0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB) *esterified estrogens*	L4	
MENOSTAR	MENOSTAR 14 MCG/24HR PATCH WK *estradiol*	L4	
MINIVELLE	MINIVELLE (0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW) *estradiol*	L5	QL (8 PER 28 DAYS), GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREMARIN	PREMARIN (0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB) *estrogens, conjugated*	L3	
VIVELLE-DOT	VIVELLE-DOT (0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW) *estradiol*	L2	QL (8 PER 28 DAYS), GA
ESTROGEN & ANDROGEN			
COVARYX	COVARYX 1.25-2.5 MG TAB *esterified estrogens & methyltestosterone*	L2	GA
COVARYX HS	COVARYX HS 0.625-1.25 MG TAB *esterified estrogens & methyltestosterone*	L2	GA
EEMT	EEMT 1.25-2.5 MG TAB *esterified estrogens & methyltestosterone*	L2	GA
EEMT HS	EEMT HS 0.625-1.25 MG TAB *esterified estrogens & methyltestosterone*	L2	GA
est estrogens-methyltest	*est estrogens-methyltest 1.25-2.5 mg tab*	L2	
est estrogens-methyltest ds	*est estrogens-methyltest ds 1.25-2.5 mg tab*	L2	
est estrogens-methyltest hs	*est estrogens-methyltest hs 0.625-1.25 mg tab*	L2	
estratest f.s.	*estratest f.s. 1.25-2.5 mg tab*	L2	
ESTRATEST H.S.	ESTRATEST H.S. 0.625-1.25 MG TAB *esterified estrogens & methyltestosterone*	L2	GA
ESTROGEN & PROGESTIN			
abigale	*abigale 1-0.5 mg tab*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
abigale lo	*abigale lo 0.5-0.1 mg tab*	L2	
ACTIVELLA	ACTIVELLA 1-0.5 MG TAB *estradiol & norethindrone acetate*	L2	GA
amabelz	*amabelz (0.5-0.1 mg tab, 1-0.5 mg tab)*	L2	
ANGELIQ	ANGELIQ (0.25-0.5 MG TAB, 0.5-1 MG TAB) *drospirenone-estradiol*	L4	
BIJUVA	BIJUVA (0.5-100 MG CAP, 1-100 MG CAP) *estradiol-progesterone*	L5	QL (1 PER 1 DAY(S))
CLIMARA PRO	CLIMARA PRO 0.045-0.015 MG/DAY PATCH WK *estradiol-levonorgestrel*	L4	
COMBIPATCH	COMBIPATCH (0.05-0.14 PATCH TW, 0.05-0.25 PATCH TW) *estradiol & norethindrone acetate*	L4	
estradiol-norethindrone acet	*estradiol-norethindrone acet (0.5-0.1 mg tab, 1-0.5 mg tab)*	L2	
fyavolv	*fyavolv (0.5-2.5 tab, 1-5 tab)*	L2	
jinteli	*jinteli 1-5 mg-mcg tab*	L2	
mimvey	*mimvey 1-0.5 mg tab*	L2	
norethindrone-eth estradiol	*norethindrone-eth estradiol (0.5-2.5 tab, 1-5 tab)*	L2	
PREFEST	PREFEST 1/1-0.09 MG (15/15) TAB *estradiol-norgestimate*	L4	
PREMPHASE	PREMPHASE 0.625-5 MG TAB *conjugated estrogens-medroxyprogesterone acetate*	L3	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PREMPRO	PREMPRO (0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB) *conjugated estrogens-medroxyprogesterone acetate*	L3	
ESTROGEN-PROGESTIN-GNRH ANTAGONIST			
MYFEMBREE	MYFEMBREE 40-1-0.5 MG TAB *relugolix-estradiol-norethindrone acetate*	L5	PA, QL (1 PER 1 DAY(S))
ORIAHNN	ORIAHNN 300-1-0.5 & 300 MG CAP THPK *elagolix sodium-estradiol-norethindrone acetate*	L5	PA, QL (56 PER 28 DAY(S))
ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB			
DUAVEE	DUAVEE 0.45-20 MG TAB *conjugated estrogens-bazedoxifene*	L5	
CONTRACEPTIVES PROGESTIN CONTRACEPTIVES - ORAL			
camila	*camila 0.35 mg tab*	L1	
deblitane	*deblitane 0.35 mg tab*	L1	
emzahh	*emzahh 0.35 mg tab*	L1	
errin	*errin 0.35 mg tab*	L1	
heather	*heather 0.35 mg tab*	L1	
incassia	*incassia 0.35 mg tab*	L1	
jencycla	*jencycla 0.35 mg tab*	L1	
lyleq	*lyleq 0.35 mg tab*	L1	
lyza	*lyza 0.35 mg tab*	L1	
meleya	*meleya 0.35 mg tab*	L1	
nora-be	*nora-be 0.35 mg tab*	L1	
norethindrone	*norethindrone 0.35 mg tab*	L1	
norlyda	*norlyda 0.35 mg tab*	L1	
norlyroc	*norlyroc 0.35 mg tab*	L1	
orquidea	*orquidea 0.35 mg tab*	L1	
sharobel	*sharobel 0.35 mg tab*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SLYND	SLYND 4 MG TAB *drospirenone*	L1	
tulana	*tulana 0.35 mg tab*	L1	
PROGESTIN CONTRACEPTIVES - INJECTABLE			
DEPO-PROVERA	DEPO-PROVERA (150 MG/ML SUSP PRSYR, 150 MG/ML SUSPENSION) *medroxyprogesterone acetate (contraceptive)*	L1	GA
DEPO-SUBQ PROVERA 104	DEPO-SUBQ PROVERA 104 104 MG/0.65ML SUSP PRSYR *medroxyprogesterone acetate (contraceptive)*	L1	
medroxyprogesterone acetate	*medroxyprogesterone acetate (150 mg/ml susp prsyr, 150 mg/ml suspension)*	L1	
EMERGENCY CONTRACEPTIVES			
ELLA	ELLA 30 MG TAB *ulipristal acetate*	L1	
COMBINATION CONTRACEPTIVES - TRANSDERMAL			
norelgestromin-eth estradiol	*norelgestromin-eth estradiol 150-35 mcg/24hr patch wk*	L1	
TWIRLA	TWIRLA 120-30 MCG/24HR PATCH WK *levonorgestrel-ethinyl estradiol*	L1	
xulane	*xulane 150-35 mcg/24hr patch wk*	L1	
zafemy	*zafemy 150-35 mcg/24hr patch wk*	L1	
COMBINATION CONTRACEPTIVES - VAGINAL			
ANNOVERA	ANNOVERA 0.013-0.15 MG/24HR RING *segesterone acetate-ethinyl estradiol*	L1	
eluryng	*eluryng 0.12-0.015 mg/24hr ring*	L1	
enilloring	*enilloring 0.12-0.015 mg/24hr ring*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
etonogestrel-ethinyl estradiol	*etonogestrel-ethinyl estradiol 0.12-0.015 mg/24hr ring*	L1	
haloette	*haloette 0.12-0.015 mg/24hr ring*	L1	
NUVARING	NUVARING 0.12-0.015 MG/24HR RING *etonogestrel-ethinyl estradiol*	L1	GA
COMBINATION CONTRACEPTIVES - ORAL			
afirmelle	*afirmelle 0.1-20 mg-mcg tab*	L1	
altavera	*altavera 0.15-30 mg-mcg tab*	L1	
alyacen 1/35	*alyacen 1/35 1-35 mg-mcg tab*	L1	
apri	*apri 0.15-30 mg-mcg tab*	L1	
aubra	*aubra 0.1-20 mg-mcg tab*	L1	
aubra eq	*aubra eq 0.1-20 mg-mcg tab*	L1	
aurovela 1.5/30	*aurovela 1.5/30 1.5-30 mg-mcg tab*	L1	
aurovela 1/20	*aurovela 1/20 1-20 mg-mcg tab*	L1	
aurovela 24 fe	*aurovela 24 fe 1-20 mg-mcg(24) tab*	L1	
aurovela fe 1.5/30	*aurovela fe 1.5/30 1.5-30 mg-mcg tab*	L1	
aurovela fe 1/20	*aurovela fe 1/20 1-20 mg-mcg tab*	L1	
aviane	*aviane 0.1-20 mg-mcg tab*	L1	
ayuna	*ayuna 0.15-30 mg-mcg tab*	L1	
BALCOLTRA	BALCOLTRA 0.1-20 MG-MCG(21) TAB *levonorgestrel-ethinyl estradiol-ferrous bisglycinate*	L1	GA
balziva	*balziva 0.4-35 mg-mcg tab*	L1	
BEYAZ	BEYAZ 3-0.02-0.451 MG TAB *drospirenone-ethinyl estradiol-levomefolate calcium*	L1	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
blisovi 24 fe	*blisovi 24 fe 1-20 mg-mcg(24) tab*	L1	
blisovi fe 1.5/30	*blisovi fe 1.5/30 1.5-30 mg-mcg tab*	L1	
blisovi fe 1/20	*blisovi fe 1/20 1-20 mg-mcg tab*	L1	
briellyn	*briellyn 0.4-35 mg-mcg tab*	L1	
charlotte 24 fe	*charlotte 24 fe 1-20 mg-mcg(24) chew tab*	L1	
chateal	*chateal 0.15-30 mg-mcg tab*	L1	
chateal eq	*chateal eq 0.15-30 mg-mcg tab*	L1	
cryselle	*cryselle 0.3-30 mg-mcg tab*	L1	
cryselle-28	*cryselle-28 0.3-30 mg-mcg tab*	L1	
cyred	*cyred 0.15-30 mg-mcg tab*	L1	
cyred eq	*cyred eq 0.15-30 mg-mcg tab*	L1	
dasetta 1/35	*dasetta 1/35 1-35 mg-mcg tab*	L1	
delyla	*delyla 0.1-20 mg-mcg tab*	L1	
desogestrel-ethinyl estradiol	*desogestrel-ethinyl estradiol 0.15-30 mg-mcg tab*	L1	
drospiren-eth estrad-levomefol	*drospiren-eth estrad-levomefol (3-0.02-0.451 mg tab, 3-0.03-0.451 mg tab)*	L1	
drospirenone-ethinyl estradiol	*drospirenone-ethinyl estradiol (3-0.02 mg tab, 3-0.03 mg tab)*	L1	
elinest	*elinest 0.3-30 mg-mcg tab*	L1	
enskyce	*enskyce 0.15-30 mg-mcg tab*	L1	
estarylla	*estarylla 0.25-35 mg-mcg tab*	L1	
ethynodiol diac-eth estradiol	*ethynodiol diac-eth estradiol (1-35 tab, 1-50 tab)*	L1	
falmina	*falmina 0.1-20 mg-mcg tab*	L1	
feirza 1.5/30	*feirza 1.5/30 1.5-30 mg-mcg tab*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
feirza 1/20	*feirza 1/20 1-20 mg-mcg tab*	L1	
FEMLYV	FEMLYV 1-0.02 MG TAB DISP *norethindrone acet & eth estra*	L1	
femynor	*femynor 0.25-35 mg-mcg tab*	L1	
finzala	*finzala 1-20 mg-mcg(24) chew tab*	L1	
galbriela	*galbriela 0.8-25 mg-mcg chew tab*	L1	
gemmily	*gemmily 1-20 mg-mcg(24) cap*	L1	
GENERESS FE	GENERESS FE 0.8-25 MG-MCG CHEW TAB *norethindrone & ethinyl estradiol-fe*	L1	GA
hailey 1.5/30	*hailey 1.5/30 1.5-30 mg-mcg tab*	L1	
hailey 24 fe	*hailey 24 fe 1-20 mg-mcg(24) tab*	L1	
hailey fe 1.5/30	*hailey fe 1.5/30 1.5-30 mg-mcg tab*	L1	
hailey fe 1/20	*hailey fe 1/20 1-20 mg-mcg tab*	L1	
isibloom	*isibloom 0.15-30 mg-mcg tab*	L1	
jasmiel	*jasmiel 3-0.02 mg tab*	L1	
joyeaux	*joyeaux 0.1-20 mg-mcg(21) tab*	L1	
juleber	*juleber 0.15-30 mg-mcg tab*	L1	
junel 1.5/30	*junel 1.5/30 1.5-30 mg-mcg tab*	L1	
junel 1/20	*junel 1/20 1-20 mg-mcg tab*	L1	
junel fe 1.5/30	*junel fe 1.5/30 1.5-30 mg-mcg tab*	L1	
junel fe 1/20	*junel fe 1/20 1-20 mg-mcg tab*	L1	
junel fe 24	*junel fe 24 1-20 mg-mcg(24) tab*	L1	
kaitlib fe	*kaitlib fe 0.8-25 mg-mcg chew tab*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
kalliga	*kalliga 0.15-30 mg-mcg tab*	L1	
kelnor 1/35	*kelnor 1/35 1-35 mg-mcg tab*	L1	
kelnor 1/50	*kelnor 1/50 1-50 mg-mcg tab*	L1	
kurvelo	*kurvelo 0.15-30 mg-mcg tab*	L1	
larin 1.5/30	*larin 1.5/30 1.5-30 mg-mcg tab*	L1	
larin 1/20	*larin 1/20 1-20 mg-mcg tab*	L1	
larin 24 fe	*larin 24 fe 1-20 mg-mcg(24) tab*	L1	
larin fe 1.5/30	*larin fe 1.5/30 1.5-30 mg-mcg tab*	L1	
larin fe 1/20	*larin fe 1/20 1-20 mg-mcg tab*	L1	
larissia	*larissia 0.1-20 mg-mcg tab*	L1	
layolis fe	*layolis fe 0.8-25 mg-mcg chew tab*	L1	
lessina	*lessina 0.1-20 mg-mcg tab*	L1	
levonorgest-eth estradiol-iron	*levonorgest-eth estradiol-iron 0.1-20 mg-mcg(21) tab*	L1	
levonorgestrel-ethinyl estrad	*levonorgestrel-ethinyl estrad (0.1-20 tab, 0.15-30 tab)*	L1	
levora 0.15/30 (28)	*levora 0.15/30 (28) 0.15-30 mg-mcg tab*	L1	
lillow	*lillow 0.15-30 mg-mcg tab*	L1	
lo-zumandimine	*lo-zumandimine 3-0.02 mg tab*	L1	
loestrin 1.5/30 (21)	*loestrin 1.5/30 (21) 1.5-30 mg-mcg tab*	L1	
loestrin 1/20 (21)	*loestrin 1/20 (21) 1-20 mg-mcg tab*	L1	
loestrin fe 1.5/30	*loestrin fe 1.5/30 1.5-30 mg-mcg tab*	L1	
loestrin fe 1/20	*loestrin fe 1/20 1-20 mg-mcg tab*	L1	
loryna	*loryna 3-0.02 mg tab*	L1	
low-ogestrel	*low-ogestrel 0.3-30 mg-mcg tab*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
luizza 1.5/30	*luizza 1.5/30 1.5-30 mg-mcg tab*	L1	
luizza 1/20	*luizza 1/20 1-20 mg-mcg tab*	L1	
lutera	*lutera 0.1-20 mg-mcg tab*	L1	
marlissa	*marlissa 0.15-30 mg-mcg tab*	L1	
merzee	*merzee 1-20 mg-mcg(24) cap*	L1	
mibelas 24 fe	*mibelas 24 fe 1-20 mg-mcg(24) chew tab*	L1	
microgestin 1.5/30	*microgestin 1.5/30 1.5-30 mg-mcg tab*	L1	
microgestin 1/20	*microgestin 1/20 1-20 mg-mcg tab*	L1	
microgestin 24 fe	*microgestin 24 fe 1-20 mg-mcg tab*	L1	
microgestin fe 1.5/30	*microgestin fe 1.5/30 1.5-30 mg-mcg tab*	L1	
microgestin fe 1/20	*microgestin fe 1/20 1-20 mg-mcg tab*	L1	
mili	*mili 0.25-35 mg-mcg tab*	L1	
MINASTRIN 24 FE	MINASTRIN 24 FE 1-20 MG-MCG(24) CHEW TAB *norethin acet & estrad-fe*	L1	GA
minzoya	*minzoya 0.1-20 mg-mcg(21) tab*	L1	
mono-linyah	*mono-linyah 0.25-35 mg-mcg tab*	L1	
necon 0.5/35 (28)	*necon 0.5/35 (28) 0.5-35 mg-mcg tab*	L1	
NEXTSTELLIS	NEXTSTELLIS 3-14.2 MG TAB *drospirenone-estetrol*	L1	
nikki	*nikki 3-0.02 mg tab*	L1	
norethin ace-eth estrad-fe	*norethin ace-eth estrad-fe (1-20 mg-mcg tab, 1-20 mg-mcg(24) cap, 1-20 mg-mcg(24) chew tab, 1.5-30 mg-mcg tab)*	L1	
norethin-eth estradiol-fe	*norethin-eth estradiol-fe (0.4-35 chew tab, 0.8-25 chew tab)*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
norethindrone acet-ethinyl est	*norethindrone acet-ethinyl est (1-20 tab, 1.5-30 tab)*	L1	
norgestimate-eth estradiol	*norgestimate-eth estradiol 0.25-35 mg-mcg tab*	L1	
nortrel 0.5/35 (28)	*nortrel 0.5/35 (28) 0.5-35 mg-mcg tab*	L1	
nortrel 1/35 (21)	*nortrel 1/35 (21) 1-35 mg-mcg tab*	L1	
nortrel 1/35 (28)	*nortrel 1/35 (28) 1-35 mg-mcg tab*	L1	
nylia 1/35	*nylia 1/35 1-35 mg-mcg tab*	L1	
nymyo	*nymyo 0.25-35 mg-mcg tab*	L1	
ocella	*ocella 3-0.03 mg tab*	L1	
philith	*philith 0.4-35 mg-mcg tab*	L1	
pirmella 1/35	*pirmella 1/35 1-35 mg-mcg tab*	L1	
portia-28	*portia-28 0.15-30 mg-mcg tab*	L1	
reclipsen	*reclipsen 0.15-30 mg-mcg tab*	L1	
SAFYRAL	SAFYRAL 3-0.03-0.451 MG TAB *drospirenone-ethinyl estradiol-levomefolate calcium*	L1	GA
sprintec 28	*sprintec 28 0.25-35 mg-mcg tab*	L1	
sronyx	*sronyx 0.1-20 mg-mcg tab*	L1	
syeda	*syeda 3-0.03 mg tab*	L1	
tarina 24 fe	*tarina 24 fe 1-20 mg-mcg(24) tab*	L1	
tarina fe 1/20	*tarina fe 1/20 1-20 mg-mcg tab*	L1	
tarina fe 1/20 eq	*tarina fe 1/20 eq 1-20 mg-mcg tab*	L1	
taysofy	*taysofy 1-20 mg-mcg(24) cap*	L1	
TAYTULLA	TAYTULLA 1-20 MG-MCG(24) CAP *norethin acet & estrad-fe*	L1	GA
turqoz	*turqoz 0.3-30 mg-mcg tab*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TYBLUME	TYBLUME 0.1-20 MG-MCG CHEW TAB *levonorgestrel & eth estradiol*	L1	
tydemy	*tydemy 3-0.03-0.451 mg tab*	L1	
valtya 1/35	*valtya 1/35 1-35 mg-mcg tab*	L1	
VALTYA 1/50	VALTYA 1/50 1-50 MG-MCG TAB *ethynodiol diacet & eth estrad*	L1	GA
vestura	*vestura 3-0.02 mg tab*	L1	
vienva	*vienva 0.1-20 mg-mcg tab*	L1	
vyfemla	*vyfemla 0.4-35 mg-mcg tab*	L1	
vylibra	*vylibra 0.25-35 mg-mcg tab*	L1	
wera	*wera 0.5-35 mg-mcg tab*	L1	
wymzya fe	*wymzya fe 0.4-35 mg-mcg chew tab*	L1	
xelria fe	*xelria fe 0.4-35 mg-mcg chew tab*	L1	
YASMIN 28	YASMIN 28 3-0.03 MG TAB *drospirenone-ethinyl estradiol*	L1	GA
YAZ	YAZ 3-0.02 MG TAB *drospirenone-ethinyl estradiol*	L1	GA
zovia 1/35 (28)	*zovia 1/35 (28) 1-35 mg-mcg tab*	L1	
zumandimine	*zumandimine 3-0.03 mg tab*	L1	
BIPHASIC CONTRACEPTIVES - ORAL			
azurette	*azurette 0.15-0.02/0.01 mg (21/5) tab*	L1	
desogestrel-ethinyl estradiol	*desogestrel-ethinyl estradiol 0.15-0.02/0.01 mg (21/5) tab*	L1	
kariva	*kariva 0.15-0.02/0.01 mg (21/5) tab*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LO LOESTRIN FE	LO LOESTRIN FE 1 MG-10 MCG / 10 MCG TAB *norethindrone acetate-ethinyl estradiol-fe fum (biphasic)*	L1	
MIRCETTE	MIRCETTE 0.15-0.02/0.01 MG (21/5) TAB *desogestrel-ethinyl estradiol (biphasic)*	L1	GA
pimtrea	*pimtrea 0.15-0.02/0.01 mg (21/5) tab*	L1	
simliya	*simliya 0.15-0.02/0.01 mg (21/5) tab*	L1	
viorele	*viorele 0.15-0.02/0.01 mg (21/5) tab*	L1	
volnea	*volnea 0.15-0.02/0.01 mg (21/5) tab*	L1	
TRIPHASIC CONTRACEPTIVES - ORAL			
alyacen 7/7/7	*alyacen 7/7/7 0.5/0.75/1-35 mg-mcg tab*	L1	
ARANELLE	ARANELLE 0.5/1/0.5-35 MG-MCG TAB *norethindrone-eth estradiol (triphasic)*	L1	GA
dasetta 7/7/7	*dasetta 7/7/7 0.5/0.75/1-35 mg-mcg tab*	L1	
enpresse-28	*enpresse-28 50-30/75-40/ 125-30 mcg tab*	L1	
leena	*leena 0.5/1/0.5-35 mg-mcg tab*	L1	
levonest	*levonest 50-30/75-40/ 125-30 mcg tab*	L1	
levonorg-eth estrad triphasic	*levonorg-eth estrad triphasic 50-30/75-40/ 125-30 mcg tab*	L1	
norethindron-ethinyl estrad-fe	*norethindron-ethinyl estrad-fe 1-20/1-30/1-35 mg-mcg tab*	L1	
norgestim-eth estrad triphasic	*norgestim-eth estrad triphasic (mg-25 mcg tab, mg-35 mcg tab)*	L1	
nortrel 7/7/7	*nortrel 7/7/7 0.5/0.75/1-35 mg-mcg tab*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nylia 7/7/7	*nylia 7/7/7 0.5/0.75/1-35 mg-mcg tab*	L1	
pirmella 7/7/7	*pirmella 7/7/7 0.5/0.75/1-35 mg-mcg tab*	L1	
tilia fe	*tilia fe 1-20/1-30/1-35 mg-mcg tab*	L1	
tri femynor	*tri femynor 0.18/0.215/0.25 mg-35 mcg tab*	L1	
tri-estarylla	*tri-estarylla 0.18/0.215/0.25 mg-35 mcg tab*	L1	
tri-legest fe	*tri-legest fe 1-20/1-30/1-35 mg-mcg tab*	L1	
tri-linyah	*tri-linyah 0.18/0.215/0.25 mg-35 mcg tab*	L1	
tri-lo-estarylla	*tri-lo-estarylla 0.18/0.215/0.25 mg-25 mcg tab*	L1	
tri-lo-marzia	*tri-lo-marzia 0.18/0.215/0.25 mg-25 mcg tab*	L1	
tri-lo-mili	*tri-lo-mili 0.18/0.215/0.25 mg-25 mcg tab*	L1	
tri-lo-sprintec	*tri-lo-sprintec 0.18/0.215/0.25 mg-25 mcg tab*	L1	
tri-mili	*tri-mili 0.18/0.215/0.25 mg-35 mcg tab*	L1	
tri-nymyo	*tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab*	L1	
tri-sprintec	*tri-sprintec 0.18/0.215/0.25 mg-35 mcg tab*	L1	
tri-vylibra	*tri-vylibra 0.18/0.215/0.25 mg-35 mcg tab*	L1	
tri-vylibra lo	*tri-vylibra lo 0.18/0.215/0.25 mg-25 mcg tab*	L1	
trivora (28)	*trivora (28) 50-30/75-40/ 125-30 mcg tab*	L1	
VELIVET	VELIVET 0.1/0.125/0.15 - 0.025 MG TAB *desogestrel-ethinyl estradiol (triphasic)*	L1	
xarah fe	*xarah fe 1-20/1-30/1-35 mg-mcg tab*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOUR PHASE CONTRACEPTIVES - ORAL			
NATAZIA	NATAZIA 3/2-2/2-3/1 MG TAB *estradiol valerate-dienogest*	L1	
EXTENDED-CYCLE CONTRACEPTIVES - ORAL			
amethia	*amethia 0.15-0.03 &0.01 mg tab*	L1	
ashlyna	*ashlyna 0.15-0.03 &0.01 mg tab*	L1	
camrese	*camrese 0.15-0.03 &0.01 mg tab*	L1	
camrese lo	*camrese lo 0.1-0.02 & 0.01 mg tab*	L1	
daysee	*daysee 0.15-0.03 &0.01 mg tab*	L1	
fayosim	*fayosim 42-21-21-7 days tab*	L1	
iclevia	*iclevia 0.15-0.03 mg tab*	L1	
introvale	*introvale 0.15-0.03 mg tab*	L1	
jaimiess	*jaimiess 0.15-0.03 &0.01 mg tab*	L1	
jolessa	*jolessa 0.15-0.03 mg tab*	L1	
levonorgest-eth est & eth est	*levonorgest-eth est & eth est 42-21-21-7 days tab*	L1	
levonorgest-eth estrad 91-day	*levonorgest-eth estrad 91-day (0.1-0.02 & 0.01 mg tab, 0.15-0.03 &0.01 mg tab, 0.15-0.03 mg tab)*	L1	
lojaimiess	*lojaimiess 0.1-0.02 & 0.01 mg tab*	L1	
LOSEASONIQUE	LOSEASONIQUE 0.1-0.02 & 0.01 MG TAB *levonorgestrel-ethinyl estradiol (91-day)*	L1	GA
QUARTETTE	QUARTETTE 42-21-21-7 DAYS TAB *levonorgestrel-ethinyl estradiol (91-day)*	L1	GA
rivelsa	*rivelsa 42-21-21-7 days tab*	L1	
rosyrah	*rosyrah 42-21-21-7 days tab*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEASONIQUE	SEASONIQUE 0.15-0.03 &0.01 MG TAB *levonorgestrel-ethinyl estradiol (91-day)*	L1	GA
setlakin	*setlakin 0.15-0.03 mg tab*	L1	
simpesse	*simpesse 0.15-0.03 &0.01 mg tab*	L1	
CONTINUOUS CONTRACEPTIVES - ORAL			
amethyst	*amethyst 90-20 mcg tab*	L1	
dolishale	*dolishale 90-20 mcg tab*	L1	
levonorgestrel-ethinyl estrad	*levonorgestrel-ethinyl estrad 90-20 mcg tab*	L1	
PROGESTINS			
AYGESTIN	AYGESTIN 5 MG TAB *norethindrone acetate*	L2	GA
gallifrey	*gallifrey 5 mg tab*	L2	
medroxyprogesterone acetate	*medroxyprogesterone acetate (2.5 mg tab, 5 mg tab, 10 mg tab)*	L2	
megestrol acetate	*megestrol acetate 625 mg/5ml suspension*	L2	
norethindrone acetate	*norethindrone acetate 5 mg tab*	L2	
progesterone	*progesterone (50 mg/ml oil, 100 mg cap, 200 mg cap)*	L2	
PROMETRIUM	PROMETRIUM (100 MG CAP, 200 MG CAP) *progesterone*	L2	GA
PROVERA	PROVERA (2.5 MG TAB, 5 MG TAB, 10 MG TAB) *medroxyprogesterone acetate*	L2	GA
ANTIDIABETICS HUMAN INSULIN			
AFREZZA	AFREZZA (12 POWDER, 90 X 4 & 90X8 POWDER) *insulin regular (human)*	L5	PA, QL (108 PER 1 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AFREZZA	AFREZZA (4 (30) & 8 (60) POWDER, 8 POWDER, 30 X 4 & 60X8 POWDER, 90 X 8 & 90X12 POWDER) *insulin regular (human)*	L5	PA, QL (120 PER 1 DAY(S))
AFREZZA	AFREZZA (4 (60) 8 (30) POWDER, 60 X 4 30X8 POWDER) *insulin regular (human)*	L5	PA, QL (80 PER 1 DAY(S))
AFREZZA	AFREZZA (8 (60)& 12 (30) POWDER, 60 X 8 & 30X12 POWDER) *insulin regular (human)*	L5	PA, QL (112 PER 1 DAY(S))
AFREZZA	AFREZZA 4 UNIT POWDER *insulin regular (human)*	L5	PA, QL (74 PER 1 DAY(S))
AFREZZA	AFREZZA 60X4 &60X8 & 60X12 UNIT POWDER *insulin regular (human)*	L5	PA, QL (96 PER 1 DAY(S))
BASAGLAR KWIKPEN	BASAGLAR KWIKPEN 100 UNIT/ML SOLN PEN *insulin glargine*	L2	
BASAGLAR TEMPO PEN	BASAGLAR TEMPO PEN 100 UNIT/ML SOLN PEN *insulin glargine*	L2	
FIASP	FIASP 100 UNIT/ML SOLUTION *insulin aspart (with niacinamide)*	L2	
FIASP FLEXTOUCH	FIASP FLEXTOUCH 100 UNIT/ML SOLN PEN *insulin aspart (with niacinamide)*	L2	
FIASP PENFILL	FIASP PENFILL 100 UNIT/ML SOLN CART *insulin aspart (with niacinamide)*	L2	
FIASP PUMPCART	FIASP PUMPCART 100 UNIT/ML SOLN CART *insulin aspart (with niacinamide)*	L2	
HUMULIN R U-500 (CONCENTRATED)	HUMULIN R U-500 (CONCENTRATED) 500 UNIT/ML SOLUTION *insulin regular (human)*	L3	PA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HUMULIN R U-500 KWIKPEN	HUMULIN R U-500 KWIKPEN 500 UNIT/ML SOLN PEN *insulin regular (human)*	L3	PA
INSULIN ASPART PROT & ASPART	INSULIN ASPART PROT & ASPART (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	L3	
INSULIN DEGLUDEC	INSULIN DEGLUDEC 100 UNIT/ML SOLUTION *insulin degludec*	L5	PA, MN-PA (Medically Necessary Prior Authorization)
INSULIN DEGLUDEC FLEXTOUCH	INSULIN DEGLUDEC FLEXTOUCH (100 SOLN PEN, 200 SOLN PEN) *insulin degludec*	L5	PA, MN-PA (Medically Necessary Prior Authorization)
INSULIN GLARGINE	INSULIN GLARGINE 100 UNIT/ML SOLUTION *insulin glargine*	L5	PA, MN-PA (Medically Necessary Prior Authorization)
INSULIN GLARGINE SOLOSTAR	INSULIN GLARGINE SOLOSTAR 100 UNIT/ML SOLN PEN *insulin glargine*	L5	PA, MN-PA (Medically Necessary Prior Authorization)
INSULIN GLARGINE-YFGN	INSULIN GLARGINE-YFGN (100 SOLN PEN, 100 SOLUTION) *insulin glargine-yfgn*	L5	
INSULIN LISPRO (1 UNIT DIAL)	INSULIN LISPRO (1 UNIT DIAL) 100 UNIT/ML SOLN PEN *insulin lispro*	L4	
INSULIN LISPRO	INSULIN LISPRO 100 UNIT/ML SOLUTION *insulin lispro*	L4	PA, MN-PA (Medically Necessary Prior Authorization)
INSULIN LISPRO JUNIOR KWIKPEN	INSULIN LISPRO JUNIOR KWIKPEN 100 UNIT/ML SOLN PEN *insulin lispro*	L4	MN-PA (Medically Necessary Prior Authorization)
INSULIN LISPRO PROT & LISPRO	INSULIN LISPRO PROT & LISPRO (75-25) 100 UNIT/ML SUSP PEN *insulin lispro protamine & lispro*	L4	PA, MN-PA (Medically Necessary Prior Authorization)
LEVEMIR	LEVEMIR 100 UNIT/ML SOLUTION *insulin detemir*	L2	MN-PA (Medically Necessary Prior Authorization)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEVEMIR FLEXPEN	LEVEMIR FLEXPEN 100 UNIT/ML SOLN PEN *insulin detemir*	L2	MN-PA (Medically Necessary Prior Authorization)
LEVEMIR FLEXTOUCH	LEVEMIR FLEXTOUCH 100 UNIT/ML SOLN PEN *insulin detemir*	L2	MN-PA (Medically Necessary Prior Authorization)
NOVOLIN 70/30	NOVOLIN 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	L2	PA
NOVOLIN 70/30 FLEXPEN	NOVOLIN 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	L2	PA
NOVOLIN 70/30 FLEXPEN RELION	NOVOLIN 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN *insulin nph isophane & reg (human)*	L2	PA
NOVOLIN 70/30 RELION	NOVOLIN 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION *insulin nph isophane & reg (human)*	L2	PA
NOVOLIN N	NOVOLIN N 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	L2	PA
NOVOLIN N FLEXPEN	NOVOLIN N FLEXPEN 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	L2	PA
NOVOLIN N FLEXPEN RELION	NOVOLIN N FLEXPEN RELION 100 UNIT/ML SUSP PEN *insulin nph (human) (isophane)*	L2	PA
NOVOLIN N RELION	NOVOLIN N RELION 100 UNIT/ML SUSPENSION *insulin nph (human) (isophane)*	L2	PA
NOVOLIN R	NOVOLIN R 100 UNIT/ML SOLUTION *insulin regular (human)*	L2	PA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NOVOLIN R FLEXPEN	NOVOLIN R FLEXPEN 100 UNIT/ML SOLN PEN *insulin regular (human)*	L2	
NOVOLIN R FLEXPEN RELION	NOVOLIN R FLEXPEN RELION 100 UNIT/ML SOLN PEN *insulin regular (human)*	L2	
NOVOLIN R RELION	NOVOLIN R RELION 100 UNIT/ML SOLUTION *insulin regular (human)*	L2	PA
NOVOLOG	NOVOLOG 100 UNIT/ML SOLUTION *insulin aspart*	L2	
NOVOLOG 70/30 FLEXPEN RELION	NOVOLOG 70/30 FLEXPEN RELION (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	L3	
NOVOLOG FLEXPEN	NOVOLOG FLEXPEN 100 UNIT/ML SOLN PEN *insulin aspart*	L2	
NOVOLOG FLEXPEN RELION	NOVOLOG FLEXPEN RELION 100 UNIT/ML SOLN PEN *insulin aspart*	L2	
NOVOLOG MIX 70/30	NOVOLOG MIX 70/30 (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	L3	
NOVOLOG MIX 70/30 FLEXPEN	NOVOLOG MIX 70/30 FLEXPEN (70-30) 100 UNIT/ML SUSP PEN *insulin aspart protamine & aspart (human)*	L3	
NOVOLOG MIX 70/30 RELION	NOVOLOG MIX 70/30 RELION (70-30) 100 UNIT/ML SUSPENSION *insulin aspart protamine & aspart (human)*	L3	
NOVOLOG PENFILL	NOVOLOG PENFILL 100 UNIT/ML SOLN CART *insulin aspart*	L2	
NOVOLOG RELION	NOVOLOG RELION 100 UNIT/ML SOLUTION *insulin aspart*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEMGLEE (YFGN)	SEMGLEE (YFGN) (100 SOLN PEN, 100 SOLUTION) *insulin glargine-yfgn*	L5	PA, MN-PA (Medically Necessary Prior Authorization)
TOUJEO MAX SOLOSTAR	TOUJEO MAX SOLOSTAR 300 UNIT/ML SOLN PEN *insulin glargine*	L2	
TRESIBA	TRESIBA 100 UNIT/ML SOLUTION *insulin degludec*	L2	
TRESIBA FLEXTOUCH	TRESIBA FLEXTOUCH (100 SOLN PEN, 200 SOLN PEN) *insulin degludec*	L2	
ANTIDIABETIC - AMYLIN ANALOGS			
SYMLINPEN 120	SYMLINPEN 120 2700 MCG/2.7ML SOLN PEN *pramlintide acetate*	L4	
SYMLINPEN 60	SYMLINPEN 60 1500 MCG/1.5ML SOLN PEN *pramlintide acetate*	L4	
INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)			
BYETTA 10 MCG PEN	BYETTA 10 MCG PEN 10 MCG/0.04ML SOLN PEN *exenatide*	L5	PA, QL (1 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
BYETTA 5 MCG PEN	BYETTA 5 MCG PEN 5 MCG/0.02ML SOLN PEN *exenatide*	L5	PA, QL (1 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
EXENATIDE	EXENATIDE (5 MCG/0.02ML SOLN PEN, 10 MCG/0.04ML SOLN PEN) *exenatide*	L5	PA, QL (1 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
OZEMPIC (0.25 OR 0.5 MG/DOSE)	OZEMPIC (0.25 OR 0.5 MG/DOSE) (0.5 2 MG/1.5ML SOLN PEN, 0.5 2 MG/3ML SOLN PEN) *semaglutide*	L2	PA, QL (1 PER 28 DAY(S))
OZEMPIC (1 MG/DOSE)	OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN *semaglutide*	L2	PA, QL (1 PER 28 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OZEMPIC (2 MG/DOSE)	OZEMPIC (2 MG/DOSE) 8 MG/3ML SOLN PEN *semaglutide*	L2	PA, QL (1 PER 28 DAY(S))
RYBELSUS	RYBELSUS (3 MG TAB, 7 MG TAB, 14 MG TAB) *semaglutide*	L2	PA, QL (1 PER DAY(S))
TRULICITY	TRULICITY (0.75 SOLN A-INJ, 1.5 SOLN A-INJ) *dulaglutide*	L2	PA, QL (4 PER 28 DAYS)
TRULICITY	TRULICITY (3 SOLN A-INJ, 4.5 SOLN A-INJ) *dulaglutide*	L2	PA, QL (4 PER 28 DAY(S))
VICTOZA	VICTOZA 18 MG/3ML SOLN PEN *liraglutide*	L2	PA, QL (3 PEN PER 30 DAY(S)), GA
INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)			
MOUNJARO	MOUNJARO (2.5 SOLN A-INJ, 5 SOLN A-INJ, 7.5 SOLN A-INJ, 10 SOLN A-INJ, 12.5 SOLN A-INJ, 15 SOLN A-INJ) *tirzepatide*	L2	PA, QL (4 PER 28 DAY(S))
SULFONYLUREAS			
AMARYL	AMARYL (1 MG TAB, 2 MG TAB, 4 MG TAB) *glimepiride*	L2	GA
glimepiride	*glimepiride (1 mg tab, 2 mg tab, 4 mg tab)*	L2	
glipizide	*glipizide (5 mg tab, 10 mg tab)*	L2	
glipizide er	*glipizide er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)*	L2	
glipizide xl	*glipizide xl (2.5 mg tab er 24h, 5 mg tab er 24h, 10 mg tab er 24h)*	L2	
GLUCOTROL XL	GLUCOTROL XL (2.5 MG TAB ER 24H, 5 MG TAB ER 24H, 10 MG TAB ER 24H) *glipizide*	L2	GA
glyburide	*glyburide (1.25 mg tab, 2.5 mg tab, 5 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLYBURIDE MICRONIZED	GLYBURIDE MICRONIZED (1.5 MG TAB, 3 MG TAB, 6 MG TAB) *glyburide micronized*	L2	
GLYNASE	GLYNASE (1.5 MG TAB, 3 MG TAB, 6 MG TAB) *glyburide micronized*	L2	
BIGUANIDES			
metformin hcl	*metformin hcl (500 mg tab, 850 mg tab, 1000 mg tab)*	L1	
metformin hcl	*metformin hcl 500 mg/5ml solution*	L4	PA, QL (765 ML PER 30 DAY(S))
metformin hcl er	*metformin hcl er (er 500 mg tab er 24h, er 750 mg tab er 24h)*	L1	
RIOMET	RIOMET 500 MG/5ML SOLUTION *metformin hcl*	L4	PA, QL (765 ML PER 30 DAY(S)), GA
MEGLITINIDE ANALOGUES			
nateglinide	*nateglinide (60 mg tab, 120 mg tab)*	L2	
repaglinide	*repaglinide (0.5 mg tab, 1 mg tab, 2 mg tab)*	L2	
DIABETIC OTHER			
BAQSIMI ONE PACK	BAQSIMI ONE PACK 3 MG/DOSE POWDER *glucagon*	L2	QL (2 PER RX)
BAQSIMI TWO PACK	BAQSIMI TWO PACK 3 MG/DOSE POWDER *glucagon*	L2	QL (2 PER RX)
diazoxide	*diazoxide 50 mg/ml suspension*	L4	
GLUCAGEN HYPOKIT	GLUCAGEN HYPOKIT 1 MG RECON SOLN *glucagon hcl*	L2	QL (2 PER RX)
glucagon emergency	*glucagon emergency (1 mg recon soln, 1 mg/ml recon soln)*	L2	QL (2 PER RX)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GVOKE HYPOPEN 1-PACK	GVOKE HYPOPEN 1-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ) *glucagon*	L2	QL (2 PER FILL(S))
GVOKE HYPOPEN 2-PACK	GVOKE HYPOPEN 2-PACK (0.5 MG/0.1ML SOLN A-INJ, 1 MG/0.2ML SOLN A-INJ) *glucagon*	L2	QL (2 PER FILL(S))
GVOKE KIT	GVOKE KIT 1 MG/0.2ML SOLUTION *glucagon*	L2	QL (2 PER FILL(S))
GVOKE PFS	GVOKE PFS (0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR) *glucagon*	L2	QL (2 PER RX)
PROGLYCEM	PROGLYCEM 50 MG/ML SUSPENSION *diazoxide*	L4	GA
ZEGALOGUE	ZEGALOGUE (0.6 SOLN A-INJ, 0.6 SOLN PRSYR) *dasiglucagon hcl*	L3	
PROGESTERONE RECEPTOR ANTAGONISTS			
KORLYM	KORLYM 300 MG TAB *mifepristone (hyperglycemia)*	L5	PA, QL (120 PER 30 DAY(S)), S, GA
mifepristone	*mifepristone 300 mg tab*	L5	PA, QL (120 PER 30 DAY(S)), S
ALPHA-GLUCOSIDASE INHIBITORS			
acarbose	*acarbose (25 mg tab, 50 mg tab, 100 mg tab)*	L1	
miglitol	*miglitol (25 mg tab, 50 mg tab, 100 mg tab)*	L4	
PRECOSE	PRECOSE (25 MG TAB, 50 MG TAB, 100 MG TAB) *acarbose*	L1	GA
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS			
alogliptin benzoate	*alogliptin benzoate (6.25 mg tab, 12.5 mg tab, 25 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JANUVIA	JANUVIA (25 MG TAB, 50 MG TAB, 100 MG TAB) *sitagliptin phosphate*	L3	
NESINA	NESINA (6.25 MG TAB, 25 MG TAB) *alogliptin benzoate*	L4	PA, MN-PA (Medically Necessary Prior Authorization), GA
NESINA	NESINA 12.5 MG TAB *alogliptin benzoate*	L3	PA, MN-PA (Medically Necessary Prior Authorization), GA
DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES			
CYCLOSET	CYCLOSET 0.8 MG TAB *bromocriptine mesylate (diabetes)*	L4	
THIAZOLIDINEDIONES			
ACTOS	ACTOS (15 MG TAB, 30 MG TAB, 45 MG TAB) *pioglitazone hcl*	L2	GA
pioglitazone hcl	*pioglitazone hcl (15 mg tab, 30 mg tab, 45 mg tab)*	L2	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS			
FARXIGA	FARXIGA (5 MG TAB, 10 MG TAB) *dapagliflozin*	L2	
JARDIANCE	JARDIANCE (10 MG TAB, 25 MG TAB) *empagliflozin*	L2	
INSULIN-INCRETIN MIMETIC COMBINATIONS			
SOLIQUA	SOLIQUA 100-33 UNT-MCG/ML SOLN PEN *insulin glargine-lixisenatide*	L5	
XULTOPHY	XULTOPHY 100-3.6 UNIT-MG/ML SOLN PEN *insulin degludec-liraglutide*	L5	
DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS			
alogliptin-metformin hcl	*alogliptin-metformin hcl (12.5-1000 mg tab, 12.5-500 mg tab)*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
JANUMET	JANUMET (50-1000 MG TAB, 50-500 MG TAB) *sitagliptin phosphate-metformin hcl*	L3	
JANUMET XR	JANUMET XR (50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H) *sitagliptin phosphate-metformin hcl*	L3	
KAZANO	KAZANO (12.5-1000 MG TAB, 12.5-500 MG TAB) *alogliptin-metformin hcl*	L3	PA, MN-PA (Medically Necessary Prior Authorization), GA
DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS			
alogliptin-pioglitazone	*alogliptin-pioglitazone (12.5-15 mg tab, 12.5-30 mg tab, 12.5-45 mg tab, 25-15 mg tab, 25-30 mg tab, 25-45 mg tab)*	L3	
OSENI	OSENI (12.5-30 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB) *alogliptin-pioglitazone*	L3	PA, MN-PA (Medically Necessary Prior Authorization), GA
SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB			
SYNJARDY	SYNJARDY (5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB) *empagliflozin-metformin hcl*	L3	
SYNJARDY XR	SYNJARDY XR (5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H, 25-1000 MG TAB ER 24H) *empagliflozin-metformin hcl*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XIGDUO XR	XIGDUO XR (2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H) *dapagliflozin free base-metformin hcl*	L3	
SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS			
DAPAGLIFLOZIN-SAXAGLIPTIN	DAPAGLIFLOZIN-SAXAGLIPTIN 10-5 MG TAB *dapagliflozin-saxagliptin*	L5	PA, MN-PA (Medically Necessary Prior Authorization)
GLYXAMBI	GLYXAMBI (10-5 MG TAB, 25-5 MG TAB) *empagliflozin-linagliptin*	L3	
QTERN	QTERN (5-5 MG TAB, 10-5 MG TAB) *dapagliflozin-saxagliptin*	L5	PA, MN-PA (Medically Necessary Prior Authorization)
STEGLUJAN	STEGLUJAN (5-100 MG TAB, 15-100 MG TAB) *ertugliflozin-sitagliptin*	L5	MN-PA (Medically Necessary Prior Authorization)
SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB			
TRIJARDY XR	TRIJARDY XR (5-2.5-1000 MG TAB ER 24H, 10-5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H) *empagliflozin-linagliptin-metformin*	L3	
SULFONYLUREA-BIGUANIDE COMBINATIONS			
glipizide-metformin hcl	*glipizide-metformin hcl (2.5-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)*	L2	
glyburide-metformin	*glyburide-metformin (1.25-250 mg tab, 2.5-500 mg tab, 5-500 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS			
DUETACT	DUETACT (30-2 MG TAB, 30-4 MG TAB) *pioglitazone hcl-glimepiride*	L5	GA
pioglitazone hcl-glimepiride	*pioglitazone hcl-glimepiride (30-2 mg tab, 30-4 mg tab)*	L5	
THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS			
ACTOPLUS MET	ACTOPLUS MET 15-850 MG TAB *pioglitazone hcl-metformin hcl*	L3	GA
pioglitazone hcl-metformin hcl	*pioglitazone hcl-metformin hcl (15-500 mg tab, 15-850 mg tab)*	L3	
THYROID AGENTS THYROID HORMONES			
AMERITHROID	AMERITHROID 180 MG TAB *thyroid*	L4	
ARMOUR THYROID	ARMOUR THYROID (180 MG TAB, 240 MG TAB, 300 MG TAB) *thyroid*	L4	
CYTOMEL	CYTOMEL (5 MCG TAB, 25 MCG TAB, 50 MCG TAB) *liothyronine sodium*	L2	GA
euthyrox	*euthyrox (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)*	L2	
EVEXITHROID	EVEXITHROID 180 MG TAB *thyroid*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
levo-t	*levo-t (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)*	L2	
LEVOTHYROXINE SODIUM	LEVOTHYROXINE SODIUM (13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP) *levothyroxine sodium*	L5	
levothyroxine sodium	*levothyroxine sodium (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)*	L2	
levoxyl	*levoxyl (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab)*	L2	
liomny	*liomny (5 mcg tab, 25 mcg tab, 50 mcg tab)*	L2	
liothyronine sodium	*liothyronine sodium (5 mcg tab, 25 mcg tab, 50 mcg tab)*	L2	
NP THYROID	NP THYROID 180 MG TAB *thyroid*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SYNTHROID	SYNTHROID (25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB) *levothyroxine sodium*	L2	GA
THYQUIDITY	THYQUIDITY 100 MCG/5ML SOLUTION *levothyroxine sodium*	L5	
TIROSINT	TIROSINT (13 MCG CAP, 25 MCG CAP, 37.5 MCG CAP, 44 MCG CAP, 50 MCG CAP, 62.5 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP) *levothyroxine sodium*	L5	
TIROSINT-SOL	TIROSINT-SOL (13 MCG/ML SOLUTION, 25 MCG/ML SOLUTION, 37.5 MCG/ML SOLUTION, 44 MCG/ML SOLUTION, 50 MCG/ML SOLUTION, 62.5 MCG/ML SOLUTION, 75 MCG/ML SOLUTION, 88 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 112 MCG/ML SOLUTION, 125 MCG/ML SOLUTION, 137 MCG/ML SOLUTION, 150 MCG/ML SOLUTION, 175 MCG/ML SOLUTION, 200 MCG/ML SOLUTION) *levothyroxine sodium*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
unithroid	*unithroid (25 mcg tab, 50 mcg tab, 75 mcg tab, 88 mcg tab, 100 mcg tab, 112 mcg tab, 125 mcg tab, 137 mcg tab, 150 mcg tab, 175 mcg tab, 200 mcg tab, 300 mcg tab)*	L2	
ANTITHYROID AGENTS			
methimazole	*methimazole (5 mg tab, 10 mg tab)*	L2	
propylthiouracil	*propylthiouracil 50 mg tab*	L2	
OXYTOCICS			
methergine	*methergine 0.2 mg tab*	L2	QL (56 PER 365 DAY(S))
methylergonovine maleate	*methylergonovine maleate 0.2 mg tab*	L2	QL (56 PER 365 DAY(S))
ENDOCRINE AND METABOLIC AGENTS - MISC. BISPHOSPHONATES			
ACTONEL	ACTONEL (35 MG TAB, 150 MG TAB) *risedronate sodium*	L3	GA
alendronate sodium	*alendronate sodium (5 mg tab, 10 mg tab, 35 mg tab, 70 mg tab, 70 mg/75ml solution)*	L2	
ATELVIA	ATELVIA 35 MG TAB DR *risedronate sodium*	L3	GA
BINOSTO	BINOSTO 70 MG EFFER TAB *alendronate sodium*	L5	
BONIVA	BONIVA 150 MG TAB *ibandronate sodium*	L3	GA
FOSAMAX	FOSAMAX 70 MG TAB *alendronate sodium*	L2	GA
FOSAMAX PLUS D	FOSAMAX PLUS D (70-2800 TAB, 70-5600 TAB) *alendronate sodium-cholecalciferol*	L4	
ibandronate sodium	*ibandronate sodium 150 mg tab*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
risedronate sodium	*risedronate sodium (5 mg tab, 30 mg tab, 35 mg tab, 35 mg tab dr, 150 mg tab)*	L3	
CALCITONINS			
calcitonin (salmon)	*calcitonin (salmon) 200 unit/act solution*	L2	
PARATHYROID HORMONE AND DERIVATIVES			
TERIPARATIDE	TERIPARATIDE 560 MCG/2.24ML SOLN PEN *teriparatide*	L4	PA, QL (1 PER 28 DAY(S)), S
SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)			
EVISTA	EVISTA 60 MG TAB *raloxifene hcl*	L2	PA, GA
OSPHENA	OSPHENA 60 MG TAB *ospemifene*	L5	
raloxifene hcl	*raloxifene hcl 60 mg tab*	L2	PA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS			
SYNAREL	SYNAREL 2 MG/ML SOLUTION *nafarelin acetate*	L5	
GNRH/LHRH ANTAGONISTS			
ORILISSA	ORILISSA 150 MG TAB *elagolix sodium*	L5	PA, QL (28 PER 28 DAY(S))
ORILISSA	ORILISSA 200 MG TAB *elagolix sodium*	L5	PA, QL (56 PER 28 DAY(S))
GROWTH HORMONES			
HUMATROPE	HUMATROPE (6 MG CARTRIDGE, 12 MG CARTRIDGE, 24 MG CARTRIDGE) *somatropin*	L3	PA, S, MN-PA (Medically Necessary Prior Authorization)
NORDITROPIN FLEXPRO	NORDITROPIN FLEXPRO (5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN) *somatropin*	L3	PA, S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OMNITROPE	OMNITROPE (5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART) *somatropin*	L5	PA, S
SEROSTIM	SEROSTIM (4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN) *somatropin (non-refrigerated)*	L5	PA, S
ZORBTIVE	ZORBTIVE 8.8 MG RECON SOLN *somatropin (non-refrigerated)*	L5	S
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)			
INCRELEX	INCRELEX 40 MG/4ML SOLUTION *mecasermin*	L5	PA, S
SOMATOSTATIC AGENTS			
BYNFEZIA PEN	BYNFEZIA PEN 2500 MCG/ML SOLN PEN *octreotide acetate*	L4	S
OCTREOTIDE ACETATE	OCTREOTIDE ACETATE (50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR) *octreotide acetate*	L3	S
octreotide acetate	*octreotide acetate (50 mcg/ml solution, 100 mcg/ml solution, 500 mcg/ml solution)*	L3	PA, QL (3 PER 1 DAY), S
octreotide acetate	*octreotide acetate 1000 mcg/ml solution*	L3	QL (9 PER 30 DAY(S)), S
octreotide acetate	*octreotide acetate 200 mcg/ml solution*	L3	QL (45 PER 30 DAY(S)), S
SANDOSTATIN	SANDOSTATIN (50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 500 MCG/ML SOLUTION) *octreotide acetate*	L3	PA, QL (3 PER 1 DAY), S, GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SIGNIFOR	SIGNIFOR (0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION) *pasireotide diaspartate*	L5	QL (2 PER 1 DAY), S
GROWTH HORMONE RECEPTOR ANTAGONISTS			
SOMAVERT	SOMAVERT (10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN) *pegvisomant*	L4	PA, QL (1 PER 1 DAY), S
VASOPRESSIN			
DDAVP	DDAVP (0.1 MG TAB, 0.2 MG TAB) *desmopressin acetate*	L2	GA
DDAVP	DDAVP 4 MCG/ML SOLUTION *desmopressin acetate*	L4	GA
desmopressin ace spray refrig	*desmopressin ace spray refrig 0.01 % solution*	L2	
desmopressin acetate	*desmopressin acetate (0.1 mg tab, 0.2 mg tab)*	L2	
DESMOPRESSIN ACETATE	DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION *desmopressin acetate*	L4	S
desmopressin acetate	*desmopressin acetate 4 mcg/ml solution*	L4	
desmopressin acetate spray	*desmopressin acetate spray 0.01 % solution*	L2	
CORTICOTROPIN			
ACTHAR GEL	ACTHAR GEL (GEL 40 UNIT/0.5ML PEN, GEL 80 UNIT/ML PEN) *corticotropin*	L5	PA, QL (21 PENS PER 21 DAY(S)), S
NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS			
KERENDIA	KERENDIA (10 MG TAB, 20 MG TAB) *finerenone*	L5	PA, QL (1 PER DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DOPAMINE RECEPTOR AGONISTS			
cabergoline	*cabergoline 0.5 mg tab*	L2	
SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS			
JYNARQUE	JYNARQUE (15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK) *tolvaptan*	L5	PA, QL (2 TAB PER DAY(S)), S
JYNARQUE	JYNARQUE 15 MG TAB *tolvaptan*	L5	QL (60 PER 30 DAYS), S, GA
JYNARQUE	JYNARQUE 30 MG TAB *tolvaptan*	L5	QL (60 PER 30 DAYS), GA
SAMSCA	SAMSCA (15 MG TAB, 30 MG TAB) *tolvaptan (hyponatremia)*	L4	PA, QL (2 TAB PER DAY(S)), S, GA
tolvaptan (hyponatremia)	*tolvaptan (hyponatremia) (15 mg tab, 30 mg tab)*	L4	PA, QL (2 TAB PER DAY(S)), S
tolvaptan	*tolvaptan 15 mg tab*	L4	QL (60 PER 30 DAYS), S
tolvaptan	*tolvaptan 30 mg tab*	L4	QL (60 PER 30 DAYS)
CARNITINE REPLENISHER - AGENTS			
CARNITOR	CARNITOR (1 GM/10ML SOLUTION, 330 MG TAB) *levocarnitine (metabolic modifiers)*	L2	GA
CARNITOR SF	CARNITOR SF 1 GM/10ML SOLUTION *levocarnitine (metabolic modifiers)*	L2	GA
levocarnitine	*levocarnitine (1 gm/10ml solution, 330 mg tab)*	L2	
levocarnitine sf	*levocarnitine sf 1 gm/10ml solution*	L2	
FABRY DISEASE - AGENTS			
GALAFOLD	GALAFOLD 123 MG CAP *migalastat hcl*	L5	PA, QL (14 PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS			
XURIDEN	XURIDEN 2 GM PACKET *uridine triacetate*	L5	QL (4 PER 1 DAY(S)), S
HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS			
nitisinone	*nitisinone (2 mg cap, 5 mg cap, 10 mg cap, 20 mg cap)*	L4	PA, S
ORFADIN	ORFADIN (2 MG CAP, 5 MG CAP, 10 MG CAP, 20 MG CAP) *nitisinone*	L4	PA, S, GA
HOMOCYSTINURIA TREATMENT - AGENTS			
betaine	*betaine powder*	L5	S
CYSTADANE	CYSTADANE POWDER *betaine*	L5	S, GA
HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS			
calcitriol	*calcitriol (0.25 mcg cap, 0.5 mcg cap, 1 mcg/ml solution)*	L2	
doxercalciferol	*doxercalciferol (0.5 mcg cap, 1 mcg cap, 2.5 mcg cap)*	L2	
paricalcitol	*paricalcitol (1 mcg cap, 2 mcg cap, 4 mcg cap)*	L2	
RAYALDEE	RAYALDEE 30 MCG CAP ER *calcifediol*	L4	
ROCALTROL	ROCALTROL (0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION) *calcitriol*	L2	GA
ZEMPLAR	ZEMPLAR (1 MCG CAP, 2 MCG CAP) *paricalcitol*	L2	GA
CALCIMIMETIC AGENTS			
cinacalcet hcl	*cinacalcet hcl (30 mg tab, 60 mg tab)*	L4	QL (2 PER 1 DAY), S
cinacalcet hcl	*cinacalcet hcl 90 mg tab*	L4	QL (4 PER 1 DAY), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYPOPHOSPHATASIA (HPP) AGENTS			
STRENSIQ	STRENSIQ (18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION) *asfotase alfa*	L4	PA, S
UREA CYCLE DISORDER - AGENTS			
BUPHENYL	BUPHENYL 3 GM/TSP POWDER *sodium phenylbutyrate*	L4	QL (25 PER 1 DAY(S)), S, GA
BUPHENYL	BUPHENYL 500 MG TAB *sodium phenylbutyrate*	L4	QL (40 PER 1 DAY(S)), S, GA
OLPRUVA (2 GM DOSE)	OLPRUVA (2 GM DOSE) 2 GM THER PACK *sodium phenylbutyrate*	L5	PA, QL (90 PER 30 DAY(S)), S
OLPRUVA (3 GM DOSE)	OLPRUVA (3 GM DOSE) 3 GM THER PACK *sodium phenylbutyrate*	L5	PA, QL (90 PER 30 DAY(S)), S
OLPRUVA (4 GM DOSE)	OLPRUVA (4 GM DOSE) 2 & 2 GM THER PACK *sodium phenylbutyrate*	L5	PA, QL (90 PER 30 DAY(S)), S
OLPRUVA (5 GM DOSE)	OLPRUVA (5 GM DOSE) 2 & 3 GM THER PACK *sodium phenylbutyrate*	L5	PA, QL (90 PER 30 DAY(S)), S
OLPRUVA (6 GM DOSE)	OLPRUVA (6 GM DOSE) 3 & 3 GM THER PACK *sodium phenylbutyrate*	L5	PA, QL (90 PER 30 DAY(S)), S
OLPRUVA (6.67 GM DOSE)	OLPRUVA (6.67 GM DOSE) 3 & 3.67 GM THER PACK *sodium phenylbutyrate*	L5	PA, QL (90 PER 30 DAY(S)), S
PHEBURANE	PHEBURANE 483 MG/GM PELLET *sodium phenylbutyrate*	L5	PA, QL (8 PER 30 DAY(S)), S
sodium phenylbutyrate	*sodium phenylbutyrate 3 gm/tsp powder*	L4	QL (25 PER 1 DAY(S)), S
sodium phenylbutyrate	*sodium phenylbutyrate 500 mg tab*	L4	QL (40 PER 1 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYPERAMMONEMIA TREATMENT - AGENTS			
CARBAGLU	CARBAGLU 200 MG TAB SOL *carglumic acid*	L4	S, GA
carglumic acid	*carglumic acid 200 mg tab sol*	L4	S
MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS			
IMCIVREE	IMCIVREE 10 MG/ML SOLUTION *setmelanotide acetate*	L5	PA, QL (9 PER 30 DAY(S)), S
PHENYLKETONURIA TREATMENT - AGENTS			
javygtor	*javygtor (100 mg packet, 100 mg tab, 500 mg packet)*	L5	S
KUVAN	KUVAN (100 MG PACKET, 500 MG PACKET) *sapropterin dihydrochloride*	L5	S, GA
PALYNZIQ	PALYNZIQ 10 MG/0.5ML SOLN PRSYR *pegvaliase-pqpz*	L5	PA, QL (30 PER 30 DAY(S)), S
PALYNZIQ	PALYNZIQ 2.5 MG/0.5ML SOLN PRSYR *pegvaliase-pqpz*	L5	PA, QL (8 PER 30 DAY(S)), S
PALYNZIQ	PALYNZIQ 20 MG/ML SOLN PRSYR *pegvaliase-pqpz*	L5	PA, QL (3 PER 1 DAY), S
sapropterin dihydrochloride	*sapropterin dihydrochloride (100 mg packet, 100 mg tab, 500 mg packet)*	L5	S
zelvysia	*zelvysia (100 mg packet, 500 mg packet)*	L5	S
NATRIURETIC PEPTIDES			
VOXZOGO	VOXZOGO (0.4 MG RECON SOLN, 0.56 MG RECON SOLN, 1.2 MG RECON SOLN) *vosoritide*	L5	PA, QL (30 PER 30 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARDIOTONICS CARDIAC GLYCOSIDES			
digitek	*digitek (125 mcg tab, 250 mcg tab)*	L2	
digox	*digox 125 mcg tab*	L2	
digoxin	*digoxin (0.05 mg/ml solution, 125 mcg tab, 250 mcg tab)*	L2	
digoxin	*digoxin 62.5 mcg tab*	L5	
LANOXIN	LANOXIN (125 MCG TAB, 250 MCG TAB) *digoxin*	L2	GA
LANOXIN	LANOXIN 62.5 MCG TAB *digoxin*	L5	GA
ANTIANGINAL AGENTS NITRATES			
ISORDIL TITRADOSE	ISORDIL TITRADOSE 5 MG TAB *isosorbide dinitrate*	L2	GA
isosorbide dinitrate	*isosorbide dinitrate (5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab)*	L2	
isosorbide mononitrate	*isosorbide mononitrate (10 mg tab, 20 mg tab)*	L2	
isosorbide mononitrate er	*isosorbide mononitrate er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 120 mg tab er 24h)*	L2	
nitro-bid	*nitro-bid 2 % ointment*	L3	
NITRO-DUR	NITRO-DUR (0.1 PATCH 24HR, 0.2 PATCH 24HR, 0.4 PATCH 24HR, 0.6 PATCH 24HR) *nitroglycerin*	L2	GA
NITRO-DUR	NITRO-DUR (0.3 PATCH 24HR, 0.8 PATCH 24HR) *nitroglycerin*	L4	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nitroglycerin	*nitroglycerin (0.1 mg/hr patch 24hr, 0.2 mg/hr patch 24hr, 0.3 mg sl tab, 0.4 mg sl tab, 0.4 mg/hr patch 24hr, 0.4 mg/spray solution, 0.6 mg sl tab, 0.6 mg/hr patch 24hr)*	L2	
NITROLINGUAL	NITROLINGUAL 0.4 MG/SPRAY SOLUTION *nitroglycerin*	L2	GA
NITROMIST	NITROMIST 400 MCG/SPRAY AERO SOLN *nitroglycerin*	L2	
NITROSTAT	NITROSTAT (0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB) *nitroglycerin*	L2	GA
ANTIANGINALS-OTHER			
RANEXA	RANEXA (500 MG TAB ER 12H, 1000 MG TAB ER 12H) *ranolazine*	L3	GA
ranolazine er	*ranolazine er (er 500 mg tab er 12h, er 1000 mg tab er 12h)*	L3	
BETA BLOCKERS BETA BLOCKERS NON-SELECTIVE			
BETAPACE	BETAPACE (80 MG TAB, 120 MG TAB, 160 MG TAB) *sotalol hcl*	L1	GA
BETAPACE AF	BETAPACE AF (80 MG TAB, 120 MG TAB, 160 MG TAB) *sotalol hcl (afib/afl)*	L1	GA
CORGARD	CORGARD (20 MG TAB, 40 MG TAB, 80 MG TAB) *nadolol*	L1	GA
HEMANGEOL	HEMANGEOL 4.28 MG/ML SOLUTION *propranolol hcl*	L4	S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INDERAL LA	INDERAL LA (60 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H, 160 MG CAP ER 24H) *propranolol hcl*	L1	GA
INDERAL XL	INDERAL XL (80 MG CAP ER 24H, 120 MG CAP ER 24H) *propranolol hcl sustained-release beads*	L5	
INNOPRAN XL	INNOPRAN XL (80 MG CAP ER 24H, 120 MG CAP ER 24H) *propranolol hcl sustained-release beads*	L5	
nadolol	*nadolol (20 mg tab, 40 mg tab, 80 mg tab)*	L1	
pindolol	*pindolol (5 mg tab, 10 mg tab)*	L1	
propranolol hcl	*propranolol hcl (10 mg tab, 20 mg tab, 20 mg/5ml solution, 40 mg tab, 40 mg/5ml solution, 60 mg tab, 80 mg tab)*	L1	
propranolol hcl er	*propranolol hcl er (er 60 mg cap er 24h, er 80 mg cap er 24h, er 120 mg cap er 24h, er 160 mg cap er 24h)*	L1	
sorine	*sorine (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)*	L1	
sotalol hcl	*sotalol hcl (80 mg tab, 120 mg tab, 160 mg tab, 240 mg tab)*	L1	
sotalol hcl (af)	*sotalol hcl (af) (80 mg tab, 120 mg tab, 160 mg tab)*	L1	
SOTYLIZE	SOTYLIZE 5 MG/ML SOLUTION *sotalol hcl*	L4	PA, QL (1920 PER 30 DAY(S))
timolol maleate	*timolol maleate (5 mg tab, 10 mg tab)*	L1	
timolol maleate	*timolol maleate 20 mg tab*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETA BLOCKERS CARDIO-SELECTIVE			
acebutolol hcl	*acebutolol hcl (200 mg cap, 400 mg cap)*	L1	
atenolol	*atenolol (25 mg tab, 50 mg tab, 100 mg tab)*	L1	
betaxolol hcl	*betaxolol hcl (10 mg tab, 20 mg tab)*	L1	
bisoprolol fumarate	*bisoprolol fumarate (5 mg tab, 10 mg tab)*	L1	
BYSTOLIC	BYSTOLIC (2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB) *nebivolol hcl*	L4	GA
KAPSPARGO SPRINKLE	KAPSPARGO SPRINKLE (25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK, 200 MG CP24 SPRNK) *metoprolol succinate*	L5	
LOPRESSOR	LOPRESSOR (50 MG TAB, 100 MG TAB) *metoprolol tartrate*	L1	GA
LOPRESSOR	LOPRESSOR 12.5 MG TAB *metoprolol tartrate*	L2	
metoprolol succinate er	*metoprolol succinate er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h)*	L1	
metoprolol tartrate	*metoprolol tartrate (25 mg tab, 50 mg tab, 100 mg tab)*	L1	
metoprolol tartrate	*metoprolol tartrate (37.5 mg tab, 75 mg tab)*	L4	
nebivolol hcl	*nebivolol hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)*	L4	
TENORMIN	TENORMIN (25 MG TAB, 50 MG TAB, 100 MG TAB) *atenolol*	L1	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOPROL XL	TOPROL XL (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H) *metoprolol succinate*	L1	GA
ALPHA-BETA BLOCKERS			
carvedilol	*carvedilol (3.125 mg tab, 6.25 mg tab, 12.5 mg tab, 25 mg tab)*	L1	
carvedilol phosphate er	*carvedilol phosphate er (er 10 mg cap er 24h, er 20 mg cap er 24h, er 40 mg cap er 24h, er 80 mg cap er 24h)*	L4	
COREG	COREG (3.125 MG TAB, 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB) *carvedilol*	L1	GA
COREG CR	COREG CR (10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H) *carvedilol phosphate*	L4	GA
labetalol hcl	*labetalol hcl (100 mg tab, 200 mg tab, 300 mg tab)*	L2	
CALCIUM CHANNEL BLOCKERS			
amlodipine besylate	*amlodipine besylate (2.5 mg tab, 5 mg tab, 10 mg tab)*	L2	
CALAN SR	CALAN SR (120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER) *verapamil hcl*	L2	GA
CARDIZEM	CARDIZEM (30 MG TAB, 60 MG TAB, 120 MG TAB) *diltiazem hcl*	L2	GA
CARDIZEM CD	CARDIZEM CD (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H) *diltiazem hcl coated beads*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARDIZEM LA	CARDIZEM LA (120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H) *diltiazem hcl*	L2	GA
cartia xt	*cartia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h)*	L2	
dilt-xr	*dilt-xr (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h)*	L2	
diltiazem hcl	*diltiazem hcl (25 mg/5ml solution, 30 mg tab, 60 mg tab, 90 mg tab, 120 mg tab)*	L2	
DILTIAZEM HCL	DILTIAZEM HCL 100 MG RECON SOLN *diltiazem hcl*	L5	
diltiazem hcl er	*diltiazem hcl er (er 60 mg cap er 12h, er 90 mg cap er 12h, er 120 mg cap er 12h, er 120 mg cap er 24h, er 120 mg tab er 24h, er 180 mg cap er 24h, er 180 mg tab er 24h, er 240 mg cap er 24h, er 240 mg tab er 24h, er 300 mg tab er 24h, er 360 mg tab er 24h, er 420 mg tab er 24h)*	L2	
diltiazem hcl er beads	*diltiazem hcl er beads (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, er beads 240 mg cap er 24h, er beads 300 mg cap er 24h, er beads 360 mg cap er 24h, er beads 420 mg cap er 24h)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
diltiazem hcl er coated beads	*diltiazem hcl er coated beads (er beads 120 mg cap er 24h, er beads 180 mg cap er 24h, er beads 240 mg cap er 24h, er beads 300 mg cap er 24h, er beads 360 mg cap er 24h)*	L2	
felodipine er	*felodipine er (er 2.5 mg tab er 24h, er 5 mg tab er 24h, er 10 mg tab er 24h)*	L2	
isradipine	*isradipine (2.5 mg cap, 5 mg cap)*	L2	
KATERZIA	KATERZIA 1 MG/ML SUSPENSION *amlodipine benzoate*	L4	PA, QL (300 PER 30 DAY(S))
matzim la	*matzim la (180 mg tab er 24h, 240 mg tab er 24h, 300 mg tab er 24h, 360 mg tab er 24h, 420 mg tab er 24h)*	L2	
nicardipine hcl	*nicardipine hcl (20 mg cap, 30 mg cap)*	L2	
nifedipine	*nifedipine (10 mg cap, 20 mg cap)*	L2	
nifedipine er	*nifedipine er (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)*	L2	
nifedipine er osmotic release	*nifedipine er osmotic release (er 30 mg tab er 24h, er 60 mg tab er 24h, er 90 mg tab er 24h)*	L2	
NIMODIPINE	NIMODIPINE (30 MG CAP, 60 MG/20ML SOLUTION) *nimodipine*	L4	
nisoldipine er	*nisoldipine er (er 8.5 mg tab er 24h, er 17 mg tab er 24h, er 20 mg tab er 24h, er 25.5 mg tab er 24h, er 30 mg tab er 24h, er 34 mg tab er 24h, er 40 mg tab er 24h)*	L4	
NORVASC	NORVASC (2.5 MG TAB, 5 MG TAB, 10 MG TAB) *amlodipine besylate*	L2	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROCARDIA XL	PROCARDIA XL (30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H) *nifedipine*	L2	GA
SULAR	SULAR (8.5 MG TAB ER 24H, 17 MG TAB ER 24H, 34 MG TAB ER 24H) *nisoldipine*	L4	GA
taztia xt	*taztia xt (120 mg cap er 24h, 180 mg cap er 24h, 240 mg cap er 24h, 300 mg cap er 24h, 360 mg cap er 24h)*	L2	
tiadylt er	*tiadylt er (er 120 mg cap er 24h, er 180 mg cap er 24h, er 240 mg cap er 24h, er 300 mg cap er 24h, er 360 mg cap er 24h, er 420 mg cap er 24h)*	L2	
TIAZAC	TIAZAC (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 420 MG CAP ER 24H) *diltiazem hcl extended release beads*	L2	GA
verapamil hcl	*verapamil hcl (40 mg tab, 80 mg tab, 120 mg tab)*	L2	
verapamil hcl er	*verapamil hcl er (er 100 mg cap er 24h, er 120 mg cap er 24h, er 120 mg tab er, er 180 mg cap er 24h, er 180 mg tab er, er 200 mg cap er 24h, er 240 mg cap er 24h, er 240 mg tab er, er 300 mg cap er 24h, er 360 mg cap er 24h)*	L2	
verapamil hcl er	*verapamil hcl er 300 mg cap er 24h*	L1	
VERELAN	VERELAN (120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 360 MG CAP ER 24H) *verapamil hcl*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VERELAN PM	VERELAN PM (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H) *verapamil hcl*	L2	GA
ANTIARRHYTHMICS ANTIARRHYTHMICS TYPE I-A			
disopyramide phosphate	*disopyramide phosphate (100 mg cap, 150 mg cap)*	L2	
NORPACE	NORPACE (100 MG CAP, 150 MG CAP) *disopyramide phosphate*	L2	GA
NORPACE CR	NORPACE CR (100 MG CAP ER 12H, 150 MG CAP ER 12H) *disopyramide phosphate*	L4	
quinidine gluconate er	*quinidine gluconate er 324 mg tab er*	L2	
QUINIDINE SULFATE	QUINIDINE SULFATE (200 MG TAB, 300 MG TAB) *quinidine sulfate*	L2	
ANTIARRHYTHMICS TYPE I-B			
mexiletine hcl	*mexiletine hcl (150 mg cap, 200 mg cap, 250 mg cap)*	L2	
ANTIARRHYTHMICS TYPE I-C			
flecainide acetate	*flecainide acetate (50 mg tab, 100 mg tab, 150 mg tab)*	L2	
propafenone hcl	*propafenone hcl (150 mg tab, 225 mg tab, 300 mg tab)*	L2	
propafenone hcl er	*propafenone hcl er (er 225 mg cap er 12h, er 325 mg cap er 12h, er 425 mg cap er 12h)*	L2	
RYTHMOL SR	RYTHMOL SR (225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H) *propafenone hcl*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIARRHYTHMICS TYPE III			
amiodarone hcl	*amiodarone hcl (100 mg tab, 200 mg tab, 400 mg tab)*	L2	
dofetilide	*dofetilide (125 mcg cap, 250 mcg cap, 500 mcg cap)*	L4	
MULTAQ	MULTAQ 400 MG TAB *dronedarone hcl*	L4	
pacerone	*pacerone (100 mg tab, 200 mg tab, 400 mg tab)*	L2	
TIKOSYN	TIKOSYN (125 MCG CAP, 250 MCG CAP, 500 MCG CAP) *dofetilide*	L4	GA
ANTIHYPERTENSIVES ACE INHIBITORS			
ACCUPRIL	ACCUPRIL (5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB) *quinapril hcl*	L1	GA
ALTACE	ALTACE (1.25 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP) *ramipril*	L1	GA
benazepril hcl	*benazepril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)*	L1	
captopril	*captopril (12.5 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)*	L1	
enalapril maleate	*enalapril maleate (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)*	L1	
enalapril maleate	*enalapril maleate 1 mg/ml solution*	L3	PA, QL (1200 PER 30 DAY(S))
EPANED	EPANED 1 MG/ML SOLUTION *enalapril maleate*	L3	PA, QL (1200 PER 30 DAY(S)), GA
fosinopril sodium	*fosinopril sodium (10 mg tab, 20 mg tab, 40 mg tab)*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lisinopril	*lisinopril (2.5 mg tab, 5 mg tab, 10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)*	L1	
LOTENSIN	LOTENSIN (10 MG TAB, 20 MG TAB, 40 MG TAB) *benazepril hcl*	L1	GA
moexipril hcl	*moexipril hcl (7.5 mg tab, 15 mg tab)*	L1	
PERINDOPRIL ERBUMINE	PERINDOPRIL ERBUMINE (2 MG TAB, 4 MG TAB, 8 MG TAB) *perindopril erbumine*	L1	
QBRELIS	QBRELIS 1 MG/ML SOLUTION *lisinopril*	L4	PA, QL (1200 PER 30 DAY(S))
quinapril hcl	*quinapril hcl (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)*	L1	
ramipril	*ramipril (1.25 mg cap, 2.5 mg cap, 5 mg cap, 10 mg cap)*	L1	
trandolapril	*trandolapril (1 mg tab, 2 mg tab, 4 mg tab)*	L1	
VASOTEC	VASOTEC (2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB) *enalapril maleate*	L1	GA
ZESTRIL	ZESTRIL (2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB) *lisinopril*	L1	GA
ANGIOTENSIN II RECEPTOR ANTAGONISTS			
ATACAND	ATACAND (4 MG TAB, 8 MG TAB, 16 MG TAB, 32 MG TAB) *candesartan cilexetil*	L2	GA
AVAPRO	AVAPRO (75 MG TAB, 150 MG TAB, 300 MG TAB) *irbesartan*	L2	GA
BENICAR	BENICAR (5 MG TAB, 20 MG TAB, 40 MG TAB) *olmesartan medoxomil*	L2	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
candesartan cilexetil	*candesartan cilexetil (4 mg tab, 8 mg tab, 16 mg tab, 32 mg tab)*	L2	
COZAAR	COZAAR (25 MG TAB, 50 MG TAB, 100 MG TAB) *losartan potassium*	L2	GA
DIOVAN	DIOVAN (40 MG TAB, 80 MG TAB, 160 MG TAB, 320 MG TAB) *valsartan*	L2	GA
EDARBI	EDARBI (40 MG TAB, 80 MG TAB) *azilsartan medoxomil*	L4	
irbesartan	*irbesartan (75 mg tab, 150 mg tab, 300 mg tab)*	L2	
losartan potassium	*losartan potassium (25 mg tab, 50 mg tab, 100 mg tab)*	L2	
MICARDIS	MICARDIS (20 MG TAB, 40 MG TAB, 80 MG TAB) *telmisartan*	L2	GA
olmesartan medoxomil	*olmesartan medoxomil (5 mg tab, 20 mg tab, 40 mg tab)*	L2	
telmisartan	*telmisartan (20 mg tab, 40 mg tab, 80 mg tab)*	L2	
valsartan	*valsartan (40 mg tab, 80 mg tab, 160 mg tab, 320 mg tab)*	L2	
DIRECT RENIN INHIBITORS			
aliskiren fumarate	*aliskiren fumarate (150 mg tab, 300 mg tab)*	L4	
TEKTURNA	TEKTURNA (150 MG TAB, 300 MG TAB) *aliskiren fumarate*	L4	GA
ANTIADRENERGICS - CENTRALLY ACTING			
CATAPRES-TTS-1	CATAPRES-TTS-1 0.1 MG/24HR PATCH WK *clonidine*	L3	GA
CATAPRES-TTS-2	CATAPRES-TTS-2 0.2 MG/24HR PATCH WK *clonidine*	L3	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CATAPRES-TTS-3	CATAPRES-TTS-3 0.3 MG/24HR PATCH WK *clonidine*	L3	GA
clonidine	*clonidine (0.1 mg/24hr patch wk, 0.2 mg/24hr patch wk, 0.3 mg/24hr patch wk)*	L3	
clonidine hcl	*clonidine hcl (0.1 mg tab, 0.2 mg tab, 0.3 mg tab)*	L2	
guanfacine hcl	*guanfacine hcl (1 mg tab, 2 mg tab)*	L2	
METHYLDOPA	METHYLDOPA (250 MG TAB, 500 MG TAB) *methyldopa*	L3	
ANTIADRENERGICS - PERIPHERALLY ACTING			
CARDURA	CARDURA (1 MG TAB, 2 MG TAB, 4 MG TAB, 8 MG TAB) *doxazosin mesylate*	L2	GA
doxazosin mesylate	*doxazosin mesylate (1 mg tab, 2 mg tab, 4 mg tab, 8 mg tab)*	L2	
MINIPRESS	MINIPRESS (1 MG CAP, 2 MG CAP, 5 MG CAP) *prazosin hcl*	L2	GA
prazosin hcl	*prazosin hcl (1 mg cap, 2 mg cap, 5 mg cap)*	L2	
terazosin hcl	*terazosin hcl (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)*	L2	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)			
eplerenone	*eplerenone (25 mg tab, 50 mg tab)*	L2	
INSPRA	INSPRA (25 MG TAB, 50 MG TAB) *eplerenone*	L2	GA
AGENTS FOR PHEOCHROMOCYTOMA			
DEMSER	DEMSER 250 MG CAP *metyrosine*	L3	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIBENZYLINE	DIBENZYLINE 10 MG CAP *phenoxybenzamine hcl*	L4	GA
metyrosine	*metyrosine 250 mg cap*	L3	
phenoxybenzamine hcl	*phenoxybenzamine hcl 10 mg cap*	L4	
VASODILATORS			
hydralazine hcl	*hydralazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)*	L2	
minoxidil	*minoxidil (2.5 mg tab, 10 mg tab)*	L2	
ANTIHYPERTENSIVES - MISC.			
VECAMYL	VECAMYL 2.5 MG TAB *mecamylamine hcl*	L5	
ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS			
amlodipine besy-benazepril hcl	*amlodipine besy-benazepril hcl (2.5-10 mg cap, 5-10 mg cap, 5-20 mg cap, 5-40 mg cap, 10-20 mg cap, 10-40 mg cap)*	L2	
LOTREL	LOTREL (5-10 MG CAP, 5-20 MG CAP, 10-20 MG CAP, 10-40 MG CAP) *amlodipine besylate-benazepril hcl*	L2	GA
PRESTALIA	PRESTALIA (3.5-2.5 MG TAB, 7-5 MG TAB, 14-10 MG TAB) *perindopril arginine-amlodipine besylate*	L5	
TRANDOLAPRIL-VERAPAMIL HCL ER	TRANDOLAPRIL-VERAPAMIL HCL ER (ER 1-240 MG TAB ER, ER 2-180 MG TAB ER, ER 2-240 MG TAB ER, ER 4-240 MG TAB ER) *trandolapril-verapamil hcl*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE			
ACCURETIC	ACCURETIC (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB) *quinapril-hydrochlorothiazide*	L2	GA
benazepril-hydrochlorothiazide	*benazepril-hydrochlorothiazide (5-6.25 mg tab, 10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)*	L2	
captopril-hydrochlorothiazide	*captopril-hydrochlorothiazide 25-15 mg tab*	L2	
enalapril-hydrochlorothiazide	*enalapril-hydrochlorothiazide (5-12.5 mg tab, 10-25 mg tab)*	L1	
fosinopril sodium-hctz	*fosinopril sodium-hctz (10-12.5 mg tab, 20-12.5 mg tab)*	L2	
lisinopril-hydrochlorothiazide	*lisinopril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)*	L1	
LOTENSIN HCT	LOTENSIN HCT (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB) *benazepril & hydrochlorothiazide*	L2	GA
quinapril-hydrochlorothiazide	*quinapril-hydrochlorothiazide (10-12.5 mg tab, 20-12.5 mg tab, 20-25 mg tab)*	L2	
VASERETIC	VASERETIC 10-25 MG TAB *enalapril maleate & hydrochlorothiazide*	L1	GA
ZESTORETIC	ZESTORETIC (10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB) *lisinopril & hydrochlorothiazide*	L1	GA
BETA BLOCKER & DIURETIC COMBINATIONS			
atenolol-chlorthalidone	*atenolol-chlorthalidone (50-25 mg tab, 100-25 mg tab)*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
bisoprolol-hydrochlorothiazide	*bisoprolol-hydrochlorothiazide (2.5-6.25 mg tab, 5-6.25 mg tab, 10-6.25 mg tab)*	L1	
metoprolol-hydrochlorothiazide	*metoprolol-hydrochlorothiazide (50-25 mg tab, 100-25 mg tab, 100-50 mg tab)*	L2	
TENORETIC 100	TENORETIC 100 100-25 MG TAB *atenolol & chlorthalidone*	L1	GA
TENORETIC 50	TENORETIC 50 50-25 MG TAB *atenolol & chlorthalidone*	L1	GA
ZIAC	ZIAC (2.5-6.25 MG TAB, 5-6.25 MG TAB, 10-6.25 MG TAB) *bisoprolol & hydrochlorothiazide*	L1	GA
ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB			
amlodipine besylate-valsartan	*amlodipine besylate-valsartan (5-160 mg tab, 5-320 mg tab, 10-160 mg tab, 10-320 mg tab)*	L4	
amlodipine-olmesartan	*amlodipine-olmesartan (5-20 mg tab, 5-40 mg tab, 10-20 mg tab, 10-40 mg tab)*	L4	
AZOR	AZOR (5-20 MG TAB, 5-40 MG TAB, 10-20 MG TAB, 10-40 MG TAB) *amlodipine besylate-olmesartan medoxomil*	L4	GA
EXFORGE	EXFORGE (5-160 MG TAB, 5-320 MG TAB, 10-160 MG TAB, 10-320 MG TAB) *amlodipine besylate-valsartan*	L4	GA
telmisartan-amlodipine	*telmisartan-amlodipine (40-10 mg tab, 40-5 mg tab, 80-10 mg tab, 80-5 mg tab)*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE			
ATACAND HCT	ATACAND HCT (16-12.5 MG TAB, 32-12.5 MG TAB, 32-25 MG TAB) *candesartan cilexetil-hydrochlorothiazide*	L3	GA
AVALIDE	AVALIDE (150-12.5 MG TAB, 300-12.5 MG TAB) *irbesartan-hydrochlorothiazide*	L3	GA
BENICAR HCT	BENICAR HCT (20-12.5 MG TAB, 40-12.5 MG TAB, 40-25 MG TAB) *olmesartan medoxomil-hydrochlorothiazide*	L4	GA
candesartan cilexetil-hctz	*candesartan cilexetil-hctz (16-12.5 mg tab, 32-12.5 mg tab, 32-25 mg tab)*	L3	
DIOVAN HCT	DIOVAN HCT (80-12.5 MG TAB, 160-12.5 MG TAB, 160-25 MG TAB, 320-12.5 MG TAB, 320-25 MG TAB) *valsartan-hydrochlorothiazide*	L2	GA
EDARBYCLOR	EDARBYCLOR (40-12.5 MG TAB, 40-25 MG TAB) *azilsartan medoxomil-chlorthalidone*	L4	
HYZAAR	HYZAAR (50-12.5 MG TAB, 100-12.5 MG TAB, 100-25 MG TAB) *losartan potassium & hydrochlorothiazide*	L2	GA
irbesartan-hydrochlorothiazide	*irbesartan-hydrochlorothiazide (150-12.5 mg tab, 300-12.5 mg tab)*	L3	
losartan potassium-hctz	*losartan potassium-hctz (50-12.5 mg tab, 100-12.5 mg tab, 100-25 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MICARDIS HCT	MICARDIS HCT (40-12.5 MG TAB, 80-12.5 MG TAB, 80-25 MG TAB) *telmisartan-hydrochlorothiazide*	L4	GA
olmesartan medoxomil-hctz	*olmesartan medoxomil-hctz (20-12.5 mg tab, 40-12.5 mg tab, 40-25 mg tab)*	L4	
telmisartan-hctz	*telmisartan-hctz (40-12.5 mg tab, 80-12.5 mg tab, 80-25 mg tab)*	L4	
valsartan-hydrochlorothiazide	*valsartan-hydrochlorothiazide (80-12.5 mg tab, 160-12.5 mg tab, 160-25 mg tab, 320-12.5 mg tab, 320-25 mg tab)*	L2	
ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES			
olmesartan-amlodipine-hctz	*olmesartan-amlodipine-hctz (20-5-12.5 mg tab, 40-10-12.5 mg tab, 40-10-25 mg tab, 40-5-12.5 mg tab, 40-5-25 mg tab)*	L4	
TRIBENZOR	TRIBENZOR (20-5-12.5 MG TAB, 40-10-12.5 MG TAB, 40-10-25 MG TAB, 40-5-12.5 MG TAB, 40-5-25 MG TAB) *olmesartan medoxomil-amlodipine-hydrochlorothiazide*	L4	GA
DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB			
TEKTURNA HCT	TEKTURNA HCT (150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB) *aliskiren-hydrochlorothiazide*	L4	
DIURETICS CARBONIC ANHYDRASE INHIBITORS			
acetazolamide	*acetazolamide (125 mg tab, 250 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
acetazolamide er	*acetazolamide er 500 mg cap er 12h*	L2	
methazolamide	*methazolamide (25 mg tab, 50 mg tab)*	L2	
LOOP DIURETICS			
bumetanide	*bumetanide (0.5 mg tab, 1 mg tab, 2 mg tab)*	L2	
BUMEX	BUMEX 0.5 MG TAB *bumetanide*	L2	GA
EDECRIN	EDECRIN 25 MG TAB *ethacrynic acid*	L4	GA
ethacrynic acid	*ethacrynic acid 25 mg tab*	L4	
FUROSEMIDE	FUROSEMIDE (8 MG/ML SOLUTION, 10 MG/ML SOLUTION, 20 MG TAB, 40 MG TAB, 80 MG TAB) *furosemide*	L2	
LASIX	LASIX (20 MG TAB, 40 MG TAB, 80 MG TAB) *furosemide*	L2	GA
torsemide	*torsemide (5 mg tab, 10 mg tab, 20 mg tab, 100 mg tab)*	L2	
POTASSIUM SPARING DIURETICS			
ALDACTONE	ALDACTONE (25 MG TAB, 50 MG TAB, 100 MG TAB) *spironolactone*	L2	GA
amiloride hcl	*amiloride hcl 5 mg tab*	L2	
CAROSPIR	CAROSPIR 25 MG/5ML SUSPENSION *spironolactone*	L4	QL (600 PER 30 DAY(S)), GA
DYRENIUM	DYRENIUM (50 MG CAP, 100 MG CAP) *triamterene*	L5	GA
spironolactone	*spironolactone (25 mg tab, 50 mg tab, 100 mg tab)*	L2	
spironolactone	*spironolactone 25 mg/5ml suspension*	L4	QL (600 PER 30 DAY(S))
triamterene	*triamterene (50 mg cap, 100 mg cap)*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THIAZIDES AND THIAZIDE-LIKE DIURETICS			
chlorthalidone	*chlorthalidone (25 mg tab, 50 mg tab)*	L2	
DIURIL	DIURIL 250 MG/5ML SUSPENSION *chlorothiazide*	L2	
hydrochlorothiazide	*hydrochlorothiazide (12.5 mg cap, 12.5 mg tab, 25 mg tab, 50 mg tab)*	L2	
indapamide	*indapamide (1.25 mg tab, 2.5 mg tab)*	L2	
metolazone	*metolazone (2.5 mg tab, 5 mg tab, 10 mg tab)*	L2	
DIURETIC COMBINATIONS			
ALDACTAZIDE	ALDACTAZIDE 25-25 MG TAB *spironolactone & hydrochlorothiazide*	L2	GA
amiloride-hydrochlorothiazide	*amiloride-hydrochlorothiazide 5-50 mg tab*	L2	
MAXZIDE	MAXZIDE 75-50 MG TAB *triamterene & hydrochlorothiazide*	L2	GA
MAXZIDE-25	MAXZIDE-25 37.5-25 MG TAB *triamterene & hydrochlorothiazide*	L2	GA
spironolactone-hctz	*spironolactone-hctz 25-25 mg tab*	L2	
triamterene-hctz	*triamterene-hctz (37.5-25 mg cap, 37.5-25 mg tab, 75-50 mg tab)*	L2	
VASOPRESSORS			
ADRENALIN	ADRENALIN 1 MG/ML SOLUTION *epinephrine*	L2	GA
epinephrine pf	*epinephrine pf 1 mg/ml solution*	L2	
midodrine hcl	*midodrine hcl (2.5 mg tab, 5 mg tab, 10 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS			
droxidopa	*droxidopa (200 mg cap, 300 mg cap)*	L5	QL (6 PER DAY(S)), S
droxidopa	*droxidopa 100 mg cap*	L5	QL (3 PER 1 DAY(S)), S
NORTHERA	NORTHERA (200 MG CAP, 300 MG CAP) *droxidopa*	L5	QL (6 PER DAY(S)), S, GA
NORTHERA	NORTHERA 100 MG CAP *droxidopa*	L5	QL (3 PER 1 DAY(S)), S, GA
ANAPHYLAXIS THERAPY AGENTS			
AUVI-Q	AUVI-Q 0.15 MG/0.15ML SOLN A-INJ *epinephrine (anaphylaxis)*	L4	QL (2 INJ PER FILL(S)), GA
epinephrine	*epinephrine (0.15 mg/0.15ml soln a-inj, 0.15 mg/0.3ml soln a-inj, 0.3 mg/0.3ml soln a-inj)*	L3	QL (2 INJ PER FILL(S))
EPIPEN 2-PAK	EPIPEN 2-PAK 0.3 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	L3	QL (2 INJ PER FILL(S)), GA
EPIPEN JR 2-PAK	EPIPEN JR 2-PAK 0.15 MG/0.3ML SOLN A-INJ *epinephrine (anaphylaxis)*	L3	QL (2 INJ PER FILL(S)), GA
ANTIHYPERLIPIDEMICS BILE ACID SEQUESTRANTS			
cholestyramine	*cholestyramine (4 gm packet, 4 gm/dose powder)*	L4	
cholestyramine light	*cholestyramine light (4 gm packet, 4 gm/dose powder)*	L4	
colesevelam hcl	*colesevelam hcl (3.75 gm packet, 625 mg tab)*	L5	
COLESTID	COLESTID (1 GM TAB, 5 GM GRANULES, 5 GM PACKET) *colestipol hcl*	L4	GA
COLESTID FLAVORED	COLESTID FLAVORED (5 GM GRANULES, 5 GM PACKET) *colestipol hcl*	L4	GA
colestipol hcl	*colestipol hcl (1 gm tab, 5 gm granules, 5 gm packet)*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
prevalite	*prevalite (4 gm packet, 4 gm/dose powder)*	L4	
QUESTRAN	QUESTRAN (4 GM PACKET, 4 GM/DOSE POWDER) *cholestyramine*	L4	GA
QUESTRAN LIGHT	QUESTRAN LIGHT 4 GM/DOSE POWDER *cholestyramine light*	L4	GA
WELCHOL	WELCHOL (3.75 GM PACKET, 625 MG TAB) *colesevelam hcl*	L5	GA
FIBRIC ACID DERIVATIVES			
fenofibrate	*fenofibrate (48 mg tab, 50 mg cap, 54 mg tab, 67 mg cap, 134 mg cap, 145 mg tab, 150 mg cap, 160 mg tab, 200 mg cap)*	L2	
fenofibrate micronized	*fenofibrate micronized (43 mg cap, 67 mg cap, 134 mg cap, 200 mg cap)*	L2	
fenofibrate micronized	*fenofibrate micronized 130 mg cap*	L3	
fenofibric acid	*fenofibric acid 135 mg cap dr*	L3	
fenofibric acid	*fenofibric acid 45 mg cap dr*	L2	
gemfibrozil	*gemfibrozil 600 mg tab*	L2	
LIPOFEN	LIPOFEN (50 MG CAP, 150 MG CAP) *fenofibrate*	L2	GA
LOPID	LOPID 600 MG TAB *gemfibrozil*	L2	GA
TRICOR	TRICOR (48 MG TAB, 145 MG TAB) *fenofibrate*	L2	GA
TRILIPIX	TRILIPIX 135 MG CAP DR *choline fenofibrate*	L3	GA
TRILIPIX	TRILIPIX 45 MG CAP DR *choline fenofibrate*	L2	GA
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS			
ezetimibe	*ezetimibe 10 mg tab*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZETIA	ZETIA 10 MG TAB *ezetimibe*	L2	GA
PCSK9 INHIBITORS			
PRALUENT	PRALUENT (75 MG/ML SOLN A-INJ, 150 MG/ML SOLN A-INJ) *alirocumab*	L4	PA, QL (2 PER 28 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
REPATHA	REPATHA 140 MG/ML SOLN PRSYR *evolocumab*	L5	PA, QL (3 PREFILLED SYRINGES PER 30 DAY(S))
REPATHA	REPATHA 140 MG/ML SOLN PRSYR *evolocumab*	L4	PA, QL (3 PREFILLED SYRINGES PER 30 DAY(S))
REPATHA PUSHTRONEX SYSTEM	REPATHA PUSHTRONEX SYSTEM 420 MG/3.5ML SOLN CART *evolocumab*	L4	PA, QL (1 PER 30 DAYS)
REPATHA SURECLICK	REPATHA SURECLICK 140 MG/ML SOLN A-INJ *evolocumab*	L4	PA, QL (3 AUTOINJECTORS PER 30 DAY(S))
REPATHA SURECLICK	REPATHA SURECLICK 140 MG/ML SOLN A-INJ *evolocumab*	L5	PA, QL (3 AUTOINJECTORS PER 30 DAY(S))
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS			
NEXLETOL	NEXLETOL 180 MG TAB *bempedoic acid*	L4	PA, QL (30 PER 30 DAY(S))
HMG COA REDUCTASE INHIBITORS			
ALTOPREV	ALTOPREV (20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H) *lovastatin*	L5	
atorvastatin calcium	*atorvastatin calcium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)*	L1	
CRESTOR	CRESTOR (5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB) *rosuvastatin calcium*	L1	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
EZALLOR SPRINKLE	EZALLOR SPRINKLE (5 MG CAP SPRINK, 10 MG CAP SPRINK, 20 MG CAP SPRINK, 40 MG CAP SPRINK) *rosuvastatin calcium*	L5	
FLOLIPID	FLOLIPID 20 MG/5ML SUSPENSION *simvastatin*	L5	PA, QL (300 PER 30 DAY(S))
FLOLIPID	FLOLIPID 40 MG/5ML SUSPENSION *simvastatin*	L5	PA, QL (150 PER 30 DAY(S))
fluvastatin sodium	*fluvastatin sodium (20 mg cap, 40 mg cap)*	L2	
fluvastatin sodium er	*fluvastatin sodium er 80 mg tab er 24h*	L2	
LESCOL XL	LESCOL XL 80 MG TAB ER 24H *fluvastatin sodium*	L2	GA
LIPITOR	LIPITOR (10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB) *atorvastatin calcium*	L1	GA
LIVALO	LIVALO (1 MG TAB, 2 MG TAB, 4 MG TAB) *pitavastatin calcium*	L3	GA
lovastatin	*lovastatin (10 mg tab, 20 mg tab, 40 mg tab)*	L1	
pitavastatin calcium	*pitavastatin calcium (1 mg tab, 2 mg tab, 4 mg tab)*	L3	
pravastatin sodium	*pravastatin sodium (10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)*	L1	
rosuvastatin calcium	*rosuvastatin calcium (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab)*	L1	
simvastatin	*simvastatin (5 mg tab, 10 mg tab, 20 mg tab, 40 mg tab, 80 mg tab)*	L1	
ZOCOR	ZOCOR (10 MG TAB, 20 MG TAB, 40 MG TAB) *simvastatin*	L1	GA
ZYPITAMAG	ZYPITAMAG (2 MG TAB, 4 MG TAB) *pitavastatin magnesium*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NICOTINIC ACID DERIVATIVES			
NIACIN (ANTIHYPERLIPIDEMIC)	NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB *niacin (antihyperlipidemic)*	L4	
niacin er (antihyperlipidemic)	*niacin er (antihyperlipidemic) (er 500 mg tab er, er 750 mg tab er, er 1000 mg tab er)*	L4	
NIACOR	NIACOR 500 MG TAB *niacin (antihyperlipidemic)*	L4	
NIASPAN	NIASPAN 1000 MG TAB ER *niacin (antihyperlipidemic)*	L4	GA
MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS			
JUXTAPID	JUXTAPID (5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP) *lomitapide mesylate*	L5	PA, QL (30 PER 30 DAYS), S
ANTIHYPERLIPIDEMICS - MISC.			
icosapent ethyl	*icosapent ethyl 0.5 gm cap*	L4	PA, QL (4 PER DAY(S))
icosapent ethyl	*icosapent ethyl 1 gm cap*	L4	PA, QL (4 CAP PER DAY(S))
VASCEPA	VASCEPA 0.5 GM CAP *icosapent ethyl*	L4	PA, QL (4 PER DAY(S)), GA
VASCEPA	VASCEPA 1 GM CAP *icosapent ethyl*	L4	PA, QL (4 CAP PER DAY(S)), GA
ACL INHIB-INTESTINAL CHOLESTEROL ABSORPTION INHIB COMB			
NEXLIZET	NEXLIZET 180-10 MG TAB *bempedoic acid-ezetimibe*	L4	PA, QL (30 PER 30 DAY(S))
INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB			
ezetimibe-simvastatin	*ezetimibe-simvastatin (10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)*	L5	
VYTORIN	VYTORIN (10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB) *ezetimibe-simvastatin*	L5	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CARDIOVASCULAR AGENTS - MISC.			
PULMONARY HYPERTENSION - ACTIVIN SIGNALING INHIBITOR			
WINREVAIR	WINREVAIR (2 X 45 MG KIT, 2 X 60 MG KIT, 45 MG KIT, 60 MG KIT) *sotatercept-csrk*	L4	PA, QL (1 KIT PER 21 DAY(S)), S
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST			
UPTRAVI	UPTRAVI (200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB) *selexipag*	L4	PA, QL (60 PER 30 DAYS), S
UPTRAVI	UPTRAVI 200 & 800 MCG TAB THPK *selexipag*	L4	PA, QL (1 PER LIFETIME), S
PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)			
ADEMPAS	ADEMPAS (0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB) *riociguat*	L3	PA, QL (3 TAB PER DAY(S)), S
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS			
ADCIRCA	ADCIRCA 20 MG TAB *tadalafil (pulmonary hypertension)*	L2	PA, QL (2 TAB PER DAY(S)), S, GA
alyq	*alyq 20 mg tab*	L2	PA, QL (2 TAB PER DAY(S)), S
REVATIO	REVATIO 10 MG/ML RECON SUSP *sildenafil citrate (pulmonary hypertension)*	L3	PA, QL (720 PER 30 DAYS), S, GA
REVATIO	REVATIO 20 MG TAB *sildenafil citrate (pulmonary hypertension)*	L2	PA, QL (12 TAB PER DAY(S)), S, GA
sildenafil citrate	*sildenafil citrate 10 mg/ml recon susp*	L3	PA, QL (720 PER 30 DAYS), S
sildenafil citrate	*sildenafil citrate 20 mg tab*	L2	PA, QL (12 TAB PER DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tadalafil (pah)	*tadalafil (pah) 20 mg tab*	L4	PA, QL (2 TAB PER DAY(S)), S
tadalafil (pah)	*tadalafil (pah) 20 mg tab*	L2	PA, QL (2 TAB PER DAY(S)), S
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS			
ambrisentan	*ambrisentan (5 mg tab, 10 mg tab)*	L3	PA, QL (30 PER 30 DAYS), S
bosentan	*bosentan (62.5 mg tab, 125 mg tab)*	L3	PA, QL (60 PER 30 DAY(S)), S
LETAIRIS	LETAIRIS (5 MG TAB, 10 MG TAB) *ambrisentan*	L3	PA, QL (30 PER 30 DAYS), S, GA
OPSUMIT	OPSUMIT 10 MG TAB *macitentan*	L3	PA, QL (1 TAB PER DAY(S)), S
TRACLEER	TRACLEER (62.5 MG TAB, 125 MG TAB) *bosentan*	L3	PA, QL (60 PER 30 DAY(S)), S, GA
TRACLEER	TRACLEER 32 MG TAB SOL *bosentan*	L3	PA, QL (120 PER 30 DAY(S)), S
PROSTAGLANDIN VASODILATORS			
ORENITRAM	ORENITRAM (0.125 MG TAB ER, 0.25 MG TAB ER, 1 MG TAB ER, 2.5 MG TAB ER, 5 MG TAB ER) *treprostinil diolamine*	L5	PA, S
ORENITRAM MONTH 1	ORENITRAM MONTH 1 0.125 & 0.25 MG TBER THPK *treprostinil diolamine*	L5	PA, QL (6 PER DAY(S)), S
ORENITRAM MONTH 2	ORENITRAM MONTH 2 0.125 & 0.25 MG TBER THPK *treprostinil diolamine*	L5	PA, QL (12 PER DAY(S)), S
ORENITRAM MONTH 3	ORENITRAM MONTH 3 0.125 & 0.25 &1 MG TBER THPK *treprostinil diolamine*	L5	PA, QL (9 PER DAY(S)), S
TYVASO	TYVASO 0.6 MG/ML SOLUTION *treprostinil*	L4	PA, QL (30 PER 30 DAYS), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TYVASO DPI INSTITUTIONAL KIT	TYVASO DPI INSTITUTIONAL KIT (KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER) *treprostinil*	L4	PA, QL (4 PER 1 DAY(S)), S
TYVASO DPI MAINTENANCE KIT	TYVASO DPI MAINTENANCE KIT (KIT 16 MCG POWDER, KIT 32 MCG POWDER, KIT 48 MCG POWDER, KIT 64 MCG POWDER) *treprostinil*	L4	PA, QL (4 PER 1 DAY(S)), S
TYVASO DPI MAINTENANCE KIT	TYVASO DPI MAINTENANCE KIT 112 X 32MCG & 112 X48MCG POWDER *treprostinil*	L4	PA, QL (8 PER 1 DAY(S)), S
TYVASO DPI TITRATION KIT	TYVASO DPI TITRATION KIT 112 X 16MCG & 84 X 32MCG POWDER *treprostinil*	L4	PA, QL (7 PER 1 DAY(S)), S
TYVASO DPI TITRATION KIT	TYVASO DPI TITRATION KIT 16 & 32 & 48 MCG POWDER *treprostinil*	L4	PA, QL (9 PER 1 DAY(S)), S
TYVASO REFILL	TYVASO REFILL 0.6 MG/ML SOLUTION *treprostinil*	L4	PA, QL (30 PER 30 DAYS), S
TYVASO STARTER	TYVASO STARTER 0.6 MG/ML SOLUTION *treprostinil*	L4	PA, QL (30 PER 30 DAYS), S
VENTAVIS	VENTAVIS (10 MCG/ML SOLUTION, 20 MCG/ML SOLUTION) *iloprost*	L4	PA, QL (9 PER DAY), S, MN-PA (Medically Necessary Prior Authorization)
CARDIAC MYOSIN INHIBITORS			
CAMZYOS	CAMZYOS (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP) *mavacamten*	L5	PA, QL (1 PER DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROSTAGLANDIN - IMPOTENCE AGENTS			
CAVERJECT	CAVERJECT (20 MCG RECON SOLN, 40 MCG RECON SOLN) *alprostadil (vasodilator)*	L4	QL (6 PER 30 DAYS)
CAVERJECT IMPULSE(2 CARTRIDGE)	CAVERJECT IMPULSE(2 CARTRIDGE) (10 MCG CART KIT, 20 MCG CART KIT) *alprostadil (vasodilator)*	L4	QL (6 CART PER 30 DAY(S))
EDEX (2 CARTRIDGE)	EDEX (2 CARTRIDGE) (10 MCG CART KIT, 20 MCG CART KIT, 40 MCG CART KIT) *alprostadil (vasodilator)*	L4	QL (6 CART PER 30 DAY(S))
EDEX (6 CARTRIDGE)	EDEX (6 CARTRIDGE) (10 MCG CART KIT, 20 MCG CART KIT, 40 MCG CART KIT) *alprostadil (vasodilator)*	L4	QL (6 CART PER 30 DAY(S))
MUSE	MUSE (250 MCG PELLET, 500 MCG PELLET, 1000 MCG PELLET) *alprostadil (vasodilator)*	L4	QL (6 PER 30 DAYS)
SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS			
avanafil	*avanafil (50 mg tab, 100 mg tab, 200 mg tab)*	L4	QL (6 PER 30 DAYS)
CIALIS	CIALIS (10 MG TAB, 20 MG TAB) *tadalafil*	L4	QL (6 TAB PER 30 DAY(S)), GA
CIALIS	CIALIS (2.5 MG TAB, 5 MG TAB) *tadalafil*	L4	QL (30 TAB PER 30 DAY(S)), GA
sildenafil citrate	*sildenafil citrate (25 mg tab, 50 mg tab, 100 mg tab)*	L3	QL (6 TAB PER 30 DAY(S))
STENDRA	STENDRA (50 MG TAB, 100 MG TAB, 200 MG TAB) *avanafil*	L4	QL (6 PER 30 DAYS), GA
tadalafil	*tadalafil (10 mg tab, 20 mg tab)*	L4	QL (6 TAB PER 30 DAY(S))
tadalafil	*tadalafil (2.5 mg tab, 5 mg tab)*	L4	QL (30 TAB PER 30 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
vardenafil hcl	*vardenafil hcl (2.5 mg tab, 5 mg tab, 10 mg tab, 10 mg tab disp, 20 mg tab)*	L4	QL (6 PER 30 DAYS)
VIAGRA	VIAGRA (25 MG TAB, 50 MG TAB, 100 MG TAB) *sildenafil citrate*	L3	QL (6 TAB PER 30 DAY(S)), GA
TRANSTHYRETIN STABILIZERS			
VYNDAMAX	VYNDAMAX 61 MG CAP *tafamidis*	L4	PA, QL (30 PER 30 DAY(S)), S
VYNDAQEL	VYNDAQEL 20 MG CAP *tafamidis meglumine (cardiac)*	L4	PA, QL (120 PER 30 DAY(S)), S
SINUS NODE INHIBITORS			
CORLANOR	CORLANOR (5 MG TAB, 7.5 MG TAB) *ivabradine hcl*	L4	PA, QL (60 TAB PER 30 DAY(S)), GA
CORLANOR	CORLANOR 5 MG/5ML SOLUTION *ivabradine hcl*	L4	PA, QL (450 PER 30 DAY(S))
ivabradine hcl	*ivabradine hcl (5 mg tab, 7.5 mg tab)*	L4	PA, QL (60 TAB PER 30 DAY(S))
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)			
VERQUVO	VERQUVO (2.5 MG TAB, 5 MG TAB, 10 MG TAB) *vericiguat*	L5	PA, QL (30 PER 30 DAY(S))
NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB			
ENTRESTO	ENTRESTO (6-6 MG CAP SPRINK, 15-16 MG CAP SPRINK, 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB) *sacubitril-valsartan*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB			
amlodipine-atorvastatin	*amlodipine-atorvastatin (2.5-10 mg tab, 2.5-20 mg tab, 2.5-40 mg tab, 5-10 mg tab, 5-20 mg tab, 5-40 mg tab, 5-80 mg tab, 10-10 mg tab, 10-20 mg tab, 10-40 mg tab, 10-80 mg tab)*	L3	
CADUET	CADUET (5-10 MG TAB, 5-20 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB) *amlodipine besylate-atorvastatin calcium*	L3	GA
NITRATE & VASODILATOR COMBINATIONS			
BIDIL	BIDIL 20-37.5 MG TAB *isosorbide dinitrate-hydralazine hcl*	L2	GA
isosorb dinitrate-hydralazine	*isosorb dinitrate-hydralazine 20-37.5 mg tab*	L2	
ANTIHISTAMINES ANTIHISTAMINES - ALKYLAMINES			
RYCLORA	RYCLORA 2 MG/5ML SOLUTION *dexchlorpheniramine maleate*	L5	
ANTIHISTAMINES - ETHANOLAMINES			
carbinoxamine maleate	*carbinoxamine maleate (4 mg tab, 4 mg/5ml solution)*	L2	
CARBINOXAMINE MALEATE ER	CARBINOXAMINE MALEATE ER 4 MG/5ML SUSP *carbinoxamine maleate*	L5	
clemastine fumarate	*clemastine fumarate 2.68 mg tab*	L2	
diphenhydramine hcl +rfid	*diphenhydramine hcl +rfid 50 mg/ml solution*	L2	
diphenhydramine hcl	*diphenhydramine hcl 50 mg/ml solution*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KARBINAL ER	KARBINAL ER 4 MG/5ML SUSP *carbinoxamine maleate*	L5	
ANTIHISTAMINES - PHENOTHIAZINES			
promethazine hcl	*promethazine hcl (6.25 mg/5ml solution, 12.5 mg suppos, 12.5 mg tab, 12.5 mg/10ml solution, 25 mg suppos, 25 mg tab, 50 mg tab)*	L2	
PROMETHEGAN	PROMETHEGAN (12.5 MG SUPPOS, 25 MG SUPPOS, 50 MG SUPPOS) *promethazine hcl*	L2	
ANTIHISTAMINES - PIPERIDINES			
cyproheptadine hcl	*cyproheptadine hcl (2 mg/5ml syrup, 4 mg tab)*	L2	
ANTIHISTAMINES - NON-SEDATING			
CLARINEX	CLARINEX 5 MG TAB *desloratadine*	L3	GA
DESLORATADINE	DESLORATADINE (2.5 MG TAB DISP, 5 MG TAB, 5 MG TAB DISP) *desloratadine*	L3	
NASAL AGENTS - SYSTEMIC AND TOPICAL NASAL STEROIDS			
BECONASE AQ	BECONASE AQ 42 MCG/SPRAY SUSPENSION *beclomethasone diprop monohyd*	L4	PA
flunisolide	*flunisolide 25 mcg/act (0.025%) solution*	L2	PA
OMNARIS	OMNARIS 50 MCG/ACT SUSPENSION *ciclesonide (nasal)*	L4	PA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QNASL	QNASL 80 MCG/ACT AERO SOLN *beclomethasone dipropionate (nasal)*	L4	PA
QNASL CHILDRENS	QNASL CHILDRENS 40 MCG/ACT AERO SOLN *beclomethasone dipropionate (nasal)*	L4	PA
ZETONNA	ZETONNA 37 MCG/ACT AERO SOLN *ciclesonide (nasal)*	L4	PA
NASAL ANTICHOLINERGICS			
ipratropium bromide	*ipratropium bromide (0.03 % solution, 0.06 % solution)*	L2	
NASAL ANTIHISTAMINES			
azelastine hcl	*azelastine hcl (0.1 % solution, 137 mcg/spray solution)*	L2	
olopatadine hcl	*olopatadine hcl 0.6 % solution*	L2	
PATANASE	PATANASE 0.6 % SOLUTION *olopatadine hcl (nasal)*	L2	GA
ANTIHISTAMINE-STEROID			
azelastine-fluticasone	*azelastine-fluticasone 137-50 mcg/act suspension*	L5	
DYMISTA	DYMISTA 137-50 MCG/ACT SUSPENSION *azelastine hcl-fluticasone propionate*	L5	GA
COUGH/COLD/ALLERGY ANTITUSSIVE - OPIOID			
HYCODAN	HYCODAN (MG TAB, MG/5ML SOLUTION) *hydrocodone bitartrate-homatropine methylbromide*	L2	GA
hydrocodone bit-homatrop mbr	*hydrocodone bit-homatrop mbr (mg tab, mg/5ml solution)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydromet	*hydromet 5-1.5 mg/5ml solution*	L2	
ANTITUSSIVE - NONNARCOTIC			
benzonatate	*benzonatate (100 mg cap, 200 mg cap)*	L2	
MUCOLYTICS			
acetylcysteine	*acetylcysteine (10 % solution, 20 % solution)*	L2	
MISC. RESPIRATORY INHALANTS			
HYPERSAL	HYPERSAL 3.5 % NEBU SOLN *sodium chloride (inhalant)*	L4	
HYPERSAL	HYPERSAL 7 % NEBU SOLN *sodium chloride (inhalant)*	L2	
NEBUSAL	NEBUSAL 3 % NEBU SOLN *sodium chloride (inhalant)*	L2	
NEBUSAL	NEBUSAL 6 % NEBU SOLN *sodium chloride (inhalant)*	L4	
PULMOSAL	PULMOSAL 7 % NEBU SOLN *sodium chloride (inhalant)*	L2	
SODIUM CHLORIDE	SODIUM CHLORIDE (0.9 % NEBU SOLN, 3 % NEBU SOLN, 7 % NEBU SOLN, 10 % NEBU SOLN) *sodium chloride (inhalant)*	L2	
DECONGESTANT & ANTIHISTAMINE			
CLARINEX-D 12 HOUR	CLARINEX-D 12 HOUR 2.5-120 MG TAB ER 12H *desloratadine-pseudoephedrine*	L4	
PROMETHAZINE VC	PROMETHAZINE VC 6.25-5 MG/5ML SYRUP *promethazine & phenylephrine*	L2	GA
promethazine-phenylephrine	*promethazine-phenylephrine 6.25-5 mg/5ml syrup*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPIOID ANTITUSSIVE-ANTIHISTAMINE			
hydrocod poli-chlorphe poli er	*hydrocod poli-chlorphe poli er 10-8 mg/5ml susp*	L2	
promethazine-codeine	*promethazine-codeine (solution, syrup)*	L2	
TUXARIN ER	TUXARIN ER 54.3-8 MG TAB ER 12H *chlorpheniramine w/ codeine*	L5	
TUZISTRA XR	TUZISTRA XR 14.7-2.8 MG/5ML SUSP *codeine polistirex-chlorpheniramine polistirex*	L4	
OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE			
PROMETHAZINE VC/CODEINE	PROMETHAZINE VC/CODEINE 6.25-5-10 MG/5ML SYRUP *promethazine-phenylephrine-codeine*	L2	GA
promethazine-phenyleph-codeine	*promethazine-phenyleph-codeine 6.25-5-10 mg/5ml syrup*	L2	
NON-NARC ANTITUSSIVE-ANTIHISTAMINE			
promethazine-dm	*promethazine-dm 6.25-15 mg/5ml syrup*	L2	
promethazine-dm	*promethazine-dm 6.25-15 mg/5ml syrup*	L4	
NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE			
bromfed dm	*bromfed dm 2-30-10 mg/5ml syrup*	L2	
NEOTUSS PLUS	NEOTUSS PLUS 7.5-4-30 MG/5ML LIQUID *phenylephrine-chlorphen-dm*	L4	
pseudoeph-bromphen-dm	*pseudoeph-bromphen-dm 30-2-10 mg/5ml syrup*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTITUSSIVE-EXPECTORANTS-DECONGESTANT			
TUSNEL	TUSNEL 60-30-400 MG TAB *pseudoephedrine w/ dm-gg*	L4	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS BRONCHODILATORS - ANTICHOLINERGICS			
ATROVENT HFA	ATROVENT HFA 17 MCG/ACT AERO SOLN *ipratropium bromide hfa*	L2	
INCRUSE ELLIPTA	INCRUSE ELLIPTA 62.5 MCG/ACT AER POW BA *umeclidinium bromide*	L4	
ipratropium bromide	*ipratropium bromide 0.02 % solution*	L2	
LONHALA MAGNAIR REFILL KIT	LONHALA MAGNAIR REFILL KIT 25 MCG/ML SOLUTION *glycopyrrolate (inhalation)*	L5	
LONHALA MAGNAIR STARTER KIT	LONHALA MAGNAIR STARTER KIT 25 MCG/ML SOLUTION *glycopyrrolate (inhalation)*	L5	
SPIRIVA HANDIHALER	SPIRIVA HANDIHALER 18 MCG CAP *tiotropium bromide*	L3	
SPIRIVA RESPIMAT	SPIRIVA RESPIMAT (1.25 AERO SOLN, 2.5 AERO SOLN) *tiotropium bromide monohydrate*	L3	
YUPELRI	YUPELRI 175 MCG/3ML NEBU SOLN *revefenacin*	L4	
ANTI-INFLAMMATORY AGENTS			
cromolyn sodium	*cromolyn sodium 20 mg/2ml nebu soln*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETA ADRENERGICS			
albuterol sulfate	*albuterol sulfate (0.63 mg/3ml nebu soln, 1.25 mg/3ml nebu soln, (2.5 mg/3ml) 0.083% nebu soln, 2.5 mg/0.5ml nebu soln, (5 mg/ml) 0.5% nebu soln)*	L2	
albuterol sulfate	*albuterol sulfate (2 mg tab, 2 mg/5ml syrup, 4 mg tab, 8 mg/20ml syrup)*	L3	
albuterol sulfate hfa	*albuterol sulfate hfa 108 (90 base) mcg/act aero soln*	L2	
arformoterol tartrate	*arformoterol tartrate 15 mcg/2ml nebu soln*	L4	
BROVANA	BROVANA 15 MCG/2ML NEBU SOLN *arformoterol tartrate*	L4	GA
formoterol fumarate	*formoterol fumarate 20 mcg/2ml nebu soln*	L4	
levalbuterol hcl	*levalbuterol hcl (0.31 mg/3ml nebu soln, 0.63 mg/3ml nebu soln, 1.25 mg/0.5ml nebu soln, 1.25 mg/3ml nebu soln)*	L4	
levalbuterol tartrate	*levalbuterol tartrate 45 mcg/act aerosol*	L4	
PERFOROMIST	PERFOROMIST 20 MCG/2ML NEBU SOLN *formoterol fumarate*	L4	GA
PROAIR RESPICLICK	PROAIR RESPICLICK 108 (90 BASE) MCG/ACT AER POW BA *albuterol sulfate*	L4	
PROVENTIL HFA	PROVENTIL HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	L2	GA
SEREVENT DISKUS	SEREVENT DISKUS 50 MCG/ACT AER POW BA *salmeterol xinafoate*	L4	
STRIVERDI RESPIMAT	STRIVERDI RESPIMAT 2.5 MCG/ACT AERO SOLN *olodaterol hcl*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
terbutaline sulfate	*terbutaline sulfate (2.5 mg tab, 5 mg tab)*	L4	
VENTOLIN HFA	VENTOLIN HFA 108 (90 BASE) MCG/ACT AERO SOLN *albuterol sulfate*	L2	GA
XOPENEX	XOPENEX (0.31 NEBU SOLN, 0.63 NEBU SOLN, 1.25 NEBU SOLN) *levalbuterol hcl*	L4	GA
XOPENEX CONCENTRATE	XOPENEX CONCENTRATE 1.25 MG/0.5ML NEBU SOLN *levalbuterol hcl*	L4	GA
XOPENEX HFA	XOPENEX HFA 45 MCG/ACT AEROSOL *levalbuterol tartrate*	L4	GA
ADRENERGIC COMBINATIONS			
ADVAIR DISKUS	ADVAIR DISKUS (100-50 AER POW BA, 250-50 AER POW BA, 500-50 AER POW BA) *fluticasone-salmeterol*	L2	MN-PA (Medically Necessary Prior Authorization), GA
ADVAIR HFA	ADVAIR HFA 115-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	L2	MN-PA (Medically Necessary Prior Authorization), GA
ADVAIR HFA	ADVAIR HFA 45-21 MCG/ACT AEROSOL *fluticasone-salmeterol*	L2	PA, MN-PA (Medically Necessary Prior Authorization), GA
AIRDUO DIGIHALER	AIRDUO DIGIHALER (55-14 AER POW BA, 113-14 AER POW BA, 232-14 AER POW BA) *fluticasone-salmeterol with sensor*	L5	PA, MN-PA (Medically Necessary Prior Authorization)
AIRDUO RESPICLICK 113/14	AIRDUO RESPICLICK 113/14 113-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	L5	PA, MN-PA (Medically Necessary Prior Authorization), GA
AIRDUO RESPICLICK 232/14	AIRDUO RESPICLICK 232/14 232-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	L5	PA, MN-PA (Medically Necessary Prior Authorization), GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AIRDUO RESPICLICK 55/14	AIRDUO RESPICLICK 55/14 55-14 MCG/ACT AER POW BA *fluticasone-salmeterol*	L5	PA, MN-PA (Medically Necessary Prior Authorization), GA
ANORO ELLIPTA	ANORO ELLIPTA 62.5-25 MCG/ACT AER POW BA *umeclidinium-vilanterol*	L3	
BEVESPI AEROSPHERE	BEVESPI AEROSPHERE 9-4.8 MCG/ACT AEROSOL *glycopyrrolate-formoterol fumarate*	L5	
BREO ELLIPTA	BREO ELLIPTA (50-25 MCG/INH AER POW BA, 100-25 MCG/ACT AER POW BA, 200-25 MCG/ACT AER POW BA) *fluticasone furoate-vilanterol*	L2	
breyna	*breyna (80-4.5 aerosol, 160-4.5 aerosol)*	L2	PA
BREZTRI AEROSPHERE	BREZTRI AEROSPHERE 160-9-4.8 MCG/ACT AEROSOL *budesonide-glycopyrrolate-formoterol fumarate*	L3	
budesonide-formoterol fumarate	*budesonide-formoterol fumarate (80-4.5 aerosol, 160-4.5 aerosol)*	L2	PA
COMBIVENT RESPIMAT	COMBIVENT RESPIMAT 20-100 MCG/ACT AERO SOLN *ipratropium-albuterol*	L2	
DUAKLIR PRESSAIR	DUAKLIR PRESSAIR 400-12 MCG/ACT AER POW BA *aclidinium bromide-formoterol fumarate*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluticasone-salmeterol	*fluticasone-salmeterol (45-21 aerosol, 55-14 aer pow ba, 100-50 aer pow ba, 113-14 aer pow ba, 115-21 aerosol, 230-21 aerosol, 232-14 aer pow ba, 250-50 aer pow ba, 500-50 aer pow ba)*	L2	
ipratropium-albuterol	*ipratropium-albuterol 0.5-2.5 (3) mg/3ml solution*	L2	
STIOLTO RESPIMAT	STIOLTO RESPIMAT 2.5-2.5 MCG/ACT AERO SOLN *tiotropium bromide-olodaterol hcl*	L3	
SYMBICORT	SYMBICORT (80-4.5 AEROSOL, 160-4.5 AEROSOL) *budesonide-formoterol fumarate dihydrate*	L2	PA, MN-PA (Medically Necessary Prior Authorization), GA
TRELEGY ELLIPTA	TRELEGY ELLIPTA (100-62.5-25 AER POW BA, 200-62.5-25 AER POW BA) *fluticasone-umeclidinium-vilanterol*	L3	
wixela inhub	*wixela inhub (100-50 aer pow ba, 250-50 aer pow ba, 500-50 aer pow ba)*	L2	
XANTHINES			
elixophyllin	*elixophyllin 80 mg/15ml elixir*	L4	
theophylline	*theophylline 80 mg/15ml elixir*	L4	
theophylline	*theophylline 80 mg/15ml solution*	L3	
THEOPHYLLINE ER	THEOPHYLLINE ER (ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H) *theophylline*	L3	QL (2 PER DAY(S))
theophylline er	*theophylline er (er 300 mg tab er 12h, er 400 mg tab er 24h, er 450 mg tab er 12h, er 600 mg tab er 24h)*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STEROID INHALANTS			
ARMONAIR DIGIHALER	ARMONAIR DIGIHALER (55 AER POW BA, 113 AER POW BA, 232 AER POW BA) *fluticasone propionate with sensor (inhalation)*	L5	PA, MN-PA (Medically Necessary Prior Authorization)
ARNUITY ELLIPTA	ARNUITY ELLIPTA (50 AER POW BA, 100 AER POW BA, 200 AER POW BA) *fluticasone furoate (inhalation)*	L5	
ASMANEX (120 METERED DOSES)	ASMANEX (120 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	L2	QL (2 PER 30 DAY(S))
ASMANEX (14 METERED DOSES)	ASMANEX (14 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	L2	QL (2 PER 30 DAY(S))
ASMANEX (30 METERED DOSES)	ASMANEX (30 METERED DOSES) (110 AER POW BA, 220 AER POW BA) *mometasone furoate (inhalation)*	L2	QL (2 PER 30 DAY(S))
ASMANEX (60 METERED DOSES)	ASMANEX (60 METERED DOSES) 220 MCG/ACT AER POW BA *mometasone furoate (inhalation)*	L2	QL (2 PER 30 DAY(S))
ASMANEX HFA	ASMANEX HFA (50 AEROSOL, 100 AEROSOL, 200 AEROSOL) *mometasone furoate (inhalation)*	L2	QL (1 PER 30 DAY(S))
BECLOMETHASONE DIPROP HFA	BECLOMETHASONE DIPROP HFA (40 AERO SOLN, 80 AERO SOLN) *beclomethasone dipropionate*	L2	PA
budesonide	*budesonide (0.25 suspension, 0.5 suspension, 1 suspension)*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLOVENT DISKUS	FLOVENT DISKUS (50 AER POW BA, 100 AER POW BA, 250 AER POW BA) *fluticasone propionate (inhalation)*	L4	PA, MN-PA (Medically Necessary Prior Authorization)
FLOVENT HFA	FLOVENT HFA (44 AEROSOL, 110 AEROSOL, 220 AEROSOL) *fluticasone propionate hfa*	L4	PA, MN-PA (Medically Necessary Prior Authorization), GA
FLUTICASONE PROPIONATE DISKUS	FLUTICASONE PROPIONATE DISKUS (50 AER POW BA, 100 AER POW BA, 250 AER POW BA) *fluticasone propionate (inhalation)*	L4	PA, MN-PA (Medically Necessary Prior Authorization)
fluticasone propionate hfa	*fluticasone propionate hfa (44 aerosol, 110 aerosol, 220 aerosol)*	L4	PA, MN-PA (Medically Necessary Prior Authorization)
PULMICORT	PULMICORT (0.25 SUSPENSION, 0.5 SUSPENSION, 1 SUSPENSION) *budesonide (inhalation)*	L4	GA
QVAR REDIHALER	QVAR REDIHALER (40 AERO BA, 80 AERO BA) *beclomethasone dipropionate hfa*	L2	QL (2 PER 30 DAY(S))
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS			
DALIRESP	DALIRESP (250 MCG TAB, 500 MCG TAB) *roflumilast*	L4	GA
roflumilast	*roflumilast (250 mcg tab, 500 mcg tab)*	L4	
5-LIPOXYGENASE INHIBITORS			
zileuton er	*zileuton er 600 mg tab er 12h*	L5	
ZYFLO	ZYFLO 600 MG TAB *zileuton*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEUKOTRIENE RECEPTOR ANTAGONISTS			
ACCOLATE	ACCOLATE (10 MG TAB, 20 MG TAB) *zafirlukast*	L2	GA
montelukast sodium	*montelukast sodium (4 mg chew tab, 4 mg packet, 5 mg chew tab, 10 mg tab)*	L2	
SINGULAIR	SINGULAIR (4 MG CHEW TAB, 4 MG PACKET, 5 MG CHEW TAB, 10 MG TAB) *montelukast sodium*	L2	GA
zafirlukast	*zafirlukast (10 mg tab, 20 mg tab)*	L2	
ANTI-IGE MONOCLONAL ANTIBODIES			
XOLAIR	XOLAIR (150 MG/ML SOLN A-INJ, 300 MG/2ML SOLN A-INJ) *omalizumab*	L4	PA, QL (4 INJ PER 28 DAY(S)), S
XOLAIR	XOLAIR (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR) *omalizumab*	L4	PA, QL (4 SYR PER 28 DAY(S)), S
XOLAIR	XOLAIR 75 MG/0.5ML SOLN A-INJ *omalizumab*	L4	PA, QL (2 INJ PER 28 DAY(S)), S
XOLAIR	XOLAIR 75 MG/0.5ML SOLN PRSYR *omalizumab*	L4	PA, QL (2 SYR PER 28 DAY(S)), S
INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)			
FASENRA PEN	FASENRA PEN 30 MG/ML SOLN A-INJ *benralizumab*	L4	PA, QL (1 PER 56 DAY(S)), S
NUCALA	NUCALA (100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR) *mepolizumab*	L4	PA, S, QLV (Quantity Limit Varies)
NUCALA	NUCALA 40 MG/0.4ML SOLN PRSYR *mepolizumab*	L4	PA, QL (1 PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS			
TEZSPIRE	TEZSPIRE 210 MG/1.91ML SOLN A-INJ *tezepelumab-ekko*	L4	PA, QL (1 PER 28 DAY(S)), S
RESPIRATORY AGENTS - MISC. CFTR POTENTIATORS			
KALYDECO	KALYDECO (5.8 MG PACKET, 13.4 MG PACKET) *ivacaftor*	L4	PA, QL (2 PER 1 DAY(S)), S
KALYDECO	KALYDECO (50 MG PACKET, 75 MG PACKET, 150 MG TAB) *ivacaftor*	L4	PA, QL (56 PER 28 DAYS), S
KALYDECO	KALYDECO 25 MG PACKET *ivacaftor*	L4	PA, QL (56 PER 28 DAY(S)), S
HYDROLYTIC ENZYMES			
PULMOZYME	PULMOZYME 2.5 MG/2.5ML SOLUTION *dornase alfa*	L4	QL (150 PER 30 DAY(S)), S
CYSTIC FIBROSIS AGENT - COMBINATIONS			
ORKAMBI	ORKAMBI (100-125 MG PACKET, 150-188 MG PACKET) *lumacaftor-ivacaftor*	L4	PA, QL (56 PER 28 DAY(S)), S
ORKAMBI	ORKAMBI (100-125 MG TAB, 200-125 MG TAB) *lumacaftor-ivacaftor*	L4	PA, QL (112 PER 28 DAYS), S
ORKAMBI	ORKAMBI 75-94 MG PACKET *lumacaftor-ivacaftor*	L4	PA, QL (2 PER 1 DAY(S)), S
SYMDEKO	SYMDEKO (50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK) *tezacaftor-ivacaftor*	L4	PA, QL (56 PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TRIKAFTA	TRIKAFTA (80-40-60 59.5 MG THER PACK, 100-50-75 75 MG THER PACK) *elexacaftor-tezacaftor-ivacaftor*	L4	PA, QL (2 PER 1 DAY(S)), S
TRIKAFTA	TRIKAFTA 100-50-75 & 150 MG TAB THPK *elexacaftor-tezacaftor-ivacaftor*	L4	PA, QL (84 PER 28 DAY(S)), S
TRIKAFTA	TRIKAFTA 50-25-37.5 & 75 MG TAB THPK *elexacaftor-tezacaftor-ivacaftor*	L4	PA, QL (3 PER DAY(S)), S
PULMONARY FIBROSIS AGENTS			
ESBRIET	ESBRIET 267 MG CAP *pirfenidone*	L5	PA, QL (9 CAP PER DAY(S)), S, GA
ESBRIET	ESBRIET 267 MG TAB *pirfenidone*	L5	PA, QL (270 PER 30 DAY(S)), S, GA
ESBRIET	ESBRIET 801 MG TAB *pirfenidone*	L5	PA, QL (90 PER 30 DAY(S)), S, GA
pirfenidone	*pirfenidone 267 mg cap*	L5	PA, QL (9 CAP PER DAY(S)), S
pirfenidone	*pirfenidone 267 mg tab*	L5	PA, QL (270 PER 30 DAY(S)), S
PIRFENIDONE	PIRFENIDONE 534 MG TAB *pirfenidone*	L5	PA, QL (3 PER 1 DAY(S)), S
pirfenidone	*pirfenidone 801 mg tab*	L5	PA, QL (90 PER 30 DAY(S)), S
PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS			
OFEV	OFEV (100 MG CAP, 150 MG CAP) *nintedanib esylate*	L5	PA, QL (2 CAP PER DAY(S)), S
LAXATIVES ELECTROLYTE-BASED OSMOTIC LAXATIVE MIXTURES			
OSMOPREP	OSMOPREP 1.102-0.398 GM TAB *sodium phosphate monobasic-sodium phosphate dibasic*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LAXATIVES - MISCELLANEOUS			
constulose	*constulose 10 gm/15ml solution*	L2	
lactulose	*lactulose (10 gm/15ml solution, 20 gm/30ml solution)*	L2	
BOWEL EVACUANT COMBINATIONS			
CLENPIQ	CLENPIQ 10-3.5-12 MG-GM -GM/160ML SOLUTION *sodium picosulfate-magnesium oxide-anhydrous citric acid*	L1	
CLENPIQ	CLENPIQ 10-3.5-12 MG-GM -GM/175ML SOLUTION *sodium picosulfate-magnesium oxide-anhydrous citric acid*	L4	
GAVILYTE-C	GAVILYTE-C 240 GM RECON SOLN *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*	L2	
gavilyte-g	*gavilyte-g 236 gm recon soln*	L2	
gavilyte-n with flavor pack	*gavilyte-n with flavor pack 420 gm recon soln*	L2	
GOLYTELY	GOLYTELY 236 GM RECON SOLN *peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*	L2	GA
MOVIPREP	MOVIPREP 100 GM RECON SOLN *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*	L2	GA
na sulfate-k sulfate-mg sulf	*na sulfate-k sulfate-mg sulf 17.5-3.13-1.6 gm/177ml solution*	L2	
peg 3350-kcl-na bicarb-nacl	*peg 3350-kcl-na bicarb-nacl 420 gm recon soln*	L2	
peg-3350/electrolytes	*peg-3350/electrolytes 236 gm recon soln*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
peg-3350/electrolytes/ascorbat	*peg-3350/electrolytes/ascorbat 100 gm recon soln*	L2	
peg-kcl-nacl-nasulf-na asc-c	*peg-kcl-nacl-nasulf-na asc-c 100 gm recon soln*	L2	
PLENVU	PLENVU 140 GM RECON SOLN *peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*	L4	
SUFLAVE	SUFLAVE 178.7 GM RECON SOLN *peg 3350-kcl-sod chloride-sod sulfate-magnesium sulfate*	L4	
SUPREP BOWEL PREP KIT	SUPREP BOWEL PREP KIT 17.5-3.13-1.6 GM/177ML SOLUTION *sodium sulfate-potassium sulfate-magnesium sulfate*	L2	GA
SUTAB	SUTAB 1479-225-188 MG TAB *sodium sulfate-magnesium sulfate-potassium chloride*	L1	
ANTIDIARRHEAL/PROBIOTIC AGENTS ANTIPERISTALTIC AGENTS			
diphenoxylate-atropine	*diphenoxylate-atropine (mg tab, mg/5ml liquid)*	L2	
LOMOTIL	LOMOTIL 2.5-0.025 MG TAB *diphenoxylate w/ atropine*	L2	GA
MOTOFEN	MOTOFEN 1-0.025 MG TAB *difenoxin w/ atropine*	L2	
OPIUM	OPIUM 10 MG/ML (1%) TINCTURE *opium tincture*	L2	
ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS			
MYTESI	MYTESI 125 MG TAB DR *crofelemer*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS BELLADONNA ALKALOIDS			
ANASPAZ	ANASPAZ 0.125 MG TAB DISP *hyoscyamine sulfate*	L2	GA
ed-spaz	*ed-spaz 0.125 mg tab disp*	L2	
hyoscyamine sulfate	*hyoscyamine sulfate (0.125 mg sl tab, 0.125 mg tab, 0.125 mg tab disp, 0.125 mg/5ml elixir, 0.125 mg/ml solution)*	L2	
hyoscyamine sulfate er	*hyoscyamine sulfate er 0.375 mg tab er 12h*	L2	
HYOSCYAMINE SULFATE SL	HYOSCYAMINE SULFATE SL 0.125 MG SL TAB *hyoscyamine sulfate*	L2	GA
HYOSYNE	HYOSYNE (0.125 MG/5ML ELIXIR, 0.125 MG/ML SOLUTION) *hyoscyamine sulfate*	L2	GA
LEVBID	LEVBID 0.375 MG TAB ER 12H *hyoscyamine sulfate*	L2	GA
LEVSIN	LEVSIN 0.125 MG TAB *hyoscyamine sulfate*	L2	GA
LEVSIN/SL	LEVSIN/SL 0.125 MG SL TAB *hyoscyamine sulfate*	L2	GA
NULEV	NULEV 0.125 MG TAB DISP *hyoscyamine sulfate*	L2	GA
OSCIMIN	OSCIMIN (0.125 MG SL TAB, 0.125 MG TAB) *hyoscyamine sulfate*	L2	GA
QUATERNARY ANTICHOLINERGICS			
CUVPOSA	CUVPOSA 1 MG/5ML SOLUTION *glycopyrrolate*	L4	PA, QL (45 ML PER DAY(S)), GA
GLYCATE	GLYCATE 1.5 MG TAB *glycopyrrolate*	L4	
glycopyrrolate	*glycopyrrolate (1 mg tab, 2 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
glycopyrrolate	*glycopyrrolate 1 mg/5ml solution*	L4	PA, QL (45 ML PER DAY(S))
GLYCOPYRROLATE	GLYCOPYRROLATE 1.5 MG TAB *glycopyrrolate*	L4	
methscopolamine bromide	*methscopolamine bromide (2.5 mg tab, 5 mg tab)*	L2	
ROBINUL	ROBINUL 1 MG TAB *glycopyrrolate*	L2	GA
ROBINUL-FORTE	ROBINUL-FORTE 2 MG TAB *glycopyrrolate*	L2	GA
ANTISPASMODICS			
dicyclomine hcl	*dicyclomine hcl (10 mg cap, 10 mg/5ml solution, 20 mg tab)*	L2	
ANTICHOLINERGIC COMBINATIONS			
chlordiazepoxide-clidinium	*chlordiazepoxide-clidinium 5-2.5 mg cap*	L2	
LIBRAX	LIBRAX 5-2.5 MG CAP *chlordiazepoxide hcl-clidinium bromide*	L2	GA
H-2 ANTAGONISTS			
cimetidine	*cimetidine (300 mg tab, 400 mg tab, 800 mg tab)*	L2	
cimetidine hcl	*cimetidine hcl 300 mg/5ml solution*	L2	
famotidine	*famotidine (40 mg tab, 40 mg/5ml recon susp)*	L2	
NIZATIDINE	NIZATIDINE (15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP) *nizatidine*	L2	
PEPCID	PEPCID 40 MG TAB *famotidine*	L2	GA
ULCER DRUGS - PROSTAGLANDINS			
CYTOTEC	CYTOTEC (100 MCG TAB, 200 MCG TAB) *misoprostol*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
misoprostol	*misoprostol (100 mcg tab, 200 mcg tab)*	L2	
PROTON PUMP INHIBITORS			
ACIPHEX	ACIPHEX 20 MG TAB DR *rabeprazole sodium*	L2	PA, GA
DEXILANT	DEXILANT (30 MG CAP DR, 60 MG CAP DR) *dexlansoprazole*	L5	PA, QL (30 PER 30 DAYS), PA-QL (60 / 30 days), GA
dexlansoprazole	*dexlansoprazole (30 mg cap dr, 60 mg cap dr)*	L5	PA, QL (30 PER 30 DAYS), PA-QL (60 / 30 days)
esomeprazole magnesium	*esomeprazole magnesium (10 mg packet, 20 mg packet, 40 mg packet)*	L5	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
esomeprazole magnesium	*esomeprazole magnesium 40 mg cap dr*	L2	PA
lansoprazole	*lansoprazole 30 mg cap dr*	L2	
lansoprazole	*lansoprazole 30 mg tab dr disp*	L5	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
NEXIUM	NEXIUM (2.5 MG PACKET, 5 MG PACKET, 10 MG PACKET, 20 MG PACKET, 40 MG PACKET) *esomeprazole magnesium*	L5	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
NEXIUM	NEXIUM 40 MG CAP DR *esomeprazole magnesium*	L2	PA, GA
omeprazole	*omeprazole (10 mg cap dr, 40 mg cap dr)*	L2	
pantoprazole sodium	*pantoprazole sodium (20 mg tab dr, 40 mg tab dr)*	L2	
pantoprazole sodium	*pantoprazole sodium 40 mg packet*	L5	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
PREVACID	PREVACID 30 MG CAP DR *lansoprazole*	L2	GA
PREVACID SOLUTAB	PREVACID SOLUTAB 30 MG TAB DR DISP *lansoprazole*	L5	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days), GA
PRILOSEC	PRILOSEC (2.5 MG PACKET, 10 MG PACKET) *omeprazole magnesium*	L5	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days)
PROTONIX	PROTONIX (20 MG TAB DR, 40 MG TAB DR) *pantoprazole sodium*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROTONIX	PROTONIX 40 MG PACKET *pantoprazole sodium*	L5	PA, QL (60 PER 30 DAYS), PA-QL (90 / 30 days), GA
RABEPRAZOLE SODIUM	RABEPRAZOLE SODIUM 10 MG CAP SPRINK *rabeprazole sodium*	L5	PA, QL (30 PER 30 DAYS), PA-QL (60 / 30 days)
rabeprazole sodium	*rabeprazole sodium 20 mg tab dr*	L2	PA
MISC. ANTI-ULCER			
CARAFATE	CARAFATE 1 GM TAB *sucralfate*	L2	GA
CARAFATE	CARAFATE 1 GM/10ML SUSPENSION *sucralfate*	L5	GA
sucralfate	*sucralfate 1 gm tab*	L2	
sucralfate	*sucralfate 1 gm/10ml suspension*	L5	
ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS			
AMOXICILL-CLARITHRO-LANSOPRAZ	AMOXICILL-CLARITHRO-LANSOPRAZ 500 & 500 & 30 MG THER PACK *amoxicillin-clarithromycin w/ lansoprazole*	L2	
OMECLAMOX-PAK	OMECLAMOX-PAK 500-500-20 MG MISC *amoxicillin-clarithromycin w/ omeprazole*	L4	
ANTIEMETICS ANTIEMETICS - ANTICHOLINERGIC			
scopolamine	*scopolamine 1 mg/3days patch 72hr*	L4	
TRANSDERM SCOP	TRANSDERM SCOP 1 MG/3DAYS PATCH 72HR *scopolamine*	L4	GA
TRANSDERM-SCOP	TRANSDERM-SCOP 1 MG/3DAYS PATCH 72HR *scopolamine*	L4	GA
trimethobenzamide hcl	*trimethobenzamide hcl 300 mg cap*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
5-HT3 RECEPTOR ANTAGONISTS			
ANZEMET	ANZEMET 50 MG TAB *dolasetron mesylate*	L3	
granisetron hcl	*granisetron hcl 1 mg tab*	L2	
ondansetron	*ondansetron (4 mg tab disp, 8 mg tab disp)*	L2	
ondansetron hcl	*ondansetron hcl (4 mg tab, 4 mg/2ml soln prsyr, 8 mg tab, 24 mg tab)*	L2	
ONDANSETRON HCL +RFID	ONDANSETRON HCL +RFID 4 MG/2ML SOLN PRSYR *ondansetron hcl*	L2	
ondansetron hcl	*ondansetron hcl 4 mg/5ml solution*	L2	QL (10 ML PER DAY(S))
SANCUSO	SANCUSO 3.1 MG/24HR PATCH *granisetron*	L4	QL (4 PER 28 DAYS)
ZUPLENZ	ZUPLENZ 4 MG FILM *ondansetron*	L5	
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS			
aprepitant	*aprepitant (40 mg cap, 80 & 125 mg cap thpk, 80 mg cap, 125 mg cap)*	L3	
EMEND	EMEND 125 MG/5ML RECON SUSP *aprepitant*	L3	
EMEND BIPACK	EMEND BIPACK 80 MG CAP *aprepitant*	L3	GA
EMEND TRIPACK	EMEND TRIPACK 80 & 125 MG CAP THPK *aprepitant*	L3	GA
VARUBI (180 MG DOSE)	VARUBI (180 MG DOSE) 2 X 90 MG TAB THPK *rolapitant hcl*	L5	QL (4 PER 28 DAYS), S
ANTIEMETICS - MISCELLANEOUS			
dronabinol	*dronabinol (2.5 mg cap, 5 mg cap, 10 mg cap)*	L2	

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MARINOL	MARINOL (2.5 MG CAP, 5 MG CAP, 10 MG CAP) *dronabinol*	L2	GA
SYNDROS	SYNDROS 5 MG/ML SOLUTION *dronabinol*	L5	PA
ANTIEMETIC COMBINATIONS			
AKYNZEO	AKYNZEO 300-0.5 MG CAP *netupitant-palonosetron*	L5	
DIGESTIVE AIDS DIGESTIVE ENZYMES			
CREON	CREON (3000-9500 CP DR PART, 6000-19000 CP DR PART, 12000-38000 CP DR PART, 24000-76000 CP DR PART, 36000-114000 CP DR PART) *pancrelipase (lipase-protease-amylase)*	L3	
PANCREAZE	PANCREAZE (2600-8800 CP DR PART, 4200-14200 CP DR PART, 10500-35500 CP DR PART, 16800-56800 CP DR PART, 21000-54700 CP DR PART, 37000-97300 CP DR PART) *pancrelipase (lipase-protease-amylase)*	L4	
PERTZYE	PERTZYE (4000 CP DR PART, 4000-14375 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 16000-57500 CP DR PART, 24000-86250 CP DR PART) *pancrelipase (lipase-protease-amylase)*	L4	
SUCRAID	SUCRAID 8500 UNIT/ML SOLUTION *sacrosidase*	L3	S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VIOKACE	VIOKACE (10440-39150 TAB, 20880-78300 TAB) *pancrelipase (lipase-protease-amylase)*	L3	
ZENPEP	ZENPEP (3000-10000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART, 60000-189600 CP DR PART) *pancrelipase (lipase-protease-amylase)*	L3	
GASTROINTESTINAL AGENTS - MISC. GALLSTONE SOLUBILIZING AGENTS			
CHENODAL	CHENODAL 250 MG TAB *chenodiol*	L3	S
URSO 250	URSO 250 250 MG TAB *ursodiol*	L2	GA
URSO FORTE	URSO FORTE 500 MG TAB *ursodiol*	L2	GA
ursodiol	*ursodiol (250 mg tab, 300 mg cap, 500 mg tab)*	L2	
GASTROINTESTINAL ANTIALLERGY AGENTS			
cromolyn sodium	*cromolyn sodium 100 mg/5ml conc*	L2	
GASTROCROM	GASTROCROM 100 MG/5ML CONC *cromolyn sodium (mastocytosis)*	L2	GA
GASTROINTESTINAL STIMULANTS			
metoclopramide hcl	*metoclopramide hcl (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution)*	L2	
REGLAN	REGLAN (5 MG TAB, 10 MG TAB) *metoclopramide hcl*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS			
BYLVAY (PELLETS)	BYLVAY (PELLETS) 200 MCG CAP SPRINK *odevixibat*	L5	PA, QL (12 PER 1 DAY(S)), S
BYLVAY (PELLETS)	BYLVAY (PELLETS) 600 MCG CAP SPRINK *odevixibat*	L5	PA, QL (4 PER 1 DAY(S)), S
BYLVAY	BYLVAY 1200 MCG CAP *odevixibat*	L5	PA, QL (6 PER 1 DAY(S)), S
BYLVAY	BYLVAY 400 MCG CAP *odevixibat*	L5	PA, QL (18 PER 1 DAY(S)), S
LIVMARLI	LIVMARLI 19 MG/ML SOLUTION *maralixibat chloride*	L5	PA, QL (60 MLS PER 30 DAY(S)), S
LIVMARLI	LIVMARLI 9.5 MG/ML SOLUTION *maralixibat chloride*	L5	PA, QL (120 MLS PER 30 DAY(S)), S
INTESTINAL ACIDIFIERS			
enulose	*enulose 10 gm/15ml solution*	L2	
generlac	*generlac 10 gm/15ml solution*	L2	
lactulose encephalopathy	*lactulose encephalopathy 10 gm/15ml solution*	L2	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS			
AMITIZA	AMITIZA (8 MCG CAP, 24 MCG CAP) *lubiprostone*	L3	MN-PA (Medically Necessary Prior Authorization), GA
lubiprostone	*lubiprostone (8 mcg cap, 24 mcg cap)*	L3	
INFLAMMATORY BOWEL AGENTS			
APRISO	APRISO 0.375 GM CAP ER 24H *mesalamine*	L5	GA
ASACOL HD	ASACOL HD 800 MG TAB DR *mesalamine*	L3	GA
AZULFIDINE	AZULFIDINE 500 MG TAB *sulfasalazine*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AZULFIDINE EN-TABS	AZULFIDINE EN-TABS 500 MG TAB DR *sulfasalazine*	L2	GA
balsalazide disodium	*balsalazide disodium 750 mg cap*	L2	
CANASA	CANASA 1000 MG SUPPOS *mesalamine*	L3	GA
COLAZAL	COLAZAL 750 MG CAP *balsalazide disodium*	L2	GA
DELZICOL	DELZICOL 400 MG CAP DR *mesalamine*	L5	GA
DIPENTUM	DIPENTUM 250 MG CAP *olsalazine sodium*	L3	
LIALDA	LIALDA 1.2 GM TAB DR *mesalamine*	L5	GA
mesalamine	*mesalamine (1.2 gm tab dr, 400 mg cap dr)*	L5	
mesalamine	*mesalamine (800 mg tab dr, 1000 mg suppos)*	L3	
mesalamine	*mesalamine 4 gm enema*	L2	
mesalamine er	*mesalamine er 0.375 gm cap er 24h*	L5	
mesalamine er	*mesalamine er 500 mg cap er*	L4	
PENTASA	PENTASA (250 MG CAP ER, 500 MG CAP ER) *mesalamine*	L4	GA
SFROWASA	SFROWASA 4 GM/60ML ENEMA *mesalamine*	L5	
sulfasalazine	*sulfasalazine (500 mg tab, 500 mg tab dr)*	L2	
INTEGRIN RECEPTOR ANTAGONISTS			
ENTYVIO PEN	ENTYVIO PEN 108 MG/0.68ML SOLN A-INJ *vedolizumab*	L3	PA, QL (2 PENS PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INTERLEUKIN ANTAGONISTS			
SKYRIZI	SKYRIZI (180 MG/1.2ML SOLN CART, 360 MG/2.4ML SOLN CART) *risankizumab-rzaa (crohn's)*	L3	PA, QL (1 PER 56 DAY(S)), S
TREMFYA	TREMFYA 200 MG/2ML SOLN PRSYR *guselkumab (gastrointestinal)*	L4	PA, QL (1 SYR PER 28 DAY(S)), S
TREMFYA PEN	TREMFYA PEN 200 MG/2ML SOLN A-INJ *guselkumab (gastrointestinal)*	L4	PA, QL (1 PEN PER 28 DAY(S)), S
CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS			
TRULANCE	TRULANCE 3 MG TAB *plecanatide*	L3	
IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS			
alosetron hcl	*alosetron hcl (0.5 mg tab, 1 mg tab)*	L2	
LOTRONEX	LOTRONEX (0.5 MG TAB, 1 MG TAB) *alosetron hcl*	L2	GA
IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS			
LINZESS	LINZESS (72 MCG CAP, 145 MCG CAP, 290 MCG CAP) *linaclotide*	L3	
IBS AGENT - MU-OPIOID RECEPTOR AGONISTS			
VIBERZI	VIBERZI (75 MG TAB, 100 MG TAB) *eluxadoline*	L5	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS			
alvimopan	*alvimopan 12 mg cap*	L4	
ENTEREG	ENTEREG 12 MG CAP *alvimopan*	L4	GA
MOVANTIK	MOVANTIK (12.5 MG TAB, 25 MG TAB) *naloxegol oxalate*	L3	PA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RELISTOR	RELISTOR (12 SOLN PRSYR, 12 SOLUTION) *methylnaltrexone bromide*	L5	PA, QL (30 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
RELISTOR	RELISTOR 150 MG TAB *methylnaltrexone bromide*	L4	PA, MN-PA (Medically Necessary Prior Authorization)
RELISTOR	RELISTOR 8 MG/0.4ML SOLN PRSYR *methylnaltrexone bromide*	L4	PA, QL (30 PER 30 DAYS), MN-PA (Medically Necessary Prior Authorization)
SYMPROIC	SYMPROIC 0.2 MG TAB *naldemedine tosylate*	L5	PA
HEPATOTROPICS - THYROID HORMONE RECEPTOR-BETA AGONISTS			
REZDIFFRA	REZDIFFRA (60 MG TAB, 80 MG TAB, 100 MG TAB) *resmetirom*	L5	PA, QL (1 TAB PER DAY(S))
BILE ACID SYNTHESIS DISORDER AGENTS			
CHOLBAM	CHOLBAM (50 MG CAP, 250 MG CAP) *cholic acid*	L4	S
CTEXLI	CTEXLI 250 MG TAB *chenodiol (basds)*	L3	S
FARNESOID X RECEPTOR (FXR) AGONISTS			
OCALIVA	OCALIVA 10 MG TAB *obeticholic acid*	L4	PA, QL (60 PER 30 DAYS), S
OCALIVA	OCALIVA 5 MG TAB *obeticholic acid*	L4	PA, QL (30 PER 30 DAYS), S
PEROXISOME PROLIFERATOR-ACTIVATED RECEPTOR AGONISTS			
IQIRVO	IQIRVO 80 MG TAB *elafibranor*	L4	PA, QL (30 TABLETS PER 30 DAY(S)), S
PHOSPHATE BINDER AGENTS			
AURYXIA	AURYXIA 1 GM 210 MG(FE) TAB *ferric citrate*	L5	
calcium acetate (phos binder)	*calcium acetate (phos binder) (667 mg cap, 667 mg tab)*	L2	
calcium acetate	*calcium acetate 667 mg tab*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOSRENOL	FOSRENOL (500 MG CHEW TAB, 750 MG CHEW TAB, 750 MG PACKET, 1000 MG CHEW TAB, 1000 MG PACKET) *lanthanum carbonate*	L5	
lanthanum carbonate	*lanthanum carbonate (500 mg chew tab, 750 mg chew tab, 1000 mg chew tab)*	L5	
PHOSLYRA	PHOSLYRA 667 MG/5ML SOLUTION *calcium acetate (phosphate binder)*	L5	
RENAGEL	RENAGEL 800 MG TAB *sevelamer hcl*	L5	GA
RENVELA	RENVELA (0.8 GM PACKET, 2.4 GM PACKET, 800 MG TAB) *sevelamer carbonate*	L4	GA
sevelamer carbonate	*sevelamer carbonate (0.8 gm packet, 2.4 gm packet, 800 mg tab)*	L4	
sevelamer hcl	*sevelamer hcl 400 mg tab*	L4	
sevelamer hcl	*sevelamer hcl 800 mg tab*	L5	
VELPHORO	VELPHORO 500 MG CHEW TAB *sucroferric oxyhydroxide*	L5	
URINARY ANTISPASMODICS URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)			
darifenacin hydrobromide er	*darifenacin hydrobromide er (er 7.5 mg tab er 24h, er 15 mg tab er 24h)*	L5	
DETROL	DETROL (1 MG TAB, 2 MG TAB) *tolterodine tartrate*	L2	GA
DETROL LA	DETROL LA (2 MG CAP ER 24H, 4 MG CAP ER 24H) *tolterodine tartrate*	L2	GA
DITROPAN XL	DITROPAN XL (5 MG TAB ER 24H, 10 MG TAB ER 24H) *oxybutynin chloride*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fesoterodine fumarate er	*fesoterodine fumarate er (er 4 mg tab er 24h, er 8 mg tab er 24h)*	L5	QL (30 PER 30 DAYS)
GELNIQUE	GELNIQUE 10 % GEL *oxybutynin chloride*	L5	
oxybutynin chloride	*oxybutynin chloride (5 mg tab, 5 mg/5ml solution)*	L2	
oxybutynin chloride er	*oxybutynin chloride er (er 5 mg tab er 24h, er 10 mg tab er 24h, er 15 mg tab er 24h)*	L2	
OXYTROL	OXYTROL 3.9 MG/24HR PATCH TW *oxybutynin*	L5	
solifenacin succinate	*solifenacin succinate (5 mg tab, 10 mg tab)*	L5	
tolterodine tartrate	*tolterodine tartrate (1 mg tab, 2 mg tab)*	L2	
tolterodine tartrate er	*tolterodine tartrate er (er 2 mg cap er 24h, er 4 mg cap er 24h)*	L2	
TOVIAZ	TOVIAZ (4 MG TAB ER 24H, 8 MG TAB ER 24H) *fesoterodine fumarate*	L5	QL (30 PER 30 DAYS), GA
trospium chloride	*trospium chloride 20 mg tab*	L2	
trospium chloride er	*trospium chloride er 60 mg cap er 24h*	L2	
VESICARE	VESICARE (5 MG TAB, 10 MG TAB) *solifenacin succinate*	L5	GA
VESICARE LS	VESICARE LS 5 MG/5ML SUSPENSION *solifenacin succinate*	L5	PA, QL (300 PER 30 DAY(S))
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS			
MYRBETRIQ	MYRBETRIQ (25 MG TAB ER 24H, 50 MG TAB ER 24H) *mirabegron*	L5	QL (1 TAB PER DAY(S))
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS			
bethanechol chloride	*bethanechol chloride (5 mg tab, 10 mg tab, 25 mg tab, 50 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS			
flavoxate hcl	*flavoxate hcl 100 mg tab*	L2	
VAGINAL AND RELATED PRODUCTS VAGINAL ANTI-INFECTIVES			
CLEOCIN	CLEOCIN 100 MG SUPPOS *clindamycin phosphate vaginal*	L4	
CLEOCIN	CLEOCIN 2 % CREAM *clindamycin phosphate vaginal*	L2	GA
clindamycin phosphate	*clindamycin phosphate 2 % cream*	L2	
CLINDESSE	CLINDESSE 2 % CREAM *clindamycin phosphate (one dose)*	L5	
metronidazole	*metronidazole 0.75 % gel*	L2	
NUVESSA	NUVESSA 1.3 % GEL *metronidazole vaginal*	L5	
IMIDAZOLE-RELATED ANTIFUNGALS			
GYNAZOLE-1	GYNAZOLE-1 2 % CREAM *butoconazole nitrate (one dose)*	L5	
terconazole	*terconazole (0.4 % cream, 0.8 % cream, 80 mg suppos)*	L2	
VAGINAL ESTROGENS			
ESTRACE	ESTRACE 0.01 % CREAM *estradiol vaginal*	L3	GA
estradiol	*estradiol (0.01 % cream, 10 mcg tab)*	L3	
ESTRING	ESTRING (2 MG RING, 7.5 MCG/24HR RING) *estradiol vaginal*	L4	
FEMRING	FEMRING (0.05 MG/24HR RING, 0.1 MG/24HR RING) *estradiol acetate vaginal*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMVEXXY MAINTENANCE PACK	IMVEXXY MAINTENANCE PACK (PACK 4 MCG INSERT, PACK 10 MCG INSERT) *estradiol vaginal*	L5	
IMVEXXY STARTER PACK	IMVEXXY STARTER PACK (PACK 4 MCG INSERT, PACK 10 MCG INSERT) *estradiol vaginal*	L5	
PREMARIN	PREMARIN 0.625 MG/GM CREAM *estrogens, conjugated vaginal*	L3	
VAGIFEM	VAGIFEM 10 MCG TAB *estradiol vaginal*	L3	GA
yuvafem	*yuvafem 10 mcg tab*	L3	
VAGINAL PROGESTINS			
CRINONE	CRINONE 4 % GEL *progesterone (vaginal)*	L4	
MISCELLANEOUS VAGINAL PRODUCTS			
INTRAROSA	INTRAROSA 6.5 MG INSERT *prasterone vaginal*	L5	
GENITOURINARY AGENTS - MISCELLANEOUS PHOSPHATES			
K-PHOS NO 2	K-PHOS NO 2 305-700 MG TAB *potassium & sodium acid phosphates*	L5	
CITRATES			
CYTRA K CRYSTALS	CYTRA K CRYSTALS 3300-1002 MG PACKET *potassium citrate-citric acid*	L2	
ORACIT	ORACIT 490-640 MG/5ML SOLUTION *sodium citrate & citric acid*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ORAL CITRATE	ORAL CITRATE 490-640 MG/5ML SOLUTION *sodium citrate & citric acid*	L5	
pot & sod cit-cit ac	*pot & sod cit-cit ac 550-500-334 mg/5ml solution*	L2	
potassium citrate er	*potassium citrate er (er 5 (540 tab er, er 10 (1080 tab er, er 15 (1620 tab er)*	L2	
potassium citrate-citric acid	*potassium citrate-citric acid 1100-334 mg/5ml solution*	L2	
sod citrate-citric acid	*sod citrate-citric acid (1.5-1 gm/15ml solution, 3-2 gm/30ml solution, 500-334 mg/5ml solution, 1500-1002 mg/15ml solution, 3000-2004 mg/30ml solution)*	L2	
TRICITRATES	TRICITRATES 550-500-334 MG/5ML SOLUTION *pot & sod citrates w/citric ac*	L2	GA
UROCIT-K 10	UROCIT-K 10 10 MEQ (1080 MG) TAB ER *potassium citrate (alkalinizer)*	L2	GA
UROCIT-K 15	UROCIT-K 15 15 MEQ (1620 MG) TAB ER *potassium citrate (alkalinizer)*	L2	GA
UROCIT-K 5	UROCIT-K 5 5 MEQ (540 MG) TAB ER *potassium citrate (alkalinizer)*	L2	GA
URINARY ANALGESICS			
phenazo	*phenazo 200 mg tab*	L5	
phenazopyridine hcl	*phenazopyridine hcl 200 mg tab*	L5	
CYSTINOSIS AGENTS			
CYSTAGON	CYSTAGON (50 MG CAP, 150 MG CAP) *cysteamine bitartrate*	L3	S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG			
FILSPARI	FILSPARI (200 MG TAB, 400 MG TAB) *sparsentan*	L5	PA, QL (1 PER 1 DAY(S)), S
INTERSTITIAL CYSTITIS AGENTS			
ELMIRON	ELMIRON 100 MG CAP *pentosan polysulfate sodium*	L4	
URINARY STONE AGENTS			
LITHOSTAT	LITHOSTAT 250 MG TAB *acetohydroxamic acid*	L4	
THIOLA	THIOLA 100 MG TAB *tiopronin*	L3	S, GA
THIOLA EC	THIOLA EC (EC 100 MG TAB DR, EC 300 MG TAB DR) *tiopronin*	L3	S
tiopronin	*tiopronin 100 mg tab*	L3	S
5-ALPHA REDUCTASE INHIBITORS			
AVODART	AVODART 0.5 MG CAP *dutasteride*	L2	GA
dutasteride	*dutasteride 0.5 mg cap*	L2	
finasteride	*finasteride 5 mg tab*	L2	
PROSCAR	PROSCAR 5 MG TAB *finasteride*	L2	GA
ALPHA 1-ADRENOCEPTOR ANTAGONISTS			
alfuzosin hcl er	*alfuzosin hcl er 10 mg tab er 24h*	L2	
CARDURA XL	CARDURA XL (4 MG TAB ER 24H, 8 MG TAB ER 24H) *doxazosin mesylate (bph)*	L5	
FLOMAX	FLOMAX 0.4 MG CAP *tamsulosin hcl*	L2	GA
RAPAFLO	RAPAFLO (4 MG CAP, 8 MG CAP) *silodosin*	L5	QL (30 PER 30 DAYS), GA
silodosin	*silodosin (4 mg cap, 8 mg cap)*	L5	QL (30 PER 30 DAYS)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tamsulosin hcl	*tamsulosin hcl 0.4 mg cap*	L2	
UROXATRAL	UROXATRAL 10 MG TAB ER 24H *alfuzosin hcl*	L2	GA
PROSTATIC HYPERTROPHY AGENT COMBINATIONS			
dutasteride-tamsulosin hcl	*dutasteride-tamsulosin hcl 0.5-0.4 mg cap*	L3	
JALYN	JALYN 0.5-0.4 MG CAP *dutasteride-tamsulosin hcl*	L3	GA
ANTIANXIETY AGENTS BENZODIAZEPINES			
alprazolam	*alprazolam (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp)*	L3	
alprazolam	*alprazolam (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab)*	L2	
alprazolam er	*alprazolam er (er 0.5 mg tab er 24h, er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h)*	L2	
ALPRAZOLAM INTENSOL	ALPRAZOLAM INTENSOL 1 MG/ML CONC *alprazolam*	L4	
alprazolam xr	*alprazolam xr (0.5 mg tab er 24h, 1 mg tab er 24h, 2 mg tab er 24h, 3 mg tab er 24h)*	L2	
ATIVAN	ATIVAN (0.5 MG TAB, 1 MG TAB, 2 MG TAB) *lorazepam*	L2	GA
chlordiazepoxide hcl	*chlordiazepoxide hcl (5 mg cap, 10 mg cap, 25 mg cap)*	L2	
clorazepate dipotassium	*clorazepate dipotassium (3.75 mg tab, 7.5 mg tab, 15 mg tab)*	L2	
diazepam	*diazepam (2 mg tab, 5 mg tab, 10 mg tab)*	L2	
diazepam	*diazepam (5 mg/5ml solution, 5 mg/ml conc)*	L3	
diazepam intensol	*diazepam intensol 5 mg/ml conc*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lorazepam	*lorazepam (0.5 mg tab, 1 mg tab, 2 mg tab)*	L2	
lorazepam	*lorazepam 2 mg/ml conc*	L3	
lorazepam intensol	*lorazepam intensol 2 mg/ml conc*	L3	
oxazepam	*oxazepam (10 mg cap, 15 mg cap, 30 mg cap)*	L2	
TRANXENE-T	TRANXENE-T 7.5 MG TAB *clorazepate dipotassium*	L2	GA
VALIUM	VALIUM (2 MG TAB, 5 MG TAB, 10 MG TAB) *diazepam*	L2	GA
XANAX	XANAX (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB) *alprazolam*	L2	GA
XANAX XR	XANAX XR (0.5 MG TAB ER 24H, 1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H) *alprazolam*	L2	GA
ANTIANXIETY AGENTS - MISC.			
buspirone hcl	*buspirone hcl (5 mg tab, 7.5 mg tab, 10 mg tab, 15 mg tab)*	L2	
buspirone hcl	*buspirone hcl 30 mg tab*	L3	
hydroxyzine hcl	*hydroxyzine hcl (10 mg tab, 10 mg/5ml syrup, 25 mg tab, 50 mg tab)*	L2	
hydroxyzine pamoate	*hydroxyzine pamoate (25 mg cap, 50 mg cap, 100 mg cap)*	L2	
meprobamate	*meprobamate (200 mg tab, 400 mg tab)*	L5	
VISTARIL	VISTARIL (25 MG CAP, 50 MG CAP) *hydroxyzine pamoate*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIDEPRESSANTS ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)			
mirtazapine	*mirtazapine (7.5 mg tab, 15 mg tab, 15 mg tab disp, 30 mg tab, 30 mg tab disp, 45 mg tab, 45 mg tab disp)*	L2	
REMERON	REMERON (15 MG TAB, 30 MG TAB) *mirtazapine*	L2	GA
REMERON SOLTAB	REMERON SOLTAB (15 MG TAB DISP, 30 MG TAB DISP, 45 MG TAB DISP) *mirtazapine*	L2	GA
GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID			
ZURZUVAE	ZURZUVAE (20 MG CAP, 25 MG CAP) *zuranolone*	L5	PA, QL (28 PER 365 DAY(S)), S
ZURZUVAE	ZURZUVAE 30 MG CAP *zuranolone*	L5	PA, QL (14 PER 365 DAY(S)), S
MONOAMINE OXIDASE INHIBITORS (MAOIS)			
EMSAM	EMSAM (6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR) *selegiline*	L5	
MARPLAN	MARPLAN 10 MG TAB *isocarboxazid*	L3	
NARDIL	NARDIL 15 MG TAB *phenelzine sulfate*	L3	
PARNATE	PARNATE 10 MG TAB *tranylcypromine sulfate*	L4	GA
PHENELZINE SULFATE	PHENELZINE SULFATE 15 MG TAB *phenelzine sulfate*	L3	
tranylcypromine sulfate	*tranylcypromine sulfate 10 mg tab*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEROTONIN MODULATORS			
NEFAZODONE HCL	NEFAZODONE HCL (50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB) *nefazodone hcl*	L2	
trazodone hcl	*trazodone hcl (50 mg tab, 100 mg tab, 150 mg tab)*	L2	
TRINTELLIX	TRINTELLIX (5 MG TAB, 10 MG TAB, 20 MG TAB) *vortioxetine hbr*	L5	PA, QL (1 PER 1 DAY(S))
VIIBRYD	VIIBRYD (10 MG TAB, 20 MG TAB, 40 MG TAB) *vilazodone hcl*	L4	PA, QL (1 PER 1 DAY(S)), GA
VIIBRYD STARTER PACK	VIIBRYD STARTER PACK 10 & 20 MG KIT *vilazodone hcl*	L4	PA, QL (2 PER 1 YEAR(S))
vilazodone hcl	*vilazodone hcl (10 mg tab, 20 mg tab, 40 mg tab)*	L4	PA, QL (1 PER 1 DAY(S))
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)			
CELEXA	CELEXA (10 MG TAB, 20 MG TAB, 40 MG TAB) *citalopram hydrobromide*	L1	GA
citalopram hydrobromide	*citalopram hydrobromide (10 mg tab, 20 mg tab, 40 mg tab)*	L1	
citalopram hydrobromide	*citalopram hydrobromide (10 mg/5ml solution, 20 mg/10ml solution)*	L1	PA, QL (600 PER 30 DAY(S))
escitalopram oxalate	*escitalopram oxalate (5 mg tab, 5 mg/5ml solution, 10 mg tab, 10 mg/10ml solution, 20 mg tab)*	L1	
fluoxetine hcl	*fluoxetine hcl (10 mg cap, 20 mg cap, 20 mg/5ml solution, 40 mg cap)*	L1	
FLUOXETINE HCL	FLUOXETINE HCL 90 MG CAP DR *fluoxetine hcl*	L3	
fluvoxamine maleate	*fluvoxamine maleate (25 mg tab, 50 mg tab, 100 mg tab)*	L1	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluvoxamine maleate er	*fluvoxamine maleate er (er 100 mg cap er 24h, er 150 mg cap er 24h)*	L5	PA
LEXAPRO	LEXAPRO (5 MG TAB, 10 MG TAB, 20 MG TAB) *escitalopram oxalate*	L1	GA
paroxetine hcl	*paroxetine hcl (10 mg tab, 20 mg tab, 30 mg tab, 40 mg tab)*	L1	
PAROXETINE HCL	PAROXETINE HCL 10 MG/5ML SUSPENSION *paroxetine hcl*	L5	PA, QL (30 PER 1 DAY(S))
paroxetine hcl er	*paroxetine hcl er (er 12.5 mg tab er 24h, er 25 mg tab er 24h, er 37.5 mg tab er 24h)*	L3	
PAXIL	PAXIL (10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB) *paroxetine hcl*	L1	GA
PAXIL	PAXIL 10 MG/5ML SUSPENSION *paroxetine hcl*	L5	PA, QL (30 PER 1 DAY(S))
PAXIL CR	PAXIL CR (12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H) *paroxetine hcl*	L3	GA
PEXEVA	PEXEVA (10 MG TAB, 20 MG TAB, 30 MG TAB) *paroxetine mesylate*	L5	PA
PROZAC	PROZAC (10 MG CAP, 20 MG CAP, 40 MG CAP) *fluoxetine hcl*	L1	GA
sertraline hcl	*sertraline hcl (20 mg/ml conc, 25 mg tab, 50 mg tab, 100 mg tab)*	L1	
ZOLOFT	ZOLOFT (20 MG/ML CONC, 25 MG TAB, 50 MG TAB, 100 MG TAB) *sertraline hcl*	L1	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)			
CYMBALTA	CYMBALTA (20 MG CP DR PART, 30 MG CP DR PART, 60 MG CP DR PART) *duloxetine hcl*	L2	GA
DESVENLAFAXINE ER	DESVENLAFAXINE ER (ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H) *desvenlafaxine*	L4	PA, QL (30 PER 30 DAYS)
desvenlafaxine succinate er	*desvenlafaxine succinate er 100 mg tab er 24h*	L3	QL (60 PER 30 DAY(S))
desvenlafaxine succinate er	*desvenlafaxine succinate er 25 mg tab er 24h*	L4	QL (30 PER 30 DAYS)
desvenlafaxine succinate er	*desvenlafaxine succinate er 50 mg tab er 24h*	L3	QL (30 PER 30 DAYS)
DRIZALMA SPRINKLE	DRIZALMA SPRINKLE (20 MG CAP DR, 30 MG CAP DR) *duloxetine hcl*	L5	QL (30 PER 30 DAY(S))
DRIZALMA SPRINKLE	DRIZALMA SPRINKLE (40 MG CAP DR, 60 MG CAP DR) *duloxetine hcl*	L5	QL (60 PER 30 DAY(S))
duloxetine hcl	*duloxetine hcl (20 mg cp dr part, 30 mg cp dr part, 60 mg cp dr part)*	L2	
duloxetine hcl	*duloxetine hcl 40 mg cp dr part*	L4	
EFFEXOR XR	EFFEXOR XR (37.5 MG CAP ER 24H, 75 MG CAP ER 24H, 150 MG CAP ER 24H) *venlafaxine hcl*	L2	GA
FETZIMA	FETZIMA (20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H) *levomilnacipran hcl*	L5	PA, QL (30 PER 30 DAYS)
FETZIMA TITRATION	FETZIMA TITRATION 20 & 40 MG CP24 THPK *levomilnacipran hcl*	L5	PA, QL (2 PER 1 YEAR(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRISTIQ	PRISTIQ 100 MG TAB ER 24H *desvenlafaxine succinate*	L3	QL (60 PER 30 DAY(S)), GA
PRISTIQ	PRISTIQ 25 MG TAB ER 24H *desvenlafaxine succinate*	L4	QL (30 PER 30 DAYS), GA
PRISTIQ	PRISTIQ 50 MG TAB ER 24H *desvenlafaxine succinate*	L3	QL (30 PER 30 DAYS), GA
venlafaxine hcl	*venlafaxine hcl (25 mg tab, 37.5 mg tab, 50 mg tab, 75 mg tab, 100 mg tab)*	L2	
venlafaxine hcl er	*venlafaxine hcl er (er 37.5 mg cap er 24h, er 75 mg cap er 24h, er 150 mg cap er 24h)*	L2	
TRICYCLIC AGENTS			
amitriptyline hcl	*amitriptyline hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)*	L2	
amoxapine	*amoxapine (25 mg tab, 50 mg tab, 100 mg tab, 150 mg tab)*	L2	
ANAFRANIL	ANAFRANIL (25 MG CAP, 50 MG CAP, 75 MG CAP) *clomipramine hcl*	L5	GA
clomipramine hcl	*clomipramine hcl (25 mg cap, 50 mg cap, 75 mg cap)*	L5	
desipramine hcl	*desipramine hcl (10 mg tab, 25 mg tab, 50 mg tab, 75 mg tab, 100 mg tab, 150 mg tab)*	L4	
doxepin hcl	*doxepin hcl (10 mg cap, 10 mg/ml conc, 25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap)*	L2	
imipramine hcl	*imipramine hcl (10 mg tab, 25 mg tab, 50 mg tab)*	L2	
NORPRAMIN	NORPRAMIN (10 MG TAB, 25 MG TAB) *desipramine hcl*	L4	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
nortriptyline hcl	*nortriptyline hcl (10 mg cap, 25 mg cap, 50 mg cap, 75 mg cap)*	L2	
nortriptyline hcl	*nortriptyline hcl 10 mg/5ml solution*	L2	PA, QL (2400 PER 30 DAY(S))
PAMELOR	PAMELOR (10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP) *nortriptyline hcl*	L2	GA
protriptyline hcl	*protriptyline hcl (5 mg tab, 10 mg tab)*	L4	
trimipramine maleate	*trimipramine maleate (25 mg cap, 50 mg cap, 100 mg cap)*	L4	
ANTIDEPRESSANTS - MISC.			
bupropion hcl	*bupropion hcl (75 mg tab, 100 mg tab)*	L2	
bupropion hcl er (sr)	*bupropion hcl er (sr) (er 100 mg tab er 12h, er 150 mg tab er 12h, er 200 mg tab er 12h)*	L2	
bupropion hcl er (xl)	*bupropion hcl er (xl) (er 150 mg tab er 24h, er 300 mg tab er 24h)*	L2	
WELLBUTRIN SR	WELLBUTRIN SR (100 MG TAB ER 12H, 150 MG TAB ER 12H, 200 MG TAB ER 12H) *bupropion hcl*	L2	GA
WELLBUTRIN XL	WELLBUTRIN XL 150 MG TAB ER 24H *bupropion hcl*	L2	QL (30 TAB PER 30 DAY(S)), GA
WELLBUTRIN XL	WELLBUTRIN XL 300 MG TAB ER 24H *bupropion hcl*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPSYCHOTICS/ANTIMANIC AGENTS BENZISOXAZOLES			
ERZOFRI	ERZOFRI (39 MG/0.25ML SUSP PRSYR, 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR, 351 MG/2.25ML SUSP PRSYR) *paliperidone palmitate*	L4	
FANAPT	FANAPT (1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) *iloperidone*	L4	QL (60 PER 30 DAYS)
INVEGA	INVEGA (1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 6 MG TAB ER 24H, 9 MG TAB ER 24H) *paliperidone*	L5	GA
INVEGA SUSTENNA	INVEGA SUSTENNA (39 MG/0.25ML SUSP PRSYR, 78 MG/0.5ML SUSP PRSYR, 117 MG/0.75ML SUSP PRSYR, 156 MG/ML SUSP PRSYR, 234 MG/1.5ML SUSP PRSYR) *paliperidone palmitate*	L4	
INVEGA TRINZA	INVEGA TRINZA (273 MG/0.88ML SUSP PRSYR, 410 MG/1.32ML SUSP PRSYR, 546 MG/1.75ML SUSP PRSYR, 819 MG/2.63ML SUSP PRSYR) *paliperidone palmitate*	L4	
paliperidone er	*paliperidone er (er 1.5 mg tab er 24h, er 3 mg tab er 24h, er 6 mg tab er 24h, er 9 mg tab er 24h)*	L5	
RISPERDAL	RISPERDAL (0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB) *risperidone*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RISPERDAL	RISPERDAL 1 MG/ML SOLUTION *risperidone*	L2	PA, QL (16 ML PER DAY(S)), GA
risperidone	*risperidone (0.25 mg tab disp, 0.5 mg tab disp, 1 mg tab disp, 2 mg tab disp, 3 mg tab disp, 4 mg tab disp)*	L2	PA
risperidone	*risperidone (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab)*	L2	
risperidone	*risperidone 1 mg/ml solution*	L2	PA, QL (16 ML PER DAY(S))
BUTYROPHENONES			
haloperidol	*haloperidol (0.5 mg tab, 1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab, 20 mg tab)*	L2	
haloperidol lactate	*haloperidol lactate 2 mg/ml conc*	L2	
DIBENZODIAZEPINES			
clozapine	*clozapine (12.5 mg tab disp, 25 mg tab, 25 mg tab disp, 50 mg tab, 100 mg tab, 100 mg tab disp, 200 mg tab)*	L3	
CLOZARIL	CLOZARIL (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB) *clozapine*	L3	GA
VERSACLOZ	VERSACLOZ 50 MG/ML SUSPENSION *clozapine*	L3	
DIBENZOTHIAZEPINES			
quetiapine fumarate	*quetiapine fumarate (25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab, 300 mg tab, 400 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
quetiapine fumarate er	*quetiapine fumarate er (er 50 mg tab er 24h, er 150 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h, er 400 mg tab er 24h)*	L4	
SEROQUEL	SEROQUEL (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB) *quetiapine fumarate*	L2	GA
SEROQUEL XR	SEROQUEL XR (50 MG TAB ER 24H, 150 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H) *quetiapine fumarate*	L4	GA
DIBENZOXAZEPINES			
ADASUVE	ADASUVE 10 MG AER POW BA *loxapine*	L5	
loxapine succinate	*loxapine succinate (5 mg cap, 10 mg cap, 25 mg cap, 50 mg cap)*	L2	
DIBENZO-OXEPINO PYRROLES			
asenapine maleate	*asenapine maleate (2.5 mg sl tab, 5 mg sl tab, 10 mg sl tab)*	L4	
SAPHRIS	SAPHRIS (2.5 MG SL TAB, 5 MG SL TAB, 10 MG SL TAB) *asenapine maleate*	L4	GA
SECUADO	SECUADO (3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR) *asenapine*	L5	PA, QL (30 PER 30 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
THIENBENZODIAZEPINES			
olanzapine	*olanzapine (2.5 mg tab, 5 mg tab, 5 mg tab disp, 7.5 mg tab, 10 mg tab, 10 mg tab disp, 15 mg tab, 15 mg tab disp, 20 mg tab, 20 mg tab disp)*	L3	
ZYPREXA	ZYPREXA (2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) *olanzapine*	L3	GA
ZYPREXA ZYDIS	ZYPREXA ZYDIS (5 MG TAB DISP, 10 MG TAB DISP, 15 MG TAB DISP, 20 MG TAB DISP) *olanzapine*	L3	GA
DIHYDROINDOLONES			
MOLINDONE HCL	MOLINDONE HCL (5 MG TAB, 10 MG TAB, 25 MG TAB) *molindone hcl*	L5	
PHENOTHIAZINES			
chlorpromazine hcl	*chlorpromazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)*	L3	
compro	*compro 25 mg suppos*	L2	
fluphenazine hcl	*fluphenazine hcl (1 mg tab, 2.5 mg tab, 2.5 mg/5ml elixir, 5 mg tab, 5 mg/ml conc, 10 mg tab)*	L2	
perphenazine	*perphenazine (2 mg tab, 4 mg tab, 8 mg tab, 16 mg tab)*	L2	
prochlorperazine	*prochlorperazine 25 mg suppos*	L2	
prochlorperazine maleate	*prochlorperazine maleate (5 mg tab, 10 mg tab)*	L2	
thioridazine hcl	*thioridazine hcl (10 mg tab, 25 mg tab, 50 mg tab, 100 mg tab)*	L2	
trifluoperazine hcl	*trifluoperazine hcl (1 mg tab, 2 mg tab, 5 mg tab, 10 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QUINOLINONE DERIVATIVES			
ABILIFY	ABILIFY (2 MG TAB, 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB) *aripiprazole*	L3	GA
ABILIFY MAINTENA	ABILIFY MAINTENA (300 MG, 400 MG) *aripiprazole*	L4	
aripiprazole	*aripiprazole (10 mg tab disp, 15 mg tab disp)*	L5	
aripiprazole	*aripiprazole (2 mg tab, 5 mg tab, 10 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)*	L3	
aripiprazole	*aripiprazole 1 mg/ml solution*	L3	PA, QL (900 PER 30 DAY(S))
REXULTI	REXULTI (0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB) *brexpiprazole*	L5	PA, QL (30 TAB PER 30 DAY(S))
THIOXANTHENES			
thiothixene	*thiothixene (1 mg cap, 2 mg cap, 5 mg cap, 10 mg cap)*	L2	
ANTIPSYCHOTICS - MISC.			
CAPLYTA	CAPLYTA (10.5 MG CAP, 21 MG CAP) *lumateperone tosylate*	L5	PA, QL (1 PER 1 DAY(S))
CAPLYTA	CAPLYTA 42 MG CAP *lumateperone tosylate*	L5	PA, QL (30 PER 30 DAY(S))
EQUETRO	EQUETRO (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H) *carbamazepine (antipsychotic)*	L5	
GEODON	GEODON (20 MG CAP, 40 MG CAP, 60 MG CAP, 80 MG CAP) *ziprasidone hcl*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LATUDA	LATUDA (20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB) *lurasidone hcl*	L4	PA, QL (30 TAB PER 30 DAY(S)), GA
LATUDA	LATUDA 80 MG TAB *lurasidone hcl*	L4	PA, QL (60 TAB PER 30 DAY(S)), GA
lurasidone hcl	*lurasidone hcl (20 mg tab, 40 mg tab, 60 mg tab, 80 mg tab, 120 mg tab)*	L4	
NUPLAZID	NUPLAZID (10 MG TAB, 34 MG CAP) *pimavanserin tartrate*	L4	QL (1 PER 1 DAY), S
VRAYLAR	VRAYLAR (1.5 & 3 MG CAP THPK, 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP) *cariprazine hcl*	L5	PA, QL (30 PER 30 DAYS)
ziprasidone hcl	*ziprasidone hcl (20 mg cap, 40 mg cap, 60 mg cap, 80 mg cap)*	L2	
ANTIMANIC AGENTS			
lithium	*lithium 8 meq/5ml solution*	L3	
lithium carbonate	*lithium carbonate (150 mg cap, 300 mg cap, 300 mg tab, 600 mg cap)*	L2	
lithium carbonate er	*lithium carbonate er (er 300 mg tab er, er 450 mg tab er)*	L2	
LITHOBID	LITHOBID 300 MG TAB ER *lithium carbonate*	L2	GA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS BARBITURATE HYPNOTICS			
phenobarbital	*phenobarbital (15 mg tab, 16.2 mg tab, 20 mg/5ml elixir, 30 mg tab, 30 mg/7.5ml elixir, 32.4 mg tab, 60 mg tab, 60 mg/15ml elixir, 64.8 mg tab, 97.2 mg tab, 100 mg tab)*	L2	
BENZODIAZEPINE HYPNOTICS			
DORAL	DORAL 15 MG TAB *quazepam*	L5	
estazolam	*estazolam (1 mg tab, 2 mg tab)*	L2	
HALCION	HALCION 0.25 MG TAB *triazolam*	L2	GA
QUAZEPAM	QUAZEPAM 15 MG TAB *quazepam*	L5	
RESTORIL	RESTORIL (15 MG CAP, 30 MG CAP) *temazepam*	L2	GA
RESTORIL	RESTORIL (7.5 MG CAP, 22.5 MG CAP) *temazepam*	L4	GA
temazepam	*temazepam (15 mg cap, 30 mg cap)*	L2	
temazepam	*temazepam (7.5 mg cap, 22.5 mg cap)*	L4	
triazolam	*triazolam (0.125 mg tab, 0.25 mg tab)*	L2	
NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS			
AMBIEN	AMBIEN (5 MG TAB, 10 MG TAB) *zolpidem tartrate*	L2	GA
AMBIEN CR	AMBIEN CR (6.25 MG TAB ER, 12.5 MG TAB ER) *zolpidem tartrate*	L4	GA
EDLUAR	EDLUAR (5 MG SL TAB, 10 MG SL TAB) *zolpidem tartrate*	L5	PA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
eszopiclone	*eszopiclone (1 mg tab, 2 mg tab, 3 mg tab)*	L3	
LUNESTA	LUNESTA (1 MG TAB, 2 MG TAB, 3 MG TAB) *eszopiclone*	L3	GA
zaleplon	*zaleplon (5 mg cap, 10 mg cap)*	L2	
ZOLPIDEM TARTRATE	ZOLPIDEM TARTRATE (1.75 MG SL TAB, 3.5 MG SL TAB) *zolpidem tartrate*	L5	PA
zolpidem tartrate	*zolpidem tartrate (5 mg tab, 10 mg tab)*	L2	
zolpidem tartrate er	*zolpidem tartrate er (er 6.25 mg tab er, er 12.5 mg tab er)*	L4	
ZOLPIMIST	ZOLPIMIST 5 MG/ACT SOLUTION *zolpidem tartrate*	L5	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS			
HETLIOZ	HETLIOZ 20 MG CAP *tasimelteon*	L5	PA, QL (30 PER 30 DAYS), S, GA
HETLIOZ LQ	HETLIOZ LQ 4 MG/ML SUSPENSION *tasimelteon*	L5	PA, QL (5 PER 1 DAY(S)), S
ramelteon	*ramelteon 8 mg tab*	L4	
ROZEREM	ROZEREM 8 MG TAB *ramelteon*	L4	PA, GA
tasimelteon	*tasimelteon 20 mg cap*	L5	PA, QL (30 PER 30 DAYS), S
HYPNOTICS - TRICYCLIC AGENTS			
doxepin hcl	*doxepin hcl (3 mg tab, 6 mg tab)*	L5	PA
SILENOR	SILENOR (3 MG TAB, 6 MG TAB) *doxepin hcl (sleep)*	L5	PA, GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OREXIN RECEPTOR ANTAGONISTS			
BELSOMRA	BELSOMRA (5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) *suvorexant*	L4	PA, QL (30 PER 30 DAYS)
DAYVIGO	DAYVIGO (5 MG TAB, 10 MG TAB) *lemborexant*	L4	PA, QL (30 PER 30 DAY(S))
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS AMPHETAMINES			
ADZENYS XR-ODT	ADZENYS XR-ODT (3.1 MG TAB ER DISP, 6.3 MG TAB ER DISP) *amphetamine*	L5	PA, QL (2 TAB PER DAY(S))
ADZENYS XR-ODT	ADZENYS XR-ODT (9.4 MG TAB ER DISP, 12.5 MG TAB ER DISP, 15.7 MG TAB ER DISP, 18.8 MG TAB ER DISP) *amphetamine*	L5	PA, QL (1 TAB PER DAY(S))
amphetamine sulfate	*amphetamine sulfate 10 mg tab*	L5	PA, QL (120 PER 30 DAY(S))
amphetamine sulfate	*amphetamine sulfate 5 mg tab*	L5	PA, QL (90 PER 30 DAY(S))
DESOXYN	DESOXYN 5 MG TAB *methamphetamine hcl*	L5	GA
DEXEDRINE	DEXEDRINE (5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H) *dextroamphetamine sulfate*	L3	PA, GA
dextroamphetamine sulfate	*dextroamphetamine sulfate (2.5 mg tab, 5 mg/5ml solution, 7.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)*	L4	
dextroamphetamine sulfate	*dextroamphetamine sulfate (5 mg tab, 10 mg tab)*	L2	
dextroamphetamine sulfate er	*dextroamphetamine sulfate er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h)*	L3	PA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DYANAVEL XR	DYANAVEL XR (5 MG TAB ER, 10 MG TAB ER, 15 MG TAB ER, 20 MG TAB ER) *amphetamine*	L5	PA, QL (1 PER 1 DAY(S))
DYANAVEL XR	DYANAVEL XR 2.5 MG/ML SUSP *amphetamine*	L5	PA, QL (8 PER DAY(S))
EVEKEO	EVEKEO 10 MG TAB *amphetamine sulfate*	L5	PA, QL (120 PER 30 DAY(S)), GA
EVEKEO	EVEKEO 5 MG TAB *amphetamine sulfate*	L5	PA, QL (90 PER 30 DAY(S)), GA
EVEKEO ODT	EVEKEO ODT (ODT 10 MG TAB DISP, ODT 15 MG TAB DISP) *amphetamine sulfate*	L5	PA, QL (120 PER 30 DAY(S))
EVEKEO ODT	EVEKEO ODT (ODT 5 MG TAB DISP, ODT 20 MG TAB DISP) *amphetamine sulfate*	L5	PA, QL (90 PER 30 DAY(S))
lisdexamfetamine dimesylate	*lisdexamfetamine dimesylate (10 mg cap, 10 mg chew tab, 20 mg cap, 20 mg chew tab, 30 mg cap, 30 mg chew tab, 40 mg cap, 40 mg chew tab, 50 mg cap, 50 mg chew tab, 60 mg cap, 60 mg chew tab, 70 mg cap)*	L3	PA
methamphetamine hcl	*methamphetamine hcl 5 mg tab*	L5	
procentra	*procentra 5 mg/5ml solution*	L4	
VYVANSE	VYVANSE (10 MG CAP, 10 MG CHEW TAB, 20 MG CAP, 20 MG CHEW TAB, 30 MG CAP, 30 MG CHEW TAB, 40 MG CAP, 40 MG CHEW TAB, 50 MG CAP, 50 MG CHEW TAB, 60 MG CAP, 60 MG CHEW TAB, 70 MG CAP) *lisdexamfetamine dimesylate*	L3	PA, GA
zenzedi	*zenzedi (2.5 mg tab, 7.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
zenzedi	*zenzedi (5 mg tab, 10 mg tab)*	L2	
AMPHETAMINE MIXTURES			
ADDERALL	ADDERALL (5 MG TAB, 7.5 MG TAB, 10 MG TAB, 12.5 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB) *amphetamine-dextroamphetamine*	L2	GA
ADDERALL XR	ADDERALL XR (5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H) *amphetamine-dextroamphetamine*	L3	PA, GA
amphet-dextroamphet 3-bead er	*amphet-dextroamphet 3-bead er (er 25 mg cap er 24h, er 37.5 mg cap er 24h, er 50 mg cap er 24h)*	L5	PA, QL (30 PER 30 DAY(S))
amphet-dextroamphet 3-bead er	*amphet-dextroamphet 3-bead er 12.5 mg cap er 24h*	L5	PA, QL (1 CAP PER DAY(S))
amphetamine-dextroamphet er	*amphetamine-dextroamphet er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h)*	L3	PA
amphetamine-dextroamphetamine	*amphetamine-dextroamphetamine (5 mg tab, 7.5 mg tab, 10 mg tab, 12.5 mg tab, 15 mg tab, 20 mg tab, 30 mg tab)*	L2	
MYDAYIS	MYDAYIS (25 MG CAP ER 24H, 37.5 MG CAP ER 24H, 50 MG CAP ER 24H) *amphetamine-dextroamphetamine*	L5	PA, QL (30 PER 30 DAY(S)), GA
MYDAYIS	MYDAYIS 12.5 MG CAP ER 24H *amphetamine-dextroamphetamine*	L5	PA, QL (1 CAP PER DAY(S)), GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALEPTICS			
caffeine citrate	*caffeine citrate 60 mg/3ml solution*	L2	
ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS			
clonidine hcl er	*clonidine hcl er 0.1 mg tab er 12h*	L3	
guanfacine hcl er	*guanfacine hcl er (er 1 mg tab er 24h, er 2 mg tab er 24h, er 3 mg tab er 24h, er 4 mg tab er 24h)*	L2	
INTUNIV	INTUNIV (1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H) *guanfacine hcl (adhd)*	L2	GA
KAPVAY	KAPVAY 0.1 MG TAB ER 12H *clonidine hcl (adhd)*	L3	GA
ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR			
atomoxetine hcl	*atomoxetine hcl (10 mg cap, 18 mg cap, 25 mg cap, 40 mg cap, 60 mg cap)*	L3	QL (60 PER 30 DAYS)
atomoxetine hcl	*atomoxetine hcl (80 mg cap, 100 mg cap)*	L3	QL (30 PER 30 DAYS)
STRATTERA	STRATTERA (10 MG CAP, 18 MG CAP, 25 MG CAP, 40 MG CAP, 60 MG CAP) *atomoxetine hcl*	L3	QL (60 PER 30 DAYS), GA
STRATTERA	STRATTERA (80 MG CAP, 100 MG CAP) *atomoxetine hcl*	L3	QL (30 PER 30 DAYS), GA
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)			
SUNOSI	SUNOSI (75 MG TAB, 150 MG TAB) *solriamfetol hcl*	L4	PA, QL (30 PER 30 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STIMULANTS - MISC.			
APTENSIO XR	APTENSIO XR (10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H) *methylphenidate hcl*	L5	PA, GA
armodafinil	*armodafinil (50 mg tab, 150 mg tab, 200 mg tab, 250 mg tab)*	L3	PA, QL (30 PER 30 DAYS)
CONCERTA	CONCERTA (18 MG TAB ER, 27 MG TAB ER, 36 MG TAB ER, 54 MG TAB ER) *methylphenidate hcl*	L3	PA, GA
COTEMPLA XR-ODT	COTEMPLA XR-ODT (8.6 MG TAB ER DISP, 17.3 MG TAB ER DISP, 25.9 MG TAB ER DISP) *methylphenidate*	L5	PA
DAYTRANA	DAYTRANA (10 PATCH, 15 PATCH, 20 PATCH, 30 PATCH) *methylphenidate*	L4	PA, QL (1 PER DAY(S)), GA
dexmethylphenidate hcl	*dexmethylphenidate hcl (2.5 mg tab, 5 mg tab, 10 mg tab)*	L2	
dexmethylphenidate hcl er	*dexmethylphenidate hcl er (er 5 mg cap er 24h, er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 25 mg cap er 24h, er 30 mg cap er 24h, er 35 mg cap er 24h, er 40 mg cap er 24h)*	L3	PA
FOCALIN	FOCALIN (2.5 MG TAB, 5 MG TAB, 10 MG TAB) *dexmethylphenidate hcl*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOCALIN XR	FOCALIN XR (5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H) *dexmethylphenidate hcl*	L3	PA, GA
METADATE CD	METADATE CD (10 MG CAP ER, 20 MG CAP ER, 30 MG CAP ER, 40 MG CAP ER, 50 MG CAP ER, 60 MG CAP ER) *methylphenidate hcl*	L3	PA, GA
METHYLIN	METHYLIN (5 SOLUTION, 10 SOLUTION) *methylphenidate hcl*	L3	GA
methylphenidate	*methylphenidate (10 patch, 15 patch, 20 patch, 30 patch)*	L4	PA, QL (1 PER DAY(S))
methylphenidate hcl	*methylphenidate hcl (2.5 mg chew tab, 5 mg chew tab, 5 mg/5ml solution, 10 mg chew tab, 10 mg/5ml solution)*	L3	
methylphenidate hcl	*methylphenidate hcl (5 mg tab, 10 mg tab, 20 mg tab)*	L2	
methylphenidate hcl er (cd)	*methylphenidate hcl er (cd) (er 10 mg cap er, er 20 mg cap er, er 30 mg cap er, er 40 mg cap er, er 50 mg cap er, er 60 mg cap er)*	L3	PA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METHYLPHENIDATE HCL ER	METHYLPHENIDATE HCL ER (ER 10 MG TAB ER, ER 18 MG TAB ER, ER 18 MG TAB ER 24H, ER 20 MG TAB ER, ER 27 MG TAB ER, ER 27 MG TAB ER 24H, ER 36 MG TAB ER, ER 36 MG TAB ER 24H, ER 54 MG TAB ER, ER 54 MG TAB ER 24H) *methylphenidate hcl*	L3	PA
methylphenidate hcl er (la)	*methylphenidate hcl er (la) (er 10 mg cap er 24h, er 20 mg cap er 24h, er 30 mg cap er 24h, er 40 mg cap er 24h, er 60 mg cap er 24h)*	L3	PA
methylphenidate hcl er (osm)	*methylphenidate hcl er (osm) (er 18 mg tab er, er 27 mg tab er, er 36 mg tab er, er 54 mg tab er)*	L3	PA
methylphenidate hcl er (xr)	*methylphenidate hcl er (xr) (er 10 mg cap er 24h, er 15 mg cap er 24h, er 20 mg cap er 24h, er 30 mg cap er 24h, er 40 mg cap er 24h, er 50 mg cap er 24h, er 60 mg cap er 24h)*	L5	PA
methylphenidate hcl er(diffus)	*methylphenidate hcl er(diffus) (27 mg tab er, 36 mg tab er, 54 mg tab er)*	L3	PA
modafinil	*modafinil (100 mg tab, 200 mg tab)*	L3	PA, QL (60 PER 30 DAYS)
NUVIGIL	NUVIGIL (50 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB) *armodafinil*	L3	PA, QL (30 PER 30 DAYS), GA
PROVIGIL	PROVIGIL (100 MG TAB, 200 MG TAB) *modafinil*	L3	PA, QL (60 PER 30 DAYS), GA
QUILLICHEW ER	QUILLICHEW ER (ER 20 MG, ER 30 MG, ER 40 MG) *methylphenidate hcl*	L5	PA
QUILLIVANT XR	QUILLIVANT XR 25 MG/5ML SRER *methylphenidate hcl*	L5	PA

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RITALIN	RITALIN (5 MG TAB, 10 MG TAB, 20 MG TAB) *methylphenidate hcl*	L2	GA
RITALIN LA	RITALIN LA (10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H) *methylphenidate hcl*	L3	PA, GA
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.			
ERGOLOID MESYLATES	ERGOLOID MESYLATES 1 MG TAB *ergoloid mesylates*	L2	
pimozide	*pimozide (1 mg tab, 2 mg tab)*	L2	
CHOLINOMIMETICS - ACHE INHIBITORS			
ARICEPT	ARICEPT (5 MG TAB, 10 MG TAB, 23 MG TAB) *donepezil hydrochloride*	L2	GA
donepezil hcl	*donepezil hcl (5 mg tab, 5 mg tab disp, 10 mg tab, 10 mg tab disp, 23 mg tab)*	L2	
EXELON	EXELON (4.6 MG/24HR PATCH 24HR, 9.5 MG/24HR PATCH 24HR, 13.3 MG/24HR PATCH 24HR) *rivastigmine*	L4	GA
galantamine hydrobromide	*galantamine hydrobromide (4 mg tab, 8 mg tab, 12 mg tab)*	L2	
GALANTAMINE HYDROBROMIDE	GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION *galantamine hydrobromide*	L5	
galantamine hydrobromide er	*galantamine hydrobromide er (er 8 mg cap er 24h, er 16 mg cap er 24h, er 24 mg cap er 24h)*	L2	
RAZADYNE ER	RAZADYNE ER (ER 8 MG CAP ER 24H, ER 16 MG CAP ER 24H, ER 24 MG CAP ER 24H) *galantamine hydrobromide*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
rivastigmine	*rivastigmine (4.6 mg/24hr patch 24hr, 9.5 mg/24hr patch 24hr, 13.3 mg/24hr patch 24hr)*	L4	
rivastigmine tartrate	*rivastigmine tartrate (1.5 mg cap, 3 mg cap, 4.5 mg cap, 6 mg cap)*	L2	
N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS			
memantine hcl	*memantine hcl (2 mg/ml solution, 10 mg/5ml solution)*	L2	PA, QL (300 PER 30 DAY(S))
memantine hcl	*memantine hcl (5 mg tab, 10 mg tab)*	L2	
memantine hcl er	*memantine hcl er (er 7 mg cap er 24h, er 14 mg cap er 24h, er 21 mg cap er 24h, er 28 mg cap er 24h)*	L5	
NAMENDA	NAMENDA (5 MG TAB, 10 MG TAB) *memantine hcl*	L2	GA
NAMENDA XR	NAMENDA XR (7 MG CAP ER 24H, 14 MG CAP ER 24H, 21 MG CAP ER 24H, 28 MG CAP ER 24H) *memantine hcl*	L5	GA
ANTIDEMENTIA AGENT COMBINATIONS			
NAMZARIC	NAMZARIC (7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H) *memantine hcl-donepezil hcl*	L5	
SMOKING DETERRENTS			
bupropion hcl er (smoking det)	*bupropion hcl er (smoking det) 150 mg tab er 12h*	L2	
CHANTIX	CHANTIX (0.5 MG TAB, 1 MG TAB) *varenicline tartrate*	L3	GA
CHANTIX CONTINUING MONTH PAK	CHANTIX CONTINUING MONTH PAK 1 MG TAB *varenicline tartrate*	L3	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NICOTROL	NICOTROL 10 MG INHALER *nicotine*	L3	
NICOTROL NS	NICOTROL NS 10 MG/ML SOLUTION *nicotine*	L3	
varenicline tartrate	*varenicline tartrate (0.5 mg tab, 1 mg tab)*	L3	
varenicline tartrate (starter)	*varenicline tartrate (starter) 0.5 mg x 11 & 1 mg x 42 tab thpk*	L3	
varenicline tartrate(continue)	*varenicline tartrate(continue) 1 mg tab*	L3	
MOVEMENT DISORDER DRUG THERAPY			
AUSTEDO	AUSTEDO (9 MG TAB, 12 MG TAB) *deutetrabenazine*	L4	PA, QL (120 PER 30 DAY(S)), S
AUSTEDO	AUSTEDO 6 MG TAB *deutetrabenazine*	L4	PA, QL (60 PER 30 DAY(S)), S
AUSTEDO PATIENT TITRATION KIT	AUSTEDO PATIENT TITRATION KIT 6 & 9 & 12 MG TAB THPK *deutetrabenazine*	L4	PA, QL (1 PER 28 DAY(S)), S
AUSTEDO XR	AUSTEDO XR (30 MG TAB ER 24H, 42 MG TAB ER 24H, 48 MG TAB ER 24H) *deutetrabenazine*	L4	PA, QL (1 TAB PER DAY(S)), S
AUSTEDO XR	AUSTEDO XR 12 MG TAB ER 24H *deutetrabenazine*	L4	PA, QL (4 PER 1 DAY(S)), S
AUSTEDO XR	AUSTEDO XR 18 MG TAB ER 24H *deutetrabenazine*	L4	PA, QL (30 TABLETS PER 30 DAY(S)), S
AUSTEDO XR	AUSTEDO XR 24 MG TAB ER 24H *deutetrabenazine*	L4	PA, QL (2 PER 1 DAY(S)), S
AUSTEDO XR	AUSTEDO XR 36 MG TAB ER 24H *deutetrabenazine*	L4	PA, QL (1 TAB PER DAY(S))
AUSTEDO XR	AUSTEDO XR 6 MG TAB ER 24H *deutetrabenazine*	L4	PA, QL (3 PER 1 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
AUSTEDO XR PATIENT TITRATION	AUSTEDO XR PATIENT TITRATION 12 & 18 & 24 & 30 MG TBER THPK *deutetrabenazine*	L4	PA, QL (1 KIT PER 28 DAY(S)), S
AUSTEDO XR PATIENT TITRATION	AUSTEDO XR PATIENT TITRATION 6 & 12 & 24 MG TBER THPK *deutetrabenazine*	L4	PA, QL (42 PER 28 DAY(S)), S
INGREZZA	INGREZZA (40 MG CAP, 60 MG CAP, 80 MG CAP) *valbenazine tosylate*	L4	PA, QL (30 PER 30 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
INGREZZA	INGREZZA (60 MG CAP SPRINK, 80 MG CAP SPRINK) *valbenazine tosylate*	L4	PA, QL (30 CAPS PER 30 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
INGREZZA	INGREZZA 40 & 80 MG CAP THPK *valbenazine tosylate*	L4	PA, QL (1 PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
INGREZZA	INGREZZA 40 MG CAP SPRINK *valbenazine tosylate*	L4	PA, QL (30 CAPS PER 30 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
tetrabenazine	*tetrabenazine 12.5 mg tab*	L5	QL (240 PER 30 DAYS), S
tetrabenazine	*tetrabenazine 25 mg tab*	L5	QL (120 PER 30 DAYS), S
XENAZINE	XENAZINE 12.5 MG TAB *tetrabenazine*	L5	QL (240 PER 30 DAYS), S, MN-PA (Medically Necessary Prior Authorization), GA
XENAZINE	XENAZINE 25 MG TAB *tetrabenazine*	L5	QL (120 PER 30 DAYS), S, MN-PA (Medically Necessary Prior Authorization), GA
MULTIPLE SCLEROSIS AGENTS			
COPAXONE	COPAXONE 20 MG/ML SOLN PRSYR *glatiramer acetate*	L3	PA, QL (1 SYR PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization), GA
COPAXONE	COPAXONE 40 MG/ML SOLN PRSYR *glatiramer acetate*	L3	PA, QL (12 SYR PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization), GA
glatiramer acetate	*glatiramer acetate 20 mg/ml soln prsyr*	L3	PA, QL (1 SYR PER DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
glatiramer acetate	*glatiramer acetate 40 mg/ml soln prsyr*	L3	PA, QL (12 SYR PER 28 DAY(S)), S
glatopa	*glatopa 20 mg/ml soln prsyr*	L3	PA, QL (1 SYR PER DAY(S)), S
glatopa	*glatopa 40 mg/ml soln prsyr*	L3	PA, QL (12 SYR PER 28 DAY(S)), S
MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES			
MAVENCLAD (10 TABS)	MAVENCLAD (10 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	L5	PA, QL (20 PER 9 MONTH(S)), S
MAVENCLAD (4 TABS)	MAVENCLAD (4 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	L5	PA, QL (20 PER 9 MONTH(S)), S
MAVENCLAD (5 TABS)	MAVENCLAD (5 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	L5	PA, QL (20 PER 9 MONTH(S)), S
MAVENCLAD (6 TABS)	MAVENCLAD (6 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	L5	PA, QL (20 PER 9 MONTH(S)), S
MAVENCLAD (7 TABS)	MAVENCLAD (7 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	L5	PA, QL (20 PER 9 MONTH(S)), S
MAVENCLAD (8 TABS)	MAVENCLAD (8 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	L5	PA, QL (20 PER 9 MONTH(S)), S
MAVENCLAD (9 TABS)	MAVENCLAD (9 TABS) 10 MG TAB THPK *cladribine (multiple sclerosis)*	L5	PA, QL (20 PER 9 MONTH(S)), S
MULTIPLE SCLEROSIS AGENTS - INTERFERONS			
AVONEX PEN	AVONEX PEN 30 MCG/0.5ML AUT-IJ KIT *interferon beta-1a*	L3	PA, QL (4 PER 28 DAYS), S
AVONEX PREFILLED	AVONEX PREFILLED 30 MCG/0.5ML PREF SY KT *interferon beta-1a*	L3	PA, QL (4 PER 28 DAYS), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BETASERON	BETASERON 0.3 MG KIT *interferon beta-1b*	L3	PA, QL (15 PER 30 DAYS), S
EXTAVIA	EXTAVIA 0.3 MG KIT *interferon beta-1b*	L3	QL (15 PER 30 DAYS), S, MN-PA (Medically Necessary Prior Authorization)
PLEGRIDY	PLEGRIDY (125 SOLN A-INJ, 125 SOLN PRSYR) *peginterferon beta-1a*	L3	PA, QL (2 PER 28 DAYS), S
PLEGRIDY	PLEGRIDY 125 MCG/0.5ML SOLN PRSYR *peginterferon beta-1a*	L3	PA, QL (2 PER 28 DAY(S)), S
PLEGRIDY STARTER PACK	PLEGRIDY STARTER PACK (PACK 63 94 SOLN A-INJ, PACK 63 94 SOLN PRSYR) *peginterferon beta-1a*	L3	PA, QL (1 PER 28 DAYS), S
REBIF	REBIF (22 SOLN PRSYR, 44 SOLN PRSYR) *interferon beta-1a*	L3	PA, QL (12 PER 28 DAYS), S
REBIF REBIDOSE	REBIF REBIDOSE (22 SOLN A-INJ, 44 SOLN A-INJ) *interferon beta-1a*	L3	PA, QL (12 PER 28 DAYS), S
REBIF REBIDOSE TITRATION PACK	REBIF REBIDOSE TITRATION PACK 6X8.8 & 6X22 MCG SOLN A-INJ *interferon beta-1a*	L3	PA, QL (12 PER 28 DAYS), S
REBIF TITRATION PACK	REBIF TITRATION PACK 6X8.8 & 6X22 MCG SOLN PRSYR *interferon beta-1a*	L3	PA, QL (12 PER 28 DAYS), S
MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS			
AUBAGIO	AUBAGIO (7 MG TAB, 14 MG TAB) *teriflunomide*	L3	PA, QL (30 PER 30 DAYS), S, GA
teriflunomide	*teriflunomide (7 mg tab, 14 mg tab)*	L3	PA, QL (30 PER 30 DAYS), S
MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES			
KESIMPTA	KESIMPTA 20 MG/0.4ML SOLN A-INJ *ofatumumab (ms)*	L5	PA, QL (1 PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS			
BAFIERTAM	BAFIERTAM 95 MG CAP DR *monomethyl fumarate*	L4	PA, QL (4 PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
dimethyl fumarate	*dimethyl fumarate (120 mg cap dr, 240 mg cap dr)*	L3	PA, QL (60 PER 30 DAYS), S
dimethyl fumarate starter pack	*dimethyl fumarate starter pack 120 & 240 mg cpdr thpk*	L3	PA, QL (1 PER FILL), S
TECFIDERA	TECFIDERA 120 MG CAP DR *dimethyl fumarate*	L3	PA, QL (60 PER 30 DAYS), S, MN-PA (Medically Necessary Prior Authorization), GA
TECFIDERA	TECFIDERA 240 MG CAP DR *dimethyl fumarate*	L3	QL (60 PER 30 DAYS), S, MN-PA (Medically Necessary Prior Authorization), GA
VUMERITY	VUMERITY 231 MG CAP DR *diroximel fumarate*	L4	PA, QL (120 PER 30 DAY(S)), S
MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS			
AMPYRA	AMPYRA 10 MG TAB ER 12H *dalfampridine*	L5	QL (60 PER 30 DAYS), S, GA
dalfampridine er	*dalfampridine er 10 mg tab er 12h*	L5	QL (60 PER 30 DAYS), S
SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS			
fingolimod hcl	*fingolimod hcl 0.5 mg cap*	L3	PA, QL (1 CAP PER DAY(S)), S
GILENYA	GILENYA 0.25 MG CAP *fingolimod hcl*	L3	PA, QL (30 PER 30 DAY(S)), S
GILENYA	GILENYA 0.5 MG CAP *fingolimod hcl*	L3	PA, QL (1 CAP PER DAY(S)), S, GA
MAYZENT	MAYZENT 0.25 MG TAB *siponimod fumarate*	L4	PA, QL (112 PER 28 DAY(S)), S
MAYZENT	MAYZENT 1 MG TAB *siponimod fumarate*	L4	PA, QL (1 PER 1 DAY(S)), S
MAYZENT	MAYZENT 2 MG TAB *siponimod fumarate*	L4	PA, QL (30 PER 30 DAY(S)), S
MAYZENT STARTER PACK	MAYZENT STARTER PACK 12 X 0.25 MG TAB THPK *siponimod fumarate*	L4	PA, QL (12 PER 5 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MAYZENT STARTER PACK	MAYZENT STARTER PACK 7 X 0.25 MG TAB THPK *siponimod fumarate*	L4	PA, QL (7 PER 4 DAY(S)), S
PONVORY	PONVORY 20 MG TAB *ponesimod*	L4	PA, QL (1 PER 1 DAY(S)), S
PONVORY STARTER PACK	PONVORY STARTER PACK 2-3-4-5-6-7-8-9 & 10 MG TAB THPK *ponesimod*	L4	PA, QL (1 PER 14 DAY(S)), S
ZEPOSIA	ZEPOSIA 0.92 MG CAP *ozanimod hcl*	L4	PA, QL (30 PER 30 DAY(S)), S
ZEPOSIA 7-DAY STARTER PACK	ZEPOSIA 7-DAY STARTER PACK 4 X 0.23MG & 3 X 0.46MG CAP THPK *ozanimod hcl*	L4	PA, QL (1 PER LIFETIME), S
ZEPOSIA STARTER KIT	ZEPOSIA STARTER KIT 0.23MG & 0.46MG & 0.92MG CAP THPK *ozanimod hcl*	L4	PA, QL (1 PER LIFETIME), S
ZEPOSIA STARTER KIT	ZEPOSIA STARTER KIT 0.23MG &0.46MG 0.92MG(21) CAP THPK *ozanimod hcl*	L4	PA, QL (1 PER 1 DAY(S)), S
ANTI-CATAPLECTIC AGENTS			
sodium oxybate	*sodium oxybate 500 mg/ml solution*	L5	PA, QL (540 PER 30 DAYS), S
XYREM	XYREM 500 MG/ML SOLUTION *sodium oxybate*	L5	PA, QL (540 PER 30 DAYS), S, GA
FIBROMYALGIA AGENT - SNRIS			
SAVELLA	SAVELLA (12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB) *milnacipran hcl*	L5	QL (2 TAB PER DAY(S))
SAVELLA TITRATION PACK	SAVELLA TITRATION PACK 12.5 & 25 & 50 MG MISC *milnacipran hcl*	L5	QL (1 PER LIFETIME)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS			
GRALISE	GRALISE 300 (9) & 600(24) MG MISC *gabapentin (once-daily)*	L5	
LYRICA CR	LYRICA CR (82.5 MG TAB ER 24H, 165 MG TAB ER 24H, 330 MG TAB ER 24H) *pregabalin (once-daily)*	L4	GA
pregabalin er	*pregabalin er (er 82.5 mg tab er 24h, er 165 mg tab er 24h, er 330 mg tab er 24h)*	L4	
RESTLESS LEG SYNDROME (RLS) AGENTS			
HORIZANT	HORIZANT (300 MG TAB ER, 600 MG TAB ER) *gabapentin enacarbil*	L5	
PSEUDOBULBAR AFFECT AGENT COMBINATIONS			
NUEDEXTA	NUEDEXTA 20-10 MG CAP *dextromethorphan hbr-quinidine sulfate*	L5	QL (2 CAP PER DAY(S))
ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS			
TEGSEDI	TEGSEDI 284 MG/1.5ML SOLN PRSYR *inotersen sodium*	L5	QL (4 SYR PER 28 DAY(S)), S
ALCOHOL DETERRENTS			
acamprosate calcium	*acamprosate calcium 333 mg tab dr*	L2	
disulfiram	*disulfiram (250 mg tab, 500 mg tab)*	L2	
AGENTS FOR OPIOID WITHDRAWAL			
lofexidine hcl	*lofexidine hcl 0.18 mg tab*	L5	QL (224 TAB PER 14 DAY(S)), PA-QL (448 Tab / 90 day(s))
LUCEMYRA	LUCEMYRA 0.18 MG TAB *lofexidine hcl*	L5	QL (224 TAB PER 14 DAY(S)), PA-QL (448 Tab / 90 day(s)), GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BENZODIAZEPINES & TRICYCLIC AGENTS			
CHLORDIAZEPOXIDE-AMITRIPTYLINE	CHLORDIAZEPOXIDE-AMITRIPTYLINE (5-12.5 MG TAB, 10-25 MG TAB) *chlordiazepoxide-amitriptyline*	L2	
PHENOTHIAZINES & TRICYCLIC AGENTS			
PERPHENAZINE-AMITRIPTYLINE	PERPHENAZINE-AMITRIPTYLINE (2-10 MG TAB, 2-25 MG TAB, 4-10 MG TAB, 4-25 MG TAB, 4-50 MG TAB) *perphenazine-amitriptyline*	L2	
THIENBENZODIAZEPINES & SSRIS			
olanzapine-fluoxetine hcl	*olanzapine-fluoxetine hcl (3-25 mg cap, 6-25 mg cap, 6-50 mg cap, 12-25 mg cap, 12-50 mg cap)*	L3	
SYMBYAX	SYMBYAX (3-25 MG CAP, 6-25 MG CAP) *olanzapine-fluoxetine hcl*	L3	GA
ANALGESICS - NONNARCOTIC SALICYLATES			
diflunisal	*diflunisal 500 mg tab*	L2	
salsalate	*salsalate (500 mg tab, 750 mg tab)*	L2	
ANALGESICS-SEDATIVES			
bac (butalbital-acetamin-caff)	*bac (butalbital-acetamin-caff) 50-325-40 mg tab*	L2	
butalbital-acetaminophen	*butalbital-acetaminophen 50-325 mg tab*	L2	
butalbital-apap-caffeine	*butalbital-apap-caffeine (50-300-40 mg cap, 50-325-40 mg cap, 50-325-40 mg tab)*	L2	
butalbital-aspirin-caffeine	*butalbital-aspirin-caffeine 50-325-40 mg cap*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ESGIC	ESGIC (MG CAP, MG TAB) *butalbital-acetaminophen-caffeine*	L2	GA
FIORICET	FIORICET 50-300-40 MG CAP *butalbital-acetaminophen-caffeine*	L2	GA
TENCON	TENCON 50-325 MG TAB *butalbital-acetaminophen*	L2	GA
zebutal	*zebutal 50-325-40 mg cap*	L2	
ANALGESICS - OPIOID OPIOID AGONISTS			
ACTIQ	ACTIQ (200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE) *fentanyl citrate*	L2	QL (4 PER 1 DAY(S)), GA
CODEINE SULFATE	CODEINE SULFATE (15 MG TAB, 30 MG TAB, 60 MG TAB) *codeine sulfate*	L2	PA, QL (42 PER 25)
CONZIP	CONZIP (100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H) *tramadol hcl*	L5	PA, QL (30 PER 25)
DILAUDID	DILAUDID 1 MG/ML LIQUID *hydromorphone hcl*	L2	PA, QL (600 PER 25), GA
DILAUDID	DILAUDID 2 MG TAB *hydromorphone hcl*	L2	PA, QL (180 PER 25), GA
DILAUDID	DILAUDID 4 MG TAB *hydromorphone hcl*	L2	PA, QL (150 PER 25), GA
DILAUDID	DILAUDID 8 MG TAB *hydromorphone hcl*	L2	PA, QL (60 PER 25), GA
DISKETS	DISKETS 40 MG TAB SOL *methadone hcl*	L2	GA
fentanyl	*fentanyl (12 patch 72hr, 25 patch 72hr, 50 patch 72hr, 75 patch 72hr)*	L2	PA, QL (10 PATCH PER MONTH(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fentanyl	*fentanyl (37.5 patch 72hr, 62.5 patch 72hr, 87.5 patch 72hr)*	L5	PA, QL (10 PER 25)
fentanyl	*fentanyl 100 mcg/hr patch 72hr*	L2	PA, QL (10 PER 25)
fentanyl citrate	*fentanyl citrate (100 mcg tab, 200 mcg tab, 400 mcg tab, 600 mcg tab, 800 mcg tab)*	L5	QL (4 PER 1 DAY(S))
fentanyl citrate	*fentanyl citrate (200 mcg loz handle, 400 mcg loz handle, 600 mcg loz handle, 800 mcg loz handle, 1200 mcg loz handle, 1600 mcg loz handle)*	L2	QL (4 PER 1 DAY(S))
FENTORA	FENTORA (100 MCG TAB, 200 MCG TAB, 400 MCG TAB, 600 MCG TAB, 800 MCG TAB) *fentanyl citrate*	L5	QL (4 PER 1 DAY(S)), GA
HYDROCODONE BITARTRATE ER	HYDROCODONE BITARTRATE ER (ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H, ER 100 MG TB24 DETER) *hydrocodone bitartrate*	L5	PA, QL (60 PER 25)
hydrocodone bitartrate er	*hydrocodone bitartrate er (er 20 mg tb24 deter, er 30 mg tb24 deter, er 40 mg tb24 deter, er 60 mg tb24 deter, er 80 mg tb24 deter, er 120 mg tb24 deter)*	L5	PA, QL (30 PER 25)
hydromorphone hcl	*hydromorphone hcl 1 mg/ml liquid*	L2	PA, QL (600 PER 25)
hydromorphone hcl	*hydromorphone hcl 2 mg tab*	L2	PA, QL (180 PER 25)
HYDROMORPHONE HCL	HYDROMORPHONE HCL 3 MG SUPPOS *hydromorphone hcl*	L2	PA, QL (120 PER 25)
hydromorphone hcl	*hydromorphone hcl 4 mg tab*	L2	PA, QL (150 PER 25)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydromorphone hcl	*hydromorphone hcl 8 mg tab*	L2	PA, QL (60 PER 25)
hydromorphone hcl er	*hydromorphone hcl er (er 8 mg tab er 24h, er 12 mg tab er 24h, er 16 mg tab er 24h, er 32 mg tab er 24h)*	L2	PA, QL (30 PER 25 DAY(S))
HYSINGLA ER	HYSINGLA ER (ER 20 MG TB24 DETER, ER 30 MG TB24 DETER, ER 40 MG TB24 DETER, ER 60 MG TB24 DETER, ER 80 MG TB24 DETER, ER 120 MG TB24 DETER) *hydrocodone bitartrate*	L5	PA, QL (30 PER 25), GA
HYSINGLA ER	HYSINGLA ER 100 MG TB24 DETER *hydrocodone bitartrate*	L5	PA, QL (60 PER 25), GA
LAZANDA	LAZANDA (100 SOLUTION, 400 SOLUTION) *fentanyl citrate*	L5	QL (1 PER 1 DAY(S))
levorphanol tartrate	*levorphanol tartrate 2 mg tab*	L2	PA, QL (120 PER 25)
levorphanol tartrate	*levorphanol tartrate 3 mg tab*	L5	PA, QL (60 PER 25 DAY(S))
meperidine hcl	*meperidine hcl 50 mg tab*	L2	PA, QL (18 PER 25)
MEPERIDINE HCL	MEPERIDINE HCL 50 MG/5ML SOLUTION *meperidine hcl*	L2	PA, QL (90 PER 25)
methadone hcl	*methadone hcl (10 mg tab, 10 mg/ml conc)*	L2	PA, QL (60 PER 25)
methadone hcl	*methadone hcl 10 mg/5ml solution*	L2	PA, QL (300 PER 25)
methadone hcl	*methadone hcl 40 mg tab sol*	L2	
methadone hcl	*methadone hcl 5 mg tab*	L2	PA, QL (90 PER 25)
methadone hcl	*methadone hcl 5 mg/5ml solution*	L2	PA, QL (450 PER 25)
methadone hcl intensol	*methadone hcl intensol 10 mg/ml conc*	L2	PA, QL (60 PER 25)
METHADOSE	METHADOSE 10 MG/ML CONC *methadone hcl*	L2	PA, QL (60 PER 25), GA
methadose	*methadose 40 mg tab sol*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METHADOSE SUGAR-FREE	METHADOSE SUGAR-FREE 10 MG/ML CONC *methadone hcl*	L2	PA, QL (60 PER 25), GA
morphine sulfate	*morphine sulfate (30 mg suppos, 30 mg tab)*	L2	PA, QL (90 PER 25)
morphine sulfate (concentrate)	*morphine sulfate (concentrate) (20 mg/ml solution, 100 mg/5ml solution)*	L2	PA, QL (135 PER 25)
morphine sulfate	*morphine sulfate 10 mg/5ml solution*	L2	PA, QL (900 PER 25)
morphine sulfate	*morphine sulfate 15 mg tab*	L2	PA, QL (180 PER 25)
morphine sulfate	*morphine sulfate 20 mg/5ml solution*	L2	PA, QL (675 ML PER 25 DAY(S))
MORPHINE SULFATE	MORPHINE SULFATE 20 MG/5ML SOLUTION *morphine sulfate*	L2	PA, QL (675 PER 25), GA
MORPHINE SULFATE ER	MORPHINE SULFATE ER (ER 10 MG CAP ER 24H, ER 20 MG CAP ER 24H, ER 30 MG CAP ER 24H, ER 100 MG CAP ER 24H, ER 100 MG TAB ER, ER 200 MG TAB ER) *morphine sulfate*	L2	PA, QL (60 PER 25)
morphine sulfate er	*morphine sulfate er (er 15 mg tab er, er 30 mg tab er, er 60 mg tab er)*	L2	PA, QL (90 PER 25)
MORPHINE SULFATE ER	MORPHINE SULFATE ER (ER 50 MG CAP ER 24H, ER 60 MG CAP ER 24H, ER 80 MG CAP ER 24H) *morphine sulfate*	L2	PA, QL (30 PER 25)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MORPHINE SULFATE ER BEADS	MORPHINE SULFATE ER BEADS (ER BEADS 30 MG CAP ER 24H, ER BEADS 45 MG CAP ER 24H, ER BEADS 60 MG CAP ER 24H, ER BEADS 75 MG CAP ER 24H, ER BEADS 90 MG CAP ER 24H, ER BEADS 120 MG CAP ER 24H) *morphine sulfate beads*	L2	PA, QL (30 PER 25)
MS CONTIN	MS CONTIN (100 MG TAB ER, 200 MG TAB ER) *morphine sulfate*	L2	PA, QL (60 PER 25), GA
MS CONTIN	MS CONTIN (15 MG TAB ER, 30 MG TAB ER, 60 MG TAB ER) *morphine sulfate*	L2	PA, QL (90 PER 25), GA
NUCYNTA	NUCYNTA 100 MG TAB *tapentadol hcl*	L5	PA, QL (60 TAB PER 25 DAY(S))
NUCYNTA	NUCYNTA 50 MG TAB *tapentadol hcl*	L5	PA, QL (120 TAB PER 25 DAY(S))
NUCYNTA	NUCYNTA 75 MG TAB *tapentadol hcl*	L5	PA, QL (90 TAB PER 25 DAY(S))
NUCYNTA ER	NUCYNTA ER (ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H) *tapentadol hcl*	L5	PA, QL (60 PER 25)
NUCYNTA ER	NUCYNTA ER 150 MG TAB ER 12H *tapentadol hcl*	L5	PA, QL (90 PER 25)
oxycodone hcl	*oxycodone hcl (5 mg tab, 10 mg tab)*	L2	PA, QL (180 TAB PER 25 DAY(S))
oxycodone hcl	*oxycodone hcl 100 mg/5ml conc*	L2	PA, QL (90 PER 25)
oxycodone hcl	*oxycodone hcl 15 mg tab*	L2	PA, QL (120 TAB PER 25 DAY(S))
oxycodone hcl	*oxycodone hcl 20 mg tab*	L2	PA, QL (90 TAB PER 25 DAY(S))
oxycodone hcl	*oxycodone hcl 30 mg tab*	L2	PA, QL (60 TAB PER 25 DAY(S))
oxycodone hcl	*oxycodone hcl 5 mg cap*	L2	PA, QL (180 PER 25)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
oxycodone hcl	*oxycodone hcl 5 mg/5ml solution*	L2	PA, QL (900 PER 25)
OXYCODONE HCL ER	OXYCODONE HCL ER (ER 10 MG TB12 DETER, ER 20 MG TB12 DETER, ER 80 MG TB12 DETER) *oxycodone hcl*	L3	PA, QL (60 PER 25)
OXYCODONE HCL ER	OXYCODONE HCL ER 40 MG TB12 DETER *oxycodone hcl*	L3	PA, QL (90 PER 25)
OXYCONTIN	OXYCONTIN (10 MG TB12 DETER, 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER, 60 MG TB12 DETER, 80 MG TB12 DETER) *oxycodone hcl*	L3	PA, QL (60 PER 25)
OXYCONTIN	OXYCONTIN 40 MG TB12 DETER *oxycodone hcl*	L3	PA, QL (90 PER 25)
oxymorphone hcl	*oxymorphone hcl 10 mg tab*	L2	PA, QL (90 PER 25)
oxymorphone hcl	*oxymorphone hcl 5 mg tab*	L2	PA, QL (180 PER 25)
OXYMORPHONE HCL ER	OXYMORPHONE HCL ER (ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 30 MG TAB ER 12H, ER 40 MG TAB ER 12H) *oxymorphone hcl*	L2	PA, QL (60 PER 25)
OXYMORPHONE HCL ER	OXYMORPHONE HCL ER 20 MG TAB ER 12H *oxymorphone hcl*	L2	PA, QL (90 PER 25)
ROXICODONE	ROXICODONE 15 MG TAB *oxycodone hcl*	L2	PA, QL (120 TAB PER 25 DAY(S)), GA
ROXICODONE	ROXICODONE 30 MG TAB *oxycodone hcl*	L2	PA, QL (60 TAB PER 25 DAY(S)), GA
ROXICODONE	ROXICODONE 5 MG TAB *oxycodone hcl*	L2	PA, QL (180 TAB PER 25 DAY(S)), GA
SUBSYS	SUBSYS (100 MCG LIQUID, 200 MCG LIQUID, 400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID) *fentanyl*	L5	QL (4 PER 1 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SUBSYS	SUBSYS (1200 (600 MCG LIQUID, 1600 (800 MCG LIQUID) *fentanyl*	L5	QL (8 PER 1 DAY(S))
TRAMADOL HCL (ER BIPHASIC)	TRAMADOL HCL (ER BIPHASIC) (100 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H) *tramadol hcl*	L2	PA, QL (30 PER 25)
tramadol hcl	*tramadol hcl 50 mg tab*	L2	PA, QL (180 TAB PER MONTH(S))
TRAMADOL HCL ER	TRAMADOL HCL ER (ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H) *tramadol hcl*	L5	PA, QL (30 PER 25)
tramadol hcl er	*tramadol hcl er (er 100 mg tab er 24h, er 200 mg tab er 24h, er 300 mg tab er 24h)*	L2	PA, QL (30 PER 25)
ULTRAM	ULTRAM 50 MG TAB *tramadol hcl*	L2	PA, QL (180 TAB PER MONTH(S)), GA
XTAMPZA ER	XTAMPZA ER (ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER) *oxycodone*	L5	PA, QL (60 PER 25)
XTAMPZA ER	XTAMPZA ER 36 MG CP12 DETER *oxycodone*	L5	PA, QL (90 PER 25)
xyvona	*xyvona 2 mg tab*	L2	PA, QL (120 PER 25)
xyvona	*xyvona 3 mg tab*	L5	PA, QL (60 PER 25 DAY(S))
OPIOID PARTIAL AGONISTS			
BELBUCA	BELBUCA (75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM) *buprenorphine hcl*	L5	PA, QL (60 PER 25)
buprenorphine	*buprenorphine (5 patch wk, 7.5 patch wk, 10 patch wk, 15 patch wk, 20 patch wk)*	L5	PA, QL (4 PER 25)
buprenorphine hcl	*buprenorphine hcl (2 mg sl tab, 8 mg sl tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
buprenorphine hcl-naloxone hcl	*buprenorphine hcl-naloxone hcl (2-0.5 mg film, 4-1 mg film, 8-2 mg film, 12-3 mg film)*	L5	
buprenorphine hcl-naloxone hcl	*buprenorphine hcl-naloxone hcl (2-0.5 mg sl tab, 8-2 mg sl tab)*	L2	
butorphanol tartrate	*butorphanol tartrate 10 mg/ml solution*	L2	QL (4 PER 30 DAYS)
BUTRANS	BUTRANS (5 PATCH WK, 7.5 PATCH WK, 10 PATCH WK, 15 PATCH WK, 20 PATCH WK) *buprenorphine*	L5	PA, QL (4 PER 25), GA
pentazocine-naloxone hcl	*pentazocine-naloxone hcl 50-0.5 mg tab*	L2	PA, QL (120 PER 25)
SUBOXONE	SUBOXONE (2-0.5 MG FILM, 4-1 MG FILM, 8-2 MG FILM, 12-3 MG FILM) *buprenorphine hcl-naloxone hcl dihydrate*	L5	GA
ZUBSOLV	ZUBSOLV (0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 2.9-0.71 MG SL TAB, 5.7-1.4 MG SL TAB, 8.6-2.1 MG SL TAB, 11.4-2.9 MG SL TAB) *buprenorphine hcl-naloxone hcl dihydrate*	L5	
OPIOID COMBINATIONS			
APADAZ	APADAZ (4.08-325 MG TAB, 6.12-325 MG TAB, 8.16-325 MG TAB) *benzhydrocodone hcl-acetaminophen*	L5	QL (168 PER 25 DAY(S))
BENZHYDROCODONE-ACETAMINOPHEN	BENZHYDROCODONE-ACETAMINOPHEN (4.08-325 MG TAB, 6.12-325 MG TAB, 8.16-325 MG TAB) *benzhydrocodone hcl-acetaminophen*	L5	QL (168 PER 25 DAY(S))
endocet	*endocet (2.5-325 mg tab, 5-325 mg tab)*	L2	QL (360 PER 25)
endocet	*endocet 10-325 mg tab*	L2	QL (180 PER 25)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
endocet	*endocet 7.5-325 mg tab*	L2	QL (240 PER 25)
oxycodone-acetaminophen	*oxycodone-acetaminophen (2.5-325 mg tab, 5-325 mg tab)*	L2	QL (360 PER 25)
oxycodone-acetaminophen	*oxycodone-acetaminophen 10-325 mg tab*	L2	QL (180 PER 25)
oxycodone-acetaminophen	*oxycodone-acetaminophen 7.5-325 mg tab*	L2	QL (240 PER 25)
PERCOCET	PERCOCET (2.5-325 MG TAB, 5-325 MG TAB) *oxycodone w/ acetaminophen*	L2	QL (360 PER 25), GA
PERCOCET	PERCOCET 10-325 MG TAB *oxycodone w/ acetaminophen*	L2	QL (180 PER 25), GA
PERCOCET	PERCOCET 7.5-325 MG TAB *oxycodone w/ acetaminophen*	L2	QL (240 PER 25), GA
CODEINE COMBINATIONS			
acetaminophen-codeine	*acetaminophen-codeine (120-12 mg/5ml solution, 300-30 mg/12.5ml solution)*	L2	QL (2700 PER 25)
acetaminophen-codeine	*acetaminophen-codeine 300-15 mg tab*	L2	QL (400 PER 25)
acetaminophen-codeine	*acetaminophen-codeine 300-30 mg tab*	L2	QL (360 PER 25)
acetaminophen-codeine	*acetaminophen-codeine 300-60 mg tab*	L2	QL (180 PER 25)
ascomp-codeine	*ascomp-codeine 50-325-40-30 mg cap*	L2	
butalbital-apap-caff-cod	*butalbital-apap-caff-cod (50-300-40-30 mg cap, 50-325-40-30 mg cap)*	L2	
butalbital-asa-caff-codeine	*butalbital-asa-caff-codeine 50-325-40-30 mg cap*	L2	
FIORICET/CODEINE	FIORICET/CODEINE 50-300-40-30 MG CAP *butalbital-acetaminophen-caffeine w/ codeine*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIHYDROCODEINE COMBINATIONS			
APAP-CAFF-DIHYDROCODEINE	APAP-CAFF-DIHYDROCODEINE (320.5-30-16 MG CAP, 325-30-16 MG TAB) *acetaminophen-caff-dihydrocod*	L5	QL (300 PER 25)
trezix	*trezix 320.5-30-16 mg cap*	L5	QL (300 PER 25)
HYDROCODONE COMBINATIONS			
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (10-300 mg tab, 10-325 mg tab)*	L2	QL (180 PER 25 DAY(S))
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (2.5-108 mg/5ml solution, 5-217 mg/10ml solution, 7.5-325 mg/15ml solution)*	L2	QL (2700 PER 25)
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (5-300 mg tab, 5-325 mg tab)*	L2	QL (240 PER 25)
hydrocodone-acetaminophen	*hydrocodone-acetaminophen (7.5-300 mg tab, 7.5-325 mg tab)*	L2	QL (180 PER 25)
HYDROCODONE-ACETAMINOPHEN	HYDROCODONE-ACETAMINOPHEN 10-300 MG/15ML SOLUTION *hydrocodone-acetaminophen*	L5	QL (2025 PER 25)
hydrocodone-ibuprofen	*hydrocodone-ibuprofen (5-200 mg tab, 7.5-200 mg tab, 10-200 mg tab)*	L2	QL (50 PER 25)
LORTAB	LORTAB 10-300 MG/15ML ELIXIR *hydrocodone-acetaminophen*	L5	QL (2025 PER 25)
TRAMADOL COMBINATIONS			
tramadol-acetaminophen	*tramadol-acetaminophen 37.5-325 mg tab*	L2	QL (40 PER 25)
ULTRACET	ULTRACET 37.5-325 MG TAB *tramadol-acetaminophen*	L2	QL (40 PER 25), GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANALGESICS - ANTI-INFLAMMATORY NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)			
ANAPROX DS	ANAPROX DS 550 MG TAB *naproxen sodium*	L2	GA
cataflam	*cataflam 50 mg tab*	L2	
DAYPRO	DAYPRO 600 MG TAB *oxaprozin*	L2	GA
diclofenac potassium	*diclofenac potassium 50 mg tab*	L2	
diclofenac sodium	*diclofenac sodium (25 mg tab dr, 50 mg tab dr, 75 mg tab dr)*	L2	
diclofenac sodium er	*diclofenac sodium er 100 mg tab er 24h*	L2	
EC-NAPROSYN	EC-NAPROSYN (375 MG TAB DR, 500 MG TAB DR) *naproxen*	L2	GA
ec-naproxen	*ec-naproxen (375 mg tab dr, 500 mg tab dr)*	L2	
etodolac	*etodolac (200 mg cap, 300 mg cap, 400 mg tab, 500 mg tab)*	L2	
etodolac er	*etodolac er (er 400 mg tab er 24h, er 500 mg tab er 24h, er 600 mg tab er 24h)*	L2	
FELDENE	FELDENE (10 MG CAP, 20 MG CAP) *piroxicam*	L2	GA
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM 200 MG CAP *fenoprofen calcium*	L5	
fenoprofen calcium	*fenoprofen calcium 400 mg cap*	L3	
FENOPROFEN CALCIUM	FENOPROFEN CALCIUM 600 MG TAB *fenoprofen calcium*	L2	
flurbiprofen	*flurbiprofen (50 mg tab, 100 mg tab)*	L2	
ibu	*ibu (400 mg tab, 600 mg tab, 800 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ibuprofen	*ibuprofen (400 mg tab, 600 mg tab, 800 mg tab)*	L2	
indomethacin	*indomethacin (25 mg cap, 50 mg cap)*	L2	
indomethacin er	*indomethacin er 75 mg cap er*	L2	PA
KETOPROFEN ER	KETOPROFEN ER 200 MG CAP ER 24H *ketoprofen*	L2	
ketorolac tromethamine	*ketorolac tromethamine (10 mg tab, 30 mg/ml solution)*	L2	
ketorolac tromethamine +rfid	*ketorolac tromethamine +rfid 30 mg/ml solution*	L2	
LODINE	LODINE 400 MG TAB *etodolac*	L2	GA
LURBIPR	LURBIPR 100 MG TAB *flurbiprofen*	L2	GA
MECLOFENAMATE SODIUM	MECLOFENAMATE SODIUM (50 MG CAP, 100 MG CAP) *meclofenamate sodium*	L2	
mefenamic acid	*mefenamic acid 250 mg cap*	L2	
meloxicam	*meloxicam (7.5 mg tab, 15 mg tab)*	L2	
meloxicam	*meloxicam 7.5 mg/5ml suspension*	L2	PA, QL (300 ML PER 30 DAY(S))
nabumetone	*nabumetone (500 mg tab, 750 mg tab)*	L2	
NALFON	NALFON 400 MG CAP *fenoprofen calcium*	L3	GA
NALFON	NALFON 600 MG TAB *fenoprofen calcium*	L2	
NAPROSYN	NAPROSYN 125 MG/5ML SUSPENSION *naproxen*	L5	PA, GA
NAPROSYN	NAPROSYN 500 MG TAB *naproxen*	L2	GA
naproxen	*naproxen (250 mg tab, 375 mg tab, 375 mg tab dr, 500 mg tab, 500 mg tab dr)*	L2	
naproxen	*naproxen 125 mg/5ml suspension*	L5	PA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
naproxen dr	*naproxen dr 500 mg tab dr*	L2	
naproxen sodium	*naproxen sodium (275 mg tab, 550 mg tab)*	L2	
oxaprozin	*oxaprozin 600 mg tab*	L2	
piroxicam	*piroxicam (10 mg cap, 20 mg cap)*	L2	
relafen	*relafen (500 mg tab, 750 mg tab)*	L2	
sulindac	*sulindac (150 mg tab, 200 mg tab)*	L2	
ZORVOLEX	ZORVOLEX 18 MG CAP *diclofenac*	L5	
ZYBIC	ZYBIC 7.5 MG/5ML SUSPENSION *meloxicam*	L2	PA, QL (300 ML PER 30 DAY(S)), GA
CYCLOOXYGENASE 2 (COX-2) INHIBITORS			
CELEBREX	CELEBREX (50 MG CAP, 100 MG CAP, 200 MG CAP) *celecoxib*	L2	GA
celecoxib	*celecoxib (50 mg cap, 100 mg cap, 200 mg cap)*	L2	
NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS			
ARTHROTEC	ARTHROTEC (50-0.2 MG TAB DR, 75-0.2 MG TAB DR) *diclofenac w/ misoprostol*	L2	GA
diclofenac-misoprostol	*diclofenac-misoprostol (50-0.2 mg tab dr, 75-0.2 mg tab dr)*	L2	
GOLD COMPOUNDS			
RIDAURA	RIDAURA 3 MG CAP *auranofin*	L5	
INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)			
KINERET	KINERET 100 MG/0.67ML SOLN PRSYR *anakinra*	L4	PA, QL (1 SYR PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization), QLV (Quantity Limit Varies)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES			
ADALIMUMAB-AACF (2 PEN)	ADALIMUMAB-AACF (2 PEN) 40 MG/0.8ML AUT-IJ KIT *adalimumab-aacf*	L2	PA, QL (4 PER 28 DAY(S)), S
ADALIMUMAB-AACF (2 SYRINGE)	ADALIMUMAB-AACF (2 SYRINGE) 40 MG/0.8ML PREF SY KT *adalimumab-aacf*	L2	PA, QL (4 PER 28 DAY(S)), S
ADALIMUMAB-AACF(CD/UC/HS STRT)	ADALIMUMAB-AACF(CD/UC/HS STRT) 40 MG/0.8ML AUT-IJ KIT *adalimumab-aacf*	L2	PA, QL (4 PER 28 DAY(S)), S
ADALIMUMAB-AACF(PS/UV STARTER)	ADALIMUMAB-AACF(PS/UV STARTER) 40 MG/0.8ML AUT-IJ KIT *adalimumab-aacf*	L2	PA, QL (4 PER 28 DAY(S)), S
ADALIMUMAB-ADBM (2 SYRINGE)	ADALIMUMAB-ADBM (2 SYRINGE) (10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT) *adalimumab-adbm*	L2	PA, QL (4 PER 28 DAY(S)), S
HADLIMA	HADLIMA 40 MG/0.8ML SOLN PRSYR *adalimumab-bwwd*	L4	PA, QL (4 PER 28 DAY(S)), S
HADLIMA PUSHTOUCH	HADLIMA PUSHTOUCH 40 MG/0.8ML SOLN A-INJ *adalimumab-bwwd*	L4	PA, QL (4 PER 28 DAY(S)), S
HUMIRA (2 SYRINGE)	HUMIRA (2 SYRINGE) (10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT) *adalimumab*	L2	PA, QL (4 PER 28 DAY(S)), S
HUMIRA	HUMIRA 10 MG/0.1ML PREF SY KT *adalimumab*	L2	PA, QL (4 PER 28 DAY(S)), S
IDACIO (2 SYRINGE)	IDACIO (2 SYRINGE) 40 MG/0.8ML PREF SY KT *adalimumab-aacf*	L2	PA, QL (4 PER 28 DAY(S)), S
PYRIMIDINE SYNTHESIS INHIBITORS			
ARAVA	ARAVA (10 MG TAB, 20 MG TAB) *leflunomide*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
leflunomide	*leflunomide (10 mg tab, 20 mg tab)*	L2	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS			
ENBREL	ENBREL (25 MG RECON SOLN, 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR) *etanercept*	L2	PA, QL (8 PER 28 DAYS), S
ENBREL	ENBREL 25 MG/0.5ML SOLUTION *etanercept*	L2	PA, QL (8 PER 28 DAY(S)), S
ENBREL MINI	ENBREL MINI 50 MG/ML SOLN CART *etanercept*	L2	PA, QL (8 INJ PER 28 DAY(S)), S
ENBREL SURECLICK	ENBREL SURECLICK 50 MG/ML SOLN A-INJ *etanercept*	L2	PA, QL (8 PER 28 DAYS), S
SELECTIVE COSTIMULATION MODULATORS			
ORENCIA	ORENCIA (50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR) *abatacept*	L4	PA, QL (4 PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
ORENCIA CLICKJECT	ORENCIA CLICKJECT 125 MG/ML SOLN A-INJ *abatacept*	L4	PA, QL (4 PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
INTERLEUKIN-1 BLOCKERS			
ARCALYST	ARCALYST 220 MG RECON SOLN *rilonacept*	L5	QL (8 PER 28 DAY(S)), S
INTERLEUKIN-6 RECEPTOR INHIBITORS			
ACTEMRA	ACTEMRA 162 MG/0.9ML SOLN PRSYR *tocilizumab*	L4	PA, QL (4 PER 28 DAYS), S, MN-PA (Medically Necessary Prior Authorization)
ACTEMRA ACTPEN	ACTEMRA ACTPEN 162 MG/0.9ML SOLN A-INJ *tocilizumab*	L4	PA, QL (4 PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KEVZARA	KEVZARA (150 SOLN A-INJ, 150 SOLN PRSYR, 200 SOLN A-INJ, 200 SOLN PRSYR) *sarilumab*	L4	PA, QL (2 PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS			
OLUMIANT	OLUMIANT (2 MG TAB, 4 MG TAB) *baricitinib*	L4	PA, QL (1 TAB PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
OLUMIANT	OLUMIANT 1 MG TAB *baricitinib*	L4	PA, QL (30 PER 30 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
RINVOQ	RINVOQ (30 MG TAB ER 24H, 45 MG TAB ER 24H) *upadacitinib*	L3	PA, QL (1 PER 1 DAY(S)), S
RINVOQ	RINVOQ 15 MG TAB ER 24H *upadacitinib*	L3	PA, QL (30 PER 30 DAY(S)), S
RINVOQ LQ	RINVOQ LQ 1 MG/ML SOLUTION *upadacitinib*	L3	PA, QL (12 ML PER 1 DAY(S)), S
XELJANZ	XELJANZ (5 MG TAB, 10 MG TAB) *tofacitinib citrate*	L3	PA, QL (2 TAB PER DAY(S)), S
XELJANZ	XELJANZ 1 MG/ML SOLUTION *tofacitinib citrate*	L3	PA, QL (10 ML PER DAY(S)), S
XELJANZ XR	XELJANZ XR (11 MG TAB ER 24H, 22 MG TAB ER 24H) *tofacitinib citrate*	L3	PA, QL (1 TAB PER DAY(S)), S
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS			
OTEZLA	OTEZLA 10 & 20 & 30 MG TAB THPK *apremilast*	L3	PA, QL (2 PER LIFETIME), S
OTEZLA	OTEZLA 20 MG TAB *apremilast*	L3	PA, QL (60 TABLETS PER 30 DAY(S)), S
OTEZLA	OTEZLA 30 MG TAB *apremilast*	L3	PA, QL (60 PER 30 DAYS), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTEZLA	OTEZLA 4 X 10 & 51 X20 MG TAB THPK *apremilast*	L3	PA, QL (2 KITS PER LIFETIME), S
MIGRAINE PRODUCTS			
dihydroergotamine mesylate	*dihydroergotamine mesylate 1 mg/ml solution*	L4	
ERGOMAR	ERGOMAR 2 MG SL TAB *ergotamine tartrate*	L5	
SELECTIVE SEROTONIN AGONISTS 5-HT(1)			
almotriptan malate	*almotriptan malate 12.5 mg tab*	L4	QL (18 PER 30 DAY(S))
almotriptan malate	*almotriptan malate 6.25 mg tab*	L4	PA, QL (18 PER 30 DAY(S))
AMERGE	AMERGE (1 MG TAB, 2.5 MG TAB) *naratriptan hcl*	L2	QL (18 PER 30 DAY(S)), GA
eletriptan hydrobromide	*eletriptan hydrobromide (20 mg tab, 40 mg tab)*	L3	QL (18 TAB PER 30 DAY(S))
FROVA	FROVA 2.5 MG TAB *frovatriptan succinate*	L5	QL (27 TAB PER 30 DAY(S)), GA
frovatriptan succinate	*frovatriptan succinate 2.5 mg tab*	L5	QL (27 TAB PER 30 DAY(S))
IMITREX	IMITREX (25 MG TAB, 50 MG TAB, 100 MG TAB) *sumatriptan succinate*	L2	PA, QL (18 PER 30 DAY(S)), GA
IMITREX	IMITREX 20 MG/ACT SOLUTION *sumatriptan*	L3	PA, QL (18 PER 30 DAY(S)), GA
IMITREX	IMITREX 5 MG/ACT SOLUTION *sumatriptan*	L3	PA, QL (36 PER 30 DAY(S)), GA
IMITREX STATDOSE REFILL	IMITREX STATDOSE REFILL 4 MG/0.5ML SOLN CART *sumatriptan succinate*	L3	PA, QL (27 PER 30 DAY(S))
IMITREX STATDOSE REFILL	IMITREX STATDOSE REFILL 6 MG/0.5ML SOLN CART *sumatriptan succinate*	L3	PA, QL (18 PER 30 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMITREX STATDOSE SYSTEM	IMITREX STATDOSE SYSTEM 4 MG/0.5ML SOLN A-INJ *sumatriptan succinate*	L3	PA, QL (27 PER 30 DAY(S)), GA
IMITREX STATDOSE SYSTEM	IMITREX STATDOSE SYSTEM 6 MG/0.5ML SOLN A-INJ *sumatriptan succinate*	L3	PA, QL (18 PER 30 DAY(S)), GA
MAXALT	MAXALT 10 MG TAB *rizatriptan benzoate*	L2	QL (27 PER 30 DAY(S)), GA
MAXALT-MLT	MAXALT-MLT 10 MG TAB DISP *rizatriptan benzoate*	L2	QL (27 TAB PER 30 DAY(S)), GA
naratriptan hcl	*naratriptan hcl (1 mg tab, 2.5 mg tab)*	L2	QL (18 PER 30 DAY(S))
RELPAX	RELPAX (20 MG TAB, 40 MG TAB) *eletriptan hydrobromide*	L3	QL (18 TAB PER 30 DAY(S)), GA
rizatriptan benzoate	*rizatriptan benzoate (5 mg tab disp, 10 mg tab disp)*	L2	QL (27 TAB PER 30 DAY(S))
rizatriptan benzoate	*rizatriptan benzoate (5 mg tab, 10 mg tab)*	L2	QL (27 PER 30 DAY(S))
sumatriptan	*sumatriptan 20 mg/act solution*	L3	QL (18 PER 30 DAY(S))
sumatriptan	*sumatriptan 5 mg/act solution*	L3	PA, QL (36 PER 30 DAY(S))
sumatriptan succinate	*sumatriptan succinate (25 mg tab, 50 mg tab, 100 mg tab)*	L2	PA, QL (18 PER 30 DAY(S))
sumatriptan succinate	*sumatriptan succinate 4 mg/0.5ml soln a-inj*	L3	PA, QL (27 PER 30 DAY(S))
sumatriptan succinate	*sumatriptan succinate 6 mg/0.5ml soln a-inj*	L3	PA, QL (18 PER 30 DAY(S))
sumatriptan succinate	*sumatriptan succinate 6 mg/0.5ml solution*	L3	QL (18 INJ PER 30 DAY(S))
SUMATRIPTAN SUCCINATE REFILL	SUMATRIPTAN SUCCINATE REFILL 4 MG/0.5ML SOLN CART *sumatriptan succinate*	L3	PA, QL (27 PER 30 DAY(S))
SUMATRIPTAN SUCCINATE REFILL	SUMATRIPTAN SUCCINATE REFILL 6 MG/0.5ML SOLN CART *sumatriptan succinate*	L3	PA, QL (18 PER 30 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOSYMRA	TOSYMRA 10 MG/ACT SOLUTION *sumatriptan*	L5	PA, QL (18 PER 30 DAY(S))
zolmitriptan	*zolmitriptan (2.5 mg tab, 2.5 mg tab disp, 5 mg tab disp)*	L2	QL (18 PER 30 DAY(S))
zolmitriptan	*zolmitriptan 2.5 mg solution*	L5	PA, QL (18 UNITS PER 30 DAY(S))
zolmitriptan	*zolmitriptan 5 mg solution*	L5	QL (18 PER 30 DAY(S))
zolmitriptan	*zolmitriptan 5 mg tab*	L2	PA, QL (18 PER 30 DAY(S))
zomig	*zomig (2.5 mg tab, 5 mg tab)*	L2	PA, QL (18 PER 30 DAY(S))
ZOMIG	ZOMIG 2.5 MG SOLUTION *zolmitriptan*	L5	PA, QL (18 UNITS PER 30 DAY(S)), GA
ZOMIG	ZOMIG 5 MG SOLUTION *zolmitriptan*	L5	PA, QL (18 PER 30 DAY(S)), GA
CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)			
NURTEC	NURTEC 75 MG TAB DISP *rimegepant sulfate*	L3	PA, QL (8 PER 30 DAY(S)), PA-QL (15/30 days)
UBRELVY	UBRELVY (50 MG TAB, 100 MG TAB) *ubrogepant*	L3	PA, QL (10 TABLETS PER 30 DAY(S)), PA-QL (16/30 days)
CGRP RECEPTOR ANTAGONISTS - MONOCOLONAL ANTIBODIES			
AIMOVIG	AIMOVIG 140 MG/ML SOLN A-INJ *erenumab-aooe*	L4	PA, QL (1 PER 30 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
AIMOVIG	AIMOVIG 70 MG/ML SOLN A-INJ *erenumab-aooe*	L4	QL (1 PER 30 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
AJOVY	AJOVY 225 MG/1.5ML SOLN A-INJ *fremanezumab-vfrm*	L4	PA, QL (1 PER 28 DAY(S)), S
AJOVY	AJOVY 225 MG/1.5ML SOLN PRSYR *fremanezumab-vfrm*	L4	PA, QL (3 PER 90 DAY(S)), S
EMGALITY	EMGALITY (120 MG/ML SOLN A-INJ, 120 MG/ML SOLN PRSYR) *galcanezumab-gnlm*	L4	PA, QL (1 PER 28 DAY(S)), S
EMGALITY (300 MG DOSE)	EMGALITY (300 MG DOSE) 100 MG/ML SOLN PRSYR *galcanezumab-gnlm*	L4	PA, QL (1 PER 28 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ERGOT COMBINATIONS			
CAFERGOT	CAFERGOT 1-100 MG TAB *ergotamine w/ caffeine*	L5	GA
ergotamine-caffeine	*ergotamine-caffeine 1-100 mg tab*	L5	
migergot	*migergot 2-100 mg suppos*	L2	
SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS			
sumatriptan-naproxen sodium	*sumatriptan-naproxen sodium 85-500 mg tab*	L5	PA, QL (9 PER 30 DAYS)
TREXIMET	TREXIMET 85-500 MG TAB *sumatriptan-naproxen sodium*	L5	PA, QL (9 PER 30 DAYS), GA
GOUT AGENTS			
allopurinol	*allopurinol (100 mg tab, 300 mg tab)*	L2	
colchicine	*colchicine (0.6 mg cap, 0.6 mg tab)*	L2	
COLCRYS	COLCRYS 0.6 MG TAB *colchicine*	L2	GA
febuxostat	*febuxostat (40 mg tab, 80 mg tab)*	L4	
GLOPERBA	GLOPERBA 0.6 MG/5ML SOLUTION *colchicine*	L5	PA, QL (600 PER 30 DAY(S))
MITIGARE	MITIGARE 0.6 MG CAP *colchicine*	L2	GA
ULORIC	ULORIC (40 MG TAB, 80 MG TAB) *febuxostat*	L4	GA
ZYLOPRIM	ZYLOPRIM (100 MG TAB, 300 MG TAB) *allopurinol*	L2	GA
URICOSURICS			
probenecid	*probenecid 500 mg tab*	L2	
GOUT AGENT COMBINATIONS			
colchicine-probenecid	*colchicine-probenecid 0.5-500 mg tab*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTICONVULSANTS ANTICONVULSANTS - BENZODIAZEPINES			
clobazam	*clobazam 10 mg tab*	L4	QL (4 TAB PER DAY(S))
clobazam	*clobazam 2.5 mg/ml suspension*	L4	QL (16 ML PER DAY(S))
clobazam	*clobazam 20 mg tab*	L4	QL (2 TAB PER DAY(S))
clonazepam	*clonazepam (0.125 mg tab disp, 0.25 mg tab disp, 0.5 mg tab, 0.5 mg tab disp, 1 mg tab, 1 mg tab disp, 2 mg tab, 2 mg tab disp)*	L2	
DIASTAT ACUDIAL	DIASTAT ACUDIAL (10 MG GEL, 20 MG GEL) *diazepam (anticonvulsant)*	L2	GA
DIASTAT PEDIATRIC	DIASTAT PEDIATRIC 2.5 MG GEL *diazepam (anticonvulsant)*	L2	GA
diazepam	*diazepam (2.5 mg gel, 10 mg gel, 20 mg gel)*	L2	
KLONOPIN	KLONOPIN (0.5 MG TAB, 1 MG TAB, 2 MG TAB) *clonazepam*	L2	GA
NAYZILAM	NAYZILAM 5 MG/0.1ML SOLUTION *midazolam (anticonvulsant)*	L3	QL (10 UNIT PER 30 DAY(S))
ONFI	ONFI 10 MG TAB *clobazam*	L4	QL (4 TAB PER DAY(S)), GA
ONFI	ONFI 2.5 MG/ML SUSPENSION *clobazam*	L4	QL (16 ML PER DAY(S)), GA
ONFI	ONFI 20 MG TAB *clobazam*	L4	QL (2 TAB PER DAY(S)), GA
SYMPAZAN	SYMPAZAN (5 MG FILM, 10 MG FILM, 20 MG FILM) *clobazam*	L5	QL (2 FILM PER DAY(S))
VALTOCO 10 MG DOSE	VALTOCO 10 MG DOSE 10 MG/0.1ML LIQUID *diazepam (anticonvulsant)*	L3	QL (5 UNIT PER 30 DAY(S))
VALTOCO 15 MG DOSE	VALTOCO 15 MG DOSE 2 X 7.5 MG/0.1ML LIQD THPK *diazepam (anticonvulsant)*	L3	QL (10 PACK PER 30 DAY(S))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VALTOCO 20 MG DOSE	VALTOCO 20 MG DOSE 2 X 10 MG/0.1ML LIQD THPK *diazepam (anticonvulsant)*	L3	QL (10 PACK PER 30 DAY(S))
VALTOCO 5 MG DOSE	VALTOCO 5 MG DOSE 5 MG/0.1ML LIQUID *diazepam (anticonvulsant)*	L3	QL (5 UNIT PER 30 DAY(S))
CARBAMATES			
felbamate	*felbamate (400 mg tab, 600 mg tab)*	L2	
felbamate	*felbamate 600 mg/5ml suspension*	L4	
FELBATOL	FELBATOL (400 MG TAB, 600 MG TAB) *felbamate*	L2	GA
FELBATOL	FELBATOL 600 MG/5ML SUSPENSION *felbamate*	L4	GA
XCOPRI	XCOPRI (14 X 12.5 MG & 14 X 25 MG TAB THPK, 14 X 150 MG & 14 X200 MG TAB THPK, 14 X 50 MG & 14 X100 MG TAB THPK, 25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) *cenobamate*	L4	
XCOPRI (250 MG DAILY DOSE)	XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK *cenobamate*	L4	
XCOPRI (350 MG DAILY DOSE)	XCOPRI (350 MG DAILY DOSE) 150 & 200 MG TAB THPK *cenobamate*	L4	
GABA MODULATORS			
GABITRIL	GABITRIL (12 MG TAB, 16 MG TAB) *tiagabine hcl*	L5	GA
GABITRIL	GABITRIL (2 MG TAB, 4 MG TAB) *tiagabine hcl*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SABRIL	SABRIL (500 MG PACKET, 500 MG TAB) *vigabatrin*	L4	QL (180 PER 30 DAYS), S, GA
tiagabine hcl	*tiagabine hcl (12 mg tab, 16 mg tab)*	L5	
tiagabine hcl	*tiagabine hcl (2 mg tab, 4 mg tab)*	L2	
vigabatrin	*vigabatrin (500 mg packet, 500 mg tab)*	L4	QL (180 PER 30 DAYS), S
vigadrone	*vigadrone (500 mg packet, 500 mg tab)*	L4	QL (180 PER 30 DAYS), S
vigpoder	*vigpoder 500 mg packet*	L4	QL (180 PER 30 DAYS), S
HYDANTOINS			
DILANTIN	DILANTIN (100 MG CAP, 125 MG/5ML SUSPENSION) *phenytoin*	L2	GA
DILANTIN	DILANTIN 30 MG CAP *phenytoin sodium extended*	L5	
DILANTIN INFATABS	DILANTIN INFATABS 50 MG CHEW TAB *phenytoin*	L2	GA
DILANTIN-125	DILANTIN-125 125 MG/5ML SUSPENSION *phenytoin*	L2	GA
phenytek	*phenytek (200 mg cap, 300 mg cap)*	L2	
phenytoin	*phenytoin (50 mg chew tab, 100 mg/4ml suspension, 125 mg/5ml suspension)*	L2	
phenytoin infatabs	*phenytoin infatabs 50 mg chew tab*	L2	
phenytoin sodium extended	*phenytoin sodium extended (100 mg cap, 200 mg cap, 300 mg cap)*	L2	
SUCCINIMIDES			
CELONTIN	CELONTIN 300 MG CAP *methsuximide*	L4	GA
ethosuximide	*ethosuximide (250 mg cap, 250 mg/5ml solution)*	L2	
methsuximide	*methsuximide 300 mg cap*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZARONTIN	ZARONTIN (250 MG CAP, 250 MG/5ML SOLUTION) *ethosuximide*	L2	GA
VALPROIC ACID			
DEPAKOTE	DEPAKOTE (125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR) *divalproex sodium*	L2	GA
DEPAKOTE ER	DEPAKOTE ER (ER 250 MG TAB ER 24H, ER 500 MG TAB ER 24H) *divalproex sodium*	L2	GA
DEPAKOTE SPRINKLES	DEPAKOTE SPRINKLES 125 MG CAP DR *divalproex sodium*	L2	GA
divalproex sodium	*divalproex sodium (125 mg cap dr, 125 mg tab dr, 250 mg tab dr, 500 mg tab dr)*	L2	
divalproex sodium er	*divalproex sodium er (er 250 mg tab er 24h, er 500 mg tab er 24h)*	L2	
valproic acid	*valproic acid (250 mg cap, 250 mg/5ml solution, 500 mg/10ml solution)*	L2	
AMPA GLUTAMATE RECEPTOR ANTAGONISTS			
FYCOMPA	FYCOMPA (0.5 MG/ML SUSPENSION, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB) *perampanel*	L5	
ANTICONVULSANTS - MISC.			
APTIOM	APTIOM (200 MG TAB, 400 MG TAB, 600 MG TAB, 800 MG TAB) *eslicarbazepine acetate*	L5	
BANZEL	BANZEL (200 MG TAB, 400 MG TAB) *rufinamide*	L3	QL (8 TAB PER DAY(S)), GA
BANZEL	BANZEL 40 MG/ML SUSPENSION *rufinamide*	L3	QL (80 ML PER DAY(S)), GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BRIVIACT	BRIVIACT (10 MG TAB, 10 MG/ML SOLUTION, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB) *brivaracetam*	L4	
carbamazepine	*carbamazepine (100 mg chew tab, 100 mg/5ml suspension, 200 mg tab, 200 mg/10ml suspension)*	L2	
carbamazepine er	*carbamazepine er (er 100 mg cap er 12h, er 100 mg tab er 12h, er 200 mg cap er 12h, er 200 mg tab er 12h, er 300 mg cap er 12h, er 400 mg tab er 12h)*	L2	
CARBATROL	CARBATROL (100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H) *carbamazepine*	L2	GA
DIACOMIT	DIACOMIT (250 MG CAP, 250 MG PACKET) *stiripentol*	L4	PA, QL (360 PER 30 DAY(S)), S
DIACOMIT	DIACOMIT (500 MG CAP, 500 MG PACKET) *stiripentol*	L4	PA, QL (180 PER 30 DAY(S)), S
EPIDIOLEX	EPIDIOLEX 100 MG/ML SOLUTION *cannabidiol*	L4	PA, QL (800 PER 30 DAY(S)), S
epitol	*epitol 200 mg tab*	L2	
gabapentin	*gabapentin (100 mg cap, 250 mg/5ml solution, 300 mg cap, 300 mg/6ml solution, 400 mg cap, 600 mg tab, 800 mg tab)*	L2	
KEPPRA	KEPPRA (100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB) *levetiracetam*	L2	GA
KEPPRA XR	KEPPRA XR (500 MG TAB ER 24H, 750 MG TAB ER 24H) *levetiracetam*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lacosamide	*lacosamide (10 mg/ml solution, 50 mg tab, 50 mg/5ml solution, 100 mg tab, 100 mg/10ml solution, 150 mg tab, 200 mg tab)*	L4	
LAMICTAL	LAMICTAL (5 MG CHEW TAB, 25 MG CHEW TAB, 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) *lamotrigine*	L2	GA
LAMICTAL ODT	LAMICTAL ODT (ODT 25 MG TAB DISP, ODT 50 MG TAB DISP, ODT 100 MG TAB DISP, ODT 200 MG TAB DISP) *lamotrigine*	L2	GA
LAMICTAL XR	LAMICTAL XR (25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H, 250 MG TAB ER 24H, 300 MG TAB ER 24H) *lamotrigine*	L2	GA
lamotrigine	*lamotrigine (5 mg chew tab, 25 mg chew tab, 25 mg tab, 25 mg tab disp, 50 mg tab disp, 100 mg tab, 100 mg tab disp, 150 mg tab, 200 mg tab, 200 mg tab disp)*	L2	
lamotrigine er	*lamotrigine er (er 25 mg tab er 24h, er 50 mg tab er 24h, er 100 mg tab er 24h, er 200 mg tab er 24h, er 250 mg tab er 24h, er 300 mg tab er 24h)*	L2	
lamotrigine odt	*lamotrigine odt (odt 25 mg tab disp, odt 50 mg tab disp, odt 100 mg tab disp, odt 200 mg tab disp)*	L2	
levetiracetam	*levetiracetam (100 mg/ml solution, 250 mg tab, 500 mg tab, 500 mg/5ml solution, 750 mg tab, 1000 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEVETIRACETAM	LEVETIRACETAM (250 MG TAB, 500 MG TAB) *levetiracetam*	L5	
levetiracetam er	*levetiracetam er (er 500 mg tab er 24h, er 750 mg tab er 24h)*	L2	
LYRICA	LYRICA (25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP, 225 MG CAP, 300 MG CAP) *pregabalin*	L3	GA
LYRICA	LYRICA 20 MG/ML SOLUTION *pregabalin*	L4	PA, QL (900 PER 30 DAY(S)), GA
MOTPOLY XR	MOTPOLY XR (100 MG CAP ER 24H, 150 MG CAP ER 24H, 200 MG CAP ER 24H) *lacosamide*	L5	
MYSOLINE	MYSOLINE (50 MG TAB, 250 MG TAB) *primidone*	L2	GA
NEURONTIN	NEURONTIN (100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB) *gabapentin*	L2	GA
oxcarbazepine	*oxcarbazepine (150 mg tab, 300 mg tab, 300 mg/5ml suspension, 600 mg tab)*	L2	
oxcarbazepine er	*oxcarbazepine er (er 150 mg tab er 24h, er 300 mg tab er 24h, er 600 mg tab er 24h)*	L5	
OXTELLAR XR	OXTELLAR XR (150 MG TAB ER 24H, 300 MG TAB ER 24H, 600 MG TAB ER 24H) *oxcarbazepine*	L5	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pregabalin	*pregabalin (25 mg cap, 50 mg cap, 75 mg cap, 100 mg cap, 150 mg cap, 200 mg cap, 225 mg cap, 300 mg cap)*	L3	
pregabalin	*pregabalin 20 mg/ml solution*	L4	PA, QL (900 PER 30 DAY(S))
primidone	*primidone (50 mg tab, 250 mg tab)*	L2	
QUDEXY XR	QUDEXY XR (25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK, 150 MG CP24 SPRNK, 200 MG CP24 SPRNK) *topiramate*	L2	GA
relgaabi	*relgaabi (300 mg cap, 400 mg cap)*	L2	
roweepra	*roweepra 500 mg tab*	L2	
rufinamide	*rufinamide (200 mg tab, 400 mg tab)*	L3	QL (8 TAB PER DAY(S))
rufinamide	*rufinamide 40 mg/ml suspension*	L3	QL (80 ML PER DAY(S))
SPRITAM	SPRITAM (250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB) *levetiracetam*	L5	
subvenite	*subvenite (25 mg tab, 100 mg tab, 150 mg tab, 200 mg tab)*	L2	
TEGRETOL	TEGRETOL (100 MG/5ML SUSPENSION, 200 MG TAB) *carbamazepine*	L2	GA
TEGRETOL-XR	TEGRETOL-XR (200 MG TAB ER 12H, 400 MG TAB ER 12H) *carbamazepine*	L2	GA
TEGRETOL-XR	TEGRETOL-XR 100 MG TAB ER 12H *carbamazepine*	L5	GA
TOPAMAX	TOPAMAX (25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB) *topiramate*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOPAMAX SPRINKLE	TOPAMAX SPRINKLE (15 MG CAP SPRINK, 25 MG CAP SPRINK) *topiramate*	L2	GA
topiramate	*topiramate (15 mg cap sprink, 25 mg cap sprink, 25 mg tab, 50 mg tab, 100 mg tab, 200 mg tab)*	L2	
topiramate er	*topiramate er (er 25 mg cap er 24h, er 50 mg cap er 24h, er 100 mg cap er 24h, er 200 mg cap er 24h)*	L5	
topiramate er	*topiramate er (er 25 mg cp24 sprnk, er 50 mg cp24 sprnk, er 100 mg cp24 sprnk, er 150 mg cp24 sprnk, er 200 mg cp24 sprnk)*	L2	
TRILEPTAL	TRILEPTAL (150 MG TAB, 300 MG TAB, 300 MG/5ML SUSPENSION, 600 MG TAB) *oxcarbazepine*	L2	GA
TROKENDI XR	TROKENDI XR (25 MG CAP ER 24H, 50 MG CAP ER 24H, 100 MG CAP ER 24H, 200 MG CAP ER 24H) *topiramate*	L5	GA
VIMPAT	VIMPAT (10 MG/ML SOLUTION, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB) *lacosamide*	L4	GA
ZONEGRAN	ZONEGRAN (25 MG CAP, 100 MG CAP) *zonisamide*	L2	GA
zonisamide	*zonisamide (25 mg cap, 50 mg cap, 100 mg cap)*	L2	
ZTALMY	ZTALMY 50 MG/ML SUSPENSION *ganaxolone*	L5	PA, QL (36.7 PER 1 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIPARKINSON AND RELATED THERAPY AGENTS			
ANTIPARKINSON ANTICHOLINERGICS			
benztropine mesylate	*benztropine mesylate (0.5 mg tab, 1 mg tab, 2 mg tab)*	L2	
trihexyphenidyl hcl	*trihexyphenidyl hcl (0.4 mg/ml solution, 2 mg tab, 5 mg tab)*	L2	
CENTRAL/PERIPHERAL COMT INHIBITORS			
TASMAR	TASMAR 100 MG TAB *tolcapone*	L2	PA, GA
tolcapone	*tolcapone 100 mg tab*	L2	PA
PERIPHERAL COMT INHIBITORS			
COMTAN	COMTAN 200 MG TAB *entacapone*	L2	GA
entacapone	*entacapone 200 mg tab*	L2	
ONGENTYS	ONGENTYS 25 MG CAP *opicapone*	L4	PA, QL (1 PER 1 DAY(S))
ONGENTYS	ONGENTYS 50 MG CAP *opicapone*	L4	PA, QL (30 PER 30 DAY(S))
ANTIPARKINSON DOPAMINERGICS			
amantadine hcl	*amantadine hcl (50 mg/5ml solution, 100 mg cap, 100 mg tab, 100 mg/10ml solution)*	L2	
bromocriptine mesylate	*bromocriptine mesylate (2.5 mg tab, 5 mg cap)*	L2	
GOCOVRI	GOCOVRI (68.5 MG CAP ER 24H, 137 MG CAP ER 24H) *amantadine hcl*	L5	PA, QL (2 PER 1 DAY(S))
INBRIJA	INBRIJA 42 MG CAP *levodopa*	L5	PA, QL (10 CAP PER DAY(S)), S
PARLODEL	PARLODEL (2.5 MG TAB, 5 MG CAP) *bromocriptine mesylate*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NONERGOLINE DOPAMINE RECEPTOR AGONISTS			
MIRAPEX ER	MIRAPEX ER (ER 0.375 MG TAB ER 24H, ER 0.75 MG TAB ER 24H, ER 1.5 MG TAB ER 24H, ER 2.25 MG TAB ER 24H, ER 3 MG TAB ER 24H, ER 3.75 MG TAB ER 24H, ER 4.5 MG TAB ER 24H) *pramipexole dihydrochloride*	L2	PA, GA
NEUPRO	NEUPRO (1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR) *rotigotine*	L5	PA, QL (1 PER 1 DAY(S))
pramipexole dihydrochloride	*pramipexole dihydrochloride (0.125 mg tab, 0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab, 1.5 mg tab)*	L2	
pramipexole dihydrochloride er	*pramipexole dihydrochloride er (er 0.375 mg tab er 24h, er 0.75 mg tab er 24h, er 1.5 mg tab er 24h, er 2.25 mg tab er 24h, er 3 mg tab er 24h, er 3.75 mg tab er 24h, er 4.5 mg tab er 24h)*	L2	PA
ropinirole hcl	*ropinirole hcl (0.25 mg tab, 0.5 mg tab, 1 mg tab, 2 mg tab, 3 mg tab, 4 mg tab, 5 mg tab)*	L2	
ropinirole hcl er	*ropinirole hcl er (er 2 mg tab er 24h, er 12 mg tab er 24h)*	L2	PA, QL (2 PER 1 DAY(S))
ropinirole hcl er	*ropinirole hcl er (er 4 mg tab er 24h, er 6 mg tab er 24h, er 8 mg tab er 24h)*	L2	PA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LEVODOPA COMBINATIONS			
carbidopa-levodopa	*carbidopa-levodopa (10-100 mg tab disp, 25-100 mg tab disp, 25-250 mg tab disp)*	L3	
carbidopa-levodopa	*carbidopa-levodopa (10-100 mg tab, 25-100 mg tab, 25-250 mg tab)*	L2	
carbidopa-levodopa er	*carbidopa-levodopa er (er 25-100 mg tab er, er 50-200 mg tab er)*	L2	
carbidopa-levodopa-entacapone	*carbidopa-levodopa-entacapone (12.5-50-200 mg tab, 18.75-75-200 mg tab, 25-100-200 mg tab, 31.25-125-200 mg tab, 37.5-150-200 mg tab, 50-200-200 mg tab)*	L2	
DUOPA	DUOPA 4.63-20 MG/ML SUSPENSION *carbidopa-levodopa*	L5	S
RYTARY	RYTARY (23.75-95 MG CAP ER, 36.25-145 MG CAP ER, 48.75-195 MG CAP ER, 61.25-245 MG CAP ER) *carbidopa-levodopa*	L5	PA
SINEMET	SINEMET (10-100 MG TAB, 25-100 MG TAB) *carbidopa-levodopa*	L2	GA
STALEVO 100	STALEVO 100 25-100-200 MG TAB *carbidopa-levodopa-entacapone*	L2	GA
STALEVO 125	STALEVO 125 31.25-125-200 MG TAB *carbidopa-levodopa-entacapone*	L2	GA
STALEVO 150	STALEVO 150 37.5-150-200 MG TAB *carbidopa-levodopa-entacapone*	L2	GA
STALEVO 200	STALEVO 200 50-200-200 MG TAB *carbidopa-levodopa-entacapone*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
STALEVO 50	STALEVO 50 12.5-50-200 MG TAB *carbidopa-levodopa-entacapone*	L2	GA
STALEVO 75	STALEVO 75 18.75-75-200 MG TAB *carbidopa-levodopa-entacapone*	L2	GA
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS			
AZILECT	AZILECT (0.5 MG TAB, 1 MG TAB) *rasagiline mesylate*	L4	GA
rasagiline mesylate	*rasagiline mesylate (0.5 mg tab, 1 mg tab)*	L4	
selegiline hcl	*selegiline hcl (5 mg cap, 5 mg tab)*	L2	
XADAGO	XADAGO (50 MG TAB, 100 MG TAB) *safinamide mesylate*	L4	PA
ZELAPAR	ZELAPAR 1.25 MG TAB DISP *selegiline hcl*	L5	PA
DECARBOXYLASE INHIBITORS			
carbidopa	*carbidopa 25 mg tab*	L2	
LODOSYN	LODOSYN 25 MG TAB *carbidopa*	L2	GA
NEUROMUSCULAR AGENTS FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS			
SKYCLARYS	SKYCLARYS 50 MG CAP *omaveloxolone*	L5	PA, QL (3 PER DAY(S)), S
BENZATHIAZOLES			
RILUTEK	RILUTEK 50 MG TAB *riluzole*	L2	GA
riluzole	*riluzole 50 mg tab*	L2	
ALS AGENTS - MISCELLANEOUS			
RADICAVA ORS	RADICAVA ORS 105 MG/5ML SUSPENSION *edaravone*	L5	PA, S, QLV (Quantity Limit Varies)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RADICAVA ORS STARTER KIT	RADICAVA ORS STARTER KIT 105 MG/5ML SUSPENSION *edaravone*	L5	PA, S, QLV (Quantity Limit Varies)
RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS			
DAYBUE	DAYBUE 200 MG/ML SOLUTION *trofinetide*	L5	PA, QL (120 PER 1 DAY(S)), S
SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS			
EVRYSDI	EVRYSDI 0.75 MG/ML RECON SOLN *risdiplam*	L4	PA, QL (120 PER 24 DAY(S)), S
MUSCULOSKELETAL THERAPY AGENTS CENTRAL MUSCLE RELAXANTS			
baclofen	*baclofen (5 mg tab, 10 mg tab, 20 mg tab)*	L2	
baclofen	*baclofen 25 mg/5ml suspension*	L5	PA, QL (16 PER 1 DAY(S))
carisoprodol	*carisoprodol (250 mg tab, 350 mg tab)*	L2	
chlorzoxazone	*chlorzoxazone (375 mg tab, 750 mg tab)*	L5	
chlorzoxazone	*chlorzoxazone 500 mg tab*	L2	
cyclobenzaprine hcl	*cyclobenzaprine hcl (5 mg tab, 10 mg tab)*	L2	
FLEQSUVY	FLEQSUVY 25 MG/5ML SUSPENSION *baclofen*	L5	PA, QL (16 PER 1 DAY(S)), GA
lorzone	*lorzone (375 mg tab, 750 mg tab)*	L5	
metaxalone	*metaxalone (400 mg tab, 800 mg tab)*	L2	
methocarbamol	*methocarbamol (500 mg tab, 750 mg tab)*	L2	
orphenadrine citrate er	*orphenadrine citrate er 100 mg tab er 12h*	L2	
SOMA	SOMA (250 MG TAB, 350 MG TAB) *carisoprodol*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
tizanidine hcl	*tizanidine hcl (2 mg tab, 4 mg tab)*	L2	
vanadom	*vanadom 350 mg tab*	L2	
ZANAFLEX	ZANAFLEX 4 MG TAB *tizanidine hcl*	L2	GA
DIRECT MUSCLE RELAXANTS			
DANTRIUM	DANTRIUM 25 MG CAP *dantrolene sodium*	L2	GA
dantrolene sodium	*dantrolene sodium (25 mg cap, 50 mg cap, 100 mg cap)*	L2	
RETINOIC ACID RECEPTOR GAMMA SELECTIVE AGONISTS			
SOHONOS	SOHONOS (1 MG CAP, 5 MG CAP) *palovarotene*	L5	PA, QL (1 PER DAY(S)), S
SOHONOS	SOHONOS (1.5 MG CAP, 10 MG CAP) *palovarotene*	L5	PA, QL (2 PER DAY(S)), S
SOHONOS	SOHONOS 2.5 MG CAP *palovarotene*	L5	PA, QL (3 PER DAY(S)), S
MUSCLE RELAXANT COMBINATIONS			
CARISOPRODOL-ASPIRIN-CODEINE	CARISOPRODOL-ASPIRIN-CODEINE 200-325-16 MG TAB *carisoprodol w/ aspirin & codeine*	L2	
ANTIMYASTHENIC/CHOLINERGIC AGENTS			
FIRDAPSE	FIRDAPSE 10 MG TAB *amifampridine phosphate*	L5	PA, QL (8 PER 1 DAY(S)), S
MESTINON	MESTINON (60 MG TAB, 180 MG TAB ER) *pyridostigmine bromide*	L2	GA
MESTINON	MESTINON 60 MG/5ML SOLUTION *pyridostigmine bromide*	L5	GA
pyridostigmine bromide	*pyridostigmine bromide 60 mg tab*	L2	
pyridostigmine bromide	*pyridostigmine bromide 60 mg/5ml solution*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
pyridostigmine bromide er	*pyridostigmine bromide er 180 mg tab er*	L2	
VITAMINS VITAMIN D			
DRISDOL	DRISDOL 1.25 MG (50000 UT) CAP *ergocalciferol*	L2	GA
ergocalciferol	*ergocalciferol 1.25 mg (50000 ut) cap*	L2	
vitamin d (ergocalciferol)	*vitamin d (ergocalciferol) (1.25 mg (50000 ut) cap, 50000 unit cap)*	L2	
VITAMIN K			
MEPHYTON	MEPHYTON 5 MG TAB *phytonadione*	L3	GA
phytonadione	*phytonadione 5 mg tab*	L3	
MULTIVITAMINS PRENATAL MV & MIN W/FE-FA			
ATABEX EC	ATABEX EC 29-1 MG TAB DR *prenatal vit w/ docusate-iron carbonyl-folic acid*	L3	
ATABEX OB	ATABEX OB 29-1 MG TAB *prenatal vit w/ fe bisglycinate chelate-folic acid*	L3	
CO-NATAL FA	CO-NATAL FA TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
COMPLETENATE	COMPLETENATE 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
CONCEPT OB	CONCEPT OB 130-92.4-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FOLIVANE-OB	FOLIVANE-OB 85-1 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	L3	
INATAL GT	INATAL GT TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	L3	
MATRIAPRO	MATRIAPRO 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
NATALCHEW	NATALCHEW 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
NATALCORE	NATALCORE 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
NATALVIT	NATALVIT TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
NUTRICHEW	NUTRICHEW 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
OBSTETRIX EC (WITH DOCUSATE)	OBSTETRIX EC (WITH DOCUSATE) 29-1 MG TAB *prenatal vit w/ docusate-iron carbonyl-folic acid*	L3	
PNV 27-CA/FE/FA	PNV 27-CA/FE/FA 60-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
PNV PRENATAL PLUS MULTIVIT+DHA	PNV PRENATAL PLUS MULTIVIT+DHA 27-1 & 312 MG MISC *prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*	L3	
PRENACHEW	PRENACHEW 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRENACORE	PRENACORE 29-1 MG CHEW TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
PRENATABS FA	PRENATABS FA 29-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
PRENATAL 19	PRENATAL 19 (19CHEWTAB, 19TAB, 1929-1MGCHEWTAB, 1929-1MGTAB) *prenatal vit w/ docusate-fe fumarate-folic acid*	L3	
PRENATAL-U	PRENATAL-U 106.5-1 MG CAP *prenatal without a vit w/ fe fumarate-folic acid*	L3	
PROVIDA OB	PROVIDA OB 20-20-1.25 MG CAP *prenatal without a vit w/ fe fum-iron polysacch complex -fa*	L3	
SE-NATAL 19	SE-NATAL 19 (19 MG CHEW TAB, 19 MG TAB) *prenatal vit w/ docusate-fe fumarate-folic acid*	L3	
THRIVITE RX	THRIVITE RX 29-1 MG TAB *prenatal vit w/ iron carbonyl-folic acid*	L3	
TRINATAL RX 1	TRINATAL RX 1 60-1 MG TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
TRINATE	TRINATE TAB *prenatal vit w/ ferrous fumarate-folic acid*	L3	
PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL			
COMPLETE NATAL DHA	COMPLETE NATAL DHA 29-1-200 & 200 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
WESNATAL DHA COMPLETE	WESNATAL DHA COMPLETE 29-1-200 & 200 MG MISC *prenatal mv & min w/fe bisglyc-fe prot succ-fa-ca-omega 3*	L3	
PRENATAL MV & MIN W/FE-FA-DHA			
OBSTETRIX DHA	OBSTETRIX DHA 29-1 & 350 MG MISC *prenatal mv & min w/fe carbonyl-fa-dha*	L3	
MINERALS & ELECTROLYTES BICARBONATES			
SODIUM BICARBONATE	SODIUM BICARBONATE (4.2 % SOLUTION, 7.5 % SOLUTION) *sodium bicarbonate*	L2	
PHOSPHATE			
K-PHOS	K-PHOS 500 MG TAB *potassium phosphate monobasic*	L4	
K-PHOS-NEUTRAL	K-PHOS-NEUTRAL 155-852-130 MG TAB *pot phosphate monobasic w/ sod phosphate dibasic & monobasic*	L2	
PHOSPHA 250 NEUTRAL	PHOSPHA 250 NEUTRAL 155-852-130 MG TAB *pot phosphate monobasic w/ sod phosphate dibasic & monobasic*	L2	
PHOSPHO-TRIN 250 NEUTRAL	PHOSPHO-TRIN 250 NEUTRAL 155-852-130 MG TAB *pot phosphate monobasic w/ sod phosphate dibasic & monobasic*	L2	
PHOSPHO-TRIN K500	PHOSPHO-TRIN K500 500 MG TAB *potassium phosphate monobasic*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PHOSPHOROUS	PHOSPHOROUS 155-852-130 MG TAB *pot phosphate monobasic w/ sod phosphate dibasic & monobasic*	L2	
POTASSIUM			
K-TAB	K-TAB (10 TAB ER, 20 TAB ER) *potassium chloride*	L2	GA
klor-con	*klor-con (8 tab er, 20 packet)*	L2	
klor-con 10	*klor-con 10 10 meq tab er*	L2	
klor-con m10	*klor-con m10 10 meq tab er*	L2	
klor-con m15	*klor-con m15 15 meq tab er*	L2	
klor-con m20	*klor-con m20 20 meq tab er*	L2	
potassium chloride	*potassium chloride (10 % solution, 20 meq packet, 20 meq/15ml (10%) solution, 40 meq/15ml (20%) solution)*	L2	
potassium chloride crys er	*potassium chloride crys er (crys er 10 tab er, crys er 15 tab er, crys er 20 tab er)*	L2	
potassium chloride er	*potassium chloride er (er 8 cap er, er 8 tab er, er 10 cap er, er 10 tab er, er 20 tab er)*	L2	
POTASSIUM COMBINATIONS			
EFFER-K	EFFER-K (10 EFFER TAB, 20 EFFER TAB) *potassium bicarbonate-citric acid*	L5	
SODIUM			
AQUASTAT	AQUASTAT 0.9 % SOLUTION *sodium chloride flush*	L2	
AQUASTAT SFR	AQUASTAT SFR 0.9 % SOLUTION *sodium chloride flush*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BD POSIFLUSH	BD POSIFLUSH 0.9 % SOLUTION *sodium chloride flush*	L2	
BD POSIFLUSH SAFESCRUB	BD POSIFLUSH SAFESCRUB 0.9 % SOLUTION *sodium chloride flush*	L2	
MONOJECT FLUSH SYRINGE	MONOJECT FLUSH SYRINGE 0.9 % SOLUTION *sodium chloride flush*	L2	
MONOJECT SODIUM CHLORIDE FLUSH	MONOJECT SODIUM CHLORIDE FLUSH 0.9 % SOLUTION *sodium chloride flush*	L2	
NORMAL SALINE FLUSH	NORMAL SALINE FLUSH 0.9 % SOLUTION *sodium chloride flush*	L2	
SALINE FLUSH	SALINE FLUSH 0.9 % SOLUTION *sodium chloride flush*	L2	
sodium chloride	*sodium chloride (0.9 % solution, 4 meq/ml solution)*	L2	
sodium chloride (pf)	*sodium chloride (pf) 0.9 % solution*	L2	
SODIUM CHLORIDE FLUSH	SODIUM CHLORIDE FLUSH 0.9 % SOLUTION *sodium chloride flush*	L2	
NUTRIENTS LIPIDS			
DOJOLVI	DOJOLVI 100 % LIQUID *triheptanoin*	L4	PA, S
HEMATOPOIETIC AGENTS COBALAMINS			
cyanocobalamin	*cyanocobalamin 1000 mcg/ml solution*	L2	
dodex	*dodex 1000 mcg/ml solution*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)			
ARANESP (ALBUMIN FREE)	ARANESP (ALBUMIN FREE) (10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 500 MCG/ML SOLN PRSYR) *darbepoetin alfa*	L4	S
EPOGEN	EPOGEN (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION) *epoetin alfa*	L4	PA, S, MN-PA (Medically Necessary Prior Authorization)
PROCRIT	PROCRIT (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION, 40000 SOLUTION) *epoetin alfa*	L4	PA, S, MN-PA (Medically Necessary Prior Authorization)
RETACRIT	RETACRIT (2000 SOLUTION, 3000 SOLUTION, 4000 SOLUTION, 10000 SOLUTION, 20000 SOLUTION, 40000 SOLUTION) *epoetin alfa-epbx*	L3	S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)			
GRANIX	GRANIX (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) *tbo-filgrastim*	L3	PA, S, MN-PA (Medically Necessary Prior Authorization)
NEULASTA	NEULASTA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim*	L3	QL (2 PER 28 DAY(S)), S
NEULASTA ONPRO	NEULASTA ONPRO 6 MG/0.6ML SOLN PRSYR *pegfilgrastim*	L3	S
NIVESTYM	NIVESTYM (300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION) *filgrastim-aafi*	L3	S
NYVEPRIA	NYVEPRIA 6 MG/0.6ML SOLN PRSYR *pegfilgrastim-apgf*	L3	QL (2 PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
ZARXIO	ZARXIO (300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR) *filgrastim-sndz*	L3	S
GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)			
LEUKINE	LEUKINE 250 MCG RECON SOLN *sargramostim*	L3	PA, S, MN-PA (Medically Necessary Prior Authorization)
THROMBOPOIETIN (TPO) RECEPTOR AGONISTS			
DOPTELET	DOPTELET 20 MG TAB *avatrombopag maleate*	L4	PA, QL (60 PER 30 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
MULPLETA	MULPLETA 3 MG TAB *lusutrombopag*	L4	PA, QL (7 PER 14 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROMACTA	PROMACTA (12.5 MG PACKET, 25 MG PACKET) *eltrombopag olamine*	L3	QL (3 PACKET PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
PROMACTA	PROMACTA (25 MG TAB, 50 MG TAB) *eltrombopag olamine*	L3	QL (3 TAB PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
PROMACTA	PROMACTA 12.5 MG TAB *eltrombopag olamine*	L3	QL (1 TAB PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
PROMACTA	PROMACTA 75 MG TAB *eltrombopag olamine*	L3	QL (2 TAB PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
CXCR4 RECEPTOR ANTAGONIST			
XOLREMDI	XOLREMDI 100 MG CAP *mavorixafor*	L5	PA, QL (4 CAPS PER 1 DAY(S)), S
AGENTS FOR GAUCHER DISEASE			
CERDELGA	CERDELGA 84 MG CAP *eliglustat tartrate*	L4	PA, QL (2 PER 1 DAY), S
miglustat	*miglustat 100 mg cap*	L4	PA, QL (3 PER 1 DAY(S)), S
yargesa	*yargesa 100 mg cap*	L4	PA, QL (3 PER 1 DAY(S)), S
ZAVESCA	ZAVESCA 100 MG CAP *miglustat*	L4	PA, QL (3 PER 1 DAY(S)), S, GA
CYTOTOXIC AGENTS			
DROXIA	DROXIA (200 MG CAP, 300 MG CAP, 400 MG CAP) *hydroxyurea (sickle cell disease)*	L4	
SIKLOS	SIKLOS (100 MG TAB, 1000 MG TAB) *hydroxyurea (sickle cell anemia)*	L5	
HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS			
OXBRYTA	OXBRYTA 300 MG TAB *voxelotor*	L5	PA, QL (3 PER DAY(S)), S
OXBRYTA	OXBRYTA 300 MG TAB SOL *voxelotor*	L5	PA, QL (5 PER 1 DAY(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OXBRYTA	OXBRYTA 500 MG TAB *voxelotor*	L5	PA, QL (84 PER 28 DAY(S)), S, PA-QL (140/28 days)
ANTICOAGULANTS HEPARINS AND HEPARINOID-LIKE AGENTS			
BD HEPARIN POSIFLUSH	BD HEPARIN POSIFLUSH (10 SOLUTION, 100 SOLUTION) *heparin sodium (porcine) lock flush*	L2	
HEPARIN NA (PORK) LOCK FLSH PF	HEPARIN NA (PORK) LOCK FLSH PF (PF 1 SOLUTION, PF 10 SOLUTION, PF 100 SOLUTION) *heparin sodium (porcine) lock flush*	L2	
HEPARIN SOD (PORK) LOCK FLUSH	HEPARIN SOD (PORK) LOCK FLUSH (10 SOLUTION, 100 SOLUTION) *heparin sodium (porcine) lock flush*	L2	
heparin sodium (porcine)	*heparin sodium (porcine) (5000 solution, 10000 solution)*	L2	
heparin sodium (porcine) pf	*heparin sodium (porcine) pf 5000 unit/0.5ml solution*	L2	
LOW MOLECULAR WEIGHT HEPARINS			
enoxaparin sodium	*enoxaparin sodium (30 mg/0.3ml soln prsyr, 40 mg/0.4ml soln prsyr, 60 mg/0.6ml soln prsyr, 80 mg/0.8ml soln prsyr, 100 mg/ml soln prsyr, 120 mg/0.8ml soln prsyr, 150 mg/ml soln prsyr, 300 mg/3ml solution)*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FRAGMIN	FRAGMIN (2500 UNIT/0.2ML SOLN PRSYR, 5000 UNIT/0.2ML SOLN PRSYR, 7500 UNIT/0.3ML SOLN PRSYR, 10000 UNIT/4ML SOLUTION, 10000 UNIT/ML SOLN PRSYR, 12500 UNIT/0.5ML SOLN PRSYR, 15000 UNIT/0.6ML SOLN PRSYR, 18000 UNT/0.72ML SOLN PRSYR, 95000 UNIT/3.8ML SOLUTION) *dalteparin sodium*	L3	
LOVENOX	LOVENOX (30 MG/0.3ML SOLN PRSYR, 40 MG/0.4ML SOLN PRSYR, 60 MG/0.6ML SOLN PRSYR, 80 MG/0.8ML SOLN PRSYR, 100 MG/ML SOLN PRSYR, 120 MG/0.8ML SOLN PRSYR, 150 MG/ML SOLN PRSYR, 300 MG/3ML SOLUTION) *enoxaparin sodium*	L3	GA
SYNTHETIC HEPARINOID-LIKE AGENTS			
ARIXTRA	ARIXTRA (2.5 MG/0.5ML SOLUTION, 5 MG/0.4ML SOLUTION, 7.5 MG/0.6ML SOLUTION, 10 MG/0.8ML SOLUTION) *fondaparinux sodium*	L3	GA
fondaparinux sodium	*fondaparinux sodium (2.5 mg/0.5ml solution, 5 mg/0.4ml solution, 7.5 mg/0.6ml solution, 10 mg/0.8ml solution)*	L3	
COUMARIN ANTICOAGULANTS			
jantoven	*jantoven (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
warfarin sodium	*warfarin sodium (1 mg tab, 2 mg tab, 2.5 mg tab, 3 mg tab, 4 mg tab, 5 mg tab, 6 mg tab, 7.5 mg tab, 10 mg tab)*	L2	
THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE			
dabigatran etexilate mesylate	*dabigatran etexilate mesylate (75 mg cap, 110 mg cap)*	L4	
dabigatran etexilate mesylate	*dabigatran etexilate mesylate 110 mg cap*	L1	
dabigatran etexilate mesylate	*dabigatran etexilate mesylate 150 mg cap*	L4	PA
PRADAXA	PRADAXA (30 MG PACKET, 40 MG PACKET, 50 MG PACKET, 110 MG PACKET) *dabigatran etexilate mesylate*	L4	PA, QL (4 PER 1 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
PRADAXA	PRADAXA (75 MG CAP, 150 MG CAP) *dabigatran etexilate mesylate*	L4	PA, MN-PA (Medically Necessary Prior Authorization), GA
PRADAXA	PRADAXA 110 MG CAP *dabigatran etexilate mesylate*	L4	PA, GA
PRADAXA	PRADAXA 150 MG PACKET *dabigatran etexilate mesylate*	L4	PA, QL (2 PER 1 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
PRADAXA	PRADAXA 20 MG PACKET *dabigatran etexilate mesylate*	L4	PA, QL (1 PER 1 DAY(S)), MN-PA (Medically Necessary Prior Authorization)
DIRECT FACTOR XA INHIBITORS			
ELIQUIS	ELIQUIS (2.5 MG TAB, 5 MG TAB) *apixaban*	L3	
ELIQUIS DVT/PE STARTER PACK	ELIQUIS DVT/PE STARTER PACK 5 MG TAB THPK *apixaban*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
XARELTO	XARELTO (1 MG/ML RECON SUSP, 2.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB) *rivaroxaban*	L3	
XARELTO STARTER PACK	XARELTO STARTER PACK 15 & 20 MG TAB THPK *rivaroxaban*	L3	
HEMOSTATICS HEMOSTATICS - SYSTEMIC			
AMICAR	AMICAR (500 MG TAB, 1000 MG TAB) *aminocaproic acid*	L4	GA
AMICAR	AMICAR 0.25 GM/ML SOLUTION *aminocaproic acid*	L5	GA
aminocaproic acid	*aminocaproic acid (500 mg tab, 1000 mg tab)*	L4	
aminocaproic acid	*aminocaproic acid 0.25 gm/ml solution*	L5	
LYSTEDA	LYSTEDA 650 MG TAB *tranexamic acid*	L2	GA
tranexamic acid	*tranexamic acid 650 mg tab*	L2	
HEMATOLOGICAL AGENTS - MISC. PLATELET AGGREGATION INHIBITORS			
dipyridamole	*dipyridamole (25 mg tab, 50 mg tab, 75 mg tab)*	L2	
DURLAZA	DURLAZA 162.5 MG CAP ER 24H *aspirin (platelet aggregation inhibitor)*	L5	
ANTI-VON WILLEBRAND FACTOR AGENTS			
CABLIVI	CABLIVI 11 MG KIT *caplacizumab-yhdp*	L4	S
PHOSPHODIESTERASE III INHIBITORS			
cilostazol	*cilostazol (50 mg tab, 100 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS			
ZONTIVITY	ZONTIVITY 2.08 MG TAB *vorapaxar sulfate*	L5	
QUINAZOLINE AGENTS			
AGRYLIN	AGRYLIN 0.5 MG CAP *anagrelide hcl*	L2	GA
anagrelide hcl	*anagrelide hcl (0.5 mg cap, 1 mg cap)*	L2	
THIENOPYRIDINE DERIVATIVES			
clopidogrel bisulfate	*clopidogrel bisulfate (75 mg tab, 300 mg tab)*	L2	
EFFIENT	EFFIENT 10 MG TAB *prasugrel hcl*	L3	GA
EFFIENT	EFFIENT 5 MG TAB *prasugrel hcl*	L4	GA
PLAVIX	PLAVIX 75 MG TAB *clopidogrel bisulfate*	L2	GA
prasugrel hcl	*prasugrel hcl 10 mg tab*	L3	
prasugrel hcl	*prasugrel hcl 5 mg tab*	L4	
DIRECT-ACTING P2Y12 INHIBITORS			
BRILINTA	BRILINTA (60 MG TAB, 90 MG TAB) *ticagrelor*	L3	
PLATELET AGGREGATION INHIBITOR COMBINATIONS			
aspirin-dipyridamole er	*aspirin-dipyridamole er 25-200 mg cap er 12h*	L2	
HEMATORHEOLOGIC AGENTS			
pentoxifylline er	*pentoxifylline er 400 mg tab er*	L2	
SPLEEN TYROSINE KINASE (SYK) INHIBITORS			
TAVALISSE	TAVALISSE (100 MG TAB, 150 MG TAB) *fostamatinib disodium*	L5	PA, QL (2 PER DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
C1 ESTERASE INHIBITORS			
HAEGARDA	HAEGARDA (2000 RECON SOLN, 3000 RECON SOLN) c1 esterase inhibitor (human)	L4	PA, QL (20 VIALS PER 30 DAY(S)), S
COMPLEMENT C5A RECEPTOR INHIBITORS			
TAVNEOS	TAVNEOS 10 MG CAP *avacopan*	L5	PA, QL (180 PER 30 DAY(S)), S
COMPLEMENT FACTOR D INHIBITORS			
VOYDEYA	VOYDEYA (50 & 100 MG TAB THPK, 100 MG TAB) *danicopan*	L5	PA, QL (180 TAB PER 30 DAY(S)), S
BRADYKININ B2 RECEPTOR ANTAGONISTS			
icatibant acetate	*icatibant acetate 30 mg/3ml soln prsyr*	L4	PA, QL (15 PER 30 DAY(S)), S
sajazir	*sajazir 30 mg/3ml soln prsyr*	L4	PA, QL (15 PER 30 DAY(S)), S
PLASMA KALLIKREIN INHIBITORS			
ORLADEYO	ORLADEYO (110 MG CAP, 150 MG CAP) *berotralstat hcl*	L4	PA, QL (30 PER 30 DAY(S)), S
PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES			
TAKHZYRO	TAKHZYRO (150 MG/ML SOLN PRSYR, 300 MG/2ML SOLN PRSYR, 300 MG/2ML SOLUTION) *lanadelumab-flyo*	L4	PA, QL (2 PER 28 DAY(S)), S
PYRUVATE KINASE ACTIVATORS			
PYRUKYND	PYRUKYND (5 MG TAB, 20 MG TAB, 50 MG TAB) *mitapivat sulfate*	L5	PA, QL (2 PER 1 DAY(S)), S
PYRUKYND TAPER PACK	PYRUKYND TAPER PACK (PACK 7 20 MG 7 5 MG TAB THPK, PACK 7 50 MG 7 20 MG TAB THPK) *mitapivat sulfate*	L5	PA, QL (1 PER 2 WEEK(S)), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PYRUKYND TAPER PACK	PYRUKYND TAPER PACK 5 MG TAB THPK *mitapivat sulfate*	L5	PA, QL (1 PER 1 WEEK(S)), S
OPHTHALMIC AGENTS OPHTHALMIC ANTIBIOTICS			
AZASITE	AZASITE 1 % SOLUTION *azithromycin (ophth)*	L4	
BACITRACIN	BACITRACIN 500 UNIT/GM OINTMENT *bacitracin (ophthalmic)*	L2	
BESIVANCE	BESIVANCE 0.6 % SUSPENSION *besifloxacin hcl*	L4	
CILOXAN	CILOXAN 0.3 % OINTMENT *ciprofloxacin hcl (ophth)*	L4	
ciprofloxacin hcl	*ciprofloxacin hcl 0.3 % solution*	L2	
erythromycin	*erythromycin 5 mg/gm ointment*	L2	
gatifloxacin	*gatifloxacin 0.5 % solution*	L2	
GENTAK	GENTAK 0.3 % OINTMENT *gentamicin sulfate (ophth)*	L2	
gentamicin sulfate	*gentamicin sulfate 0.3 % solution*	L2	
KLARITY-A	KLARITY-A 1 % SOLUTION *azithromycin (ophth)*	L4	
levofloxacin	*levofloxacin (0.5 % solution, 1.5 % solution)*	L2	
MOXIFLOXACIN HCL (2X DAY)	MOXIFLOXACIN HCL (2X DAY) 0.5 % SOLUTION *moxifloxacin hcl (ophth)*	L4	
moxifloxacin hcl	*moxifloxacin hcl 0.5 % solution*	L4	
OCUFLOX	OCUFLOX 0.3 % SOLUTION *ofloxacin (ophth)*	L2	GA
ofloxacin	*ofloxacin 0.3 % solution*	L2	
tobramycin	*tobramycin 0.3 % solution*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TOBREX	TOBREX 0.3 % OINTMENT *tobramycin (ophth)*	L4	
VIGAMOX	VIGAMOX 0.5 % SOLUTION *moxifloxacin hcl (ophth)*	L4	GA
ZYMAXID	ZYMAXID 0.5 % SOLUTION *gatifloxacin (ophth)*	L2	GA
OPHTHALMIC SULFONAMIDES			
sulfacetamide sodium	*sulfacetamide sodium (10 % ointment, 10 % solution)*	L2	
OPHTHALMIC ANTIVIRALS			
TRIFLURIDINE	TRIFLURIDINE 1 % SOLUTION *trifluridine*	L2	
ZIRGAN	ZIRGAN 0.15 % GEL *ganciclovir ophthalmic*	L5	
OPHTHALMIC ANTIFUNGAL			
NATACYN	NATACYN 5 % SUSPENSION *natamycin*	L4	
OPHTHALMIC ANTISEPTICS			
BETADINE OPHTHALMIC PREP	BETADINE OPHTHALMIC PREP 5 % SOLUTION *povidone-iodine (ophth)*	L4	
POVIDONE-IODINE	POVIDONE-IODINE 5 % SOLUTION *povidone-iodine (ophth)*	L4	
OPHTHALMIC ECTOPARASITICIDE			
XDEMVY	XDEMVY 0.25 % SOLUTION *lotilaner*	L4	QL (1 PER 180 DAY(S))
OPHTHALMIC ANTI-INFECTIVE COMBINATIONS			
ak-poly-bac	*ak-poly-bac 500-10000 unit/gm ointment*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BACITRACIN-POLYMYXIN B	BACITRACIN-POLYMYXIN B 500-10000 UNIT/GM OINTMENT *bacitracin-polymyxin b (ophth)*	L2	GA
neo-polycin	*neo-polycin 3.5-400-10000 ointment*	L2	
neomycin-bacitracin zn-polymyx	*neomycin-bacitracin zn-polymyx (3.5-400-10000ointment, 5-400-10000ointment)*	L2	
NEOMYCIN-POLYMYXIN-GRAMICIDIN	NEOMYCIN-POLYMYXIN-GRAMICIDIN 1.75-10000-.025 SOLUTION *neomycin-polymyxin-gramicidin*	L2	
polycin	*polycin 500-10000 unit/gm ointment*	L2	
polymyxin b-trimethoprim	*polymyxin b-trimethoprim 10000-0.1 unit/ml-% solution*	L2	
ARTIFICIAL TEAR INSERTS			
LACRISERT	LACRISERT 5 MG INSERT *artificial tear insert*	L4	
BETA-BLOCKERS - OPHTHALMIC			
betaxolol hcl	*betaxolol hcl 0.5 % solution*	L2	
BETIMOL	BETIMOL (0.25 % SOLUTION, 0.5 % SOLUTION) *timolol*	L3	GA
BETOPTIC-S	BETOPTIC-S 0.25 % SUSPENSION *betaxolol hcl (ophth)*	L3	
CARTEOLOL HCL	CARTEOLOL HCL 1 % SOLUTION *carteolol hcl (ophth)*	L2	
ISTALOL	ISTALOL 0.5 % SOLUTION *timolol maleate (ophth)*	L4	GA
LEVOBUNOLOL HCL	LEVOBUNOLOL HCL 0.5 % SOLUTION *levobunolol hcl*	L2	
timolol hemihydrate	*timolol hemihydrate 0.5 % solution*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
timolol maleate	*timolol maleate (0.25 % gel f soln, 0.25 % solution, 0.5 % gel f soln, 0.5 % solution)*	L2	
timolol maleate (once-daily)	*timolol maleate (once-daily) 0.5 % solution*	L4	
timolol maleate ocudose	*timolol maleate ocudose 0.5 % solution*	L5	
timolol maleate pf	*timolol maleate pf (pf 0.25 % solution, pf 0.5 % solution)*	L5	
TIMOPTIC	TIMOPTIC (0.25 % SOLUTION, 0.5 % SOLUTION) *timolol maleate (ophth)*	L2	GA
TIMOPTIC OCUDOSE	TIMOPTIC OCUDOSE (0.25 % SOLUTION, 0.5 % SOLUTION) *timolol maleate (ophth)*	L5	GA
TIMOPTIC-XE	TIMOPTIC-XE (0.25 % GEL F SOLN, 0.5 % GEL F SOLN) *timolol maleate (ophth)*	L2	GA
BETA-BLOCKERS - OPHTHALMIC COMBINATIONS			
brimonidine tartrate-timolol	*brimonidine tartrate-timolol 0.2-0.5 % solution*	L5	
COMBIGAN	COMBIGAN 0.2-0.5 % SOLUTION *brimonidine tartrate-timolol maleate*	L5	GA
COSOPT	COSOPT 22.3-6.8 MG/ML SOLUTION *dorzolamide hcl-timolol maleate*	L2	GA
COSOPT PF	COSOPT PF 2-0.5 % SOLUTION *dorzolamide hcl-timolol maleate*	L5	GA
dorzolamide hcl-timolol mal	*dorzolamide hcl-timolol mal (2-0.5 % solution, 22.3-6.8 mg/ml solution)*	L2	
dorzolamide hcl-timolol mal pf	*dorzolamide hcl-timolol mal pf 2-0.5 % solution*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC STEROIDS			
ALREX	ALREX 0.2 % SUSPENSION *loteprednol etabonate*	L4	PA, GA
DEXAMETHASONE SODIUM PHOSPHATE	DEXAMETHASONE SODIUM PHOSPHATE 0.1 % SOLUTION *dexamethasone sodium phosphate (ophth)*	L2	
difluprednate	*difluprednate 0.05 % emulsion*	L4	
DUREZOL	DUREZOL 0.05 % EMULSION *difluprednate*	L4	GA
FLAREX	FLAREX 0.1 % SUSPENSION *fluorometholone acetate*	L4	
fluorometholone	*fluorometholone 0.1 % suspension*	L2	
FML	FML 0.1 % OINTMENT *fluorometholone (ophth)*	L4	
FML FORTE	FML FORTE 0.25 % SUSPENSION *fluorometholone (ophth)*	L5	
FML LIQUIFILM	FML LIQUIFILM 0.1 % SUSPENSION *fluorometholone (ophth)*	L2	GA
INVELTYS	INVELTYS 1 % SUSPENSION *loteprednol etabonate*	L5	
LOTEMAX	LOTEMAX (0.5 % GEL, 0.5 % OINTMENT, 0.5 % SUSPENSION) *loteprednol etabonate*	L4	GA
LOTEMAX SM	LOTEMAX SM 0.38 % GEL *loteprednol etabonate*	L4	
loteprednol etabonate	*loteprednol etabonate (0.5 % gel, 0.5 % suspension)*	L4	
loteprednol etabonate	*loteprednol etabonate 0.2 % suspension*	L4	PA
MAXIDEX	MAXIDEX 0.1 % SUSPENSION *dexamethasone (ophth)*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRED FORTE	PRED FORTE 1 % SUSPENSION *prednisolone acetate (ophth)*	L2	GA
PRED MILD	PRED MILD 0.12 % SUSPENSION *prednisolone acetate (ophth)*	L4	
prednisolone acetate	*prednisolone acetate 1 % suspension*	L2	
PREDNISOLONE SODIUM PHOSPHATE	PREDNISOLONE SODIUM PHOSPHATE 1 % SOLUTION *prednisolone sodium phosphate (ophth)*	L2	
OPHTHALMIC STEROID COMBINATIONS			
bacitra-neomycin-polymyxin-hc	*bacitra-neomycin-polymyxin-hc 1 % ointment*	L2	
BLEPHAMIDE S.O.P.	BLEPHAMIDE S.O.P. 10-0.2 % OINTMENT *sulfacetamide sod-prednisolone*	L4	
MAXITROL	MAXITROL (0.1 % SUSPENSION, 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION) *neomycin-polymy-dexameth*	L2	GA
neo-polycin hc	*neo-polycin hc 1 % ointment*	L2	
neomycin-polymyxin-dexameth	*neomycin-polymyxin-dexameth (0.1 % suspension, 3.5-10000-0.1 ointment, 3.5-10000-0.1 suspension)*	L2	
NEOMYCIN-POLYMYXIN-HC	NEOMYCIN-POLYMYXIN-HC 3.5-10000-1 SUSPENSION *neomycin-polymyxin-hc (ophth)*	L2	
PRED-G	PRED-G 0.3-1 % SUSPENSION *gentamicin-prednisolone acetate*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRED-G S.O.P.	PRED-G S.O.P. 0.3-0.6 % OINTMENT *gentamicin-prednisolone acetate*	L4	
PREDNISOLON-MOXIFLOX-KETOROLAC	PREDNISOLON-MOXIFLOX-KETOROLAC 1-0.5-0.5 % SOLUTION *prednisolone-moxifloxacin-ketorolac*	L4	
SULFACETAMIDE-PREDNISOLONE	SULFACETAMIDE-PREDNISOLONE 10-0.23 % SOLUTION *sulfacetamide sod-prednisolone*	L2	
TOBRADEX	TOBRADEX 0.3-0.1 % OINTMENT *tobramycin-dexamethasone*	L4	
TOBRADEX	TOBRADEX 0.3-0.1 % SUSPENSION *tobramycin-dexamethasone*	L2	GA
TOBRADEX ST	TOBRADEX ST 0.3-0.05 % SUSPENSION *tobramycin-dexamethasone*	L5	
tobramycin-dexamethasone	*tobramycin-dexamethasone 0.3-0.1 % suspension*	L2	
ZYLET	ZYLET 0.5-0.3 % SUSPENSION *loteprednol etabonate-tobramycin*	L4	
PROSTAGLANDINS - OPHTHALMIC			
BIMATOPROST	BIMATOPROST 0.01 % SOLUTION *bimatoprost*	L3	
bimatoprost	*bimatoprost 0.03 % solution*	L2	
latanoprost	*latanoprost 0.005 % solution*	L2	
LUMIGAN	LUMIGAN 0.01 % SOLUTION *bimatoprost*	L3	
tafluprost (pf)	*tafluprost (pf) 0.0015 % solution*	L5	
TRAVATAN Z	TRAVATAN Z 0.004 % SOLUTION *travoprost*	L5	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
travoprost (bak free)	*travoprost (bak free) 0.004 % solution*	L5	
VYZULTA	VYZULTA 0.024 % SOLUTION *latanoprostene bunod*	L5	
XALATAN	XALATAN 0.005 % SOLUTION *latanoprost*	L2	GA
XELPROS	XELPROS 0.005 % EMULSION *latanoprost*	L5	
ZIOPTAN	ZIOPTAN 0.0015 % SOLUTION *tafluprost*	L5	GA
CYCLOPLEGIC MYDRIATICS			
ALTAFRIN	ALTAFRIN (2.5 % SOLUTION, 10 % SOLUTION) *phenylephrine hcl (mydriatic)*	L2	GA
atropine sulfate	*atropine sulfate 1 % solution*	L2	
CYCLOGYL	CYCLOGYL (0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION) *cyclopentolate hcl*	L2	GA
cyclopentolate hcl	*cyclopentolate hcl (0.5 % solution, 1 % solution, 2 % solution)*	L2	
HOMATROPAIRE	HOMATROPAIRE 5 % SOLUTION *homatropine hbr*	L2	
ISOPTO ATROPINE	ISOPTO ATROPINE 1 % SOLUTION *atropine sulfate (ophthalmic)*	L2	GA
MYDRIACYL	MYDRIACYL 1 % SOLUTION *tropicamide*	L2	GA
phenylephrine hcl	*phenylephrine hcl (2.5 % solution, 10 % solution)*	L2	
tropicamide	*tropicamide (0.5 % solution, 1 % solution)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CYCLOPLEGIC MYDRIATIC COMBINATIONS			
CYCLOMYDRIL	CYCLOMYDRIL 0.2-1 % SOLUTION *cyclopentolate w/ phenylephrine*	L5	
MIOTICS - DIRECT ACTING			
pilocarpine hcl	*pilocarpine hcl (1 % solution, 2 % solution, 4 % solution)*	L2	
MIOTICS - CHOLINESTERASE INHIBITORS			
PHOSPHOLINE IODIDE	PHOSPHOLINE IODIDE 0.125 % RECON SOLN *echothiophate iodide*	L4	
OPHTHALMIC RHO KINASE INHIBITORS			
RHOPRESSA	RHOPRESSA 0.02 % SOLUTION *netarsudil dimesylate*	L5	
OPHTHALMIC KINASE INHIBITORS - COMBINATIONS			
ROCKLATAN	ROCKLATAN 0.02-0.005 % SOLUTION *netarsudil dimesylate-latanoprost*	L5	
OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS			
ALPHAGAN P	ALPHAGAN P 0.1 % SOLUTION *brimonidine tartrate*	L5	GA
ALPHAGAN P	ALPHAGAN P 0.15 % SOLUTION *brimonidine tartrate*	L2	GA
apraclonidine hcl	*apraclonidine hcl 0.5 % solution*	L2	
brimonidine tartrate	*brimonidine tartrate (0.15 % solution, 0.2 % solution)*	L2	
brimonidine tartrate	*brimonidine tartrate 0.1 % solution*	L5	
IOPIDINE	IOPIDINE 1 % SOLUTION *apraclonidine hcl*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB			
SIMBRINZA	SIMBRINZA 1-0.2 % SUSPENSION *brinzolamide-brimonidine tartrate*	L5	
OPHTHALMIC IMMUNOMODULATORS			
CEQUA	CEQUA 0.09 % SOLUTION *cyclosporine (ophth)*	L5	PA, MN-PA (Medically Necessary Prior Authorization)
RESTASIS	RESTASIS 0.05 % EMULSION *cyclosporine (ophth)*	L3	
RESTASIS MULTIDOSE	RESTASIS MULTIDOSE 0.05 % EMULSION *cyclosporine (ophth)*	L3	
LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG			
XIIDRA	XIIDRA 5 % SOLUTION *lifitegrast*	L3	
OPHTHALMIC LOCAL ANESTHETICS			
AKTEN	AKTEN 3.5 % GEL *lidocaine hcl (ophth)*	L4	
ALCAINE	ALCAINE 0.5 % SOLUTION *proparacaine hcl*	L2	GA
ALTACAINE	ALTACAINE 0.5 % SOLUTION *tetracaine hcl (ophth)*	L2	GA
proparacaine hcl	*proparacaine hcl 0.5 % solution*	L2	
tetracaine hcl	*tetracaine hcl 0.5 % solution*	L2	
OPHTHALMIC NERVE GROWTH FACTORS			
OXERVATE	OXERVATE 0.002 % SOLUTION *cenegermin-bkbj*	L5	PA, QL (8 PER LIFETIME), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPHTHALMIC ANTIALLERGIC			
ALOCRIL	ALOCRIL 2 % SOLUTION *nedocromil sodium (ophth)*	L4	
ALOMIDE	ALOMIDE 0.1 % SOLUTION *lodoxamide tromethamine*	L4	
azelastine hcl	*azelastine hcl 0.05 % solution*	L2	
bepotastine besilate	*bepotastine besilate 1.5 % solution*	L4	
BEPREVE	BEPREVE 1.5 % SOLUTION *bepotastine besilate*	L4	GA
cromolyn sodium	*cromolyn sodium 4 % solution*	L2	
epinastine hcl	*epinastine hcl 0.05 % solution*	L2	
OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS			
AZOPT	AZOPT 1 % SUSPENSION *brinzolamide*	L4	GA
brinzolamide	*brinzolamide 1 % suspension*	L4	
dorzolamide hcl	*dorzolamide hcl 2 % solution*	L2	
TRUSOPT	TRUSOPT 2 % SOLUTION *dorzolamide hcl*	L2	GA
OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS			
ACULAR	ACULAR 0.5 % SOLUTION *ketorolac tromethamine (ophth)*	L2	GA
ACULAR LS	ACULAR LS 0.4 % SOLUTION *ketorolac tromethamine (ophth)*	L2	
ACUVAIL	ACUVAIL 0.45 % SOLUTION *ketorolac tromethamine (ophth)*	L4	
bromfenac sodium	*bromfenac sodium (0.07 % solution, 0.075 % solution)*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
bromfenac sodium (once-daily)	*bromfenac sodium (once-daily) 0.09 % solution*	L2	
BROMSITE	BROMSITE 0.075 % SOLUTION *bromfenac sodium (ophth)*	L5	GA
diclofenac sodium	*diclofenac sodium 0.1 % solution*	L2	
FLURBIPROFEN SODIUM	FLURBIPROFEN SODIUM 0.03 % SOLUTION *flurbiprofen sodium*	L2	
ILEVRO	ILEVRO 0.3 % SUSPENSION *nepafenac*	L5	
ketorolac tromethamine	*ketorolac tromethamine (0.4 % solution, 0.5 % solution)*	L2	
NEVANAC	NEVANAC 0.1 % SUSPENSION *nepafenac*	L5	
PROLENSA	PROLENSA 0.07 % SOLUTION *bromfenac sodium (ophth)*	L5	GA
OPHTHALMICS - CYSTINOSIS AGENTS			
CYSTADROPS	CYSTADROPS 0.37 % SOLUTION *cysteamine hcl*	L3	QL (4 PER 28 DAY(S)), S
CYSTARAN	CYSTARAN 0.44 % SOLUTION *cysteamine hcl*	L3	QL (4 PER 28 DAY(S)), S
OTIC AGENTS OTIC ANTI-INFECTIVES			
CETRAXAL	CETRAXAL 0.2 % SOLUTION *ciprofloxacin hcl (otic)*	L2	GA
ciprofloxacin hcl	*ciprofloxacin hcl 0.2 % solution*	L2	
ofloxacin	*ofloxacin 0.3 % solution*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OTIC STEROIDS			
DERMOTIC	DERMOTIC 0.01 % OIL *fluocinolone acetonide (otic)*	L2	GA
flac	*flac 0.01 % oil*	L2	
fluocinolone acetonide	*fluocinolone acetonide 0.01 % oil*	L2	
hydrocortisone-acetic acid	*hydrocortisone-acetic acid 1-2 % solution*	L2	
OTIC AGENTS - MISCELLANEOUS			
acetic acid	*acetic acid 2 % solution*	L2	
OTIC STEROID-ANTI-INFECTIVE COMBINATIONS			
CIPRO HC	CIPRO HC 0.2-1 % SUSPENSION *ciprofloxacin-hydrocortisone*	L4	GA
CIPRODEX	CIPRODEX 0.3-0.1 % SUSPENSION *ciprofloxacin-dexamethasone*	L4	GA
ciprofloxacin-dexamethasone	*ciprofloxacin-dexamethasone 0.3-0.1 % suspension*	L4	
ciprofloxacin-hydrocortisone	*ciprofloxacin-hydrocortisone 0.2-1 % suspension*	L4	
CORTISPORIN-TC	CORTISPORIN-TC 3.3-3-10-0.5 MG/ML SUSPENSION *neomycin-colistin-hc-thonzonium*	L4	
neomycin-polymyxin-hc	*neomycin-polymyxin-hc (1 % solution, 3.5-10000-1 solution, 3.5-10000-1 suspension)*	L2	
MOUTH/THROAT/DENTAL AGENTS ANTI-INFECTIVES - THROAT			
clotrimazole	*clotrimazole 10 mg troche*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
NYSTATIN	NYSTATIN (100000 UNIT/ML SUSPENSION, 500000 UNIT/5ML SUSPENSION) *nystatin (mouth-throat)*	L4	GA
nystatin	*nystatin 100000 unit/ml suspension*	L2	
ORAVIG	ORAVIG 50 MG TAB *miconazole (mouth-throat)*	L5	
ANTISEPTICS - MOUTH/THROAT			
chlorhexidine gluconate	*chlorhexidine gluconate 0.12 % solution*	L2	
PERIDEX	PERIDEX 0.12 % SOLUTION *chlorhexidine gluconate (mouth-throat)*	L2	GA
periogard	*periogard 0.12 % solution*	L2	
ANTISEPTIC COMBINATIONS - MOUTH/THROAT			
DEBACTEROL	DEBACTEROL 30-50 % SOLUTION *sulfuric acid-sulfonated phenolics*	L4	
STEROIDS - MOUTH/THROAT/DENTAL			
kourzeq	*kourzeq 0.1 % paste*	L2	
oralone	*oralone 0.1 % paste*	L2	
triamcinolone acetonide	*triamcinolone acetonide 0.1 % paste*	L2	
ANESTHETICS TOPICAL ORAL			
LIDOCAINE HCL	LIDOCAINE HCL 4 % SOLUTION *lidocaine hcl (mouth-throat)*	L2	
lidocaine viscous hcl	*lidocaine viscous hcl 2 % solution*	L2	
SALIVA STIMULANTS			
cevimeline hcl	*cevimeline hcl 30 mg cap*	L2	
EVOXAC	EVOXAC 30 MG CAP *cevimeline hcl*	L2	GA
pilocarpine hcl	*pilocarpine hcl (5 mg tab, 7.5 mg tab)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
SALAGEN	SALAGEN (5 MG TAB, 7.5 MG TAB) *pilocarpine hcl (oral)*	L2	GA
ANORECTAL AND RELATED PRODUCTS RECTAL STEROIDS			
ANUCORT-HC	ANUCORT-HC 25 MG SUPPOS *hydrocortisone acetate (rectal)*	L2	GA
ANUSOL-HC	ANUSOL-HC 2.5 % CREAM *hydrocortisone (rectal)*	L2	GA
HEMMOREX-HC	HEMMOREX-HC (25 MG SUPPOS, 30 MG SUPPOS) *hydrocortisone acetate (rectal)*	L2	
hydrocortisone (perianal)	*hydrocortisone (perianal) (1 % cream, 2.5 % cream)*	L2	
HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE (25 MG SUPPOS, 30 MG SUPPOS) *hydrocortisone acetate (rectal)*	L2	
procto-med hc	*procto-med hc 2.5 % cream*	L2	
PROCTOCORT	PROCTOCORT (1 % CREAM, 30 MG SUPPOS) *hydrocortisone acetate (rectal)*	L2	
proctosol hc	*proctosol hc 2.5 % cream*	L2	
proctozone-hc	*proctozone-hc 2.5 % cream*	L2	
INTRARECTAL STEROIDS			
budesonide	*budesonide (2 mg foam, 2 mg/act foam)*	L5	
CORTENEMA	CORTENEMA 100 MG/60ML ENEMA *hydrocortisone (intrarectal)*	L2	GA
CORTIFOAM	CORTIFOAM 10 % FOAM *hydrocortisone acetate (intrarectal)*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
hydrocortisone	*hydrocortisone 100 mg/60ml enema*	L2	
UCERIS	UCERIS 2 MG/ACT FOAM *budesonide (intrarectal)*	L5	GA
NITRATE VASODILATING AGENTS			
nitroglycerin	*nitroglycerin 0.4 % ointment*	L5	QL (1 UNIT PER 30 DAY(S))
RECTIV	RECTIV 0.4 % OINTMENT *nitroglycerin (intra-anal)*	L5	QL (1 UNIT PER 30 DAY(S)), GA
RECTAL ANESTHETIC/STEROIDS			
ANALPRAM HC	ANALPRAM HC (1-1 % CREAM, 2.5-1 % CREAM) *hydrocortisone acetate w/ pramoxine*	L2	
ANALPRAM HC	ANALPRAM HC 2.5-1 % LOTION *hydrocortisone acetate w/ pramoxine*	L5	
ANALPRAM HC SINGLES	ANALPRAM HC SINGLES 2.5-1 % CREAM *hydrocortisone acetate w/ pramoxine*	L2	
ANALPRAM-HC	ANALPRAM-HC 1-1 % CREAM *hydrocortisone acetate w/ pramoxine*	L2	GA
ANALPRAM-HC	ANALPRAM-HC 2.5-1 % LOTION *hydrocortisone acetate w/ pramoxine*	L5	
HYDROCORT-PRAMOXINE (PERIANAL)	HYDROCORT-PRAMOXINE (PERIANAL) (1-1 % CREAM, 2.5-1 % CREAM) *hydrocortisone acetate w/ pramoxine*	L2	
lidocaine-hydrocort (perianal)	*lidocaine-hydrocort (perianal) 3-0.5 % cream*	L2	
lidocaine-hydrocortisone ace	*lidocaine-hydrocortisone ace (2.8-0.55 % gel, 3-0.5 % kit, 3-2.5 % kit)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LIDOCORT	LIDOCORT 3-0.5 % CREAM *lidocaine-hydrocortisone acetate (rectal)*	L2	GA
PROCORT	PROCORT 1.85-1.15 % CREAM *hydrocortisone acetate w/ pramoxine*	L4	
PROCTOFOAM HC	PROCTOFOAM HC 1-1 % FOAM *hydrocortisone acetate w/ pramoxine*	L4	
DERMATOLOGICALS ACNE PRODUCTS			
accutane	*accutane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	L3	
adapalene	*adapalene 0.3 % gel*	L3	PA
AKLIEF	AKLIEF 0.005 % CREAM *trifarotene*	L5	PA
ALTRENO	ALTRENO 0.05 % LOTION *tretinoin*	L5	PA
amnesteem	*amnesteem (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	L3	
ATRALIN	ATRALIN 0.05 % GEL *tretinoin*	L2	PA, GA
avita	*avita 0.025 % cream*	L3	PA
avita	*avita 0.025 % gel*	L2	PA
AZELEX	AZELEX 20 % CREAM *azelaic acid (acne)*	L5	PA
claravis	*claravis (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	L3	
DIFFERIN	DIFFERIN 0.3 % GEL *adapalene*	L3	PA, GA
FABIOR	FABIOR 0.1 % FOAM *tazarotene (acne)*	L5	PA
isotretinoin	*isotretinoin (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	L3	
myorisan	*myorisan (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RETIN-A	RETIN-A (0.01 % GEL, 0.025 % GEL, 0.05 % CREAM, 0.1 % CREAM) *tretinoin*	L2	PA, GA
RETIN-A	RETIN-A 0.025 % CREAM *tretinoin*	L3	PA, GA
RETIN-A MICRO	RETIN-A MICRO (0.04 % GEL, 0.1 % GEL) *tretinoin microsphere*	L2	PA, GA
RETIN-A MICRO PUMP	RETIN-A MICRO PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL) *tretinoin microsphere*	L2	PA, GA
RETIN-A MICRO PUMP	RETIN-A MICRO PUMP 0.06 % GEL *tretinoin microsphere*	L5	PA
TAZAROTENE	TAZAROTENE 0.1 % FOAM *tazarotene (acne)*	L5	PA
tretinoin	*tretinoin (0.01 % gel, 0.025 % cream, 0.025 % gel, 0.05 % cream, 0.05 % gel, 0.1 % cream)*	L2	PA
tretinoin microsphere	*tretinoin microsphere (0.04 % gel, 0.1 % gel)*	L2	PA
TRETINOIN MICROSPHERE PUMP	TRETINOIN MICROSPHERE PUMP (PUMP 0.04 % GEL, PUMP 0.1 % GEL) *tretinoin microsphere*	L2	PA, GA
zenatane	*zenatane (10 mg cap, 20 mg cap, 30 mg cap, 40 mg cap)*	L3	
ACNE ANTIBIOTICS			
ACZONE	ACZONE (5 % GEL, 7.5 % GEL) *dapsone (topical)*	L5	PA, GA
AMZEEQ	AMZEEQ 4 % FOAM *minocycline hcl micronized (acne)*	L5	PA, QL (30 PER 30 DAY(S))
CLEOCIN-T	CLEOCIN-T 1 % LOTION *clindamycin phosphate (topical)*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clindacin	*clindacin 1 % foam*	L3	PA
clindacin etz	*clindacin etz 1 % swab*	L2	
clindacin-p	*clindacin-p 1 % swab*	L2	
clindamycin phos (once-daily)	*clindamycin phos (once-daily) 1 % gel*	L2	
clindamycin phos (twice-daily)	*clindamycin phos (twice-daily) 1 % gel*	L2	
clindamycin phosphate	*clindamycin phosphate (1 % lotion, 1 % swab)*	L2	
clindamycin phosphate	*clindamycin phosphate 1 % foam*	L3	PA
clindamycin phosphate	*clindamycin phosphate 1 % solution*	L2	QL (6 ML PER DAY(S))
dapsone	*dapsone (5 % gel, 7.5 % gel)*	L5	PA
ERY	ERY 2 % PAD *erythromycin (acne aid)*	L2	
ERYGEL	ERYGEL 2 % GEL *erythromycin (acne aid)*	L2	GA
erythromycin	*erythromycin (2 % gel, 2 % solution)*	L2	
EVOCLIN	EVOCLIN 1 % FOAM *clindamycin phosphate (topical)*	L3	PA, GA
KLARON	KLARON 10 % LOTION *sulfacetamide sodium (acne)*	L2	GA
sulfacetamide sodium (acne)	*sulfacetamide sodium (acne) 10 % lotion*	L2	
ACNE COMBINATIONS			
ACANYA	ACANYA 1.2-2.5 % GEL *clindamycin phosphate-benzoyl peroxide*	L5	PA, GA
adapalene-benzoyl peroxide	*adapalene-benzoyl peroxide 0.3-2.5 % gel*	L5	PA
BENZAMYCIN	BENZAMYCIN 5-3 % GEL *benzoyl peroxide-erythromycin*	L2	GA
benzoyl peroxide-erythromycin	*benzoyl peroxide-erythromycin 5-3 % gel*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
clindamycin phos-benzoyl perox	*clindamycin phos-benzoyl perox (1-5 % gel, 1.2-2.5 % gel, 1.2-3.75 % gel)*	L5	PA
clindamycin phos-benzoyl perox	*clindamycin phos-benzoyl perox 1.2-5 % gel*	L3	PA
clindamycin-tretinoin	*clindamycin-tretinoin 1.2-0.025 % gel*	L5	PA
EPIDUO FORTE	EPIDUO FORTE 0.3-2.5 % GEL *adapalene-benzoyl peroxide*	L5	PA, GA
neuac	*neuac 1.2-5 % gel*	L3	PA
ONEXTON	ONEXTON 1.2-3.75 % GEL *clindamycin phosphate-benzoyl peroxide*	L5	PA, GA
SULFACETAMIDE SODIUM-SULFUR	SULFACETAMIDE SODIUM-SULFUR 10-5 % LOTION *sulfacetamide sodium w/ sulfur*	L2	
VELTIN	VELTIN 1.2-0.025 % GEL *clindamycin phosphate-tretinoin*	L5	PA, GA
ZIANA	ZIANA 1.2-0.025 % GEL *clindamycin phosphate-tretinoin*	L5	PA, GA
ROSACEA AGENTS			
azelaic acid	*azelaic acid 15 % gel*	L5	
BRIMONIDINE TARTRATE	BRIMONIDINE TARTRATE 0.33 % GEL *brimonidine tartrate (topical)*	L5	PA, QL (30 PER 30 DAY(S))
doxycycline	*doxycycline 40 mg cap dr*	L2	PA
FINACEA	FINACEA 15 % FOAM *azelaic acid*	L5	PA
FINACEA	FINACEA 15 % GEL *azelaic acid*	L5	GA
ivermectin	*ivermectin 1 % cream*	L4	PA
METROCREAM	METROCREAM 0.75 % CREAM *metronidazole (topical)*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
METROGEL	METROGEL 1 % GEL *metronidazole (topical)*	L2	GA
METROLOTION	METROLOTION 0.75 % LOTION *metronidazole (topical)*	L2	GA
metronidazole	*metronidazole (0.75 % cream, 0.75 % gel, 0.75 % lotion, 1 % gel)*	L2	
MIRVASO	MIRVASO 0.33 % GEL *brimonidine tartrate (topical)*	L5	PA, QL (30 PER 30 DAY(S))
ORACEA	ORACEA 40 MG CAP DR *doxycycline (rosacea)*	L2	PA, GA
RHOFADE	RHOFADE 1 % CREAM *oxymetazoline hcl (topical)*	L5	PA, QL (1 G PER DAY(S))
rosadan	*rosadan (0.75 % cream, 0.75 % gel)*	L2	
SOOLANTRA	SOOLANTRA 1 % CREAM *ivermectin (rosacea)*	L5	PA, GA
SOOLANTRA	SOOLANTRA 1 % CREAM *ivermectin (rosacea)*	L4	PA, GA
ANTIBIOTICS - TOPICAL			
ALTABAX	ALTABAX 1 % OINTMENT *retapamulin*	L5	
CENTANY	CENTANY 2 % OINTMENT *mupirocin*	L5	GA
gentamicin sulfate	*gentamicin sulfate (0.1 % cream, 0.1 % ointment)*	L2	
mupirocin	*mupirocin 2 % ointment*	L2	
mupirocin calcium	*mupirocin calcium 2 % cream*	L2	QL (60 PER 30 DAY(S))
XEPI	XEPI 1 % CREAM *ozenoxacin*	L5	
ANTIBIOTIC STEROID COMBINATIONS - TOPICAL			
NEO-SYNALAR	NEO-SYNALAR 0.5-0.025 % CREAM *neomycin sulfate-fluocinolone acetonide*	L5	
ANTIFUNGALS - TOPICAL			
ciclodan	*ciclodan 8 % solution*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ciclopirox	*ciclopirox (0.77 % gel, 1 % shampoo, 8 % solution)*	L2	
ciclopirox olamine	*ciclopirox olamine (0.77 % cream, 0.77 % suspension)*	L2	
LOPROX	LOPROX (0.77 % CREAM, 0.77 % SUSPENSION, 1 % SHAMPOO) *ciclopirox*	L2	GA
naftifine hcl	*naftifine hcl (1 % cream, 2 % cream)*	L2	
naftifine hcl	*naftifine hcl 2 % gel*	L5	
NAFTIN	NAFTIN (1 % GEL, 2 % GEL) *naftifine hcl*	L5	GA
nyamyc	*nyamyc 100000 unit/gm powder*	L2	
nystatin	*nystatin (100000 cream, 100000 ointment, 100000 powder)*	L2	
nystop	*nystop 100000 unit/gm powder*	L2	
IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL			
econazole nitrate	*econazole nitrate 1 % cream*	L2	QL (170 PER 30 DAY(S))
ECOZA	ECOZA 1 % FOAM *econazole nitrate*	L5	
ERTACZO	ERTACZO 2 % CREAM *sertaconazole nitrate*	L5	
EXELDERM	EXELDERM (1 % CREAM, 1 % SOLUTION) *sulconazole nitrate*	L5	GA
EXTINA	EXTINA 2 % FOAM *ketoconazole (topical)*	L2	QL (200 PER 30 DAY(S)), GA
JUBLIA	JUBLIA 10 % SOLUTION *efinaconazole*	L5	PA, QL (4 PER 28 DAY(S))
ketoconazole	*ketoconazole 2 % cream*	L2	QL (240 PER 30 DAY(S))
ketoconazole	*ketoconazole 2 % foam*	L2	QL (200 PER 30 DAY(S))
ketoconazole	*ketoconazole 2 % shampoo*	L2	
ketodan	*ketodan 2 % foam*	L2	QL (200 PER 30 DAY(S))
luliconazole	*luliconazole 1 % cream*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
LUZU	LUZU 1 % CREAM *luliconazole*	L5	GA
oxiconazole nitrate	*oxiconazole nitrate 1 % cream*	L5	QL (90 PER 30 DAY(S))
OXISTAT	OXISTAT 1 % CREAM *oxiconazole nitrate*	L5	QL (90 PER 30 DAY(S)), GA
OXISTAT	OXISTAT 1 % LOTION *oxiconazole nitrate*	L5	QL (60 PER 30 DAY(S))
sulconazole nitrate	*sulconazole nitrate (1 % cream, 1 % solution)*	L5	
XOLEGEL	XOLEGEL 2 % GEL *ketoconazole (topical)*	L5	
OXABOROLE-RELATED ANTIFUNGALS - TOPICAL			
KERYDIN	KERYDIN 5 % SOLUTION *tavaborole*	L5	PA, GA
tavaborole	*tavaborole 5 % solution*	L5	PA
ANTIFUNGALS - TOPICAL COMBINATIONS			
clotrimazole-betamethasone	*clotrimazole-betamethasone (% cream, % lotion)*	L2	
miconazole-zinc oxide-petrolat	*miconazole-zinc oxide-petrolat 0.25-15-81.35 % ointment*	L5	
nystatin-triamcinolone	*nystatin-triamcinolone (cream, ointment)*	L2	
VUSION	VUSION 0.25-15-81.35 % OINTMENT *miconazole-zinc oxide-white petrolatum*	L5	GA
ANTI-INFLAMMATORY AGENTS - TOPICAL			
diclofenac epolamine	*diclofenac epolamine 1.3 % patch*	L5	PA, QL (60 PATCH PER 30 DAY(S))
diclofenac sodium	*diclofenac sodium 1.5 % solution*	L2	QL (300 PER 30 DAY(S))
diclofenac sodium	*diclofenac sodium 2 % solution*	L5	PA, QL (2 PER 30 DAY(S))
DICLOFONO	DICLOFONO 1.6 % GEL *diclofenac sodium (topical)*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FLECTOR	FLECTOR 1.3 % PATCH *diclofenac epolamine*	L5	PA, QL (60 PATCH PER 30 DAY(S)), GA
PENNSAID	PENNSAID 2 % SOLUTION *diclofenac sodium (topical)*	L5	PA, QL (2 PER 30 DAY(S)), GA
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL			
EUCRISA	EUCRISA 2 % OINTMENT *crisaborole*	L5	PA
ANTIPSORIATICS			
calcipotriene	*calcipotriene (0.005 % ointment, 0.005 % solution)*	L2	
calcipotriene	*calcipotriene 0.005 % cream*	L2	QL (120 PER 30 DAY(S))
calcitrene	*calcitrene 0.005 % ointment*	L2	
calcitriol	*calcitriol 3 mcg/gm ointment*	L2	
DOVONEX	DOVONEX 0.005 % CREAM *calcipotriene*	L2	QL (120 PER 30 DAY(S)), GA
tazarotene	*tazarotene (0.05 % cream, 0.1 % cream)*	L5	
TAZORAC	TAZORAC (0.05 % CREAM, 0.1 % CREAM) *tazarotene*	L5	GA
VECTICAL	VECTICAL 3 MCG/GM OINTMENT *calcitriol (topical)*	L2	GA
ANTIPSORIATICS - SYSTEMIC			
acitretin	*acitretin (10 mg cap, 17.5 mg cap, 25 mg cap)*	L2	
COSENTYX (300 MG DOSE)	COSENTYX (300 MG DOSE) 150 MG/ML SOLN PRSYR *secukinumab*	L4	PA, QL (2 PER 28 DAYS), S
COSENTYX	COSENTYX 75 MG/0.5ML SOLN PRSYR *secukinumab*	L4	PA, QL (1 PER 28 DAY(S)), S
COSENTYX SENSOREADY (300 MG)	COSENTYX SENSOREADY (300 MG) 150 MG/ML SOLN A-INJ *secukinumab*	L4	PA, QL (2 PER 28 DAYS), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
COSENTYX UNOREADY	COSENTYX UNOREADY 300 MG/2ML SOLN A-INJ *secukinumab*	L4	PA, QL (2 PER 28 DAY(S)), S
METHOXSALEN RAPID	METHOXSALEN RAPID 10 MG CAP *methoxsalen rapid*	L2	
SILIQ	SILIQ 210 MG/1.5ML SOLN PRSYR *brodalumab*	L4	PA, QL (2 PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
SKYRIZI (150 MG DOSE)	SKYRIZI (150 MG DOSE) 75 MG/0.83ML PREF SY KT *risankizumab-rzaa*	L3	PA, QL (2 PER 84 DAY(S)), S
SKYRIZI	SKYRIZI 150 MG/ML SOLN PRSYR *risankizumab-rzaa*	L3	PA, QL (1 PER 84 DAY(S)), S
SKYRIZI PEN	SKYRIZI PEN 150 MG/ML SOLN A-INJ *risankizumab-rzaa*	L3	PA, QL (1 PER 84 DAY(S)), S
SPEVIGO	SPEVIGO 150 MG/ML SOLN PRSYR *spesolimab-sbzo*	L5	PA, QL (2 SYR PER 28 DAY(S)), S
STELARA	STELARA 45 MG/0.5ML SOLN PRSYR *ustekinumab*	L3	PA, QL (1 PREFILLED SYRINGE PER 84 DAY(S)), S, QLV (Quantity Limit Varies), PA-QL (for Crohn's Disease)
STELARA	STELARA 45 MG/0.5ML SOLUTION *ustekinumab*	L3	PA, S, PA-QL (for Crohn's Disease)
STELARA	STELARA 90 MG/ML SOLN PRSYR *ustekinumab*	L3	PA, QL (1 PREFILLED SYRINGE PER 56 DAY(S)), S, QLV (Quantity Limit Varies), PA-QL (for Crohn's Disease)
TALTZ	TALTZ 20 MG/0.25ML SOLN PRSYR *ixekizumab*	L4	PA, QL (1 SYR PER 28 DAY(S)), S
TALTZ	TALTZ 40 MG/0.5ML SOLN PRSYR *ixekizumab*	L4	PA, QL (1 PREFILLED SYRINGE PER 28 DAY(S)), S
TALTZ	TALTZ 80 MG/ML SOLN A-INJ *ixekizumab*	L4	PA, QL (1 INJ PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TALTZ	TALTZ 80 MG/ML SOLN PRSYR *ixekizumab*	L4	PA, QL (1 SYR PER 28 DAY(S)), S, MN-PA (Medically Necessary Prior Authorization)
TREMFYA	TREMFYA 100 MG/ML SOLN PRSYR *guselkumab*	L4	PA, QL (1 PER 56 DAY(S)), S
TREMFYA ONE-PRESS	TREMFYA ONE-PRESS 100 MG/ML SOLN PEN *guselkumab*	L4	PA, QL (1 PER 56 DAY(S)), S
USTEKINUMAB	USTEKINUMAB 45 MG/0.5ML SOLN PRSYR *ustekinumab*	L3	PA, QL (1 PREFILLED SYRINGE PER 84 DAY(S)), S, QLV (Quantity Limit Varies), PA-QL (for Crohn's Disease)
USTEKINUMAB	USTEKINUMAB 45 MG/0.5ML SOLUTION *ustekinumab*	L3	PA, S, PA-QL (for Crohn's Disease)
USTEKINUMAB	USTEKINUMAB 90 MG/ML SOLN PRSYR *ustekinumab*	L3	PA, QL (1 PREFILLED SYRINGE PER 56 DAY(S)), S, QLV (Quantity Limit Varies), PA-QL (for Crohn's Disease)
ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES			
DUPIXENT	DUPIXENT (100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN A-INJ, 200 MG/1.14ML SOLN PRSYR, 300 MG/2ML SOLN A-INJ, 300 MG/2ML SOLN PRSYR) *dupilumab*	L4	PA, QL (2 PER 28 DAY(S)), S
ANTISEBORRHEIC PRODUCTS			
selenium sulfide	*selenium sulfide 2.5 % lotion*	L2	
ANTIVIRALS - TOPICAL			
acyclovir	*acyclovir 5 % cream*	L5	
acyclovir	*acyclovir 5 % ointment*	L2	
ZOVIRAX	ZOVIRAX 5 % CREAM *acyclovir topical*	L5	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ZOVIRAX	ZOVIRAX 5 % OINTMENT *acyclovir topical*	L2	GA
ANTIVIRAL TOPICAL COMBINATIONS			
XERESE	XERESE 5-1 % CREAM *acyclovir-hydrocortisone*	L5	
ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL			
VALCHLOR	VALCHLOR 0.016 % GEL *mechlorethamine hcl (topical)*	L4	QL (4 PER 1 DAY), S
ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL			
CARAC	CARAC 0.5 % CREAM *fluorouracil (topical)*	L2	PA, GA
EFUDEX	EFUDEX 5 % CREAM *fluorouracil (topical)*	L2	GA
fluorouracil	*fluorouracil (2 % solution, 5 % cream, 5 % solution)*	L2	
fluorouracil	*fluorouracil 0.5 % cream*	L2	PA
TOLAK	TOLAK 4 % CREAM *fluorouracil (topical)*	L5	PA
ANTINEOPLASTIC RETINOIDS - TOPICAL			
PANRETIN	PANRETIN 0.1 % GEL *alitretinoin*	L4	
TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS			
bexarotene	*bexarotene 1 % gel*	L3	S
TARGRETIN	TARGRETIN 1 % GEL *bexarotene (topical)*	L3	S, GA
BURN PRODUCTS			
mafenide acetate	*mafenide acetate 5 % packet*	L4	
SILVADENE	SILVADENE 1 % CREAM *silver sulfadiazine*	L2	GA
silver sulfadiazine	*silver sulfadiazine 1 % cream*	L2	
ssd	*ssd 1 % cream*	L2	
SULFAMYLON	SULFAMYLON 85 MG/GM CREAM *mafenide acetate*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CORTICOSTEROIDS - TOPICAL			
alclometasone dipropionate	*alclometasone dipropionate (0.05 % cream, 0.05 % ointment)*	L2	
AMCINONIDE	AMCINONIDE (0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT) *amcinonide*	L2	
betamethasone dipropionate	*betamethasone dipropionate (0.05 % cream, 0.05 % lotion, 0.05 % ointment)*	L2	
betamethasone dipropionate aug	*betamethasone dipropionate aug (0.05 % cream, 0.05 % gel, 0.05 % lotion, 0.05 % ointment)*	L2	
betamethasone valerate	*betamethasone valerate (0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.12 % foam)*	L2	
BRYHALI	BRYHALI 0.01 % LOTION *halobetasol propionate*	L4	QL (200 PER 30 DAY(S))
CAPEX	CAPEX 0.01 % SHAMPOO *fluocinolone acetonide*	L5	
clobetasol prop emollient base	*clobetasol prop emollient base 0.05 % cream*	L2	
clobetasol propionate	*clobetasol propionate (0.05 % cream, 0.05 % foam, 0.05 % gel, 0.05 % liquid, 0.05 % lotion, 0.05 % ointment, 0.05 % shampoo, 0.05 % solution)*	L2	
clobetasol propionate emulsion	*clobetasol propionate emulsion 0.05 % foam*	L2	
CLOBEX	CLOBEX (0.05 % LOTION, 0.05 % SHAMPOO) *clobetasol propionate*	L2	GA
CLOBEX SPRAY	CLOBEX SPRAY 0.05 % LIQUID *clobetasol propionate*	L2	GA
clocortolone pivalate	*clocortolone pivalate 0.1 % cream*	L2	QL (90 PER 30 DAY(S))
clodan	*clodan 0.05 % shampoo*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CLODERM	CLODERM 0.1 % CREAM *clocortolone pivalate*	L2	QL (90 PER 30 DAY(S)), GA
CORDRAN	CORDRAN (0.025 % CREAM, 0.05 % CREAM) *flurandrenolide*	L5	GA
CORDRAN	CORDRAN 0.05 % LOTION *flurandrenolide*	L5	QL (120 PER 30 DAY(S)), GA
CUTIVATE	CUTIVATE 0.05 % LOTION *fluticasone propionate*	L2	GA
DERMA-SMOOTHE/FS BODY	DERMA-SMOOTHE/FS BODY 0.01 % OIL *fluocinolone acetonide*	L2	GA
DERMA-SMOOTHE/FS SCALP	DERMA-SMOOTHE/FS SCALP 0.01 % OIL *fluocinolone acetonide*	L2	GA
desonide	*desonide (0.05 % cream, 0.05 % lotion, 0.05 % ointment)*	L2	
DESOWEN	DESOWEN 0.05 % CREAM *desonide*	L2	GA
desoximetasone	*desoximetasone (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.25 % cream, 0.25 % ointment)*	L2	
desoximetasone	*desoximetasone 0.25 % liquid*	L5	
DIFLORASONE DIACETATE	DIFLORASONE DIACETATE 0.05 % CREAM *diflorasone diacetate*	L5	QL (60 PER 30 DAY(S))
diflorasone diacetate	*diflorasone diacetate 0.05 % ointment*	L5	QL (2.4 PER 1 DAY(S))
DIPROLENE	DIPROLENE 0.05 % OINTMENT *betamethasone dipropionate augmented*	L2	GA
evesse	*evesse 0.1 % lotion*	L5	
fluocinolone acetonide	*fluocinolone acetonide (0.01 % cream, 0.01 % solution, 0.025 % cream, 0.025 % ointment)*	L2	
fluocinolone acetonide body	*fluocinolone acetonide body 0.01 % oil*	L2	
fluocinolone acetonide scalp	*fluocinolone acetonide scalp 0.01 % oil*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
fluocinonide	*fluocinonide (0.05 % cream, 0.05 % gel, 0.05 % ointment, 0.05 % solution)*	L2	
fluocinonide	*fluocinonide 0.1 % cream*	L2	QL (120 PER 30 DAY(S))
fluocinonide emulsified base	*fluocinonide emulsified base 0.05 % cream*	L2	
FLURANDRENOLIDE	FLURANDRENOLIDE 0.05 % CREAM *flurandrenolide*	L5	GA
FLURANDRENOLIDE	FLURANDRENOLIDE 0.05 % LOTION *flurandrenolide*	L5	QL (120 PER 30 DAY(S)), GA
fluticasone propionate	*fluticasone propionate (0.005 % ointment, 0.05 % cream, 0.05 % lotion)*	L2	
halcinonide	*halcinonide 0.1 % cream*	L5	QL (120 PER 30 DAY(S))
halobetasol propionate	*halobetasol propionate (0.05 % cream, 0.05 % ointment)*	L2	
HALOBETASOL PROPIONATE	HALOBETASOL PROPIONATE 0.05 % FOAM *halobetasol propionate*	L5	
HALOG	HALOG (0.1 % CREAM, 0.1 % OINTMENT) *halcinonide*	L5	QL (120 PER 30 DAY(S))
hydrocortisone	*hydrocortisone (2.5 % cream, 2.5 % lotion, 2.5 % ointment)*	L2	
HYDROCORTISONE ACETATE	HYDROCORTISONE ACETATE 2.5 % CREAM *hydrocortisone acetate (topical)*	L4	
hydrocortisone butyr lipo base	*hydrocortisone butyr lipo base 0.1 % cream*	L2	QL (60 PER 30 DAY(S))
HYDROCORTISONE BUTYRATE	HYDROCORTISONE BUTYRATE (0.1 % CREAM, 0.1 % OINTMENT, 0.1 % SOLUTION) *hydrocortisone butyrate*	L2	
hydrocortisone butyrate	*hydrocortisone butyrate 0.1 % lotion*	L5	
hydrocortisone valerate	*hydrocortisone valerate (0.2 % cream, 0.2 % ointment)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KENALOG	KENALOG 0.147 MG/GM AERO SOLN *triamcinolone acetonide (topical)*	L2	QL (4.5 PER 1 DAY(S)), GA
LEXETTE	LEXETTE 0.05 % FOAM *halobetasol propionate*	L5	
LOCOID	LOCOID 0.1 % LOTION *hydrocortisone butyrate*	L5	GA
LOCOID LIPOCREAM	LOCOID LIPOCREAM 0.1 % CREAM *hydrocortisone butyrate hydrophilic lipo base*	L2	QL (60 PER 30 DAY(S)), GA
LUXIQ	LUXIQ 0.12 % FOAM *betamethasone valerate*	L2	GA
MICORT HC	MICORT HC 2.5 % CREAM *hydrocortisone acetate (topical)*	L4	
mometasone furoate	*mometasone furoate (0.1 % cream, 0.1 % ointment, 0.1 % solution)*	L2	
nolix	*nolix 0.05 % cream*	L5	
nolix	*nolix 0.05 % lotion*	L5	QL (120 PER 30 DAY(S))
NUCORT	NUCORT 2 % LOTION *hydrocortisone acetate (topical)*	L4	
OLUX	OLUX 0.05 % FOAM *clobetasol propionate*	L2	GA
OLUX-E	OLUX-E 0.05 % FOAM *clobetasol propionate emulsion*	L2	GA
PANDEL	PANDEL 0.1 % CREAM *hydrocortisone probutate*	L5	
PREDNICARBATE	PREDNICARBATE 0.1 % OINTMENT *prednicarbate*	L2	
SERNIVO	SERNIVO 0.05 % EMULSION *betamethasone dipropionate (topical)*	L5	QL (120 PER 30 DAY(S))
SYNALAR	SYNALAR (0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT) *fluocinolone acetonide*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
TEMOVATE	TEMOVATE (0.05 % CREAM, 0.05 % OINTMENT) *clobetasol propionate*	L2	GA
TEXACORT	TEXACORT 2.5 % SOLUTION *hydrocortisone (topical)*	L5	
TOPICORT	TOPICORT (0.05 % CREAM, 0.05 % GEL, 0.05 % OINTMENT, 0.25 % CREAM, 0.25 % OINTMENT) *desoximetasone*	L2	GA
TOPICORT SPRAY	TOPICORT SPRAY 0.25 % LIQUID *desoximetasone*	L5	GA
tovet	*tovet 0.05 % foam*	L2	
triamcinolone acetonide	*triamcinolone acetonide (0.025 % cream, 0.025 % lotion, 0.025 % ointment, 0.1 % cream, 0.1 % lotion, 0.1 % ointment, 0.5 % cream, 0.5 % ointment)*	L2	
triamcinolone acetonide	*triamcinolone acetonide 0.147 mg/gm aero soln*	L2	QL (4.5 PER 1 DAY(S))
triderm	*triderm 0.5 % cream*	L2	
TRIDESILON	TRIDESILON 0.05 % CREAM *desonide*	L2	GA
VANOS	VANOS 0.1 % CREAM *fluocinonide*	L2	QL (120 PER 30 DAY(S)), GA
VERDESO	VERDESO 0.05 % FOAM *desonide*	L5	
STEROID-LOCAL ANESTHETIC COMBINATIONS			
EPIFOAM	EPIFOAM 1-1 % FOAM *pramoxine-hc*	L4	
HYDROCORTISONE ACE-PRAMOXINE	HYDROCORTISONE ACE-PRAMOXINE 2.5-1 % CREAM *pramoxine-hc*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
PRAMOSONE	PRAMOSONE (1-1 % CREAM, 1-1 % LOTION, 1-2.5 % CREAM, 1-2.5 % LOTION) *pramoxine-hc*	L2	
PRAMOSONE	PRAMOSONE (1-1 % OINTMENT, 1-2.5 % OINTMENT) *pramoxine-hc*	L5	
TOPICAL STEROID COMBINATIONS			
attero	*attero 0.005-0.064 % suspension*	L5	
calcipotriene-betameth diprop	*calcipotriene-betameth diprop 0.005-0.064 % ointment*	L2	QL (120 PER 30 DAY(S))
calcipotriene-betameth diprop	*calcipotriene-betameth diprop 0.005-0.064 % suspension*	L5	
DUOBRII	DUOBRII 0.01-0.045 % LOTION *halobetasol propionate-tazarotene*	L5	QL (100 PER 30 DAY(S))
ENSTILAR	ENSTILAR 0.005-0.064 % FOAM *calcipotriene-betamethasone dipropionate*	L5	
TACLONEX	TACLONEX 0.005-0.064 % OINTMENT *calcipotriene-betamethasone dipropionate*	L2	QL (120 PER 30 DAY(S)), GA
TACLONEX	TACLONEX 0.005-0.064 % SUSPENSION *calcipotriene-betamethasone dipropionate*	L5	GA
ENZYMES - TOPICAL			
SANTYL	SANTYL 250 UNIT/GM OINTMENT *collagenase*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
KERATOLYTIC/ANTIMITOTIC/VESICANT AGENTS			
CONDYLOX	CONDYLOX 0.5 % GEL *podofilox*	L5	PA, GA
PODOCON-25	PODOCON-25 25 % SOLUTION *podophyllum resin*	L2	
podofilox	*podofilox 0.5 % gel*	L5	PA
podofilox	*podofilox 0.5 % solution*	L2	
AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS			
VEREGEN	VEREGEN 15 % OINTMENT *sinecatechins*	L4	PA
IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL			
imiquimod	*imiquimod 3.75 % cream*	L5	PA
imiquimod	*imiquimod 5 % cream*	L2	
imiquimod pump	*imiquimod pump 3.75 % cream*	L5	PA
ZYCLARA	ZYCLARA 3.75 % CREAM *imiquimod*	L5	PA, GA
ZYCLARA PUMP	ZYCLARA PUMP (PUMP 2.5 % CREAM, PUMP 3.75 % CREAM) *imiquimod*	L5	PA, GA
MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL			
ELIDEL	ELIDEL 1 % CREAM *pimecrolimus*	L5	QL (100 PER 30 DAY(S)), GA
pimecrolimus	*pimecrolimus 1 % cream*	L5	QL (100 PER 30 DAY(S))
tacrolimus	*tacrolimus (0.03 % ointment, 0.1 % ointment)*	L2	
LOCAL ANESTHETICS - TOPICAL			
7t lido	*7t lido 2 % gel*	L2	
glydo	*glydo 2 % prsyr*	L2	
lidocaine	*lidocaine 5 % ointment*	L2	
lidocaine	*lidocaine 5 % patch*	L2	QL (3 PATCH PER DAY(S))
lidocaine hcl	*lidocaine hcl 4 % solution*	L2	
lidocaine hcl urethral/mucosal	*lidocaine hcl urethral/mucosal (2 % gel, 2 % prsyr)*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
lidocan	*lidocan 5 % patch*	L2	QL (3 PATCH PER DAY(S))
LIDODERM	LIDODERM 5 % PATCH *lidocaine*	L2	QL (3 PATCH PER DAY(S)), GA
PROXIVOL	PROXIVOL 2 % GEL *lidocaine hcl*	L2	GA
tridacaine ii	*tridacaine ii 5 % patch*	L2	QL (3 PATCH PER DAY(S))
tridacaine iii	*tridacaine iii 5 % patch*	L2	QL (3 PATCH PER DAY(S))
TOPICAL ANESTHETIC COMBINATIONS			
lidocaine-prilocaine	*lidocaine-prilocaine 2.5-2.5 % cream*	L2	
SCABICIDES & PEDICULICIDES			
CROTAN	CROTAN 10 % LOTION *crotamiton*	L4	
ELIMITE	ELIMITE 5 % CREAM *permethrin*	L2	GA
EURAX	EURAX 10 % CREAM *crotamiton*	L4	
malathion	*malathion 0.5 % lotion*	L2	
NATROBA	NATROBA 0.9 % SUSPENSION *spinosad*	L2	
OVIDE	OVIDE 0.5 % LOTION *malathion*	L2	GA
permethrin	*permethrin 5 % cream*	L2	
PRURADIK	PRURADIK 10 % LOTION *crotamiton*	L4	
SPINOSAD	SPINOSAD 0.9 % SUSPENSION *spinosad*	L2	
WOUND CARE - GROWTH FACTOR AGENTS			
REGRANEX	REGRANEX 0.01 % GEL *becaplermin*	L4	
MISC. TOPICAL			
QBREXZA	QBREXZA 2.4 % PAD *glycopyrronium tosylate*	L5	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ANTIDOTES AND SPECIFIC ANTAGONISTS			
VISTOGARD	VISTOGARD 10 GM PACKET *uridine triacetate (emergency treatment)*	L3	QL (4 PER 1 DAY(S)), S
ANTIDOTES - CHELATING AGENTS			
CHEMET	CHEMET 100 MG CAP *succimer*	L5	
deferasirox	*deferasirox (90 mg packet, 90 mg tab, 125 mg tab sol, 180 mg packet, 180 mg tab, 250 mg tab sol, 360 mg packet, 360 mg tab, 500 mg tab sol)*	L5	S
deferasirox granules	*deferasirox granules (granules 90 mg packet, granules 180 mg packet, granules 360 mg packet)*	L5	S
deferiprone	*deferiprone (500 mg tab, 1000 mg tab)*	L5	S
EXJADE	EXJADE (125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL) *deferasirox*	L5	S, GA
FERRIPROX	FERRIPROX (100 MG/ML SOLUTION, 500 MG TAB, 1000 MG TAB) *deferiprone*	L5	S, GA
FERRIPROX TWICE-A-DAY	FERRIPROX TWICE-A-DAY 1000 MG TAB *deferiprone*	L5	S
JADENU	JADENU (90 MG TAB, 180 MG TAB, 360 MG TAB) *deferasirox*	L5	S, GA
JADENU SPRINKLE	JADENU SPRINKLE (90 MG PACKET, 180 MG PACKET, 360 MG PACKET) *deferasirox*	L5	S, GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
OPIOID ANTAGONISTS			
KLOXXADO	KLOXXADO 8 MG/0.1ML LIQUID *naloxone hcl*	L2	
naloxone hcl	*naloxone hcl (0.4 mg/ml soln cart, 2 mg/2ml soln prsyr, 4 mg/0.1ml liquid)*	L2	
naltrexone hcl	*naltrexone hcl 50 mg tab*	L2	
NARCAN	NARCAN 4 MG/0.1ML LIQUID *naloxone hcl*	L2	GA
OPVEE	OPVEE 2.7 MG/0.1ML SOLUTION *nalmefene hcl (antidote)*	L3	
REXTOVY	REXTOVY 4 MG/0.25ML LIQUID *naloxone hcl*	L2	
ZIMHI	ZIMHI 5 MG/0.5ML SOLN PRSYR *naloxone hcl*	L2	
DIAGNOSTIC PRODUCTS DIAGNOSTIC TESTS			
ACCU-CHEK AVIVA PLUS	ACCU-CHEK AVIVA PLUS STRIP *glucose blood*	L3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ACCU-CHEK GUIDE TEST	ACCU-CHEK GUIDE TEST STRIP *glucose blood*	L3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ACCU-CHEK SMARTVIEW	ACCU-CHEK SMARTVIEW STRIP *glucose blood*	L3	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ACCUTREND GLUCOSE	ACCUTREND GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ADVANCE INTUITION TEST	ADVANCE INTUITION TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ADVANCE MICRO-DRAW TEST	ADVANCE MICRO-DRAW TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ADVOCATE REDI-CODE	ADVOCATE REDI-CODE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ADVOCATE REDI-CODE+ TEST	ADVOCATE REDI-CODE+ TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ADVOCATE TEST	ADVOCATE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
AGAMATRIX AMP TEST	AGAMATRIX AMP TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
AGAMATRIX JAZZ TEST	AGAMATRIX JAZZ TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
AGAMATRIX KEYNOTE TEST	AGAMATRIX KEYNOTE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
AGAMATRIX PRESTO TEST	AGAMATRIX PRESTO TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE 3 TEST	ASSURE 3 TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE 4 TEST	ASSURE 4 TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE II	ASSURE II STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE II CHECK	ASSURE II CHECK STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE PLATINUM	ASSURE PLATINUM STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE PRISM MULTI TEST	ASSURE PRISM MULTI TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ASSURE PRO TEST	ASSURE PRO TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
BIOTEL CARE TEST STRIPS	BIOTEL CARE TEST STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
BLOOD GLUCOSE TEST	BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
BLOOD GLUCOSE TEST STRIPS 333	BLOOD GLUCOSE TEST STRIPS 333 STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
BLULINK GLUCOSE TEST	BLULINK GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CAREONE BLOOD GLUCOSE TEST	CAREONE BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CARESENS N GLUCOSE TEST	CARESENS N GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CARESENS S GLUCOSE TEST	CARESENS S GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CARETOUCH TEST	CARETOUCH TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CHEMSTRIP K	CHEMSTRIP K STRIP *acetone (urine) test*	L3	
CLEVER CHEK AUTO-CODE TEST	CLEVER CHEK AUTO-CODE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHEK AUTO-CODE VOICE	CLEVER CHEK AUTO-CODE VOICE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHEK TEST	CLEVER CHEK TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHOICE AUTO-CODE TEST	CLEVER CHOICE AUTO-CODE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHOICE MICRO TEST	CLEVER CHOICE MICRO TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHOICE NO CODING	CLEVER CHOICE NO CODING STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CLEVER CHOICE TALK SYSTEM	CLEVER CHOICE TALK SYSTEM STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CONTOUR NEXT	CONTOUR NEXT STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
CONTOUR NEXT TEST	CONTOUR NEXT TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s))
CONTOUR PLUS TEST	CONTOUR PLUS TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s))
CONTOUR TEST	CONTOUR TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s))
COOL BLOOD GLUCOSE TEST STRIPS	COOL BLOOD GLUCOSE TEST STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CVS ADVANCED GLUCOSE TEST	CVS ADVANCED GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CVS GLUCOSE METER TEST STRIPS	CVS GLUCOSE METER TEST STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
CVS TRUE METRIX GLUCOSE TEST	CVS TRUE METRIX GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
D-CARE BLOOD GLUCOSE	D-CARE BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
DIASTIX	DIASTIX STRIP *glucose urine test-(glucose oxidase)*	L3	
DIASTIX REAGENT	DIASTIX REAGENT STRIP *glucose urine test-(glucose oxidase)*	L3	
DIATHRIVE BLOOD GLUCOSE TEST	DIATHRIVE BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
DIATHRIVE GLUCOSE TEST	DIATHRIVE GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
DIATHRIVE+ GLUCOSE TEST	DIATHRIVE+ GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BlueSimplicity℠ RX

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
DIATRUE PLUS TEST	DIATRUE PLUS TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
DUO-CARE TEST	DUO-CARE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY MAX BLOOD GLUCOSE TEST	EASY MAX BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY PLUS II GLUCOSE TEST	EASY PLUS II GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY STEP TEST	EASY STEP TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TALK BLOOD GLUCOSE TEST	EASY TALK BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TALK PLUS II TEST STRIPS	EASY TALK PLUS II TEST STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TOUCH HEALTHPRO GLUCOSE	EASY TOUCH HEALTHPRO GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TOUCH TEST	EASY TOUCH TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TRAK BLOOD GLUCOSE TEST	EASY TRAK BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASY TRAK II GLUCOSE TEST	EASY TRAK II GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASYGLUCO	EASYGLUCO STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASYMAX 15 TEST	EASYMAX 15 TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASYMAX TEST	EASYMAX TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASYPRO BLOOD GLUCOSE TEST	EASYPRO BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EASYPRO PLUS	EASYPRO PLUS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ELEMENT COMPACT TEST	ELEMENT COMPACT TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ELEMENT TEST	ELEMENT TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EMBRACE BLOOD GLUCOSE TEST	EMBRACE BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EMBRACE EVO BLOOD GLUCOSE TEST	EMBRACE EVO BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EMBRACE PRO GLUCOSE TEST	EMBRACE PRO GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EMBRACE TALK GLUCOSE TEST	EMBRACE TALK GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EMBRACE WAVE BLOOD GLUCOSE	EMBRACE WAVE BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EQ BLOOD GLUCOSE TEST	EQ BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
EVOLUTION AUTOCODE	EVOLUTION AUTOCODE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FIFTY50 GLUCOSE TEST 2.0	FIFTY50 GLUCOSE TEST 2.0 STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FONDCIRCLE BLOOD GLUCOSE TEST	FONDCIRCLE BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA 6 CONNECT	FORA 6 CONNECT STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA 6 CONNECT/GTEL TEST	FORA 6 CONNECT/GTEL TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA BLOOD GLUCOSE TEST	FORA BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA D15G BLOOD GLUCOSE TEST	FORA D15G BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORA D20 BLOOD GLUCOSE TEST	FORA D20 BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA D40/G31 BLOOD GLUCOSE	FORA D40/G31 BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA G20 BLOOD GLUCOSE TEST	FORA G20 BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA G30/PREM V10 GLUCOSE TEST	FORA G30/PREM V10 GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA GD20 TEST	FORA GD20 TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA GD50 BLOOD GLUCOSE TEST	FORA GD50 BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA GTEL BLOOD GLUCOSE TEST	FORA GTEL BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA GTEL BLOOD KETONE TEST	FORA GTEL BLOOD KETONE TEST STRIP *ketone blood test*	L3	
FORA TEST N'GO ADV-VOICE-6 CON	FORA TEST N'GO ADV-VOICE-6 CON STRIP *ketone blood test*	L3	
FORA TN'G ADVANCE PRO	FORA TN'G ADVANCE PRO STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA TN'G/TN'G VOICE	FORA TN'G/TN'G VOICE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA V10 BLOOD GLUCOSE TEST	FORA V10 BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA V12 BLOOD GLUCOSE TEST	FORA V12 BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA V20 BLOOD GLUCOSE TEST	FORA V20 BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORA V30A BLOOD GLUCOSE TEST	FORA V30A BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
FORACARE GD40 TEST	FORACARE GD40 TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORACARE PREMIUM V10 TEST	FORACARE PREMIUM V10 TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORACARE TEST N GO TEST	FORACARE TEST N GO TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORTISCARE G1 TEST STRIP	FORTISCARE G1 TEST STRIP STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FORTISCARE TEST	FORTISCARE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FREESTYLE INSULINX TEST	FREESTYLE INSULINX TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FREESTYLE LITE TEST	FREESTYLE LITE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FREESTYLE PRECISION NEO TEST	FREESTYLE PRECISION NEO TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
FREESTYLE TEST	FREESTYLE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GE100 BLOOD GLUCOSE TEST	GE100 BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GENULTIMATE TEST	GENULTIMATE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GHT TEST	GHT TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCO PERFECT 3 TEST	GLUCO PERFECT 3 TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCARD 01 SENSOR PLUS	GLUCOCARD 01 SENSOR PLUS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCARD EXPRESSION TEST	GLUCOCARD EXPRESSION TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
GLUCOCARD SHINE TEST	GLUCOCARD SHINE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCARD VITAL TEST	GLUCOCARD VITAL TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCARD X-SENSOR	GLUCOCARD X-SENSOR STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOCOM TEST	GLUCOCOM TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCONAVII BLOOD GLUCOSE TEST	GLUCONAVII BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GLUCOSE METER TEST	GLUCOSE METER TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GNP EASY TOUCH GLUCOSE TEST	GNP EASY TOUCH GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GNP TRUE METRIX GLUCOSE STRIPS	GNP TRUE METRIX GLUCOSE STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GNP TRUETRACK SMART SYSTEM	GNP TRUETRACK SMART SYSTEM STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GNP TRUETRACK TEST STRIPS	GNP TRUETRACK TEST STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GOJJI BLOOD GLUCOSE TEST	GOJJI BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GOJJI BLOOD KETONE TEST	GOJJI BLOOD KETONE TEST STRIP *ketone blood test*	L3	
GOJJI BLOOD TEST STRIP/LANCETS	GOJJI BLOOD TEST STRIP/LANCETS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
GOODSENSE BLOOD GLUCOSE	GOODSENSE BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
HW EMBRACE PRO GLUCOSE TEST	HW EMBRACE PRO GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
HW EMBRACE TALK GLUCOSE TEST	HW EMBRACE TALK GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
IGLUCOSE TEST STRIPS	IGLUCOSE TEST STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
IHEALTH BLOOD GLUCOSE TEST STR	IHEALTH BLOOD GLUCOSE TEST STR STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
IN TOUCH BLOOD GLUCOSE TEST	IN TOUCH BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
INFINITY BLOOD GLUCOSE TEST	INFINITY BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
INFINITY VOICE	INFINITY VOICE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
KETONE TEST	KETONE TEST STRIP *acetone (urine) test*	L3	
KETOSTIX	KETOSTIX STRIP *acetone (urine) test*	L3	
KROGER BLOOD GLUCOSE TEST	KROGER BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
KROGER HEALTHPRO GLUCOSE TEST	KROGER HEALTHPRO GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
KROGER PREMIUM GLUCOSE TEST	KROGER PREMIUM GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
LIBERTY NEXT GENERATION TEST	LIBERTY NEXT GENERATION TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
LIBERTY TEST	LIBERTY TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MEIJER BLOOD GLUCOSE TEST	MEIJER BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
MEIJER ESSENTIAL GLUCOSE TEST	MEIJER ESSENTIAL GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MEIJER TRUETEST TEST	MEIJER TRUETEST TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MEIJER TRUETRACK TEST	MEIJER TRUETRACK TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MICRODOT TEST	MICRODOT TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MM BLULINK GLUCOSE TEST	MM BLULINK GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MM EASY TOUCH GLUCOSE	MM EASY TOUCH GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MOBI CONNECT TEST STRIPS	MOBI CONNECT TEST STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MYGLUCOHEALTH TEST	MYGLUCOHEALTH TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
NEUTEK 2TEK TEST	NEUTEK 2TEK TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
NOVA MAX GLUCOSE TEST	NOVA MAX GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
NOVA MAX PLUS KETONE TEST	NOVA MAX PLUS KETONE TEST STRIP *ketone blood test*	L3	
ON CALL EXPRESS BLOOD GLUCOSE	ON CALL EXPRESS BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ONE DROP TEST	ONE DROP TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
ONETOUCH ULTRA	ONETOUCH ULTRA STRIP *glucose blood*	L3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s))
ONETOUCH ULTRA BLUE TEST	ONETOUCH ULTRA BLUE TEST STRIP *glucose blood*	L3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s))

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BlueSimplicity℠RX

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
ONETOUCH ULTRA TEST	ONETOUCH ULTRA TEST STRIP *glucose blood*	L3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s))
ONETOUCH VERIO	ONETOUCH VERIO STRIP *glucose blood*	L3	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s))
OPTIUMEZ TEST	OPTIUMEZ TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PHARMACIST CHOICE AUTOCODE	PHARMACIST CHOICE AUTOCODE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PHARMACIST CHOICE NO CODING	PHARMACIST CHOICE NO CODING STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PIP BLOOD GLUCOSE TEST STRIP	PIP BLOOD GLUCOSE TEST STRIP STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
POCKETCHEM EZ TEST	POCKETCHEM EZ TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PRECISION XTRA BLOOD GLUCOSE	PRECISION XTRA BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PRECISION XTRA KETONE	PRECISION XTRA KETONE STRIP *ketone blood test*	L3	
PREMIUM BLOOD GLUCOSE TEST	PREMIUM BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PRO VOICE V8/V9 GLUCOSE	PRO VOICE V8/V9 GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PRODIGY NO CODING BLOOD GLUC	PRODIGY NO CODING BLOOD GLUC STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
PTS PANELSEGLU TEST	PTS PANELSEGLU TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
QUICK TOUCH BLOOD GLUCOSE TEST	QUICK TOUCH BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
QUICKTEK TEST	QUICKTEK TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
QUINTET AC BLOOD GLUCOSE TEST	QUINTET AC BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
QUINTET BLOOD GLUCOSE TEST	QUINTET BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
REFUAH PLUS BLOOD GLUCOSE TEST	REFUAH PLUS BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION BLOOD GLUCOSE TEST	RELION BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION CONFIRM/MICRO TEST	RELION CONFIRM/MICRO TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION GLUCOSE TEST STRIPS	RELION GLUCOSE TEST STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION KETONE TEST	RELION KETONE TEST STRIP *acetone (urine) test*	L3	
RELION PREMIER TEST	RELION PREMIER TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION PRIME TEST	RELION PRIME TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION TRUE METRIX TEST STRIPS	RELION TRUE METRIX TEST STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RELION ULTIMA TEST	RELION ULTIMA TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
REXALL BLOOD GLUCOSE TEST	REXALL BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RIGHTEST GS100 BLOOD GLUCOSE	RIGHTEST GS100 BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RIGHTEST GS300 BLOOD GLUCOSE	RIGHTEST GS300 BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RIGHTEST GS550 BLOOD GLUCOSE	RIGHTEST GS550 BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RIGHTEST GT333 BLOOD GLUCOSE	RIGHTEST GT333 BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
RIGHTEST GT333 GLUCOSE TEST	RIGHTEST GT333 GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
SMART SENSE PREMIUM TEST	SMART SENSE PREMIUM TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
SMART SENSE VALUE TEST	SMART SENSE VALUE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
SMARTEST BLOOD GLUCOSE TEST	SMARTEST BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
SOLUS V2 TEST	SOLUS V2 TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
SUPREME TEST	SUPREME TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TGT BLOOD GLUCOSE TEST	TGT BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TRUE FOCUS BLOOD GLUCOSE STRIP	TRUE FOCUS BLOOD GLUCOSE STRIP STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TRUE METRIX BLOOD GLUCOSE TEST	TRUE METRIX BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), MN-PA (Medically Necessary Prior Authorization), PA-QL (10 Strip / Day(s))
TRUE METRIX PRO BLOOD GLUCOSE	TRUE METRIX PRO BLOOD GLUCOSE STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TRUENESS BLOOD GLUCOSE STRIPS	TRUENESS BLOOD GLUCOSE STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TRUETEST TEST	TRUETEST TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
TRUETRACK TEST	TRUETRACK TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))

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BlueSimplicity℠RX

BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
UNISTRIP1 GENERIC	UNISTRIP1 GENERIC STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
VERASENS BLOOD GLUCOSE TEST	VERASENS BLOOD GLUCOSE TEST STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
VIVAGUARD INO TEST STRIPS	VIVAGUARD INO TEST STRIPS STRIP *glucose blood*	L4	QL (5 STRIP PER DAY(S)), PA-QL (10 Strip / Day(s))
MULTIPLE URINE TESTS			
CHEMSTRIP 10 MD	CHEMSTRIP 10 MD STRIP *multiple urine tests*	L3	
CHEMSTRIP 10/SG	CHEMSTRIP 10/SG STRIP *multiple urine tests*	L3	
CHEMSTRIP 2 GP	CHEMSTRIP 2 GP STRIP *multiple urine tests*	L3	
CHEMSTRIP 5 OB	CHEMSTRIP 5 OB STRIP *multiple urine tests*	L3	
CHEMSTRIP 7	CHEMSTRIP 7 STRIP *multiple urine tests*	L3	
CHEMSTRIP 9	CHEMSTRIP 9 STRIP *multiple urine tests*	L3	
CHEMSTRIP UGK	CHEMSTRIP UGK STRIP *urine glucose-ketones test*	L3	
CVS KETONE CARE	CVS KETONE CARE STRIP *urine glucose-ketones test*	L3	
KETO-DIASTIX	KETO-DIASTIX STRIP *urine glucose-ketones test*	L3	
MULTISTIX 10 SG	MULTISTIX 10 SG STRIP *multiple urine tests*	L3	
MEDICAL DEVICES AND SUPPLIES NEEDLES & SYRINGES			
INSULIN PEN NEEDLE	INSULIN PEN NEEDLE *insulin pen needle*	L3	
INSULIN SYRINGE	INSULIN SYRINGE *insulin syringe*	L3	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INSULIN SYRINGE NEEDLE	INSULIN SYRINGE NEEDLE *insulin syringe needle*	L3	
GLUCOSE MONITORING TEST SUPPLIES			
LANCETS	LANCETS *lancets*	L3	QL (150 PER 30 DAY(S))
LANCETS	LANCETS *lancets*	L3	QL (5 LANCET PER DAY(S)), PA-QL (10 Lancet / day(s))
APPLICATORS,COTTON BALLS,ETC			
BD SWAB SINGLE USE REGULAR	BD SWAB SINGLE USE REGULAR PAD *alcohol swabs*	L3	
RA ALCOHOL SWABS	RA ALCOHOL SWABS 70 % PAD *alcohol swabs*	L3	
SM ALCOHOL PREP	SM ALCOHOL PREP (70%PAD, PAD) *alcohol swabs*	L3	
MISCELLANEOUS THERAPEUTIC CLASSES CHELATING AGENTS			
DEPEN TITRATABS	DEPEN TITRATABS 250 MG TAB *penicillamine*	L4	S, GA
penicillamine	*penicillamine 250 mg tab*	L4	S
SYPRINE	SYPRINE 250 MG CAP *trientine hcl*	L4	S, GA
trientine hcl	*trientine hcl 250 mg cap*	L4	S
ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT			
JOENJA	JOENJA 70 MG TAB *leniolisib phosphate*	L5	PA, QL (2 PER 1 DAY(S)), S
ANTILEPROTICS			
THALOMID	THALOMID (150 MG CAP, 200 MG CAP) *thalidomide*	L4	QL (2 PER 1 DAY), S
THALOMID	THALOMID (50 MG CAP, 100 MG CAP) *thalidomide*	L4	QL (1 PER 1 DAY), S

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES			
lenalidomide	*lenalidomide (2.5 mg cap, 5 mg cap, 10 mg cap, 15 mg cap)*	L4	QL (1 PER 1 DAY), S
lenalidomide	*lenalidomide (20 mg cap, 25 mg cap)*	L4	QL (21 PER 28 DAY(S)), S
REVLIMID	REVLIMID (2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP) *lenalidomide*	L4	QL (1 PER 1 DAY), S, GA
REVLIMID	REVLIMID (20 MG CAP, 25 MG CAP) *lenalidomide*	L4	QL (21 PER 28 DAY(S)), S, GA
ROCK INHIBITORS			
REZUROCK	REZUROCK 200 MG TAB *belumosudil mesylate*	L3	PA, QL (1 PER DAY(S)), S
CYCLOSPORINE ANALOGS			
cyclosporine	*cyclosporine (25 mg cap, 100 mg cap)*	L2	
cyclosporine modified	*cyclosporine modified (25 mg cap, 50 mg cap, 100 mg cap, 100 mg/ml solution)*	L2	PA
gengraf	*gengraf (25 mg cap, 100 mg cap, 100 mg/ml solution)*	L2	PA
LUPKYNIS	LUPKYNIS 7.9 MG CAP *voclosporin*	L5	PA, QL (6 PER DAY(S)), S
NEORAL	NEORAL (25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION) *cyclosporine modified (for microemulsion)*	L2	PA, GA
SANDIMMUNE	SANDIMMUNE (25 MG CAP, 100 MG CAP) *cyclosporine*	L2	GA
SANDIMMUNE	SANDIMMUNE 100 MG/ML SOLUTION *cyclosporine*	L4	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS			
CELLCEPT	CELLCEPT (200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB) *mycophenolate mofetil*	L2	GA
mycophenolate mofetil	*mycophenolate mofetil (200 mg/ml recon susp, 250 mg cap, 500 mg tab)*	L2	
mycophenolate sodium	*mycophenolate sodium (180 mg tab dr, 360 mg tab dr)*	L2	
mycophenolic acid	*mycophenolic acid (180 mg tab dr, 360 mg tab dr)*	L2	
MYFORTIC	MYFORTIC (180 MG TAB DR, 360 MG TAB DR) *mycophenolate sodium*	L2	GA
MYHIBBIN	MYHIBBIN 200 MG/ML SUSPENSION *mycophenolate mofetil*	L2	
MACROLIDE IMMUNOSUPPRESSANTS			
ASTAGRAF XL	ASTAGRAF XL (0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H) *tacrolimus*	L5	S
ENVARSUS XR	ENVARSUS XR (0.75 MG TAB ER 24H, 1 MG TAB ER 24H, 4 MG TAB ER 24H) *tacrolimus*	L4	S
everolimus	*everolimus (0.25 mg tab, 0.5 mg tab, 0.75 mg tab, 1 mg tab)*	L4	S
PROGRAF	PROGRAF (0.2 MG PACKET, 1 MG PACKET) *tacrolimus*	L3	PA
PROGRAF	PROGRAF (0.5 MG CAP, 1 MG CAP, 5 MG CAP) *tacrolimus*	L2	PA, GA
RAPAMUNE	RAPAMUNE (0.5 MG TAB, 1 MG TAB, 2 MG TAB) *sirolimus*	L2	GA

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
RAPAMUNE	RAPAMUNE 1 MG/ML SOLUTION *sirolimus*	L3	PA, QL (40 ML PER DAY(S)), GA
sirolimus	*sirolimus (0.5 mg tab, 1 mg tab, 2 mg tab)*	L2	
sirolimus	*sirolimus 1 mg/ml solution*	L3	PA, QL (40 ML PER DAY(S))
tacrolimus	*tacrolimus (0.5 mg cap, 1 mg cap, 5 mg cap)*	L2	PA
ZORTRESS	ZORTRESS (0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB) *everolimus (immunosuppressant)*	L4	S, GA
MONOCLONAL ANTIBODIES			
ENSPRYNG	ENSPRYNG 120 MG/ML SOLN PRSYR *satralizumab-mwge*	L4	PA, QL (1 PER 28 DAY(S)), S
PURINE ANALOGS			
azathioprine	*azathioprine 50 mg tab*	L2	
IMURAN	IMURAN 50 MG TAB *azathioprine*	L2	GA
B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS			
BENLYSTA	BENLYSTA (200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR) *belimumab*	L4	S
POTASSIUM REMOVING AGENTS			
LOKELMA	LOKELMA (5 GM PACKET, 10 GM PACKET) *sodium zirconium cyclosilicate*	L4	S
sodium polystyrene sulfonate	*sodium polystyrene sulfonate powder*	L2	
SPS (SODIUM POLYSTYRENE SULF)	SPS (SODIUM POLYSTYRENE SULF) (15 GM/60ML SUSPENSION, 30 GM/120ML SUSPENSION) *sodium polystyrene sulfonate*	L2	

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BRAND NAME	DRUG DESCRIPTION (RX)	TIER	LIMITS & RESTRICTIONS
VELTASSA	VELTASSA (1 GM PACKET, 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET) *patiromer sorbitex calcium*	L4	S
FARNESYLTRANSFERASE INHIBITORS			
ZOKINVY	ZOKINVY (50 MG CAP, 75 MG CAP) *lonafarnib*	L5	PA, QL (120 PER 30 DAY(S)), S, QLV (Quantity Limit Varies)
PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB			
VIJOICE	VIJOICE (50 MG TAB THPK, 125 MG TAB THPK, 200 & 50 MG TAB THPK) *alpelisib (pros agents)*	L5	PA, QL (2 PER DAY(S)), S
VIJOICE	VIJOICE 50 MG PACKET *alpelisib (pros agents)*	L5	PA, QL (1 PACKET PER 1 DAY(S)), S

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Index of covered drugs

A

ABACAVIR SULFATE 15,16
ABACAVIR SULFATE-LAMIVUDINE 17,18
ABACAVIR SULFATE-LAMIVUDINE-ZIDOVUDINE . 19
ABACAVIR-DOLUTEGRAVIR-LAMIVUDINE 19
ABATACEPT 214
ABEMACICLIB 47
ABILIFY 179
ABILIFY MAINTENA 179
ABIRATERONE ACETATE 45
ABRYSVO 28
ACALABRUTINIB MALEATE 49
ACAMPROSATE CALCIUM 198
ACANYA 268
ACARBOSE 88
ACCOLATE 145
ACCU-CHEK AVIVA PLUS 286
ACCU-CHEK GUIDE TEST 286
ACCU-CHEK SMARTVIEW 286
ACCUPRIL 112
ACCURETIC 117
ACCUTREND GLUCOSE 286
ACEBUTOLOL HCL 106
ACETAMINOPHEN W/ CODEINE 208
ACETAMINOPHEN-CAFF-DIHYDROCOD 209
ACETAZOLAMIDE 120,121
ACETIC ACID (OTIC) 262
ACETOHYDROXAMIC ACID 166
ACETONE (URINE) TEST 288,295,298
ACETYLCYSTEINE 136
ACIPHEX 152
ACITRETIN 273
ACLIDINIUM BROMIDE-FORMOTEROL FUMARATE 141
ACTEMRA 214
ACTEMRA ACTPEN 214
ACTHAR GEL 98
ACTHIB 35
ACTIMMUNE 57
ACTIQ 200
ACTIVELLA 67
ACTONEL 95
ACTOPLUS MET 92
ACTOS 89
ACULAR 260
ACULAR LS 260
ACUVAIL 260
ACYCLOVIR 22
ACYCLOVIR TOPICAL 275,276
ACYCLOVIR-HYDROCORTISONE 276
ACZONE 267
ADACEL 36
ADAGRASIB 50
ADALIMUMAB 213
ADALIMUMAB-AACF 213
ADALIMUMAB-AACF (2 PEN) 213
ADALIMUMAB-AACF (2 SYRINGE) 213
ADALIMUMAB-AACF(CD/UC/HS STRT) 213
ADALIMUMAB-AACF(PS/UV STARTER) 213
ADALIMUMAB-ADBM 213
ADALIMUMAB-ADBM (2 SYRINGE) 213
ADALIMUMAB-BWWD 213
ADAPALENE 266
ADAPALENE-BENZOYL PEROXIDE 268,269
ADASUVE 177
ADCIRCA 128
ADDERALL 185
ADDERALL XR 185
ADEFOVIR DIPIVOXIL 20
ADEMPAS 128
ADRENALIN 122
ADVAIR DISKUS 140
ADVAIR HFA 140
ADVANCE INTUITION TEST 286
ADVANCE MICRO-DRAW TEST 286
ADVOCATE REDI-CODE 287
ADVOCATE REDI-CODE+ TEST 287
ADVOCATE TEST 287
ADZENYS XR-ODT 183
AEMCOLO 24
AFATINIB DIMALEATE 42

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AFINITOR 51
AFINITOR DISPERZ 51
AFLURIA 28
AFLURIA PRESERVATIVE FREE 28
AFLURIA QUADRIVALENT 28
AFREZZA 80,81
AGAMATRIX AMP TEST 287
AGAMATRIX JAZZ TEST 287
AGAMATRIX KEYNOTE TEST 287
AGAMATRIX PRESTO TEST 287
AGRYLIN 248
AIMOVIG 218
AIRDUO DIGIHALER 140
AIRDUO RESPICLICK 113/14 140
AIRDUO RESPICLICK 232/14 140
AIRDUO RESPICLICK 55/14 141
AJOVY 218
AKEEGA 45
AKLIEF 266
AKTEN 259
AKYNZEO 155
ALBENDAZOLE 24
ALBUTEROL SULFATE 139,140
ALCAINE 259
ALCLOMETASONE DIPROPIONATE 277
ALCOHOL SWABS 301
ALDACTAZIDE 122
ALDACTONE 121
ALECENSA 46
ALECTINIB HCL 46
ALENDRONATE SODIUM 95
ALENDRONATE SODIUM-CHOLECALCIFEROL . . . 95
ALFUZOSIN HCL 166,167
ALINIA 26
ALIROCUMAB 125
ALISKIREN FUMARATE 114
ALISKIREN-HYDROCHLOROTHIAZIDE 120
ALITRETINOIN 276
ALKERAN 40
ALLOPURINOL 219
ALMOTRIPTAN MALATE 216
ALOCRIL 260
ALOGLIPTIN BENZOATE 88,89
ALOGLIPTIN-METFORMIN HCL 89,90
ALOGLIPTIN-PIOGLITAZONE 90
ALOMIDE 260
ALORA 63
ALOSETRON HCL 159
ALPELISIB 56
ALPELISIB (PROS AGENTS) 305
ALPHAGAN P 258
ALPRAZOLAM 167,168
ALPRAZOLAM INTENSOL 167
ALPROSTADIL (VASODILATOR) 131
ALREX 254
ALTABAX 270
ALTACAINE 259
ALTACE 112
ALTAFRIN 257
ALTOPREV 125
ALTRENO 266
ALUNBRIG 46
ALVIMOPAN 159
AMANTADINE HCL 229
AMARYL 86
AMBIEN 181
AMBIEN CR 181
AMBRISENTAN 129
AMCINONIDE 277
AMERGE 216
AMERITHROID 92
AMICAR 247
AMIFAMPRIDINE PHOSPHATE 234
AMIKACIN SULFATE LIPOSOME 11
AMILORIDE & HYDROCHLOROTHIAZIDE 122
AMILORIDE HCL 121
AMINOCAPROIC ACID 247
AMINOSALICYLIC ACID 12
AMIODARONE HCL 112
AMITIZA 157
AMITRIPTYLINE HCL 173
AMLODIPINE BENZOATE 109

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AMLODIPINE BESYLATE 107,109
AMLODIPINE BESYLATE-ATORVASTATIN CALCIUM 133
AMLODIPINE BESYLATE-BENAZEPRIL HCL 116
AMLODIPINE BESYLATE-OLMESARTAN MEDOXOMIL 118
AMLODIPINE BESYLATE-VALSARTAN 118
AMOXAPINE 173
AMOXICILL-CLARITHRO-LANSOPRAZ 153
AMOXICILLIN 5
AMOXICILLIN & POT CLAVULANATE 6
AMOXICILLIN-CLARITHROMYCIN W/ LANSOPRAZOLE 153
AMOXICILLIN-CLARITHROMYCIN W/ OMEPRAZOLE 153
AMPHETAMINE 183,184
AMPHETAMINE SULFATE 183,184
AMPHETAMINE-DEXTROAMPHETAMINE 185
AMPICILLIN 5
AMPYRA 196
AMZEEQ 267
ANAFRANIL 173
ANAGRELIDE HCL 248
ANAKINRA 212
ANALPRAM HC 265
ANALPRAM HC SINGLES 265
ANALPRAM-HC 265
ANAPROX DS 210
ANASPAZ 150
ANASTROZOLE 44
ANCOBON 12
ANDRODERM 62
ANDROGEL 62
ANDROGEL PUMP 62
ANGELIQ 67
ANNOVERA 69
ANORO ELLIPTA 141
ANUCORT-HC 264
ANUSOL-HC 264
ANZEMET 154
APADAZ 207
APALUTAMIDE 43
APAP-CAFF-DIHYDROCODEINE 209
APIXABAN 246
APRACLONIDINE HCL 258
APREMILAST 215,216
APREPITANT 154
APRISO 157
APTENSIO XR 187
APTIOM 223
APTIVUS 15
AQUASTAT 239
AQUASTAT SFR 239
ARAKODA 23
ARANELLE 77
ARANESP (ALBUMIN FREE) 241
ARAVA 213
ARCALYST 214
AREXVY 28
ARFORMOTEROL TARTRATE 139
ARICEPT 190
ARIKAYCE 11
ARIMIDEX 44
ARIPIPRAZOLE 179
ARIXTRA 245
ARMODAFINIL 187,189
ARMONAIR DIGIHALER 143
ARMOUR THYROID 92
ARNUITY ELLIPTA 143
AROMASIN 44
ARTEMETHER-LUMEFANTRINE 23
ARTHROTEC 212
ARTIFICIAL TEAR INSERT 252
ASACOL HD 157
ASCIMINIB HCL 48
ASENAPINE 177
ASENAPINE MALEATE 177
ASFOTASE ALFA 101
ASMANEX (120 METERED DOSES) 143
ASMANEX (14 METERED DOSES) 143
ASMANEX (30 METERED DOSES) 143
ASMANEX (60 METERED DOSES) 143

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ASMANEX HFA 143
ASPIRIN (PLATELET AGGREGATION INHIBITOR) 247
ASPIRIN-DIPYRIDAMOLE 248
ASSURE 3 TEST 287
ASSURE 4 TEST 287
ASSURE II 287
ASSURE II CHECK 287
ASSURE PLATINUM 287
ASSURE PRISM MULTI TEST 287
ASSURE PRO TEST 287
ASTAGRAF XL 303
ATABEX EC 235
ATABEX OB 235
ATACAND 113
ATACAND HCT 119
ATAZANAVIR SULFATE 15
ATAZANAVIR SULFATE-COBICISTAT 18
ATELVIA 95
ATENOLOL 106
ATENOLOL & CHLORTHALIDONE 117,118
ATIVAN 167
ATOMOXETINE HCL 186
ATORVASTATIN CALCIUM 125,126
ATOVAQUONE 26
ATOVAQUONE-PROGUANIL HCL 23
ATRALIN 266
ATROPINE SULFATE (OPHTHALMIC) 257
ATROVENT HFA 138
AUBAGIO 195
AUDENZ 28
AUGMENTIN 6
AUGMENTIN ES-600 6
AUGTYRO 53
AURANOFIN 212
AURYXIA 160
AUSTEDO 192
AUSTEDO PATIENT TITRATION KIT 192
AUSTEDO XR 192
AUSTEDO XR PATIENT TITRATION 193
AUVI-Q 123
AVACOPAN 249
AVALIDE 119
AVANAFIL 131
AVAPRITINIB 46
AVAPRO 113
AVATROMBOPAG MALEATE 242
AVODART 166
AVONEX PEN 194
AVONEX PREFILLED 194
AXITINIB 41
AYGESTIN 80
AYVAKIT 46
AZACITIDINE 41
AZASITE 250
AZATHIOPRINE 304
AZELAIC ACID 269
AZELAIC ACID (ACNE) 266
AZELASTINE HCL 135
AZELASTINE HCL (OPHTH) 260
AZELASTINE HCL-FLUTICASONE PROPIONATE 135
AZELEX 266
AZILECT 232
AZILSARTAN MEDOXOMIL 114
AZILSARTAN MEDOXOMIL-CHLORTHALIDONE 119
AZITHROMYCIN 8,9
AZITHROMYCIN (OPHTH) 250
AZOPT 260
AZOR 118
AZTREONAM LYSINE 25
AZULFIDINE 157
AZULFIDINE EN-TABS 158

B

BACITRACIN 250
BACITRACIN (OPHTHALMIC) 250
BACITRACIN-POLY-NEOMYCIN-HC 255
BACITRACIN-POLYMYXIN B 252
BACITRACIN-POLYMYXIN B (OPHTH) 251,252
BACLOFEN 233
BACTRIM 27
BACTRIM DS 27

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BAFIERTAM 196
BALCOLTRA 70
BALOXAVIR MARBOXIL 22
BALSALAZIDE DISODIUM 158
BALVERSA 50
BANZEL 223
BAQSIMI ONE PACK 87
BAQSIMI TWO PACK 87
BARACLUDE 20
BARICITINIB 215
BASAGLAR KWIKPEN 81
BASAGLAR TEMPO PEN 81
BAXDELA 11
BD HEPARIN POSIFLUSH 244
BD POSIFLUSH 240
BD POSIFLUSH SAFESCRUB 240
BD SWAB SINGLE USE REGULAR 301
BECAPLERMIN 284
BECLOMETHASONE DIPROP HFA 143
BECLOMETHASONE DIPROP MONOHYD 134
BECLOMETHASONE DIPROPIONATE 143
BECLOMETHASONE DIPROPIONATE (NASAL) . . 135
BECLOMETHASONE DIPROPIONATE HFA 144
BECONASE AQ 134
BELBUCA 206
BELIMUMAB 304
BELSOMRA 183
BELUMOSUDIL MESYLATE 302
BELZUTIFAN 45
BEMPEDOIC ACID 125
BEMPEDOIC ACID-EZETIMIBE 127
BENAZEPRIL & HYDROCHLOROTHIAZIDE 117
BENAZEPRIL HCL 112,113
BENICAR 113
BENICAR HCT 119
BENLYSTA 304
BENRALIZUMAB 145
BENZAMYCIN 268
BENZHYDROCODONE HCL-ACETAMINOPHEN . . 207
BENZHYDROCODONE-ACETAMINOPHEN 207
BENZNIDAZOLE 24
BENZONATATE 136
BENZOYL PEROXIDE-ERYTHROMYCIN 268
BENZTROPINE MESYLATE 229
BEPOTASTINE BESILATE 260
BEPREVE 260
BEROTRALSTAT HCL 249
BESIFLOXACIN HCL 250
BESIVANCE 250
BESREMI 57
BETADINE OPHTHALMIC PREP 251
BETAINE 100
BETAMETHASONE DIPROPIONATE (TOPICAL) 277,280
BETAMETHASONE DIPROPIONATE AUGMENTED 277,278
BETAMETHASONE VALERATE 277,280
BETAPACE 104
BETAPACE AF 104
BETASERON 195
BETAXOLOL HCL 106
BETAXOLOL HCL (OPHTH) 252
BETHANECHOL CHLORIDE 162
BETHKIS 11
BETIMOL 252
BETOPTIC-S 252
BEVESPI AEROSPHERE 141
BEXAROTENE 57
BEXAROTENE (TOPICAL) 276
BEXSERO 35
BEYAZ 70
BEYFORTUS 37
BICALUTAMIDE 43
BICILLIN L-A 5
BICTEGRAVIR-EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE 17
BIDIL 133
BIJUVA 67
BIKTARVY 17
BILTRICIDE 24
BIMATOPROST 256
BINIMETINIB 53

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BINOSTO 95
BIOTEL CARE TEST STRIPS 287
BISOPROLOL & HYDROCHLOROTHIAZIDE 118
BISOPROLOL FUMARATE 106
BLEPHAMIDE S.O.P. 255
BLOOD GLUCOSE TEST 287
BLOOD GLUCOSE TEST STRIPS 333 288
BLULINK GLUCOSE TEST 288
BONIVA 95
BOOSTRIX 36
BOSENTAN 129
BOSULIF 48
BOSUTINIB 48
BRAFTOVI 49
BREO ELLIPTA 141
BREXPIPRAZOLE 179
BREZTRI AEROSPHERE 141
BRIGATINIB 46
BRILINTA 248
BRIMONIDINE TARTRATE 258,269
BRIMONIDINE TARTRATE (TOPICAL) 269,270
BRIMONIDINE TARTRATE-TIMOLOL MALEATE . . 253
BRINZOLAMIDE 260
BRINZOLAMIDE-BRIMONIDINE TARTRATE 259
BRIVARACETAM 224
BRIVIACT 224
BRODALUMAB 274
BROMFENAC SODIUM (OPHTH) 260,261
BROMOCRIPTINE MESYLATE 229
BROMOCRIPTINE MESYLATE (DIABETES) 89
BROMSITE 261
BROVANA 139
BRUKINSA 49
BRYHALI 277
BUDESONIDE 58,59,61
BUDESONIDE (INHALATION) 143,144
BUDESONIDE (INTRARECTAL) 264,265
BUDESONIDE-FORMOTEROL FUMARATE DIHYDRATE 141,142
BUDESONIDE-GLYCOPYRROLATE-FORMOTEROL FUMARATE 141
BUMETANIDE 121
BUMEX 121
BUPHENYL 101
BUPRENORPHINE 206,207
BUPRENORPHINE HCL 206
BUPRENORPHINE HCL-NALOXONE HCL DIHYDRATE 207
BUPROPION HCL 174
BUPROPION HCL (SMOKING DETERRENT) 191
BUSPIRONE HCL 168
BUSULFAN 40
BUTALBITAL-ACETAMINOPHEN 199,200
BUTALBITAL-ACETAMINOPHEN-CAFFEINE . 199,200
BUTALBITAL-ACETAMINOPHEN-CAFFEINE W/ CODEINE 208
BUTALBITAL-ASPIRIN-CAFFEINE 199
BUTALBITAL-ASPIRIN-CAFFEINE W/COD 208
BUTOCONAZOLE NITRATE (ONE DOSE) 163
BUTORPHANOL TARTRATE 207
BUTRANS 207
BYETTA 10 MCG PEN 85
BYETTA 5 MCG PEN 85
BYLVAY 157
BYLVAY (PELLETS) 157
BYNFEZIA PEN 97
BYSTOLIC 106

C

C1 ESTERASE INHIBITOR (HUMAN) 249
CABERGOLINE 99
CABLIVI 247
CABOMETYX 51
CABOZANTINIB S-MALATE 51,52
CADUET 133
CAFERGOT 219
CAFFEINE CITRATE 186
CALAN SR 107
CALCIFEDIOL 100
CALCIPOTRIENE 273
CALCIPOTRIENE-BETAMETHASONE DIPROPIONATE 282

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CALCITONIN (SALMON) 96
CALCITRIOL 100
CALCITRIOL (TOPICAL) 273
CALCIUM ACETATE (PHOSPHATE BINDER) . 160,161
CALQUENCE 49
CAMZYOS 130
CANASA 158
CANDESARTAN CILEXETIL 113,114
CANDESARTAN CILEXETIL-HYDROCHLOROTHIAZIDE 119
CANNABIDIOL 224
CAPECITABINE 41
CAPEX 277
CAPIVASERTIB 46
CAPLACIZUMAB-YHDP 247
CAPLYTA 179
CAPMATINIB HCL 53
CAPRELSA 51
CAPTOPRIL 112
CAPTOPRIL & HYDROCHLOROTHIAZIDE 117
CAPVAXIVE 35
CARAC 276
CARAFATE 153
CARBAGLU 102
CARBAMAZEPINE 224,227
CARBAMAZEPINE (ANTIPSYCHOTIC) 179
CARBATROL 224
CARBIDOPA 232
CARBIDOPA-LEVODOPA 231
CARBIDOPA-LEVODOPA-ENTACAPONE 231,232
CARBINOXAMINE MALEATE 133,134
CARBINOXAMINE MALEATE ER 133
CARDIZEM 107
CARDIZEM CD 107
CARDIZEM LA 108
CARDURA 115
CARDURA XL 166
CAREONE BLOOD GLUCOSE TEST 288
CARESENS N GLUCOSE TEST 288
CARESENS S GLUCOSE TEST 288
CARETOUCH TEST 288
CARGLUMIC ACID 102
CARIPRAZINE HCL 180
CARISOPRODOL 233,234
CARISOPRODOL W/ ASPIRIN & CODEINE 234
CARISOPRODOL-ASPIRIN-CODEINE 234
CARNITOR 99
CARNITOR SF 99
CAROSPIR 121
CARTEOLOL HCL 252
CARTEOLOL HCL (OPHTH) 252
CARVEDILOL 107
CARVEDILOL PHOSPHATE 107
CASODEX 43
CATAPRES-TTS-1 114
CATAPRES-TTS-2 114
CATAPRES-TTS-3 115
CAVERJECT 131
CAVERJECT IMPULSE(2 CARTRIDGE) 131
CAYSTON 25
CEFACLOR 7
CEFACLOR ER 7
CEFACLOR MONOHYDRATE 7
CEFADROXIL 6
CEFDINIR 7
CEFEPIME HCL 7
CEFEPIME HCL-DEXTROSE 8
CEFEPIME-DEXTROSE 8
CEFIXIME 7
CEFPODOXIME PROXETIL 7
CEFPROZIL 7
CEFTRIAXONE SODIUM 7
CEFUROXIME AXETIL 7
CELEBREX 212
CELECOXIB 212
CELEXA 170
CELLCEPT 303
CELONTIN 222
CENEGERMIN-BKBJ 259
CENOBAMATE 221
CENTANY 270
CEPHALEXIN 6

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CEQUA 259
CERDELGA 243
CERITINIB 47
CETRAXAL 261
CEVIMELINE HCL 263
CHANTIX 191
CHANTIX CONTINUING MONTH PAK 191
CHEMET 285
CHEMSTRIP 10 MD 300
CHEMSTRIP 10/SG 300
CHEMSTRIP 2 GP 300
CHEMSTRIP 5 OB 300
CHEMSTRIP 7 300
CHEMSTRIP 9 300
CHEMSTRIP K 288
CHEMSTRIP UGK 300
CHENODAL 156
CHENODIOL 156
CHENODIOL (BASDS) 160
CHLORAMBUCIL 40
CHLORDIAZEPOXIDE HCL 167
CHLORDIAZEPOXIDE HCL-CLIDINIUM BROMIDE 151
CHLORDIAZEPOXIDE-AMITRIPTYLINE 199
CHLORHEXIDINE GLUCONATE (MOUTH-THROAT) 263
CHLOROQUINE PHOSPHATE 23
CHLOROTHIAZIDE 122
CHLORPHENIRAMINE W/ CODEINE 137
CHLORPROMAZINE HCL 178
CHLORTHALIDONE 122
CHLORZOXAZONE 233
CHOLBAM 160
CHOLESTYRAMINE 123,124
CHOLESTYRAMINE LIGHT 123,124
CHOLIC ACID 160
CHOLINE FENOFIBRATE 124
CIALIS 131
CICLESONIDE (NASAL) 134,135
CICLOPIROX 270,271
CICLOPIROX OLAMINE 271
CILOSTAZOL 247
CILOXAN 250
CIMDUO 17
CIMETIDINE 151
CIMETIDINE HCL 151
CINACALCET HCL 100
CIPRO 11
CIPRO HC 262
CIPRODEX 262
CIPROFLOXACIN 11
CIPROFLOXACIN HCL 11
CIPROFLOXACIN HCL (OPHTH) 250
CIPROFLOXACIN HCL (OTIC) 261
CIPROFLOXACIN-DEXAMETHASONE 262
CIPROFLOXACIN-HYDROCORTISONE 262
CITALOPRAM HYDROBROMIDE 170
CLADRIBINE (MULTIPLE SCLEROSIS) 194
CLARINEX 134
CLARINEX-D 12 HOUR 136
CLARITHROMYCIN 9
CLEMASTINE FUMARATE 133
CLENPIQ 148
CLEOCIN 25,163
CLEOCIN PHOSPHATE 25
CLEOCIN-T 267
CLEVER CHEK AUTO-CODE TEST 288
CLEVER CHEK AUTO-CODE VOICE 288
CLEVER CHEK TEST 288
CLEVER CHOICE AUTO-CODE TEST 288
CLEVER CHOICE MICRO TEST 288
CLEVER CHOICE NO CODING 288
CLEVER CHOICE TALK SYSTEM 288
CLIMARA 64
CLIMARA PRO 67
CLINDAMYCIN HCL 25
CLINDAMYCIN PALMITATE HYDROCHLORIDE . . . 25
CLINDAMYCIN PHOSPHATE 25
CLINDAMYCIN PHOSPHATE (ONE DOSE) 163
CLINDAMYCIN PHOSPHATE (TOPICAL) 267,268
CLINDAMYCIN PHOSPHATE VAGINAL 163

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CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE . . . 268,269
CLINDAMYCIN PHOSPHATE-BENZOYL PEROXIDE (REFRIGERATE) . . . 269
CLINDAMYCIN PHOSPHATE-TRETINOIN . . . 269
CLINDESSE . . . 163
CLOBAZAM . . . 220
CLOBETASOL PROPIONATE . . . 277,280,281
CLOBETASOL PROPIONATE EMOLLIENT BASE . 277
CLOBETASOL PROPIONATE EMULSION . . . 277,280,281
CLOBEX . . . 277
CLOBEX SPRAY . . . 277
CLOCORTOLONE PIVALATE . . . 277,278
CLODERM . . . 278
CLOMIPRAMINE HCL . . . 173
CLONAZEPAM . . . 220
CLONIDINE . . . 114,115
CLONIDINE HCL . . . 115
CLONIDINE HCL (ADHD) . . . 186
CLOPIDOGREL BISULFATE . . . 248
CLORAZEPATE DIPOTASSIUM . . . 167,168
CLOTRIMAZOLE . . . 262
CLOTRIMAZOLE W/ BETAMETHASONE . . . 272
CLOZAPINE . . . 176
CLOZARIL . . . 176
CO-NATAL FA . . . 235
COARTEM . . . 23
COBICISTAT . . . 17
COBIMETINIB FUMARATE . . . 53
CODEINE POLISTIREX-CHLORPHENIRAMINE POLISTIREX . . . 137
CODEINE SULFATE . . . 200
COLAZAL . . . 158
COLCHICINE . . . 219
COLCHICINE W/ PROBENECID . . . 219
COLCRYS . . . 219
COLESEVELAM HCL . . . 123,124
COLESTID . . . 123
COLESTID FLAVORED . . . 123
COLESTIPOL HCL . . . 123
COLLAGENASE . . . 282
COMBIGAN . . . 253
COMBIPATCH . . . 67
COMBIVENT RESPIMAT . . . 141
COMBIVIR . . . 17
COMETRIQ (100 MG DAILY DOSE) . . . 52
COMETRIQ (140 MG DAILY DOSE) . . . 52
COMETRIQ (60 MG DAILY DOSE) . . . 52
COMIRNATY . . . 28
COMIRNATY 5-11 YEARS . . . 28
COMPLERA . . . 18
COMPLETE NATAL DHA . . . 237
COMPLETENATE . . . 235
COMTAN . . . 229
CONCEPT OB . . . 235
CONCERTA . . . 187
CONDYLOX . . . 283
CONJUGATED ESTROGENS-BAZEDOXIFENE . . . 68
CONJUGATED ESTROGENS-MEDROXYPROGESTERONE ACETATE . . . 67,68
CONTOUR NEXT . . . 288
CONTOUR NEXT TEST . . . 289
CONTOUR PLUS TEST . . . 289
CONTOUR TEST . . . 289
CONZIP . . . 200
COOL BLOOD GLUCOSE TEST STRIPS . . . 289
COPAXONE . . . 193
COPIKTRA . . . 55,56
CORDRAN . . . 278
COREG . . . 107
COREG CR . . . 107
CORGARD . . . 104
CORLANOR . . . 132
CORTEF . . . 58
CORTENEMA . . . 264
CORTICOTROPIN . . . 98
CORTIFOAM . . . 264
CORTISPORIN-TC . . . 262
COSENTYX . . . 273
COSENTYX (300 MG DOSE) . . . 273
COSENTYX SENSOREADY (300 MG) . . . 273

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COSENTYX UNOREADY 274
COSOPT 253
COSOPT PF 253
COTELLIC 53
COTEMPLA XR-ODT 187
COVARYX 66
COVARYX HS 66
COVID-19 (SARS-COV-2) ADENOVIRUS VACCINE 31
COVID-19 (SARS-COV-2) MRNA VIRUS VACCINE 28,31,32,33,34
COVID-19 (SARS-COV-2) SUBUNIT (SPIKE) PROTEIN VIRUS VACCINE 32
COVID-19 MRNA BIVALENT VIRUS VACCINE (MODERNA) 31
COVID-19 MRNA BIVALENT VIRUS VACCINE (PFIZER) 32
COZAAR 114
CREON 155
CRESEMBA 13
CRESTOR 125
CRINONE 164
CRISABOROLE 273
CRIZOTINIB 47
CROFELEMER 149
CROMOLYN SODIUM 138
CROMOLYN SODIUM (MASTOCYTOSIS) 156
CROMOLYN SODIUM (OPHTH) 260
CROTAMITON 284
CROTAN 284
CTEXLI 160
CUTIVATE 278
CUVPOSA 150
CVS ADVANCED GLUCOSE TEST 289
CVS GLUCOSE METER TEST STRIPS 289
CVS KETONE CARE 300
CVS TRUE METRIX GLUCOSE TEST 289
CYANOCOBALAMIN 240
CYCLOBENZAPRINE HCL 233
CYCLOGYL 257
CYCLOMYDRIL 258
CYCLOPENTOLATE HCL 257
CYCLOPENTOLATE W/ PHENYLEPHRINE 258
CYCLOPHOSPHAMIDE 40
CYCLOSERINE 12
CYCLOSET 89
CYCLOSPORINE 302
CYCLOSPORINE (OPHTH) 259
CYCLOSPORINE MODIFIED (FOR MICROEMULSION) 302
CYMBALTA 172
CYPROHEPTADINE HCL 134
CYSTADANE 100
CYSTADROPS 261
CYSTAGON 165
CYSTARAN 261
CYSTEAMINE BITARTRATE 165
CYSTEAMINE HCL 261
CYTOMEL 92
CYTOTEC 151
CYTRA K CRYSTALS 164

D

D-CARE BLOOD GLUCOSE 289
DABIGATRAN ETEXILATE MESYLATE 246
DABRAFENIB MESYLATE 49
DACOMITINIB 43
DALFAMPRIDINE 196
DALIRESP 144
DALTEPARIN SODIUM 245
DANAZOL 62
DANICOPAN 249
DANTRIUM 234
DANTROLENE SODIUM 234
DAPAGLIFLOZIN 89
DAPAGLIFLOZIN FREE BASE-METFORMIN HCL . . 91
DAPAGLIFLOZIN-SAXAGLIPTIN 91
DAPSONE 26
DAPSONE (TOPICAL) 267,268
DAPTACEL 36
DARAPRIM 23
DARBEPOETIN ALFA 241
DARIFENACIN HYDROBROMIDE 161

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DAROLUTAMIDE . . . 44
DARUNAVIR . . . 15
DARUNAVIR-COBICISTAT . . . 19
DARUNAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE . . . 19
DASATINIB . . . 48
DASIGLUCAGON HCL . . . 88
DAURISMO . . . 43
DAYBUE . . . 233
DAYPRO . . . 210
DAYTRANA . . . 187
DAYVIGO . . . 183
DDAVP . . . 98
DEBACTEROL . . . 263
DECITABINE-CEDAZURIDINE . . . 58
DEFERASIROX . . . 285
DEFERIPRONE . . . 285
DEFLAZACORT . . . 58,59,60,61
DELAFLOXACIN MEGLUMINE . . . 11
DELESTROGEN . . . 64
DELSTRIGO . . . 18
DELZICOL . . . 158
DEMECLOCYCLINE HCL . . . 9
DEMSER . . . 115
DEPAKOTE . . . 223
DEPAKOTE ER . . . 223
DEPAKOTE SPRINKLES . . . 223
DEPEN TITRATABS . . . 301
DEPO-ESTRADIOL . . . 64
DEPO-MEDROL . . . 58
DEPO-PROVERA . . . 69
DEPO-SUBQ PROVERA 104 . . . 69
DEPO-TESTOSTERONE . . . 62
DERMA-SMOOTHE/FS BODY . . . 278
DERMA-SMOOTHE/FS SCALP . . . 278
DERMOTIC . . . 262
DESCOVY . . . 18
DESIPRAMINE HCL . . . 173
DESLORATADINE . . . 134
DESLORATADINE-PSEUDOEPHEDRINE . . . 136
DESMOPRESSIN ACETATE . . . 98
DESMOPRESSIN ACETATE SPRAY . . . 98
DESMOPRESSIN ACETATE SPRAY REFRIGERATED . . . 98
DESOGESTREL & ETHINYL ESTRADIOL . . . 70,71,72,73,75
DESOGESTREL-ETHINYL ESTRADIOL (BIPHASIC) . . . 76,77
DESOGESTREL-ETHINYL ESTRADIOL (TRIPHASIC) . . . 78
DESONIDE . . . 278,281
DESOWEN . . . 278
DESOXIMETASONE . . . 278,281
DESOXYN . . . 183
DESVENLAFAXINE . . . 172
DESVENLAFAXINE ER . . . 172
DESVENLAFAXINE SUCCINATE . . . 172,173
DETROL . . . 161
DETROL LA . . . 161
DEUTETRABENAZINE . . . 192,193
DEXABLISS . . . 59
DEXAMETHASONE . . . 59,61
DEXAMETHASONE (OPHTH) . . . 254
DEXAMETHASONE INTENSOL . . . 59
DEXAMETHASONE SODIUM PHOSPHATE . . . 59,254
DEXAMETHASONE SODIUM PHOSPHATE (OPHTH) . . . 254
DEXCHLORPHENIRAMINE MALEATE . . . 133
DEXEDRINE . . . 183
DEXILANT . . . 152
DEXLANSOPRAZOLE . . . 152
DEXMETHYLPHENIDATE HCL . . . 187,188
DEXTROAMPHETAMINE SULFATE . . . 183,184,185
DEXTROMETHORPHAN HBR-QUINIDINE SULFATE . . . 198
DIACOMIT . . . 224
DIASTAT ACUDIAL . . . 220
DIASTAT PEDIATRIC . . . 220
DIASTIX . . . 289
DIASTIX REAGENT . . . 289
DIATHRIVE BLOOD GLUCOSE TEST . . . 289
DIATHRIVE GLUCOSE TEST . . . 289

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DIATHRIVE+ GLUCOSE TEST 289
DIATRUE PLUS TEST 290
DIAZEPAM 167,168
DIAZEPAM (ANTICONVULSANT) 220,221
DIAZOXIDE 87,88
DIBENZYLINE 116
DICLOFENAC 212
DICLOFENAC EPOLAMINE 272,273
DICLOFENAC POTASSIUM 210
DICLOFENAC SODIUM 210
DICLOFENAC SODIUM (OPHTH) 261
DICLOFENAC SODIUM (TOPICAL) 272,273
DICLOFENAC W/ MISOPROSTOL 212
DICLOFONO 272
DICLOXACILLIN SODIUM 5
DICYCLOMINE HCL 151
DIFENOXIN W/ ATROPINE 149
DIFFERIN 266
DIFICID 9
DIFLORASONE DIACETATE 278
DIFLUCAN 13
DIFLUNISAL 199
DIFLUPREDNATE 254
DIGOXIN 103
DIHYDROERGOTAMINE MESYLATE 216
DILANTIN 222
DILANTIN INFATABS 222
DILANTIN-125 222
DILAUDID 200
DILTIAZEM HCL 107,108,109
DILTIAZEM HCL COATED BEADS 107,108,109
DILTIAZEM HCL EXTENDED RELEASE BEADS 108,110
DIMETHYL FUMARATE 196
DIOVAN 114
DIOVAN HCT 119
DIPENTUM 158
DIPH-AC PERT-TET TOX AD-POLIO IPV-HAEMOPHIL B POLY VAC 37
DIPH-TET TOX-ACELL PERT AD-POLIO IPV-HIB-HEPATITIS B RECOMB 37
DIPH-TETANUS TOX AD-ACELL PERTUSSIS & POLIO VIRUS, IPV VAC 37
DIPH-TETANUS TOX-ACELL PERT-HEPATITIS B RECOMB-POLIO IPV VAC 37
DIPHENHYDRAMINE HCL 133
DIPHENOXYLATE W/ ATROPINE 149
DIPHTHERIA, ACELLULAR PERTUSSIS & TETANUS TOXOIDS 36
DIPHTHERIA-TETANUS TOXOIDS (DT) 36
DIPHTHERIA-TETANUS TOXOIDS DT 36
DIPROLENE 278
DIPYRIDAMOLE 247
DIROXIMEL FUMARATE 196
DISKETS 200
DISOPYRAMIDE PHOSPHATE 111
DISULFIRAM 198
DITROPAN XL 161
DIURIL 122
DIVALPROEX SODIUM 223
DIVIGEL 64
DOFETILIDE 112
DOJOLVI 240
DOLASETRON MESYLATE 154
DOLUTEGRAVIR SODIUM 15
DOLUTEGRAVIR SODIUM-LAMIVUDINE 18
DOLUTEGRAVIR SODIUM-RILPIVIRINE HCL 18
DONEPEZIL HYDROCHLORIDE 190
DOPTELET 242
DORAL 181
DORAVIRINE 17
DORAVIRINE-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE 18
DORNASE ALFA 146
DORYX 9
DORYX MPC 9
DORZOLAMIDE HCL 260
DORZOLAMIDE HCL-TIMOLOL MALEATE 253
DOVATO 18
DOVONEX 273
DOXAZOSIN MESYLATE 115
DOXAZOSIN MESYLATE (BPH) 166

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DOXEPIN HCL 173
DOXEPIN HCL (SLEEP) 182
DOXERCALCIFEROL 100
DOXYCYCLINE (MONOHYDRATE) 9,10
DOXYCYCLINE (ROSACEA) 269,270
DOXYCYCLINE HYCLATE 9,10
DRISDOL 235
DRIZALMA SPRINKLE 172
DRONABINOL 154,155
DRONEDARONE HCL 112
DROSPIRENONE 69
DROSPIRENONE-ESTETROL 74
DROSPIRENONE-ESTRADIOL 67
DROSPIRENONE-ETHINYL ESTRADIOL 71,72,73,74,75,76
DROSPIRENONE-ETHINYL ESTRADIOL-LEVOMEFOLATE CALCIUM 70,71,75,76
DROXIA 243
DROXIDOPA 123
DUAKLIR PRESSAIR 141
DUAVEE 68
DUETACT 92
DULAGLUTIDE 86
DULOXETINE HCL 172
DUO-CARE TEST 290
DUOBRII 282
DUOPA 231
DUPILUMAB 275
DUPIXENT 275
DUREZOL 254
DURLAZA 247
DUST MITE MIXED ALLERGEN EXTRACT 39
DUTASTERIDE 166
DUTASTERIDE-TAMSULOSIN HCL 167
DUVELISIB 55,56
DXEVO 11-DAY 59
DYANAVEL XR 184
DYMISTA 135
DYRENIUM 121

E

EASY MAX BLOOD GLUCOSE TEST 290
EASY PLUS II GLUCOSE TEST 290
EASY STEP TEST 290
EASY TALK BLOOD GLUCOSE TEST 290
EASY TALK PLUS II TEST STRIPS 290
EASY TOUCH HEALTHPRO GLUCOSE 290
EASY TOUCH TEST 290
EASY TRAK BLOOD GLUCOSE TEST 290
EASY TRAK II GLUCOSE TEST 290
EASYGLUCO 290
EASYMAX 15 TEST 290
EASYMAX TEST 290
EASYPRO BLOOD GLUCOSE TEST 290
EASYPRO PLUS 290
EC-NAPROSYN 210
ECHOTHIOPHATE IODIDE 258
ECONAZOLE NITRATE 271
ECOZA 271
EDARAVONE 232,233
EDARBI 114
EDARBYCLOR 119
EDECRIN 121
EDEX (2 CARTRIDGE) 131
EDEX (6 CARTRIDGE) 131
EDLUAR 181
EDURANT 17
EEMT 66
EEMT HS 66
EFAVIRENZ 17
EFAVIRENZ-EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 18
EFAVIRENZ-LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE 18,19
EFFER-K 239
EFFEXOR XR 172
EFFIENT 248
EFINACONAZOLE 271
EFLORNITHINE HYDROCHLORIDE 57
EFUDEX 276

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ELACESTRANT HYDROCHLORIDE 44
ELAFIBRANOR 160
ELAGOLIX SODIUM 96
ELAGOLIX SODIUM-ESTRADIOL-NORETHINDRONE ACETATE 68
ELEMENT COMPACT TEST 291
ELEMENT TEST 291
ELESTRIN 64
ELETRIPTAN HYDROBROMIDE 216,217
ELEXACAFTOR-TEZACAFTOR-IVACAFTOR 147
ELIDEL 283
ELIGLUSTAT TARTRATE 243
ELIMITE 284
ELIQUIS 246
ELIQUIS DVT/PE STARTER PACK 246
ELLA 69
ELMIRON 166
ELTROMBOPAG OLAMINE 243
ELUXADOLINE 159
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR ALAFENAMIDE 18
ELVITEGRAVIR-COBICISTAT-EMTRICITABINE-TENOFOVIR DF 19
EMBRACE BLOOD GLUCOSE TEST 291
EMBRACE EVO BLOOD GLUCOSE TEST 291
EMBRACE PRO GLUCOSE TEST 291
EMBRACE TALK GLUCOSE TEST 291
EMBRACE WAVE BLOOD GLUCOSE 291
EMCYT 44
EMEND 154
EMEND BIPACK 154
EMEND TRIPACK 154
EMFLAZA 59
EMGALITY 218
EMGALITY (300 MG DOSE) 218
EMPAGLIFLOZIN 89
EMPAGLIFLOZIN-LINAGLIPTIN 91
EMPAGLIFLOZIN-LINAGLIPTIN-METFORMIN 91
EMPAGLIFLOZIN-METFORMIN HCL 90
EMSAM 169
EMTRICITABINE 16
EMTRICITABINE-RILPIVIRINE-TENOFOVIR ALAFENAMIDE FUMARATE 19
EMTRICITABINE-RILPIVIRINE-TENOFOVIR DISOPROXIL FUMARATE 18
EMTRICITABINE-TENOFOVIR ALAFENAMIDE FUMARATE 18
EMTRICITABINE-TENOFOVIR DISOPROXIL FUMARATE 18,20
EMTRIVA 16
EMVERM 24
ENALAPRIL MALEATE 112,113
ENALAPRIL MALEATE & HYDROCHLOROTHIAZIDE 117
ENASIDENIB MESYLATE 54
ENBREL 214
ENBREL MINI 214
ENBREL SURECLICK 214
ENCORAFENIB 49
ENFUVIRTIDE 14
ENGERIX-B 29
ENOXAPARIN SODIUM 244,245
ENSPRYNG 304
ENSTILAR 282
ENTACAPONE 229
ENTECAVIR 20
ENTEREG 159
ENTRECTINIB 53,54
ENTRESTO 132
ENTYVIO PEN 158
ENVARSUS XR 303
ENZALUTAMIDE 44
EOHILIA 59
EPANED 112
EPCLUSA 21
EPIDIOLEX 224
EPIDUO FORTE 269
EPIFOAM 281
EPINASTINE HCL (OPHTH) 260
EPINEPHRINE 122
EPINEPHRINE (ANAPHYLAXIS) 123
EPIPEN 2-PAK 123

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EPIPEN JR 2-PAK . . . 123
EPIVIR . . . 16
EPIVIR HBV . . . 20
EPLERENONE . . . 115
EPOETIN ALFA . . . 241
EPOETIN ALFA-EPBX . . . 241
EPOGEN . . . 241
EPZICOM . . . 18
EQ BLOOD GLUCOSE TEST . . . 291
EQUETRO . . . 179
ERDAFITINIB . . . 50
ERENUMAB-AOOE . . . 218
ERGOCALCIFEROL . . . 235
ERGOLOID MESYLATES . . . 190
ERGOMAR . . . 216
ERGOTAMINE TARTRATE . . . 216
ERGOTAMINE W/ CAFFEINE . . . 219
ERIVEDGE . . . 43
ERLEADA . . . 43
ERLOTINIB HCL . . . 42,43
ERTACZO . . . 271
ERTUGLIFLOZIN-SITAGLIPTIN . . . 91
ERY . . . 268
ERYGEL . . . 268
ERYPED 400 . . . 8
ERYTHROCIN STEARATE . . . 8
ERYTHROMYCIN (ACNE AID) . . . 268
ERYTHROMYCIN (OPHTH) . . . 250
ERYTHROMYCIN BASE . . . 8
ERYTHROMYCIN ETHYLSUCCINATE . . . 8
ERYTHROMYCIN STEARATE . . . 8
ERZOFRI . . . 175
ESBRIET . . . 147
ESCITALOPRAM OXALATE . . . 170,171
ESGIC . . . 200
ESLICARBAZEPINE ACETATE . . . 223
ESOMEPRAZOLE MAGNESIUM . . . 152
ESTAZOLAM . . . 181
ESTERIFIED ESTROGENS . . . 65
ESTERIFIED ESTROGENS & METHYLTESTOSTERONE . . . 66
ESTRACE . . . 64,163
ESTRADIOL . . . 63,64,65,66
ESTRADIOL & NORETHINDRONE ACETATE . . . 66,67
ESTRADIOL ACETATE VAGINAL . . . 163
ESTRADIOL CYPIONATE . . . 64
ESTRADIOL VAGINAL . . . 163,164
ESTRADIOL VALERATE . . . 64,65
ESTRADIOL VALERATE-DIENOGEST . . . 79
ESTRADIOL-LEVONORGESTREL . . . 67
ESTRADIOL-NORGESTIMATE . . . 67
ESTRADIOL-PROGESTERONE . . . 67
ESTRAMUSTINE PHOSPHATE SODIUM . . . 44
ESTRATEST H.S. . . . 66
ESTRING . . . 163
ESTROGEL . . . 65
ESTROGENS, CONJUGATED . . . 66
ESTROGENS, CONJUGATED VAGINAL . . . 164
ESZOPICLONE . . . 182
ETANERCEPT . . . 214
ETHACRYNIC ACID . . . 121
ETHAMBUTOL HCL . . . 12
ETHIONAMIDE . . . 12
ETHOSUXIMIDE . . . 222,223
ETHYNODIOL DIACET & ETH ESTRAD . . . 71,73,76
ETODOLAC . . . 210,211
ETONOGESTREL-ETHINYL ESTRADIOL . . . 69,70
ETOPOSIDE . . . 46
ETRAVIRINE . . . 17
EUCRISA . . . 273
EURAX . . . 284
EVAMIST . . . 65
EVEKEO . . . 184
EVEKEO ODT . . . 184
EVEROLIMUS . . . 51
EVEROLIMUS (IMMUNOSUPPRESSANT) . . . 303,304
EVEXITHROID . . . 92
EVISTA . . . 96
EVOCLIN . . . 268
EVOLOCUMAB . . . 125
EVOLUTION AUTOCODE . . . 291
EVOTAZ . . . 18

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EVOXAC 263
EVRYSDI 233
EXELDERM 271
EXELON 190
EXEMESTANE 44
EXENATIDE 85
EXFORGE 118
EXJADE 285
EXKIVITY 42
EXTAVIA 195
EXTINA 271
EZALLOR SPRINKLE 126
EZETIMIBE 124,125
EZETIMIBE-SIMVASTATIN 127

F

FABIOR 266
FAMCICLOVIR 22
FAMOTIDINE 151
FANAPT 175
FARESTON 44
FARXIGA 89
FARYDAK 47
FASENRA PEN 145
FEBUXOSTAT 219
FEDRATINIB HCL 55
FELBAMATE 221
FELBATOL 221
FELDENE 210
FELODIPINE 109
FEMARA 44
FEMLYV 72
FEMRING 163
FENOFIBRATE 124
FENOFIBRATE MICRONIZED 124
FENOPROFEN CALCIUM 210,211
FENTANYL 200,201,205,206
FENTANYL CITRATE 200,201,202
FENTORA 201
FERRIC CITRATE 160
FERRIPROX 285
FERRIPROX TWICE-A-DAY 285
FESOTERODINE FUMARATE 162
FETZIMA 172
FETZIMA TITRATION 172
FIASP 81
FIASP FLEXTOUCH 81
FIASP PENFILL 81
FIASP PUMPCART 81
FIDAXOMICIN 9
FIFTY50 GLUCOSE TEST 2.0 291
FILGRASTIM-AAFI 242
FILGRASTIM-SNDZ 242
FILSPARI 166
FINACEA 269
FINASTERIDE 166
FINERENONE 98
FINGOLIMOD HCL 196
FIORICET 200
FIORICET/CODEINE 208
FIRDAPSE 234
FIRVANQ 26
FLAGYL 24
FLAREX 254
FLAVOXATE HCL 163
FLECAINIDE ACETATE 111
FLECTOR 273
FLEQSUVY 233
FLOLIPID 126
FLOMAX 166
FLOVENT DISKUS 144
FLOVENT HFA 144
FLUAD 29
FLUAD QUADRIVALENT 29
FLUARIX 29
FLUARIX QUADRIVALENT 29
FLUBLOK 29
FLUBLOK QUADRIVALENT 29
FLUCELVAX 29
FLUCELVAX QUADRIVALENT 30
FLUCONAZOLE 13
FLUCYTOSINE 12

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FLUDROCORTISONE ACETATE 62
FLULAVAL 30
FLULAVAL QUADRIVALENT 30
FLUMIST 30
FLUMIST QUADRIVALENT 30
FLUNISOLIDE (NASAL) 134
FLUOCINOLONE ACETONIDE 277,278,280
FLUOCINOLONE ACETONIDE (OTIC) 262
FLUOCINONIDE 279,281
FLUOCINONIDE EMULSIFIED BASE 279
FLUOROMETHOLONE (OPHTH) 254
FLUOROMETHOLONE ACETATE 254
FLUOROURACIL (TOPICAL) 276
FLUOXETINE HCL 170,171
FLUPHENAZINE HCL 178
FLURANDRENOLIDE 278,279,280
FLURBIPROFEN 210,211
FLURBIPROFEN SODIUM 261
FLUTAMIDE 43
FLUTICASONE FUROATE (INHALATION) 143
FLUTICASONE FUROATE-VILANTEROL 141
FLUTICASONE PROPIONATE 278,279
FLUTICASONE PROPIONATE (INHALATION) 144
FLUTICASONE PROPIONATE DISKUS 144
FLUTICASONE PROPIONATE HFA 144
FLUTICASONE PROPIONATE WITH SENSOR (INHALATION) 143
FLUTICASONE-SALMETEROL 140,141,142
FLUTICASONE-SALMETEROL WITH SENSOR . . . 140
FLUTICASONE-UMECLIDINIUM-VILANTEROL . . . 142
FLUVASTATIN SODIUM 126
FLUVOXAMINE MALEATE 170,171
FLUZONE 30
FLUZONE HIGH-DOSE 30
FLUZONE HIGH-DOSE QUADRIVALENT 30
FLUZONE QUADRIVALENT 30
FML 254
FML FORTE 254
FML LIQUIFILM 254
FOCALIN 187
FOCALIN XR 188
FOLIVANE-OB 236
FONDAPARINUX SODIUM 245
FONDCIRCLE BLOOD GLUCOSE TEST 291
FORA 6 CONNECT 291
FORA 6 CONNECT/GTEL TEST 291
FORA BLOOD GLUCOSE TEST 291
FORA D15G BLOOD GLUCOSE TEST 291
FORA D20 BLOOD GLUCOSE TEST 292
FORA D40/G31 BLOOD GLUCOSE 292
FORA G20 BLOOD GLUCOSE TEST 292
FORA G30/PREM V10 GLUCOSE TEST 292
FORA GD20 TEST 292
FORA GD50 BLOOD GLUCOSE TEST 292
FORA GTEL BLOOD GLUCOSE TEST 292
FORA GTEL BLOOD KETONE TEST 292
FORA TEST N'GO ADV-VOICE-6 CON 292
FORA TN'G ADVANCE PRO 292
FORA TN'G/TN'G VOICE 292
FORA V10 BLOOD GLUCOSE TEST 292
FORA V12 BLOOD GLUCOSE TEST 292
FORA V20 BLOOD GLUCOSE TEST 292
FORA V30A BLOOD GLUCOSE TEST 292
FORACARE GD40 TEST 293
FORACARE PREMIUM V10 TEST 293
FORACARE TEST N GO TEST 293
FORMOTEROL FUMARATE 139
FORTESTA 62
FORTISCARE G1 TEST STRIP 293
FORTISCARE TEST 293
FOSAMAX 95
FOSAMAX PLUS D 95
FOSAMPRENAVIR CALCIUM 15
FOSFOMYCIN TROMETHAMINE 26,27
FOSINOPRIL SODIUM 112
FOSINOPRIL SODIUM & HYDROCHLOROTHIAZIDE 117
FOSRENOL 161
FOSTAMATINIB DISODIUM 248
FOSTEMSAVIR TROMETHAMINE 14
FOTIVDA 52
FRAGMIN 245

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FREESTYLE INSULINX TEST 293
FREESTYLE LITE TEST 293
FREESTYLE PRECISION NEO TEST 293
FREESTYLE TEST 293
FREMANEZUMAB-VFRM 218
FROVA 216
FROVATRIPTAN SUCCINATE 216
FRUQUINTINIB 41
FRUZAQLA 41
FUROSEMIDE 121
FUZEON 14
FYCOMPA 223

G

GABAPENTIN 224,226,227
GABAPENTIN (ONCE-DAILY) 198
GABAPENTIN ENACARBIL 198
GABITRIL 221
GALAFOLD 99
GALANTAMINE HYDROBROMIDE 190
GALCANEZUMAB-GNLM 218
GANAXOLONE 228
GANCICLOVIR OPHTHALMIC 251
GARDASIL 9 31
GASTROCROM 156
GATIFLOXACIN (OPHTH) 250,251
GAVILYTE-C 148
GAVRETO 55
GE100 BLOOD GLUCOSE TEST 293
GEFITINIB 42
GELNIQUE 162
GEMFIBROZIL 124
GENERESS FE 72
GENTAK 250
GENTAMICIN SULFATE (OPHTH) 250
GENTAMICIN SULFATE (TOPICAL) 270
GENTAMICIN-PREDNISOLONE ACETATE . . . 255,256
GENULTIMATE TEST 293
GENVOYA 18
GEODON 179
GHT TEST 293
GILENYA 196
GILOTRIF 42
GILTERITINIB FUMARATE 53
GLASDEGIB MALEATE 43
GLATIRAMER ACETATE 193,194
GLECAPREVIR-PIBRENTASVIR 21
GLEOSTINE 40
GLIMEPIRIDE 86
GLIPIZIDE 86
GLIPIZIDE-METFORMIN HCL 91
GLOPERBA 219
GLUCAGEN HYPOKIT 87
GLUCAGON 87,88
GLUCAGON HCL 87
GLUCO PERFECT 3 TEST 293
GLUCOCARD 01 SENSOR PLUS 293
GLUCOCARD EXPRESSION TEST 293
GLUCOCARD SHINE TEST 294
GLUCOCARD VITAL TEST 294
GLUCOCARD X-SENSOR 294
GLUCOCOM TEST 294
GLUCONAVII BLOOD GLUCOSE TEST 294
GLUCOSE
BLOOD . 286,287,288,289,290,291,292,293,294,295,296,297,298,299,300
GLUCOSE METER TEST 294
GLUCOSE URINE TEST-(GLUCOSE OXIDASE) . . 289
GLUCOTROL XL 86
GLYBURIDE 86
GLYBURIDE MICRONIZED 87
GLYBURIDE-METFORMIN 91
GLYCATE 150
GLYCOPYRROLATE 150,151
GLYCOPYRROLATE (INHALATION) 138
GLYCOPYRROLATE-FORMOTEROL FUMARATE 141
GLYCOPYRRONIUM TOSYLATE 284
GLYNASE 87
GLYXAMBI 91
GNP EASY TOUCH GLUCOSE TEST 294
GNP TRUE METRIX GLUCOSE STRIPS 294
GNP TRUETRACK SMART SYSTEM 294

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GNP TRUETRACK TEST STRIPS 294
GOCOVRI 229
GOJJI BLOOD GLUCOSE TEST 294
GOJJI BLOOD KETONE TEST 294
GOJJI BLOOD TEST STRIP/LANCETS 294
GOLYTELY 148
GOODSENSE BLOOD GLUCOSE 294
GRALISE 198
GRANISETRON 154
GRANISETRON HCL 154
GRANIX 242
GRASS MIXED POLLENS ALLERGEN EXTRACT 39,40
GRASTEK 38
GRISEOFULVIN MICROSIZE 13
GRISEOFULVIN ULTRAMICROSIZE 13
GUANFACINE HCL 115
GUANFACINE HCL (ADHD) 186
GUSELKUMAB 275
GUSELKUMAB (GASTROINTESTINAL) 159
GVOKE HYPOPEN 1-PACK 88
GVOKE HYPOPEN 2-PACK 88
GVOKE KIT 88
GVOKE PFS 88
GYNAZOLE-1 163

H

HADLIMA 213
HADLIMA PUSHTOUCH 213
HAEGARDA 249
HAEMOPHILUS B POLYSAC CONJ VAC 35
HALCINONIDE 279
HALCION 181
HALOBETASOL PROPIONATE 277,279,280
HALOBETASOL PROPIONATE-TAZAROTENE . . . 282
HALOG 279
HALOPERIDOL 176
HALOPERIDOL LACTATE 176
HARVONI 21
HAVRIX 31
HEMANGEOL 104
HEMMOREX-HC 264
HEPARIN NA (PORK) LOCK FLSH PF 244
HEPARIN SOD (PORK) LOCK FLUSH 244
HEPARIN SODIUM (PORCINE) 244
HEPARIN SODIUM (PORCINE) LOCK FLUSH 244
HEPATITIS A (INACTIVATED)-HEPATITIS B (RECOMBINANT) VACCINES 34
HEPATITIS A VACCINE 31,34
HEPATITIS B VACCINE (RECOMB) 29,33
HEPATITIS B VACCINE 3-ANTIGEN RECOMBINANT 33
HEPATITIS B VACCINE RECOMBINANT ADJUVANTED 31
HEPLISAV-B 31
HEPSERA 20
HETLIOZ 182
HETLIOZ LQ 182
HIBERIX 35
HIPREX 26
HOMATROPAIRE 257
HOMATROPINE HBR 257
HORIZANT 198
HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMBINANT VACCINE 31
HUMATIN 11
HUMATROPE 96
HUMIRA 213
HUMIRA (2 SYRINGE) 213
HUMULIN R U-500 (CONCENTRATED) 81
HUMULIN R U-500 KWIKPEN 82
HW EMBRACE PRO GLUCOSE TEST 295
HW EMBRACE TALK GLUCOSE TEST 295
HYCAMTIN 56
HYCODAN 135
HYDRALAZINE HCL 116
HYDREA 57
HYDROCHLOROTHIAZIDE 122
HYDROCODONE BITARTRATE 201,202
HYDROCODONE BITARTRATE ER 201
HYDROCODONE BITARTRATE-HOMATROPINE METHYLBROMIDE 135,136

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HYDROCODONE POLISTIREX-CHLORPHENIRAMINE POLISTIREX 137
HYDROCODONE-ACETAMINOPHEN 209
HYDROCODONE-IBUPROFEN 209
HYDROCORT-PRAMOXINE (PERIANAL) 265
HYDROCORTISONE 58,59
HYDROCORTISONE (INTRARECTAL) 264,265
HYDROCORTISONE (RECTAL) 264
HYDROCORTISONE (TOPICAL) 279,281
HYDROCORTISONE ACE-PRAMOXINE 281
HYDROCORTISONE ACETATE 264,279
HYDROCORTISONE ACETATE (INTRARECTAL) . 264
HYDROCORTISONE ACETATE (RECTAL) 264
HYDROCORTISONE ACETATE (TOPICAL) . . 279,280
HYDROCORTISONE ACETATE W/ PRAMOXINE 265,266
HYDROCORTISONE BUTYRATE 278,279,280
HYDROCORTISONE BUTYRATE HYDROPHILIC LIPO BASE 279,280
HYDROCORTISONE PROBUTATE 280
HYDROCORTISONE SOD SUCCINATE 59,61
HYDROCORTISONE VALERATE 279
HYDROCORTISONE W/ACETIC ACID 262
HYDROMORPHONE HCL 200,201,202
HYDROXYCHLOROQUINE SULFATE 23
HYDROXYUREA 57
HYDROXYUREA (SICKLE CELL ANEMIA) 243
HYDROXYUREA (SICKLE CELL DISEASE) 243
HYDROXYZINE HCL 168
HYDROXYZINE PAMOATE 168
HYOSCYAMINE SULFATE 150
HYOSCYAMINE SULFATE SL 150
HYOSYNE 150
HYPERSAL 136
HYSINGLA ER 202
HYZAAR 119

I

IBANDRONATE SODIUM 95
IBRANCE 47
IBRUTINIB 49
IBUPROFEN 210,211
ICATIBANT ACETATE 249
ICLUSIG 48
ICOSAPENT ETHYL 127
IDACIO (2 SYRINGE) 213
IDELALISIB 56
IDHIFA 54
IGLUCOSE TEST STRIPS 295
IHEALTH BLOOD GLUCOSE TEST STR 295
ILEVRO 261
ILOPERIDONE 175
ILOPROST 130
IMATINIB MESYLATE 48
IMBRUVICA 49
IMCIVREE 102
IMIPRAMINE HCL 173
IMIQUIMOD 283
IMITREX 216
IMITREX STATDOSE REFILL 216
IMITREX STATDOSE SYSTEM 217
IMKELDI 48
IMPAVIDO 24
IMURAN 304
IMVEXXY MAINTENANCE PACK 164
IMVEXXY STARTER PACK 164
IN TOUCH BLOOD GLUCOSE TEST 295
INATAL GT 236
INBRIJA 229
INCRELEX 97
INCRUSE ELLIPTA 138
INDAPAMIDE 122
INDERAL LA 105
INDERAL XL 105
INDOMETHACIN 211
INFANRIX 36
INFIGRATINIB PHOSPHATE 50
INFINITY BLOOD GLUCOSE TEST 295
INFINITY VOICE 295
INFLUENZA A (H5N1) TISSUE-CULTURED SUBUNIT ADJUVANT VACCINE 28

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INFLUENZA VIRUS VAC RECOMB HEMAGGLUTININ (HA) QUADRIVALENT 29
INFLUENZA VIRUS VAC SPLIT HIGH-DOSE QUAD PRESERVATIVE FREE 30
INFLUENZA VIRUS VACC TYPES A & B SURF ANTIGEN ADJUVANT QUAD 29
INFLUENZA VIRUS VACCINE LIVE 30
INFLUENZA VIRUS VACCINE LIVE QUADRIVALENT 30
INFLUENZA VIRUS VACCINE RECOMBINANT HEMAGGLUTININ (HA) 29
INFLUENZA VIRUS VACCINE SPLIT 28,30
INFLUENZA VIRUS VACCINE SPLIT HIGH-DOSE PRESERVATIVE FREE 30
INFLUENZA VIRUS VACCINE SPLIT PRESERVATIVE FREE 28,29,30
INFLUENZA VIRUS VACCINE SPLIT QUADRIVALENT 28,29,30
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT 29
INFLUENZA VIRUS VACCINE TISSUE-CULTURED SUBUNIT QUADRIVALENT 30
INFLUENZA VIRUS VACCINE TYPES A & B SURFACE ANTIGEN ADJUVANT 29
INGREZZA 193
INLYTA 41
INNOPRAN XL 105
INOTERSEN SODIUM 198
INQOVI 58
INREBIC 55
INSPRA 115
INSULIN ASPART 84
INSULIN ASPART (WITH NIACINAMIDE) 81
INSULIN ASPART PROT & ASPART 82
INSULIN ASPART PROTAMINE & ASPART (HUMAN) 82,84
INSULIN DEGLUDEC 82,85
INSULIN DEGLUDEC FLEXTOUCH 82
INSULIN DEGLUDEC-LIRAGLUTIDE 89
INSULIN DETEMIR 82,83
INSULIN GLARGINE 81,82,85
INSULIN GLARGINE SOLOSTAR 82
INSULIN GLARGINE-LIXISENATIDE 89
INSULIN GLARGINE-YFGN 82,85
INSULIN LISPRO 82
INSULIN LISPRO (1 UNIT DIAL) 82
INSULIN LISPRO JUNIOR KWIKPEN 82
INSULIN LISPRO PROT & LISPRO 82
INSULIN LISPRO PROTAMINE & LISPRO 82
INSULIN NPH (HUMAN) (ISOPHANE) 83
INSULIN NPH ISOPHANE & REG (HUMAN) 83
INSULIN PEN NEEDLE 300
INSULIN REGULAR (HUMAN) 80,81,82,83,84
INSULIN SYRINGE 300
INSULIN SYRINGE NEEDLE 301
INTELENCE 17
INTERFERON BETA-1A 194,195
INTERFERON BETA-1B 195
INTERFERON GAMMA-1B 57
INTRAROSA 164
INTUNIV 186
INVEGA 175
INVEGA SUSTENNA 175
INVEGA TRINZA 175
INVELTYS 254
IOPIDINE 258
IPOL 31
IPRATROPIUM BROMIDE 138
IPRATROPIUM BROMIDE (NASAL) 135
IPRATROPIUM BROMIDE HFA 138
IPRATROPIUM-ALBUTEROL 141,142
IQIRVO 160
IRBESARTAN 113,114
IRBESARTAN-HYDROCHLOROTHIAZIDE 119
IRESSA 42
ISAVUCONAZONIUM SULFATE 13
ISENTRESS 14
ISENTRESS HD 14
ISOCARBOXAZID 169
ISONIAZID 12
ISOPTO ATROPINE 257
ISORDIL TITRADOSE 103

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ISOSORBIDE DINITRATE . . . 103
ISOSORBIDE DINITRATE-HYDRALAZINE HCL . . . 133
ISOSORBIDE MONONITRATE . . . 103
ISOTRETINOIN . . . 266,267
ISRADIPINE . . . 109
ISTALOL . . . 252
ITRACONAZOLE . . . 13
IVABRADINE HCL . . . 132
IVACAFTOR . . . 146
IVERMECTIN . . . 24
IVERMECTIN (ROSACEA) . . . 269,270
IVOSIDENIB . . . 54
IWILFIN . . . 57
IXAZOMIB CITRATE . . . 55
IXEKIZUMAB . . . 274,275

J

JADENU . . . 285
JADENU SPRINKLE . . . 285
JAKAFI . . . 55
JALYN . . . 167
JANSSEN COVID-19 VACCINE . . . 31
JANUMET . . . 90
JANUMET XR . . . 90
JANUVIA . . . 89
JARDIANCE . . . 89
JATENZO . . . 62
JAYPIRCA . . . 49
JOENJA . . . 301
JUBLIA . . . 271
JULUCA . . . 18
JUXTAPID . . . 127
JYNARQUE . . . 99

K

K-PHOS . . . 238
K-PHOS NO 2 . . . 164
K-PHOS-NEUTRAL . . . 238
K-TAB . . . 239
KALETRA . . . 18
KALYDECO . . . 146
KAPSPARGO SPRINKLE . . . 106
KAPVAY . . . 186
KARBINAL ER . . . 134
KATERZIA . . . 109
KAZANO . . . 90
KENALOG . . . 280
KENALOG-10 . . . 60
KENALOG-40 . . . 60
KEPPRA . . . 224
KEPPRA XR . . . 224
KERENDIA . . . 98
KERYDIN . . . 272
KESIMPTA . . . 195
KETO-DIASTIX . . . 300
KETOCONAZOLE . . . 13
KETOCONAZOLE (TOPICAL) . . . 271,272
KETONE BLOOD TEST . . . 292,294,296,297
KETONE TEST . . . 295
KETOPROFEN . . . 211
KETOPROFEN ER . . . 211
KETOROLAC TROMETHAMINE . . . 211
KETOROLAC TROMETHAMINE (OPHTH) . . . 260,261
KETOSTIX . . . 295
KEVZARA . . . 215
KINERET . . . 212
KINRIX . . . 37
KISQALI (200 MG DOSE) . . . 47
KISQALI (400 MG DOSE) . . . 47
KISQALI (600 MG DOSE) . . . 47
KISQALI FEMARA (200 MG DOSE) . . . 58
KISQALI FEMARA (400 MG DOSE) . . . 58
KISQALI FEMARA (600 MG DOSE) . . . 58
KITABIS PAK . . . 11
KLARITY-A . . . 250
KLARON . . . 268
KLONOPIN . . . 220
KLOXXADO . . . 286
KORLYM . . . 88
KOSELUGO . . . 53
KRAZATI . . . 50
KRINTAFEL . . . 23

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KROGER BLOOD GLUCOSE TEST 295
KROGER HEALTHPRO GLUCOSE TEST 295
KROGER PREMIUM GLUCOSE TEST 295
KUVAN 102

L

LABETALOL HCL 107
LACOSAMIDE 225,226,228
LACRISERT 252
LACTULOSE 148
LACTULOSE (ENCEPHALOPATHY) 157
LAMICTAL 225
LAMICTAL ODT 225
LAMICTAL XR 225
LAMIVUDINE 16
LAMIVUDINE (HBV) 20
LAMIVUDINE-TENOFOVIR DISOPROXIL FUMARATE 17
LAMIVUDINE-ZIDOVUDINE 17,18
LAMOTRIGINE 225,227
LANADELUMAB-FLYO 249
LANCETS 301
LANOXIN 103
LANSOPRAZOLE 152
LANTHANUM CARBONATE 161
LAPATINIB DITOSYLATE 52
LAROTRECTINIB SULFATE 54
LASIX 121
LATANOPROST 256,257
LATANOPROSTENE BUNOD 257
LATUDA 180
LAZANDA 202
LAZCLUZE 43
LAZERTINIB MESYLATE 43
LEDIPASVIR-SOFOSBUVIR 21
LEFAMULIN ACETATE 25
LEFLUNOMIDE 213,214
LEMBOREXANT 183
LENACAPAVIR SODIUM 14
LENALIDOMIDE 302
LENIOLISIB PHOSPHATE 301
LENVATINIB MESYLATE 42
LENVIMA (10 MG DAILY DOSE) 42
LENVIMA (12 MG DAILY DOSE) 42
LENVIMA (14 MG DAILY DOSE) 42
LENVIMA (18 MG DAILY DOSE) 42
LENVIMA (20 MG DAILY DOSE) 42
LENVIMA (24 MG DAILY DOSE) 42
LENVIMA (4 MG DAILY DOSE) 42
LENVIMA (8 MG DAILY DOSE) 42
LESCOL XL 126
LETAIRIS 129
LETERMOVIR 20
LETROZOLE 44
LEUCOVORIN CALCIUM 57
LEUKERAN 40
LEUKINE 242
LEVALBUTEROL HCL 139,140
LEVALBUTEROL TARTRATE 139,140
LEVBID 150
LEVEMIR 82
LEVEMIR FLEXPEN 83
LEVEMIR FLEXTOUCH 83
LEVETIRACETAM 224,225,226,227
LEVOBUNOLOL HCL 252
LEVOCARNITINE (METABOLIC MODIFIERS) 99
LEVODOPA 229
LEVOFLOXACIN 11
LEVOFLOXACIN (OPHTH) 250
LEVOMILNACIPRAN HCL 172
LEVONORGESTREL & ETH ESTRADIOL 70,71,73,74,75,76
LEVONORGESTREL-ETH ESTRADIOL (TRIPHASIC) 77,78
LEVONORGESTREL-ETHINYL ESTRADIOL 69
LEVONORGESTREL-ETHINYL ESTRADIOL (91-DAY) 79,80
LEVONORGESTREL-ETHINYL ESTRADIOL (CONTINUOUS) 80
LEVONORGESTREL-ETHINYL ESTRADIOL-FERROUS BISGLYCINATE 70,72,73
LEVONORGESTREL-ETHINYL ESTRADIOL-IRON . 74

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LEVORPHANOL TARTRATE 202,206
LEVOTHYROXINE SODIUM 92,93,94,95
LEVSIN 150
LEVSIN/SL 150
LEXAPRO 171
LEXETTE 280
LEXIVA 15
LIALDA 158
LIBERTY NEXT GENERATION TEST 295
LIBERTY TEST 295
LIBRAX 151
LIDOCAINE 283,284
LIDOCAINE HCL 263,283,284
LIDOCAINE HCL (MOUTH-THROAT) 263
LIDOCAINE HCL (OPHTH) 259
LIDOCAINE-HYDROCORTISONE ACETATE (RECTAL) 265,266
LIDOCAINE-PRILOCAINE 284
LIDOCORT 266
LIDODERM 284
LIFITEGRAST 259
LIKMEZ 24
LINACLOTIDE 159
LINEZOLID 25
LINZESS 159
LIOTHYRONINE SODIUM 92,93
LIPITOR 126
LIPOFEN 124
LIRAGLUTIDE 86
LISDEXAMFETAMINE DIMESYLATE 184
LISINOPRIL 113
LISINOPRIL & HYDROCHLOROTHIAZIDE 117
LITHIUM 180
LITHIUM CARBONATE 180
LITHOBID 180
LITHOSTAT 166
LIVALO 126
LIVMARLI 157
LIVTENCITY 20
LO LOESTRIN FE 77
LOCOID 280
LOCOID LIPOCREAM 280
LODINE 211
LODOSYN 232
LODOXAMIDE TROMETHAMINE 260
LOFEXIDINE HCL 198
LOKELMA 304
LOMITAPIDE MESYLATE 127
LOMOTIL 149
LOMUSTINE 40
LONAFARNIB 305
LONHALA MAGNAIR REFILL KIT 138
LONHALA MAGNAIR STARTER KIT 138
LONSURF 58
LOPID 124
LOPINAVIR-RITONAVIR 18,19
LOPRESSOR 106
LOPROX 271
LORAZEPAM 167,168
LORBRENA 47
LORLATINIB 47
LORTAB 209
LOSARTAN POTASSIUM 114
LOSARTAN POTASSIUM & HYDROCHLOROTHIAZIDE 119
LOSEASONIQUE 79
LOTEMAX 254
LOTEMAX SM 254
LOTENSIN 113
LOTENSIN HCT 117
LOTEPREDNOL ETABONATE 254
LOTEPREDNOL ETABONATE-TOBRAMYCIN 256
LOTILANER 251
LOTREL 116
LOTRONEX 159
LOVASTATIN 125,126
LOVENOX 245
LOXAPINE 177
LOXAPINE SUCCINATE 177
LUBIPROSTONE 157
LUCEMYRA 198
LULICONAZOLE 271,272

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LUMACAFTOR-IVACAFTOR 146
LUMAKRAS 50
LUMATEPERONE TOSYLATE 179
LUMIGAN 256
LUNESTA 182
LUPKYNIS 302
LURASIDONE HCL 180
LURBIPR 211
LUSUTROMBOPAG 242
LUXIQ 280
LUZU 272
LYNPARZA 54
LYRICA 226
LYRICA CR 198
LYSODREN 43
LYSTEDA 247

M

M-M-R II 34
MACITENTAN 129
MACROBID 27
MACRODANTIN 27
MAFENIDE ACETATE 276
MALARONE 23
MALATHION 284
MARALIXIBAT CHLORIDE 157
MARAVIROC 14
MARIBAVIR 20
MARINOL 155
MARPLAN 169
MATRIAPRO 236
MATULANE 57
MAVACAMTEN 130
MAVENCLAD (10 TABS) 194
MAVENCLAD (4 TABS) 194
MAVENCLAD (5 TABS) 194
MAVENCLAD (6 TABS) 194
MAVENCLAD (7 TABS) 194
MAVENCLAD (8 TABS) 194
MAVENCLAD (9 TABS) 194
MAVORIXAFOR 243
MAVYRET 21
MAXALT 217
MAXALT-MLT 217
MAXIDEX 254
MAXITROL 255
MAXZIDE 122
MAXZIDE-25 122
MAYZENT 196
MAYZENT STARTER PACK 196,197
MEASLES, MUMPS & RUBELLA VIRUS VACCINES 34
MEASLES-MUMPS-RUBELLA-VARICELLA VIRUS VACCINES 34
MEBENDAZOLE 24
MECAMYLAMINE HCL 116
MECASERMIN 97
MECHLORETHAMINE HCL (TOPICAL) 276
MECLOFENAMATE SODIUM 211
MEDROL 60
MEDROXYPROGESTERONE ACETATE 80
MEDROXYPROGESTERONE ACETATE (CONTRACEPTIVE) 69
MEFENAMIC ACID 211
MEFLOQUINE HCL 23
MEGESTROL ACETATE 45
MEGESTROL ACETATE (APPETITE) 80
MEIJER BLOOD GLUCOSE TEST 295
MEIJER ESSENTIAL GLUCOSE TEST 296
MEIJER TRUETEST TEST 296
MEIJER TRUETRACK TEST 296
MEKINIST 53
MEKTOVI 53
MELOXICAM 211,212
MELPHALAN 40
MEMANTINE HCL 191
MEMANTINE HCL-DONEPEZIL HCL 191
MENACTRA 35
MENEST 65
MENING (A,C,Y&W) POLYSACCH TETANUS CONJ-MENING B (RCMB) VACC 35

MENINGOCOCCAL (A,C,Y&W-135) OLIGOSACCHARIDE CONJUGATE VAC 35
MENINGOCOCCAL (A,C,Y&W-135) POLYSACCH DIPHTH CONJ VACCINE 35
MENINGOCOCCAL (A,C,Y&W-135) POLYSACCH TETANUS CONJ VACCINE 35
MENINGOCOCCAL GROUP B VACCINE (RECOMBINANT) 36
MENINGOCOCCAL VAC GROUP B (RECOMBANT OMV ADJUVANTED) 35
MENOSTAR 65
MENQUADFI 35
MENVEO 35
MEPERIDINE HCL 202
MEPHYTON 235
MEPOLIZUMAB 145
MEPROBAMATE 168
MEPRON 26
MERCAPTOPURINE 41
MESALAMINE 157,158
MESNA 57
MESNEX 57
MESTINON 234
METADATE CD 188
METAXALONE 233
METFORMIN HCL 87
METHADONE HCL 200,202,203
METHADOSE 202
METHADOSE SUGAR-FREE 203
METHAMPHETAMINE HCL 183,184
METHAZOLAMIDE 121
METHENAMINE HIPPURATE 26,27
METHENAMINE MANDELATE 27
METHIMAZOLE 95
METHITEST 62
METHOCARBAMOL 233
METHOTREXATE 41
METHOTREXATE SODIUM 41
METHOXSALEN RAPID 274
METHSCOPOLAMINE BROMIDE 151
METHSUXIMIDE 222
METHYLDOPA 115
METHYLERGONOVINE MALEATE 95
METHYLIN 188
METHYLNALTREXONE BROMIDE 160
METHYLPHENIDATE 187,188
METHYLPHENIDATE HCL 187,188,189,190
METHYLPHENIDATE HCL ER 189
METHYLPREDNISOLONE 60
METHYLPREDNISOLONE ACETATE 58
METHYLPREDNISOLONE SOD SUCC 60,61
METHYLTESTOSTERONE 62
METOCLOPRAMIDE HCL 156
METOLAZONE 122
METOPROLOL & HYDROCHLOROTHIAZIDE 118
METOPROLOL SUCCINATE 106,107
METOPROLOL TARTRATE 106
METROCREAM 269
METROGEL 270
METROLOTION 270
METRONIDAZOLE 24
METRONIDAZOLE (TOPICAL) 269,270
METRONIDAZOLE VAGINAL 163
METYROSINE 115,116
MEXILETINE HCL 111
MICARDIS 114
MICARDIS HCT 120
MICONAZOLE (MOUTH-THROAT) 263
MICONAZOLE-ZINC OXIDE-WHITE PETROLATUM 272
MICORT HC 280
MICRODOT TEST 296
MIDAZOLAM (ANTICONVULSANT) 220
MIDODRINE HCL 122
MIDOSTAURIN 52
MIFEPRISTONE (HYPERGLYCEMIA) 88
MIGALASTAT HCL 99
MIGLITOL 88
MIGLUSTAT 243
MILNACIPRAN HCL 197
MILTEFOSINE 24
MINASTRIN 24 FE 74

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MINIPRESS . . . 115
MINIVELLE . . . 65
MINOCYCLINE HCL . . . 9,10
MINOCYCLINE HCL ER . . . 10
MINOCYCLINE HCL MICRONIZED (ACNE) . . . 267
MINOXIDIL . . . 116
MIRABEGRON . . . 162
MIRAPEX ER . . . 230
MIRCETTE . . . 77
MIRTAZAPINE . . . 169
MIRVASO . . . 270
MISOPROSTOL . . . 151,152
MITAPIVAT SULFATE . . . 249,250
MITIGARE . . . 219
MITOTANE . . . 43
MM BLULINK GLUCOSE TEST . . . 296
MM EASY TOUCH GLUCOSE . . . 296
MOBI CONNECT TEST STRIPS . . . 296
MOBOCERTINIB SUCCINATE . . . 42
MODAFINIL . . . 189
MODERNA COVID-19 BIVAL 6M-5Y . . . 31
MODERNA COVID-19 BIVALENT . . . 31
MODERNA COVID-19 VAC (BOOSTER) . . . 31
MODERNA COVID-19 VAC 6M-11Y . . . 31
MODERNA COVID-19 VACC 6M-5Y . . . 32
MODERNA COVID-19 VACCINE . . . 32
MOEXIPRIL HCL . . . 113
MOLINDONE HCL . . . 178
MOMELOTINIB DIHYDROCHLORIDE . . . 55
MOMETASONE FUROATE . . . 280
MOMETASONE FUROATE (INHALATION) . . . 143
MONOJECT FLUSH SYRINGE . . . 240
MONOJECT SODIUM CHLORIDE FLUSH . . . 240
MONOMETHYL FUMARATE . . . 196
MONTELUKAST SODIUM . . . 145
MONUROL . . . 27
MORPHINE SULFATE . . . 203,204
MORPHINE SULFATE BEADS . . . 204
MORPHINE SULFATE ER . . . 203
MORPHINE SULFATE ER BEADS . . . 204
MOTOFEN . . . 149
MOTPOLY XR . . . 226
MOUNJARO . . . 86
MOVANTIK . . . 159
MOVIPREP . . . 148
MOXIFLOXACIN HCL . . . 11
MOXIFLOXACIN HCL (2X DAY) . . . 250
MOXIFLOXACIN HCL (OPHTH) . . . 250,251
MRESVIA . . . 32
MS CONTIN . . . 204
MULPLETA . . . 242
MULTAQ . . . 112
MULTIPLE URINE TESTS . . . 300
MULTISTIX 10 SG . . . 300
MUPIROCIN . . . 270
MUPIROCIN CALCIUM (TOPICAL) . . . 270
MUSE . . . 131
MYAMBUTOL . . . 12
MYCOBUTIN . . . 12
MYCOPHENOLATE MOFETIL . . . 303
MYCOPHENOLATE SODIUM . . . 303
MYDAYIS . . . 185
MYDRIACYL . . . 257
MYFEMBREE . . . 68
MYFORTIC . . . 303
MYGLUCOHEALTH TEST . . . 296
MYHIBBIN . . . 303
MYLERAN . . . 40
MYRBETRIQ . . . 162
MYSOLINE . . . 226
MYTESI . . . 149

N

NABUMETONE . . . 211,212
NADOLOL . . . 104,105
NAFARELIN ACETATE . . . 96
NAFTIFINE HCL . . . 271
NAFTIN . . . 271
NALDEMEDINE TOSYLATE . . . 160
NALFON . . . 211
NALMEFENE HCL (ANTIDOTE) . . . 286
NALOXEGOL OXALATE . . . 159

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NALOXONE HCL . . . 286
NALTREXONE HCL . . . 286
NAMENDA . . . 191
NAMENDA XR . . . 191
NAMZARIC . . . 191
NAPROSYN . . . 211
NAPROXEN . . . 210,211,212
NAPROXEN SODIUM . . . 210,212
NARATRIPTAN HCL . . . 216,217
NARCAN . . . 286
NARDIL . . . 169
NATACYN . . . 251
NATALCHEW . . . 236
NATALCORE . . . 236
NATALVIT . . . 236
NATAMYCIN . . . 251
NATAZIA . . . 79
NATEGLINIDE . . . 87
NATESTO . . . 62
NATROBA . . . 284
NAYZILAM . . . 220
NEBIVOLOL HCL . . . 106
NEBUPENT . . . 24
NEBUSAL . . . 136
NEDOCROMIL SODIUM (OPHTH) . . . 260
NEFAZODONE HCL . . . 170
NELFINAVIR MESYLATE . . . 15
NEO-SYNALAR . . . 270
NEOMYCIN SULFATE . . . 11
NEOMYCIN SULFATE-FLUOCINOLONE ACETONIDE . . . 270
NEOMYCIN-BACITRACIN ZN-POLYMYXIN . . . 252
NEOMYCIN-COLISTIN-HC-THONZONIUM . . . 262
NEOMYCIN-POLYMY-DEXAMETH . . . 255
NEOMYCIN-POLYMYXIN-GRAMICIDIN . . . 252
NEOMYCIN-POLYMYXIN-HC . . . 255
NEOMYCIN-POLYMYXIN-HC (OPHTH) . . . 255
NEOMYCIN-POLYMYXIN-HC (OTIC) . . . 262
NEORAL . . . 302
NEOTUSS PLUS . . . 137
NEPAFENAC . . . 261
NERATINIB MALEATE . . . 52
NERLYNX . . . 52
NESINA . . . 89
NETARSUDIL DIMESYLATE . . . 258
NETARSUDIL DIMESYLATE-LATANOPROST . . . 258
NETUPITANT-PALONOSETRON . . . 155
NEULASTA . . . 242
NEULASTA ONPRO . . . 242
NEUPRO . . . 230
NEURONTIN . . . 226
NEUTEK 2TEK TEST . . . 296
NEVANAC . . . 261
NEVIRAPINE . . . 17
NEXAVAR . . . 52
NEXIUM . . . 152
NEXLETOL . . . 125
NEXLIZET . . . 127
NEXTSTELLIS . . . 74
NIACIN (ANTIHYPERLIPIDEMIC) . . . 127
NIACOR . . . 127
NIASPAN . . . 127
NICARDIPINE HCL . . . 109
NICOTINE . . . 192
NICOTROL . . . 192
NICOTROL NS . . . 192
NIFEDIPINE . . . 109,110
NILANDRON . . . 43
NILOTINIB HCL . . . 48
NILUTAMIDE . . . 43
NIMODIPINE . . . 109
NINLARO . . . 55
NINTEDANIB ESYLATE . . . 147
NIRAPARIB TOSYLATE . . . 54,55
NIRAPARIB TOSYLATE-ABIRATERONE ACETATE 45
NIROGACESTAT HYDROBROMIDE . . . 50
NIRSEVIMAB-ALIP . . . 37
NISOLDIPINE . . . 109,110
NITAZOXANIDE . . . 26
NITISINONE . . . 100
NITRO-DUR . . . 103
NITROFURANTOIN . . . 27

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NITROFURANTOIN MACROCRYSTAL 27
NITROFURANTOIN MONOHYD MACRO 27
NITROGLYCERIN 103,104
NITROGLYCERIN (INTRA-ANAL) 265
NITROLINGUAL 104
NITROMIST 104
NITROSTAT 104
NIVESTYM 242
NIZATIDINE 151
NORDITROPIN FLEXPRO 96
NORELGESTROMIN-ETHINYL ESTRADIOL 69
NORETHIN ACET & ESTRAD-FE . . . 70,71,72,73,74,75
NORETHINDRONE & ETH ESTRADIOL 70,71,74,75,76
NORETHINDRONE & ETHINYL ESTRADIOL-FE 72,73,74,76
NORETHINDRONE (CONTRACEPTIVE) 68,69
NORETHINDRONE ACET & ETH ESTRA 70,72,73,74,75
NORETHINDRONE ACETATE 80
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL 67
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE 77,78
NORETHINDRONE ACETATE-ETHINYL ESTRADIOL-FE FUM (BIPHASIC) 77
NORETHINDRONE-ETH ESTRADIOL (TRIPHASIC) 77,78
NORGESTIMATE-ETHINYL ESTRADIOL 71,72,74,75,76
NORGESTIMATE-ETHINYL ESTRADIOL (TRIPHASIC) 77,78
NORGESTREL & ETHINYL ESTRADIOL 71,73,75
NORMAL SALINE FLUSH 240
NORPACE 111
NORPACE CR 111
NORPRAMIN 173
NORTHERA 123
NORTRIPTYLINE HCL 174
NORVASC 109
NORVIR 15
NOVA MAX GLUCOSE TEST 296
NOVA MAX PLUS KETONE TEST 296
NOVAVAX COVID-19 VACCINE 32
NOVOLIN 70/30 83
NOVOLIN 70/30 FLEXPEN 83
NOVOLIN 70/30 FLEXPEN RELION 83
NOVOLIN 70/30 RELION 83
NOVOLIN N 83
NOVOLIN N FLEXPEN 83
NOVOLIN N FLEXPEN RELION 83
NOVOLIN N RELION 83
NOVOLIN R 83
NOVOLIN R FLEXPEN 84
NOVOLIN R FLEXPEN RELION 84
NOVOLIN R RELION 84
NOVOLOG 84
NOVOLOG 70/30 FLEXPEN RELION 84
NOVOLOG FLEXPEN 84
NOVOLOG FLEXPEN RELION 84
NOVOLOG MIX 70/30 84
NOVOLOG MIX 70/30 FLEXPEN 84
NOVOLOG MIX 70/30 RELION 84
NOVOLOG PENFILL 84
NOVOLOG RELION 84
NOXAFIL 13
NP THYROID 93
NUBEQA 44
NUCALA 145
NUCORT 280
NUCYNTA 204
NUCYNTA ER 204
NUEDEXTA 198
NULEV 150
NUPLAZID 180
NURTEC 218
NUTRICHEW 236
NUVARING 70
NUVAXOVID COVID-19 VACCINE 32
NUVESSA 163
NUVIGIL 189
NUZYRA 10

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NYSTATIN 13,263
NYSTATIN (MOUTH-THROAT) 263
NYSTATIN (TOPICAL) 271
NYSTATIN-TRIAMCINOLONE 272
NYVEPRIA 242

O

OBETICHOLIC ACID 160
OBSTETRIX DHA 238
OBSTETRIX EC (WITH DOCUSATE) 236
OCALIVA 160
OCTREOTIDE ACETATE 97
OCUFLOX 250
ODACTRA 39
ODEFSEY 19
ODEVIXIBAT 157
ODOMZO 43
OFATUMUMAB (MS) 195
OFEV 147
OFLOXACIN 11
OFLOXACIN (OPHTH) 250
OFLOXACIN (OTIC) 261
OGSIVEO 50
OJEMDA 49
OJJAARA 55
OLANZAPINE 178
OLANZAPINE-FLUOXETINE HCL 199
OLAPARIB 54
OLMESARTAN MEDOXOMIL 113,114
OLMESARTAN MEDOXOMIL-AMLODIPINE-HYDROCHLOROTHIAZIDE 120
OLMESARTAN MEDOXOMIL-HYDROCHLOROTHIAZIDE 119,120
OLODATEROL HCL 139
OLOPATADINE HCL (NASAL) 135
OLPRUVA (2 GM DOSE) 101
OLPRUVA (3 GM DOSE) 101
OLPRUVA (4 GM DOSE) 101
OLPRUVA (5 GM DOSE) 101
OLPRUVA (6 GM DOSE) 101
OLPRUVA (6.67 GM DOSE) 101
OLSALAZINE SODIUM 158
OLUMIANT 215
OLUTASIDENIB 54
OLUX 280
OLUX-E 280
OMADACYCLINE TOSYLATE 10
OMALIZUMAB 145
OMAVELOXOLONE 232
OMECLAMOX-PAK 153
OMEPRAZOLE 152
OMEPRAZOLE MAGNESIUM 152
OMNARIS 134
OMNITROPE 97
ON CALL EXPRESS BLOOD GLUCOSE 296
ONDANSETRON 154
ONDANSETRON HCL 154
ONDANSETRON HCL +RFID 154
ONE DROP TEST 296
ONETOUCH ULTRA 296
ONETOUCH ULTRA BLUE TEST 296
ONETOUCH ULTRA TEST 297
ONETOUCH VERIO 297
ONEXTON 269
ONFI 220
ONGENTYS 229
ONUREG 41
OPICAPONE 229
OPIUM 149
OPIUM TINCTURE 149
OPSUMIT 129
OPTIUMEZ TEST 297
OPVEE 286
ORACEA 270
ORACIT 164
ORAL CITRATE 165
ORALAIR 39
ORALAIR ADULT STARTER PACK 40
ORAPRED ODT 60
ORAVIG 263
ORENCIA 214
ORENCIA CLICKJECT 214

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ORENITRAM 129
ORENITRAM MONTH 1 129
ORENITRAM MONTH 2 129
ORENITRAM MONTH 3 129
ORFADIN 100
ORGOVYX 45
ORIAHNN 68
ORILISSA 96
ORKAMBI 146
ORLADEYO 249
ORPHENADRINE CITRATE 233
ORSERDU 44
OSCIMIN 150
OSELTAMIVIR PHOSPHATE 22,23
OSENI 90
OSIMERTINIB MESYLATE 43
OSMOPREP 147
OSPEMIFENE 96
OSPHENA 96
OTEZLA 215,216
OVIDE 284
OXANDROLONE 63
OXAPROZIN 210,212
OXAZEPAM 168
OXBRYTA 243,244
OXCARBAZEPINE 226,228
OXERVATE 259
OXICONAZOLE NITRATE 272
OXISTAT 272
OXTELLAR XR 226
OXYBUTYNIN 162
OXYBUTYNIN CHLORIDE 161,162
OXYCODONE 206
OXYCODONE HCL 204,205
OXYCODONE HCL ER 205
OXYCODONE W/ ACETAMINOPHEN 207,208
OXYCONTIN 205
OXYMETAZOLINE HCL (TOPICAL) 270
OXYMORPHONE HCL 205
OXYMORPHONE HCL ER 205
OXYTROL 162
OZANIMOD HCL 197
OZEMPIC (0.25 OR 0.5 MG/DOSE) 85
OZEMPIC (1 MG/DOSE) 85
OZEMPIC (2 MG/DOSE) 86
OZENOXACIN 270

P

PACRITINIB CITRATE 55
PALBOCICLIB 47
PALFORZIA (12 MG DAILY DOSE) 38
PALFORZIA (120 MG DAILY DOSE) 38
PALFORZIA (160 MG DAILY DOSE) 38
PALFORZIA (20 MG DAILY DOSE) 38
PALFORZIA (200 MG DAILY DOSE) 38
PALFORZIA (240 MG DAILY DOSE) 38
PALFORZIA (3 MG DAILY DOSE) 38
PALFORZIA (300 MG MAINTENANCE) 39
PALFORZIA (300 MG TITRATION) 39
PALFORZIA (40 MG DAILY DOSE) 39
PALFORZIA (6 MG DAILY DOSE) 39
PALFORZIA (80 MG DAILY DOSE) 39
PALFORZIA INITIAL DOSE 4-17YRS 39
PALFORZIA INITIAL ESCALATION 39
PALIPERIDONE 175
PALIPERIDONE PALMITATE 175
PALOVAROTENE 234
PALYNZIQ 102
PAMELOR 174
PANCREAZE 155
PANCRELIPASE (LIPASE-PROTEASE-AMYLASE) 155,156
PANDEL 280
PANOBINOSTAT LACTATE 47
PANRETIN 276
PANTOPRAZOLE SODIUM 152,153
PARICALCITOL 100
PARLODEL 229
PARNATE 169
PAROMOMYCIN SULFATE 11
PAROXETINE HCL 171
PAROXETINE MESYLATE 171

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PASER . . . 12
PASIREOTIDE DIASPARTATE . . . 98
PATANASE . . . 135
PATIROMER SORBITEX CALCIUM . . . 305
PAXIL . . . 171
PAXIL CR . . . 171
PAZOPANIB HCL . . . 52
PEANUT (ARACHIS HYPOGAEA) ALLERGEN POWDER-DNFP . . . 38,39
PEDIAPRED . . . 60
PEDIARIX . . . 37
PEDVAXHIB . . . 35
PEG 3350-KCL-NACL-NA SULFATE-NA ASCORBATE-ASCORBIC ACID . . . 148,149
PEG 3350-KCL-SOD BICARB-SOD CHLORIDE-SOD SULFATE . . . 148
PEG 3350-KCL-SOD CHLORIDE-SOD SULFATE-MAGNESIUM SULFATE . . . 149
PEG 3350-POTASSIUM CHLORIDE-SOD BICARBONATE-SOD CHLORIDE . . . 148
PEGASYS . . . 21
PEGFILGRASTIM . . . 242
PEGFILGRASTIM-APGF . . . 242
PEGINTERFERON ALFA-2A . . . 21
PEGINTERFERON BETA-1A . . . 195
PEGVALIASE-PQPZ . . . 102
PEGVISOMANT . . . 98
PEMAZYRE . . . 50
PEMIGATINIB . . . 50
PENBRAYA . . . 35
PENICILLAMINE . . . 301
PENICILLIN G BENZATHINE . . . 5
PENICILLIN V POTASSIUM . . . 5
PENNSAID . . . 273
PENTACEL . . . 37
PENTAMIDINE ISETHIONATE . . . 24
PENTASA . . . 158
PENTAZOCINE W/ NALOXONE HCL . . . 207
PENTOSAN POLYSULFATE SODIUM . . . 166
PENTOXIFYLLINE . . . 248
PEPCID . . . 151
PERAMPANEL . . . 223
PERCOCET . . . 208
PERFOROMIST . . . 139
PERIDEX . . . 263
PERINDOPRIL ARGININE-AMLODIPINE BESYLATE . . . 116
PERINDOPRIL ERBUMINE . . . 113
PERMETHRIN . . . 284
PERPHENAZINE . . . 178
PERPHENAZINE-AMITRIPTYLINE . . . 199
PERTZYE . . . 155
PEXEVA . . . 171
PEXIDARTINIB HCL . . . 52
PFIZER COVID-19 BIVAL 6MO-4YR . . . 32
PFIZER COVID-19 VAC BIVAL 5-11 . . . 32
PFIZER COVID-19 VAC BIVALENT . . . 32
PFIZER COVID-19 VAC-TRIS 5-11Y . . . 33
PFIZER COVID-19 VAC-TRIS 6M-4Y . . . 33
PFIZER-BIONT COVID-19 VAC-TRIS . . . 33
PFIZER-BIONTECH COVID-19 VACC . . . 33
PHARMACIST CHOICE AUTOCODE . . . 297
PHARMACIST CHOICE NO CODING . . . 297
PHEBURANE . . . 101
PHENAZOPYRIDINE HCL . . . 165
PHENELZINE SULFATE . . . 169
PHENOBARBITAL . . . 181
PHENOXYBENZAMINE HCL . . . 116
PHENYLEPHRINE HCL (MYDRIATIC) . . . 257
PHENYLEPHRINE-CHLORPHEN-DM . . . 137
PHENYTOIN . . . 222
PHENYTOIN SODIUM EXTENDED . . . 222
PHOSLYRA . . . 161
PHOSPHA 250 NEUTRAL . . . 238
PHOSPHO-TRIN 250 NEUTRAL . . . 238
PHOSPHO-TRIN K500 . . . 238
PHOSPHOLINE IODIDE . . . 258
PHOSPHOROUS . . . 239
PHYTONADIONE . . . 235
PIFELTRO . . . 17
PILOCARPINE HCL . . . 258
PILOCARPINE HCL (ORAL) . . . 263,264

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PIMAVANSERIN TARTRATE 180
PIMECROLIMUS 283
PIMOZIDE 190
PINDOLOL 105
PIOGLITAZONE HCL 89
PIOGLITAZONE HCL-GLIMEPIRIDE 92
PIOGLITAZONE HCL-METFORMIN HCL 92
PIP BLOOD GLUCOSE TEST STRIP 297
PIQRAY (200 MG DAILY DOSE) 56
PIQRAY (250 MG DAILY DOSE) 56
PIQRAY (300 MG DAILY DOSE) 56
PIRFENIDONE 147
PIROXICAM 210,212
PIRTOBRUTINIB 49
PITAVASTATIN CALCIUM 126
PITAVASTATIN MAGNESIUM 126
PLAQUENIL 23
PLAVIX 248
PLECANATIDE 159
PLEGRIDY 195
PLEGRIDY STARTER PACK 195
PLENVU 149
PNEUMOCOCCAL 13-VALENT CONJUGATE VACCINE 36
PNEUMOCOCCAL 15-VALENT CONJUGATE VACCINE 36
PNEUMOCOCCAL 20-VALENT CONJUGATE VACCINE 36
PNEUMOCOCCAL 21-VALENT CONJUGATE VACCINE 35
PNEUMOCOCCAL VAC POLYVALENT 35
PNEUMOVAX 23 35
PNV 27-CA/FE/FA 236
PNV PRENATAL PLUS MULTIVIT+DHA 236
POCKETCHEM EZ TEST 297
PODOCON-25 283
PODOFILOX 283
PODOPHYLLUM RESIN 283
POLIOVIRUS VACCINE, IPV 31
POLYMYXIN B-TRIMETHOPRIM 252
POMALIDOMIDE 45
POMALYST 45
PONATINIB HCL 48
PONESIMOD 197
PONVORY 197
PONVORY STARTER PACK 197
POSACONAZOLE 13
POT & SOD CITRATES W/CITRIC AC 165
POT PHOSPHATE MONOBASIC W/ SOD PHOSPHATE DIBASIC & MONOBASIC 238,239
POTASSIUM & SODIUM ACID PHOSPHATES 164
POTASSIUM BICARBONATE-CITRIC ACID 239
POTASSIUM CHLORIDE 239
POTASSIUM CHLORIDE MICROENCAPSULATED CRYSTALS ER 239
POTASSIUM CITRATE (ALKALINIZER) 165
POTASSIUM CITRATE-CITRIC ACID 164,165
POTASSIUM PHOSPHATE MONOBASIC 238
POVIDONE-IODINE 251
POVIDONE-IODINE (OPHTH) 251
PRADAXA 246
PRALSETINIB 55
PRALUENT 125
PRAMIPEXOLE DIHYDROCHLORIDE 230
PRAMLINTIDE ACETATE 85
PRAMOSONE 282
PRAMOXINE-HC 281,282
PRASTERONE VAGINAL 164
PRASUGREL HCL 248
PRAVASTATIN SODIUM 126
PRAZIQUANTEL 24
PRAZOSIN HCL 115
PRECISION XTRA BLOOD GLUCOSE 297
PRECISION XTRA KETONE 297
PRECOSE 88
PRED FORTE 255
PRED MILD 255
PRED-G 255
PRED-G S.O.P. 256
PREDNICARBATE 280
PREDNISOLON-MOXIFLOX-KETOROLAC 256
PREDNISOLONE 60

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PREDNISOLONE ACETATE (OPHTH) 255
PREDNISOLONE SODIUM PHOSPHATE . . . 60,61,255
PREDNISOLONE SODIUM PHOSPHATE (OPHTH) 255
PREDNISOLONE-MOXIFLOXACIN-KETOROLAC . 256
PREDNISONE 61
PREDNISONE INTENSOL 61
PREFEST 67
PREGABALIN 226,227
PREGABALIN (ONCE-DAILY) 198
PREHEVBRIO 33
PREMARIN 66,164
PREMIUM BLOOD GLUCOSE TEST 297
PREMPHASE 67
PREMPRO 68
PRENACHEW 236
PRENACORE 237
PRENATABS FA 237
PRENATAL 19 237
PRENATAL MV & MIN W/FE BISGLYC-FE PROT SUCC-FA-CA-OMEGA 3 237,238
PRENATAL MV & MIN W/FE CARBONYL-FA-DHA 238
PRENATAL VIT W/ DOCUSATE-FE FUMARATE-FOLIC ACID 237
PRENATAL VIT W/ DOCUSATE-IRON CARBONYL-FOLIC ACID 235,236
PRENATAL VIT W/ FE BISGLYCINATE CHELATE-FOLIC ACID 235
PRENATAL VIT W/ FERROUS FUMARATE-FA-OMEGA 3 FATTY ACIDS 236
PRENATAL VIT W/ FERROUS FUMARATE-FOLIC ACID 235,236,237
PRENATAL VIT W/ IRON CARBONYL-FOLIC ACID 237
PRENATAL WITHOUT A VIT W/ FE FUM-IRON POLYSACCH COMPLEX -FA 235,236,237
PRENATAL WITHOUT A VIT W/ FE FUMARATE-FOLIC ACID 237
PRENATAL-U 237
PRESTALIA 116
PRETOMANID 12
PREVACID 152
PREVACID SOLUTAB 152
PREVNAR 13 36
PREVNAR 20 36
PREVYMIS 20
PREZCOBIX 19
PREZISTA 15
PRIFTIN 12
PRILOSEC 152
PRIMAQUINE PHOSPHATE 23
PRIMIDONE 226,227
PRIORIX 34
PRISTIQ 173
PRO VOICE V8/V9 GLUCOSE 297
PROAIR RESPICLICK 139
PROBENECID 219
PROCARBAZINE HCL 57
PROCARDIA XL 110
PROCHLORPERAZINE 178
PROCHLORPERAZINE MALEATE 178
PROCORT 266
PROCRIT 241
PROCTOCORT 264
PROCTOFOAM HC 266
PRODIGY NO CODING BLOOD GLUC 297
PROGESTERONE 80
PROGESTERONE (VAGINAL) 164
PROGLYCEM 88
PROGRAF 303
PROLENSA 261
PROMACTA 243
PROMETHAZINE & PHENYLEPHRINE 136
PROMETHAZINE HCL 134
PROMETHAZINE VC 136
PROMETHAZINE VC/CODEINE 137
PROMETHAZINE W/CODEINE 137
PROMETHAZINE-DM 137
PROMETHAZINE-PHENYLEPHRINE-CODEINE . . 137
PROMETHEGAN 134
PROMETRIUM 80
PROPAFENONE HCL 111

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PROPARACAINE HCL 259
PROPRANOLOL HCL 104,105
PROPRANOLOL HCL SUSTAINED-RELEASE BEADS 105
PROPYLTHIOURACIL 95
PROQUAD 34
PROSCAR 166
PROTONIX 152,153
PROTRIPTYLINE HCL 174
PROVENTIL HFA 139
PROVERA 80
PROVIDA OB 237
PROVIGIL 189
PROXIVOL 284
PROZAC 171
PRURADIK 284
PSEUDOEPHED-BROMPHEN-DM 137
PSEUDOEPHEDRINE W/ DM-GG 138
PTS PANELSEGLU TEST 297
PULMICORT 144
PULMOSAL 136
PULMOZYME 146
PURIXAN 41
PYRAZINAMIDE 12
PYRIDOSTIGMINE BROMIDE 234,235
PYRIMETHAMINE 23
PYRUKYND 249
PYRUKYND TAPER PACK 249,250

Q

QBRELIS 113
QBREXZA 284
QINLOCK 52
QNASL 135
QNASL CHILDRENS 135
QTERN 91
QUADRACEL 37
QUALAQUIN 23
QUARTETTE 79
QUAZEPAM 181
QUDEXY XR 227
QUESTRAN 124
QUESTRAN LIGHT 124
QUETIAPINE FUMARATE 176,177
QUICK TOUCH BLOOD GLUCOSE TEST 297
QUICKTEK TEST 298
QUILLICHEW ER 189
QUILLIVANT XR 189
QUINAPRIL HCL 112,113
QUINAPRIL-HYDROCHLOROTHIAZIDE 117
QUINIDINE GLUCONATE 111
QUINIDINE SULFATE 111
QUININE SULFATE 23
QUINTET AC BLOOD GLUCOSE TEST 298
QUINTET BLOOD GLUCOSE TEST 298
QUIZARTINIB DIHYDROCHLORIDE 52
QVAR REDIHALER 144

R

RA ALCOHOL SWABS 301
RABEPRAZOLE SODIUM 152,153
RADICAVA ORS 232
RADICAVA ORS STARTER KIT 233
RAGWITEK 39
RALOXIFENE HCL 96
RALTEGRAVIR POTASSIUM 14
RAMELTEON 182
RAMIPRIL 112,113
RANEXA 104
RANOLAZINE 104
RAPAFLO 166
RAPAMUNE 303,304
RASAGILINE MESYLATE 232
RAYALDEE 100
RAZADYNE ER 190
REBIF 195
REBIF REBIDOSE 195
REBIF REBIDOSE TITRATION PACK 195
REBIF TITRATION PACK 195
RECOMBIVAX HB 33
RECTIV 265
REFUAH PLUS BLOOD GLUCOSE TEST 298

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REGLAN 156
REGORAFENIB 52
REGRANEX 284
RELENZA DISKHALER 22
RELION BLOOD GLUCOSE TEST 298
RELION CONFIRM/MICRO TEST 298
RELION GLUCOSE TEST STRIPS 298
RELION KETONE TEST 298
RELION PREMIER TEST 298
RELION PRIME TEST 298
RELION TRUE METRIX TEST STRIPS 298
RELION ULTIMA TEST 298
RELISTOR 160
RELPAX 217
RELUGOLIX 45
RELUGOLIX-ESTRADIOL-NORETHINDRONE ACETATE 68
REMERON 169
REMERON SOLTAB 169
RENAGEL 161
RENVELA 161
REPAGLINIDE 87
REPATHA 125
REPATHA PUSHTRONEX SYSTEM 125
REPATHA SURECLICK 125
REPOTRECTINIB 53
RESMETIROM 160
RESTASIS 259
RESTASIS MULTIDOSE 259
RESTORIL 181
RETACRIT 241
RETAPAMULIN 270
RETEVMO 55
RETIN-A 267
RETIN-A MICRO 267
RETIN-A MICRO PUMP 267
RETROVIR 16
REVATIO 128
REVEFENACIN 138
REVLIMID 302
REXALL BLOOD GLUCOSE TEST 298
REXTOVY 286
REXULTI 179
REYATAZ 15
REZDIFFRA 160
REZLIDHIA 54
REZUROCK 302
RHOFADE 270
RHOPRESSA 258
RIBAVIRIN 21
RIBAVIRIN (HEPATITIS C) 21
RIBOCICLIB SUCCINATE 47
RIBOCICLIB SUCCINATE-LETROZOLE 58
RIDAURA 212
RIFABUTIN 12
RIFAMPIN 12
RIFAMYCIN SODIUM 24
RIFAPENTINE 12
RIFAXIMIN 24
RIGHTEST GS100 BLOOD GLUCOSE 298
RIGHTEST GS300 BLOOD GLUCOSE 298
RIGHTEST GS550 BLOOD GLUCOSE 299
RIGHTEST GT333 BLOOD GLUCOSE 299
RIGHTEST GT333 GLUCOSE TEST 299
RILONACEPT 214
RILPIVIRINE HCL 17
RILUTEK 232
RILUZOLE 232
RIMANTADINE HCL 22
RIMANTADINE HYDROCHLORIDE 22
RIMEGEPANT SULFATE 218
RINVOQ 215
RINVOQ LQ 215
RIOCIGUAT 128
RIOMET 87
RIPRETINIB 52
RISANKIZUMAB-RZAA 274
RISANKIZUMAB-RZAA (CROHN'S) 159
RISDIPLAM 233
RISEDRONATE SODIUM 95,96
RISPERDAL 175,176
RISPERIDONE 175,176

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RITALIN . . . 190
RITALIN LA . . . 190
RITONAVIR . . . 15
RIVAROXABAN . . . 247
RIVASTIGMINE . . . 190,191
RIVASTIGMINE TARTRATE . . . 191
RIZATRIPTAN BENZOATE . . . 217
ROBINUL . . . 151
ROBINUL-FORTE . . . 151
ROCALTROL . . . 100
ROCKLATAN . . . 258
ROFLUMILAST . . . 144
ROLAPITANT HCL . . . 154
ROPEGINTERFERON ALFA-2B-NJFT . . . 57
ROPINIROLE HYDROCHLORIDE . . . 230
ROSUVASTATIN CALCIUM . . . 125,126
ROTARIX . . . 33
ROTATEQ . . . 33
ROTAVIRUS VACCINE, LIVE ORAL . . . 33
ROTAVIRUS VACCINE, LIVE ORAL PENTAVALENT . . . 33
ROTIGOTINE . . . 230
ROXICODONE . . . 205
ROZEREM . . . 182
ROZLYTREK . . . 53,54
RSV MRNA PRE-FUSION VIRUS VACCINE . . . 32
RSV PRE-FUSION F A&B PROTEIN VACCINE RECOMBINANT . . . 28
RSV PRE-FUSION F3 PROTEIN (RSVPREF3) VAC RECOMB ADJUVANTED . . . 28
RUBRACA . . . 54
RUCAPARIB CAMSYLATE . . . 54
RUFINAMIDE . . . 223,227
RUKOBIA . . . 14
RUXOLITINIB PHOSPHATE . . . 55
RYBELSUS . . . 86
RYCLORA . . . 133
RYDAPT . . . 52
RYTARY . . . 231
RYTHMOL SR . . . 111

S

SABRIL . . . 222
SACROSIDASE . . . 155
SACUBITRIL-VALSARTAN . . . 132
SAFINAMIDE MESYLATE . . . 232
SAFYRAL . . . 75
SALAGEN . . . 264
SALINE FLUSH . . . 240
SALMETEROL XINAFOATE . . . 139
SALSALATE . . . 199
SAMSCA . . . 99
SANCUSO . . . 154
SANDIMMUNE . . . 302
SANDOSTATIN . . . 97
SANTYL . . . 282
SAPHRIS . . . 177
SAPROPTERIN DIHYDROCHLORIDE . . . 102
SARECYCLINE HCL . . . 10
SARGRAMOSTIM . . . 242
SARILUMAB . . . 215
SATRALIZUMAB-MWGE . . . 304
SAVELLA . . . 197
SAVELLA TITRATION PACK . . . 197
SCEMBLIX . . . 48
SCOPOLAMINE . . . 153
SE-NATAL 19 . . . 237
SEASONIQUE . . . 80
SECNIDAZOLE . . . 23
SECUADO . . . 177
SECUKINUMAB . . . 273,274
SEGESTERONE ACETATE-ETHINYL ESTRADIOL . . . 69
SELEGILINE . . . 169
SELEGILINE HCL . . . 232
SELENIUM SULFIDE . . . 275
SELEXIPAG . . . 128
SELINEXOR . . . 56,57
SELPERCATINIB . . . 55
SELUMETINIB SULFATE . . . 53
SELZENTRY . . . 14
SEMAGLUTIDE . . . 85,86

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SEMGLEE (YFGN) . . . 85
SEREVENT DISKUS . . . 139
SERNIVO . . . 280
SEROQUEL . . . 177
SEROQUEL XR . . . 177
SEROSTIM . . . 97
SERTACONAZOLE NITRATE . . . 271
SERTRALINE HCL . . . 171
SETMELANOTIDE ACETATE . . . 102
SEVELAMER CARBONATE . . . 161
SEVELAMER HCL . . . 161
SEYSARA . . . 10
SFROWASA . . . 158
SHINGRIX . . . 34
SHORT RAGWEED POLLEN ALLERGEN EXTRACT . . . 39
SIGNIFOR . . . 98
SIKLOS . . . 243
SILDENAFIL CITRATE . . . 131,132
SILDENAFIL CITRATE (PULMONARY HYPERTENSION) . . . 128
SILENOR . . . 182
SILIQ . . . 274
SILODOSIN . . . 166
SILVADENE . . . 276
SILVER SULFADIAZINE . . . 276
SIMBRINZA . . . 259
SIMVASTATIN . . . 126
SINECATECHINS . . . 283
SINEMET . . . 231
SINGULAIR . . . 145
SIPONIMOD FUMARATE . . . 196,197
SIROLIMUS . . . 303,304
SITAGLIPTIN PHOSPHATE . . . 89
SITAGLIPTIN PHOSPHATE-METFORMIN HCL . . . 90
SITAVIG . . . 22
SIVEXTRO . . . 25
SKYCLARYS . . . 232
SKYRIZI . . . 159,274
SKYRIZI (150 MG DOSE) . . . 274
SKYRIZI PEN . . . 274
SLYND . . . 69
SM ALCOHOL PREP . . . 301
SMART SENSE PREMIUM TEST . . . 299
SMART SENSE VALUE TEST . . . 299
SMARTEST BLOOD GLUCOSE TEST . . . 299
SODIUM BICARBONATE . . . 238
SODIUM CHLORIDE . . . 136,240
SODIUM CHLORIDE (INHALANT) . . . 136
SODIUM CHLORIDE FLUSH . . . 239,240
SODIUM CITRATE & CITRIC ACID . . . 164,165
SODIUM OXYBATE . . . 197
SODIUM PHENYLBUTYRATE . . . 101
SODIUM PHOSPHATE MONOBASIC-SODIUM PHOSPHATE DIBASIC . . . 147
SODIUM PICOSULFATE-MAGNESIUM OXIDE-ANHYDROUS CITRIC ACID . . . 148
SODIUM POLYSTYRENE SULFONATE . . . 304
SODIUM SULFATE-MAGNESIUM SULFATE-POTASSIUM CHLORIDE . . . 149
SODIUM SULFATE-POTASSIUM SULFATE-MAGNESIUM SULFATE . . . 148,149
SODIUM ZIRCONIUM CYCLOSILICATE . . . 304
SOFOSBUVIR-VELPATASVIR . . . 21
SOFOSBUVIR-VELPATASVIR-VOXILAPREVIR . . . 21
SOHONOS . . . 234
SOLIFENACIN SUCCINATE . . . 162
SOLIQUA . . . 89
SOLODYN . . . 10
SOLOSEC . . . 23
SOLRIAMFETOL HCL . . . 186
SOLTAMOX . . . 44
SOLU-CORTEF . . . 61
SOLU-MEDROL . . . 61
SOLU-MEDROL (PF) . . . 61
SOLUS V2 TEST . . . 299
SOMA . . . 233
SOMATROPIN . . . 96,97
SOMATROPIN (NON-REFRIGERATED) . . . 97
SOMAVERT . . . 98
SONIDEGIB PHOSPHATE . . . 43
SOOLANTRA . . . 270

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SORAFENIB TOSYLATE 52
SOTALOL HCL 104,105
SOTALOL HCL (AFIB/AFL) 104,105
SOTATERCEPT-CSRK 128
SOTORASIB 50
SOTYLIZE 105
SPARSENTAN 166
SPESOLIMAB-SBZO 274
SPEVIGO 274
SPIKEVAX 34
SPIKEVAX 6M-11Y 34
SPIKEVAX COVID-19 VACCINE 34
SPINOSAD 284
SPIRIVA HANDIHALER 138
SPIRIVA RESPIMAT 138
SPIRONOLACTONE 121
SPIRONOLACTONE & HYDROCHLOROTHIAZIDE 122
SPORANOX 13
SPRITAM 227
SPRYCEL 48
SPS (SODIUM POLYSTYRENE SULF) 304
STALEVO 100 231
STALEVO 125 231
STALEVO 150 231
STALEVO 200 231
STALEVO 50 232
STALEVO 75 232
STAVUDINE 16
STEGLUJAN 91
STELARA 274
STENDRA 131
STIOLTO RESPIMAT 142
STIRIPENTOL 224
STIVARGA 52
STRATTERA 186
STRENSIQ 101
STRIBILD 19
STRIVERDI RESPIMAT 139
STROMECTOL 24
SUBOXONE 207
SUBSYS 205,206
SUCCIMER 285
SUCRAID 155
SUCRALFATE 153
SUCROFERRIC OXYHYDROXIDE 161
SUFLAVE 149
SULAR 110
SULCONAZOLE NITRATE 271,272
SULFACETAMIDE SOD-PREDNISOLONE . . . 255,256
SULFACETAMIDE SODIUM (ACNE) 268
SULFACETAMIDE SODIUM (OPHTH) 251
SULFACETAMIDE SODIUM W/ SULFUR 269
SULFACETAMIDE SODIUM-SULFUR 269
SULFACETAMIDE-PREDNISOLONE 256
SULFADIAZINE 12
SULFAMETHOXAZOLE-TRIMETHOPRIM 27
SULFAMYLON 276
SULFASALAZINE 157,158
SULFURIC ACID-SULFONATED PHENOLICS 263
SULINDAC 212
SUMATRIPTAN 216,217,218
SUMATRIPTAN SUCCINATE 216,217
SUMATRIPTAN SUCCINATE REFILL 217
SUMATRIPTAN-NAPROXEN SODIUM 219
SUNITINIB MALATE 52
SUNLENCA 14
SUNOSI 186
SUPRAX 7
SUPREME TEST 299
SUPREP BOWEL PREP KIT 149
SUSTIVA 17
SUTAB 149
SUTENT 52
SUVOREXANT 183
SYMBICORT 142
SYMBYAX 199
SYMDEKO 146
SYMFI 19
SYMFI LO 19
SYMLINPEN 120 85
SYMLINPEN 60 85

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SYMPAZAN 220
SYMPROIC 160
SYMTUZA 19
SYNALAR 280
SYNAREL 96
SYNDROS 155
SYNJARDY 90
SYNJARDY XR 90
SYNTHROID 94
SYPRINE 301

T

TABLOID 41
TABRECTA 53
TACLONEX 282
TACROLIMUS 303,304
TACROLIMUS (TOPICAL) 283
TADALAFIL 131
TADALAFIL (PULMONARY HYPERTENSION) 128,129
TAFAMIDIS 132
TAFAMIDIS MEGLUMINE (CARDIAC) 132
TAFENOQUINE SUCCINATE 23
TAFINLAR 49
TAFLUPROST 256,257
TAGRISSO 43
TAKHZYRO 249
TALAZOPARIB TOSYLATE 54
TALTZ 274,275
TALZENNA 54
TAMIFLU 23
TAMOXIFEN CITRATE 44
TAMSULOSIN HCL 166,167
TAPENTADOL HCL 204
TAPERDEX 12-DAY 61
TAPERDEX 7-DAY 61
TARCEVA 43
TARGRETIN 57,276
TASIGNA 48
TASIMELTEON 182
TASMAR 229
TAVABOROLE 272
TAVALISSE 248
TAVNEOS 249
TAYTULLA 75
TAZAROTENE 267,273
TAZAROTENE (ACNE) 266,267
TAZEMETOSTAT HBR 53
TAZORAC 273
TAZVERIK 53
TBO-FILGRASTIM 242
TDVAX 37
TECFIDERA 196
TEDIZOLID PHOSPHATE 25
TEGRETOL 227
TEGRETOL-XR 227
TEGSEDI 198
TEKTURNA 114
TEKTURNA HCT 120
TELMISARTAN 114
TELMISARTAN-AMLODIPINE 118
TELMISARTAN-HYDROCHLOROTHIAZIDE 120
TEMAZEPAM 181
TEMODAR 40
TEMOVATE 281
TEMOZOLOMIDE 40
TENCON 200
TENIVAC 37
TENOFOVIR ALAFENAMIDE FUMARATE 20
TENOFOVIR DISOPROXIL FUMARATE 16
TENORETIC 100 118
TENORETIC 50 118
TENORMIN 106
TEPMETKO 53
TEPOTINIB HCL 53
TERAZOSIN HCL 115
TERBINAFINE HCL 13
TERBUTALINE SULFATE 140
TERCONAZOLE VAGINAL 163
TERIFLUNOMIDE 195
TERIPARATIDE 96
TESTIM 62
TESTOSTERONE 62,63

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TESTOSTERONE CYPIONATE 62,63
TESTOSTERONE ENANTHATE 63
TESTOSTERONE UNDECANOATE 62
TETANUS TOXOID-DIPHTHERIA-ACELLULAR PERTUSSIS ADSORB (TDAP) 36
TETANUS-DIPHTHERIA TOXOIDS (TD) 37
TETANUS-DIPHTHERIA TOXOIDS TD 37
TETRABENAZINE 193
TETRACAINE HCL (OPHTH) 259
TETRACYCLINE HCL 10
TEXACORT 281
TEZACAFTOR-IVACAFTOR 146
TEZEPELUMAB-EKKO 146
TEZSPIRE 146
TGT BLOOD GLUCOSE TEST 299
THALIDOMIDE 301
THALOMID 301
THEOPHYLLINE 142
THEOPHYLLINE ER 142
THIOGUANINE 41
THIOLA 166
THIOLA EC 166
THIORIDAZINE HCL 178
THIOTHIXENE 179
THRIVITE RX 237
THYQUIDITY 94
THYROID 92,93
TIAGABINE HCL 221,222
TIAZAC 110
TIBSOVO 54
TICAGRELOR 248
TIKOSYN 112
TIMOLOL 252
TIMOLOL MALEATE 105
TIMOLOL MALEATE (OPHTH) 252,253
TIMOPTIC 253
TIMOPTIC OCUDOSE 253
TIMOPTIC-XE 253
TIMOTHY GRASS POLLEN ALLERGEN EXTRACT . 38
TINIDAZOLE 24
TIOPRONIN 166
TIOTROPIUM BROMIDE 138
TIOTROPIUM BROMIDE MONOHYDRATE 138
TIOTROPIUM BROMIDE-OLODATEROL HCL 142
TIPRANAVIR 15
TIROSINT 94
TIROSINT-SOL 94
TIRZEPATIDE 86
TIVICAY 15
TIVICAY PD 15
TIVOZANIB HCL 52
TIZANIDINE HCL 234
TOBI 11
TOBI PODHALER 11
TOBRADEX 256
TOBRADEX ST 256
TOBRAMYCIN 11,12
TOBRAMYCIN (OPHTH) 250,251
TOBRAMYCIN SULFATE 12
TOBRAMYCIN-DEXAMETHASONE 256
TOBREX 251
TOCILIZUMAB 214
TOFACITINIB CITRATE 215
TOLAK 276
TOLCAPONE 229
TOLTERODINE TARTRATE 161,162
TOLVAPTAN 99
TOLVAPTAN (HYPONATREMIA) 99
TOPAMAX 227
TOPAMAX SPRINKLE 228
TOPICORT 281
TOPICORT SPRAY 281
TOPIRAMATE 227,228
TOPOTECAN HCL 56
TOPROL XL 107
TOREMIFENE CITRATE 44
TORSEMIDE 121
TOSYMRA 218
TOUJEO MAX SOLOSTAR 85
TOVIAZ 162
TOVORAFENIB 49
TRACLEER 129

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TRAMADOL HCL 200,206
TRAMADOL HCL (ER BIPHASIC) 206
TRAMADOL HCL ER 206
TRAMADOL-ACETAMINOPHEN 209
TRAMETINIB DIMETHYL SULFOXIDE 53
TRANDOLAPRIL 113
TRANDOLAPRIL-VERAPAMIL HCL 116
TRANDOLAPRIL-VERAPAMIL HCL ER 116
TRANEXAMIC ACID 247
TRANSDERM SCOP 153
TRANSDERM-SCOP 153
TRANXENE-T 168
TRANYLCYPROMINE SULFATE 169
TRAVATAN Z 256
TRAVOPROST 256,257
TRAZODONE HCL 170
TRECATOR 12
TRELEGY ELLIPTA 142
TREMFYA 159,275
TREMFYA ONE-PRESS 275
TREMFYA PEN 159
TREPROSTINIL 129,130
TREPROSTINIL DIOLAMINE 129
TRESIBA 85
TRESIBA FLEXTOUCH 85
TRETINOIN 266,267
TRETINOIN (CHEMOTHERAPY) 57
TRETINOIN MICROSPHERE 267
TRETINOIN MICROSPHERE PUMP 267
TREXALL 41
TREXIMET 219
TRIAMCINOLONE ACETONIDE 60,61
TRIAMCINOLONE ACETONIDE (MOUTH) 263
TRIAMCINOLONE ACETONIDE (TOPICAL) . . 280,281
TRIAMTERENE 121
TRIAMTERENE & HYDROCHLOROTHIAZIDE 122
TRIAZOLAM 181
TRIBENZOR 120
TRICITRATES 165
TRICOR 124
TRIDESILON 281
TRIENTINE HCL 301
TRIFAROTENE 266
TRIFLUOPERAZINE HCL 178
TRIFLURIDINE 251
TRIFLURIDINE-TIPIRACIL 58
TRIHEPTANOIN 240
TRIHEXYPHENIDYL HCL 229
TRIJARDY XR 91
TRIKAFTA 147
TRILEPTAL 228
TRILIPIX 124
TRIMETHOBENZAMIDE HCL 153
TRIMETHOPRIM 24
TRIMIPRAMINE MALEATE 174
TRINATAL RX 1 237
TRINATE 237
TRINTELLIX 170
TRIUMEQ 19
TRIUMEQ PD 19
TRIZIVIR 19
TROFINETIDE 233
TROKENDI XR 228
TROPICAMIDE 257
TROSPIUM CHLORIDE 162
TRUE FOCUS BLOOD GLUCOSE STRIP 299
TRUE METRIX BLOOD GLUCOSE TEST 299
TRUE METRIX PRO BLOOD GLUCOSE 299
TRUENESS BLOOD GLUCOSE STRIPS 299
TRUETEST TEST 299
TRUETRACK TEST 299
TRULANCE 159
TRULICITY 86
TRUMENBA 36
TRUQAP 46
TRUSELTIQ (100MG DAILY DOSE) 50
TRUSELTIQ (125MG DAILY DOSE) 50
TRUSELTIQ (50MG DAILY DOSE) 50
TRUSELTIQ (75MG DAILY DOSE) 50
TRUSOPT 260
TRUVADA 20
TUCATINIB 40

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TUKYSA 40
TURALIO 52
TUSNEL 138
TUXARIN ER 137
TUZISTRA XR 137
TWINRIX 34
TWIRLA 69
TYBLUME 76
TYBOST 17
TYVASO 129
TYVASO DPI INSTITUTIONAL KIT 130
TYVASO DPI MAINTENANCE KIT 130
TYVASO DPI TITRATION KIT 130
TYVASO REFILL 130
TYVASO STARTER 130

U

UBRELVY 218
UBROGEPANT 218
UCERIS 61,265
ULIPRISTAL ACETATE 69
ULORIC 219
ULTRACET 209
ULTRAM 206
UMECLIDINIUM BROMIDE 138
UMECLIDINIUM-VILANTEROL 141
UNISTRIP1 GENERIC 300
UPADACITINIB 215
UPTRAVI 128
URIDINE TRIACETATE 100
URIDINE TRIACETATE (EMERGENCY TREATMENT) 285
URINE GLUCOSE-KETONES TEST 300
UROCIT-K 10 165
UROCIT-K 15 165
UROCIT-K 5 165
UROXATRAL 167
URSO 250 156
URSO FORTE 156
URSODIOL 156
USTEKINUMAB 274,275

V

VAGIFEM 164
VALACYCLOVIR HCL 22
VALBENAZINE TOSYLATE 193
VALCHLOR 276
VALCYTE 20
VALGANCICLOVIR HCL 20
VALIUM 168
VALPROATE SODIUM 223
VALSARTAN 114
VALSARTAN-HYDROCHLOROTHIAZIDE 119,120
VALTOCO 10 MG DOSE 220
VALTOCO 15 MG DOSE 220
VALTOCO 20 MG DOSE 221
VALTOCO 5 MG DOSE 221
VALTREX 22
VALTYA 1/50 76
VANCOCIN 26
VANCOMYCIN HCL 26
VANDETANIB 51
VANFLYTA 52
VANOS 281
VAQTA 34
VARDENAFIL HCL 132
VARENICLINE TARTRATE 191,192
VARICELLA VIRUS VACCINE LIVE 34
VARIVAX 34
VARUBI (180 MG DOSE) 154
VASCEPA 127
VASERETIC 117
VASOTEC 113
VAXELIS 37
VAXNEUVANCE 36
VECAMYL 116
VECTICAL 273
VEDOLIZUMAB 158
VELIVET 78
VELPHORO 161
VELTASSA 305
VELTIN 269

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VEMLIDY . . . 20
VEMURAFENIB . . . 49
VENCLEXTA . . . 46
VENCLEXTA STARTING PACK . . . 46
VENETOCLAX . . . 46
VENLAFAXINE HCL . . . 172,173
VENTAVIS . . . 130
VENTOLIN HFA . . . 140
VERAPAMIL HCL . . . 107,110,111
VERASENS BLOOD GLUCOSE TEST . . . 300
VERDESO . . . 281
VEREGEN . . . 283
VERELAN . . . 110
VERELAN PM . . . 111
VERICIGUAT . . . 132
VERQUVO . . . 132
VERSACLOZ . . . 176
VERZENIO . . . 47
VESICARE . . . 162
VESICARE LS . . . 162
VFEND . . . 13
VFEND IV . . . 14
VIAGRA . . . 132
VIBERZI . . . 159
VIBRAMYCIN . . . 10
VICTOZA . . . 86
VIGABATRIN . . . 222
VIGAMOX . . . 251
VIIBRYD . . . 170
VIIBRYD STARTER PACK . . . 170
VIJOICE . . . 305
VILAZODONE HCL . . . 170
VIMPAT . . . 228
VIOKACE . . . 156
VIRACEPT . . . 15
VIREAD . . . 16
VISMODEGIB . . . 43
VISTARIL . . . 168
VISTOGARD . . . 285
VITRAKVI . . . 54
VIVAGUARD INO TEST STRIPS . . . 300
VIVELLE-DOT . . . 66
VIZIMPRO . . . 43
VOCLOSPORIN . . . 302
VOGELXO . . . 63
VOGELXO PUMP . . . 63
VONJO . . . 55
VORAPAXAR SULFATE . . . 248
VORICONAZOLE . . . 13,14
VORINOSTAT . . . 47
VORTIOXETINE HBR . . . 170
VOSEVI . . . 21
VOSORITIDE . . . 102
VOXELOTOR . . . 243,244
VOXZOGO . . . 102
VOYDEYA . . . 249
VRAYLAR . . . 180
VUMERITY . . . 196
VUSION . . . 272
VYNDAMAX . . . 132
VYNDAQEL . . . 132
VYTORIN . . . 127
VYVANSE . . . 184
VYZULTA . . . 257

W

WARFARIN SODIUM . . . 245,246
WELCHOL . . . 124
WELIREG . . . 45
WELLBUTRIN SR . . . 174
WELLBUTRIN XL . . . 174
WESNATAL DHA COMPLETE . . . 238
WINREVAIR . . . 128

X

XADAGO . . . 232
XALATAN . . . 257
XALKORI . . . 47
XANAX . . . 168
XANAX XR . . . 168
XARELTO . . . 247
XARELTO STARTER PACK . . . 247

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XATMEP 41
XCOPRI 221
XCOPRI (250 MG DAILY DOSE) 221
XCOPRI (350 MG DAILY DOSE) 221
XDEMVY 251
XELJANZ 215
XELJANZ XR 215
XELODA 41
XELPROS 257
XENAZINE 193
XENLETA 25
XEPI 270
XERESE 276
XIFAXAN 24
XIGDUO XR 91
XIIDRA 259
XIMINO 10
XOFLUZA (40 MG DOSE) 22
XOFLUZA (80 MG DOSE) 22
XOLAIR 145
XOLEGEL 272
XOLREMDI 243
XOPENEX 140
XOPENEX CONCENTRATE 140
XOPENEX HFA 140
XOSPATA 53
XPOVIO (100 MG ONCE WEEKLY) 56
XPOVIO (40 MG ONCE WEEKLY) 56
XPOVIO (40 MG TWICE WEEKLY) 56
XPOVIO (60 MG ONCE WEEKLY) 56
XPOVIO (60 MG TWICE WEEKLY) 56
XPOVIO (80 MG ONCE WEEKLY) 57
XPOVIO (80 MG TWICE WEEKLY) 57
XTAMPZA ER 206
XTANDI 44
XULTOPHY 89
XURIDEN 100
XYOSTED 63
XYREM 197

Y

YASMIN 28 76
YAZ 76
YONSA 45
YUPELRI 138

Z

ZAFIRLUKAST 145
ZALEPLON 182
ZANAFLEX 234
ZANAMIVIR 22
ZANUBRUTINIB 49
ZARONTIN 223
ZARXIO 242
ZAVESCA 243
ZEGALOGUE 88
ZEJULA 54,55
ZELAPAR 232
ZELBORAF 49
ZEMPLAR 100
ZENPEP 156
ZEPOSIA 197
ZEPOSIA 7-DAY STARTER PACK 197
ZEPOSIA STARTER KIT 197
ZESTORETIC 117
ZESTRIL 113
ZETIA 125
ZETONNA 135
ZIAC 118
ZIAGEN 16
ZIANA 269
ZIDOVUDINE 16
ZILEUTON 144
ZIMHI 286
ZIOPTAN 257
ZIPRASIDONE HCL 179,180
ZIRGAN 251
ZITHROMAX 8
ZITHROMAX TRI-PAK 8
ZITHROMAX Z-PAK 9

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ZOCOR 126
ZOKINVY 305
ZOLINZA 47
ZOLMITRIPTAN 218
ZOLOFT 171
ZOLPIDEM TARTRATE 181,182
ZOLPIMIST 182
ZOMIG 218
ZONEGRAN 228
ZONISAMIDE 228
ZONTIVITY 248
ZORBTIVE 97
ZORTRESS 304
ZORVOLEX 212
ZOSTER VACCINE RECOMBINANT ADJUVANTED 34
ZOVIRAX 22,275,276
ZTALMY 228
ZUBSOLV 207
ZUPLENZ 154
ZURANOLONE 169
ZURZUVAE 169
ZYBIC 212
ZYCLARA 283
ZYCLARA PUMP 283
ZYDELIG 56
ZYFLO 144
ZYKADIA 47
ZYLET 256
ZYLOPRIM 219
ZYMAXID 251
ZYPITAMAG 126
ZYPREXA 178
ZYPREXA ZYDIS 178
ZYTIGA 45
ZYVOX 25

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Wellmark Language Assistance

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- Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  - Qualified sign language interpreters
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  - Qualified interpreters
  - Information written in other languages

You have the right to get this information and help in your language for free. If you need these services, call 800-524-9242.

ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY: 888-781-4262).

注意：如果您说普通话，我们可免费为您提供语言协助服务。请拨打 800-524-9242 或（听障专线：888-781-4262）。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị. Xin hãy liên hệ 800-524-9242 hoặc (TTY: 888-781-4262).

NAPOMENA: Ako govorite hrvatski, dostupna Vam je besplatna podrška na Vašem jeziku. Kontaktirajte 800-524-9242 ili (tekstualni telefon za osobe oštećena sluha: 888-781-4262).

ACHTUNG: Wenn Sie deutsch sprechen, stehen Ihnen kostenlose sprachliche Assistenzdienste zur Verfügung. Rufnummer: 800-524-9242 oder (TTY: 888-781-4262).

تنبيه: إذا كنت تتحدث اللغة العربية، فإننا نوفر لك خدمات المساعدة اللغوية المجانية. اتصل بالرقم 800-524-9242 أو (خدمة الهاتف النصي: 888-781-4262).

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주의: 한국어 를 사용하시는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

ध्यान रखें : अगर आपकी भाषा हिन्दी है, तो आपके लिए भाषा सहायता सेवाएँ, नि:शुल्क उपलब्ध हैं। 800-524-9242 पर संपर्क करें या (TTY: 888-781-4262)।

ATTENTION : si vous parlez français, des services d'assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).

Geb Acht: Wann du Deitsch schwetze duscht, kannscht du Hilf in dei eegni Schprooch koschdefrei griege. Ruf 800-524-9242 odder (TTY: 888-781-4262) uff.

โปรดทราบ: หากคุณพูด ไทย เรามีบริการช่วยเหลือด้านภาษาสำหรับคุณโดยไม่คิดค่าใช้จ่าย ติดต่อ 800-524-9242 หรือ (TTY: 888-781-4262)

PAG-UKULAN NG PANSIN: Kung Tagalog ang wikang ginagamit mo, may makukuha kang mga serbisyong tulong sa wika na walang bayad. Makipag-ugnayan sa 800-524-9242 o (TTY: 888-781-4262).

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ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлены бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телетайп: 888-781-4262).

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HEETINA To a wolwa Fulfulde laabi walliinde dow wolde, naa e njobdi, ene ngoodi ngam maaɗa. Heƃir 800-524-9242 malla (TTY: 888-781-4262).

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УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мовної підтримки. Зателефонуйте за номером 800-524-9242 або (телетайп: 888-781-4262).

Ge': Diné k'ehjí yáníłti'go níká bizaad bee áká' adoowoł, t'áá jiik'é, náhóló. Kojį' hólne' 800-524-9242 doodaii' (TTY: 888-781-4262)

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